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The social work team : team practice in the family service departments of the Children's Aid Society of Metropolitan Toronto.

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UNIVERSITY OF WINDSOR
The School of Social Work

THE SOCIAL WORK TEAM:
TEAM PRACTICE IN THE FAMILY SERVICE DEPARTMENTS OF
THE CHILDREN'S AID SOCIETY OF METROPOLITAN TORONTO

by

Hugh Lynch Millar

A thesis submitted to
the School of Social Work of the University of Windsor
in partial fulfillment of the requirements
for the degree of Master of Social Work

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Windsor, Ontario, Canada

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ABSTRACT

This research study examines the concept of the social work team in three ways: (1) A review of the relevant literature on the social work team for the purpose of delineating the major characteristics of team practice; (2) A survey of family service teams at the Children's Aid Society of Metropolitan Toronto to determine the scope of team practice throughout the agency, the rationale for establishing teams, and the nature of team practice in the agency; (3) A survey of staff reactions to team practice.

The study takes a broad look at the social work team and poses the following hypothesis: members of family service social work teams will react positively to team practice and its effects on the five major components of the social welfare system -- community, clients, staff, agency, and profession.

Interviews were held with family service supervisors at the Children's Aid Society and questionnaires were distributed to members of family service teams throughout the agency, for the purpose of gathering information about team practice and workers' attitudes towards it.

The study assesses the influence of the psychiatric team, and organization and management theory on the development of the team concept in social work. The major theoretical premises of the social work team are identified: group process for problem solving; development of a team-client relationship; and the team as a stimulant of high staff morale. The dynamics of team practice are outlined -- differential use of manpower, joint caseload management, and a team form of supervision.

Research findings reveal an extensive network of family service teams at the Children's Aid Society -- sixteen teams in all located in five branches of the agency. These teams were assessed in regard to: composition; differential use of manpower; caseload management; supervision; team communications; and the use of team secretaries and volunteers. It was concluded that most of these teams did not strongly adhere to the concepts outlined in the literature on the social work team, and that several teams continued to function much like conventional social service staff units.

Team members reactions were found to be positive to team practice and its effects on the major components of the social welfare system.

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INTRODUCTION

Three significant phenomena have become evident in the field of social welfare in the past decade:

(1) The budgets of social welfare agencies have virtually stagnated while the demand for social services has continued unabated. This is especially true in large public welfare and child welfare services.

(2) New initiatives in social work education have created an abundance of job candidates with diverse qualifications in social service. These new graduates, in addition to those with the traditional M.S.W. degree, bring to their prospective employers B.S.W.'s, B.A.'s in social welfare, certificates in social services from colleges of applied arts, and certificates in child care from college and hospital training programs. No other profession has such a diverse corps of manpower clamouring for jobs which in many cases carry professional responsibilities if not professional status;

(3) The youth of the sixties, maturing as they did in an era of idealized concepts of democracy and participation, come to their workplaces with increased expectations. While their political ardour may have cooled, their concern for meaningful change has not. In short, they expect more from the careers they enter, both from a personal point of view and in regard to the impact of their work on others. Many of these young people have made social work a "found" profession, as the long lists of applications to colleges and universities offering social work content will attest.

What is the impact of these three phenomena on the social welfare field? In the first instance, the stagnation of budgets has meant that the quality of service delivery has suffered. It has compelled funding bodies (government and private) to take a closer look at the effectiveness of the programs being delivered. Social service administrators in turn are under a good deal of pressure to innovate more effective techniques of staff deployment and service intervention.

The availability of different types of social work manpower has created a situation in which ineffective manpower utilization is the norm, with agencies not knowing who is capable of certain tasks and who is not. Further to this point, some agencies have avoided hiring so-called "non-professional" staff because of the administrations' inability to pigeon-hole their skills. The third factor, the influx of young people into social work, has meant that administrators must reconsider the work environment that exists in agencies and initiate changes for the amelioration of problems of low staff morale reflected in high absenteeism and turnover rates.

During the past decade, the social work team has enjoyed some currency as an answer to the effects of the above phenomena. The social work team is defined as a work group of social workers (which may include professional and nonprofessional staff, a clerical aide, and volunteers) organized under the leadership of a team leader for the purpose of delivering social services to a client population. Clients are served by the team with service tasks for each client assigned to one or more team members in accordance with the needs of the client and the individual skills of the workers.

To some extent, the surge of interest in the team approach appears to be partially a "bandwagon" effect that often attends the development of an idea that is reported to be new and innovative.

There is now considerable evidence that the team concept is increasingly being implemented as a serious attempt to improve the impact of social service delivery systems on the client population, the community, the social service staff, the agency, and the social work profession itself.

With few exceptions, reports on the utilization of teams in social work have been overwhelmingly positive in their endorsement of the team concept. All of these evaluations, until recently, have been purely subjective reports of team experiences, with no indication of any effort on the part of the authors to verify their opinions about the team approach by the use of objective research methods.

The publication in 1972 of Schwartz and Sample's study¹ of experimental teams in Chicago's Midway Welfare Office has helped to clarify some of the issues involved in the team form of staff organization. In view of the generally positive results obtained, this highly significant study now paves the way for further experimentation with staff deployment patterns of a team nature.

Schwartz and Sample proposed the following umbrella series of hypotheses:

- (1) The experimental team form of organization will provide a work situation that will engender higher morale in its members than the conventional work group will, (2) therefore, the experimental teams will produce more work, (3) therefore, the clients served by experimental teams will show more positive change.²

The third hypothesis was supported by the data, while the results for the other two hypotheses showed tendencies in the direction of the hypotheses but not at a significant level.³ The Midway Study, however, did confirm

¹Edward E. Schwartz and William C. Sample, The Midway Office (Washington: National Association of Social Workers, 1972).

²Ibid., p. 25.

³Ibid., p. 158.

several other research assumptions about the team relating to the use of team secretaries and team communications. These findings will be discussed in Chapter IV.

The above study is referred to at this stage to illustrate that the social work team is commanding serious attention. The Midway research is one of the most ambitious studies of the workplace ever completed.

The purpose of the present study is not an attempt in any way to duplicate the rigorous study techniques or lofty research goals of the Schwartz and Sample effort. It is, rather, a fairly global look at team practice both in the literature and as it functions at the Children's Aid Society of Metropolitan Toronto. In the following chapter on the research design, the goals of the study will be made explicit.

II

THE RESEARCH DESIGN

In view of the limited quantity of research on the social work team and virtual absence of evaluative material on the use of teams in Canadian social welfare agencies, the main thrust of this research study will be to gain an overview of team practice in a Canadian context.

Purpose of the Research

This study has a threefold purpose:

- (1) To review the relevant literature on the social work team for the purpose of delineating the major characteristics of team practice;
- (2) To survey family service teams at the Children's Aid Society of Metropolitan Toronto to determine: the scope of team practice throughout the agency; and the nature of team practice in the agency;
- (3) To survey staff reactions towards team practice.

Hypothesis

Because this study will take a broad look at the social work team, the hypothesis to be tested is a relatively global one:

Members of family service social work teams will react positively to team practice and its effects on the five major components of the social welfare system — community, clients, staff, agency, and profession.

Working Definitions

The social work team is a work group of social workers (both professional and para-professional), organized under the leadership of a team leader for the purpose of delivering social services to a client population. Clients are served by the team with service tasks for each client assigned to one or more team members in accordance with the needs of the client and the skills of the team members.

Family services are those services usually supplied by the family service department of a Children's Aid Society and include: child protection services, services to unmarried parents, child placement services (foster and group homes), and individual and family counselling.

Team practice is defined as the use of work group processes to provide services to clients and it may include the following dynamics: the differential use of staff; a jointly carried caseload; and team supervision.

Differential use of staff means that team tasks are distributed in such a way as to make optimum use of team member's capabilities.

A jointly carried caseload is defined as the assignment of all clientele to the team rather than separate caseloads being assigned to each team member.

Team supervision is defined as a group of workers engaged in regular peer consultation under the leadership of the team leader.

Group supervision is defined as a group of workers engaged in regular consultation with and under the direction of the team leader.

Individual supervision is defined as one worker engaged in regular consultation with and under the direction of the team leader.

The five components of the social welfare system -- community, clients, staff, agency and profession -- are borrowed from

Loewenberg.⁴ He originally proposed six components. For the purposes of this paper, however, clients and potential clients are combined.

The community is defined as the larger social system of which the agency and clients are subsystems.

The clients are those who receive agency service as well as potential clients who may not have access to services.

The staff are the agency personnel who provide services for clients.

The agency is the bureaucracy which facilitates the matching of services to needs.

The profession is the social work profession which helps set the standards for service delivery.⁵

A professional social worker is a member of agency staff who has completed an M.S.W. or B.S.W. degree (or their equivalent) and is eligible for membership in the professional association of social workers.

A para-professional social worker is a member of agency staff who is not presently eligible for membership in the professional association. He or she will likely hold a B.A. degree or a diploma in social services from a community college.

Population and Sample

In this research study, virtually the entire population of social work team members in family service departments at the Children's Aid Society of Metropolitan Toronto (hereafter denoted as CASMT) comprised the final sample. There are sixteen teams based in five branch offices of the society composed of 93 team members (when teams are at full strength.)

⁴Frank M. Loewenberg, "Towards a Systems Analysis of Social Welfare Manpower Utilization Patterns," Child Welfare, XLIX (May, 1970), 252-9.

⁵Ibid., p. 256.

Eighty-four questionnaires were returned with none spoiled, making a return rate of 90.3% -- a remarkable level of cooperation by agency staff. Table I gives the breakdown of team members who returned questionnaires. The returns are representative of the composition of the sixteen teams; all team leaders and a high percentage of social work staff responded. (At least three social workers left the agency just prior to the questionnaire's distribution.) Eight of a possible thirteen team secretaries responded. Queen Street branch teams do not have secretaries as team members.

Initially, a telephone survey was made of all family service supervisors throughout the CASMT. As reported in Table I, a total of sixteen teams with ninety-three members were identified. Essentially the survey consisted of asking the question, "Do you use social work teams in the delivery of family services?"

Subsequent interviews with family service supervisors confirmed the facts obtained in the telephone survey. Only two staff units were identified that could have been included in the sample but were not: the "social work group" at Dufferin #2 Branch, and the intake unit at Scarborough Branch. Neither group was called a "team" and the supervisors in each case stated that they were not set up to function as "teams." Consequently, both staff groups were excluded from the sample.

Also excluded from the sample were those team members who were either part-time social workers or volunteer members. The former because part-time team membership militates against a feeling of being part of the group and the latter because the pattern of volunteer utilization by teams in different branches was sufficiently varied to warrant their exclusion.

TABLE 1

STAFF COMPOSITION OF TEAMS

Team	Total Members Reported	Respondents			Total Respondents
		Team Leaders	Social Workers	Team Secretaries	
Dufferin # 2	8	1	6	1	8
Queen St. - Riverdale	6	1	5	-	6
Queen St. - Beaches	5	1	4	-	5
Queen St. - East York	4	1	3	-	4
Etobicoke - Middle	8	1	4	-	5
Etobicoke - Lakeshore	8	1	4	1	6
Etobicoke - Rexdale	7	1	5	1	7
North York - Northwest	6	1	3	-	4
North York - Central	5	1	3	1	5
North York - East	6	1	3	1	5
North York - Southwest	5	1	3	1	5
North York - Rehab	6	1	4	1	6
Scarborough - Central	6	1	4	1	6
Scarborough - Northwest	4	1	3	-	4
Scarborough - Southwest	4	1	3	-	4
Scarborough - U. P.	5	1	3	-	4
T O T A L S	93	16	60	8	84

Research Methodology

In addition to the telephone survey described above, data were collected in two ways:

(1) Interviews with supervisors of the family service departments of Dufferin #2, Etobicoke, North York, Queen St. and Scarborough branches. These interviews were open-ended discussions of team practice in the particular branch, covering such issues as: (a) the development of the team concept in the branch -- the rationale for its use; the main elements of the model used; theoretical and practical background materials used in developing the model; the extent of consultation with staff, agency, administration, and other team operations in the planning stages; the model of manpower utilization which preceded team practice; and difficulties encountered in implementing the team concept; (b) the establishment of team practice -- the method of selecting team members and leaders; the criteria used in composing the teams; and the types of job descriptions developed; (c) team operation -- the number of teams; their responsibilities within the branch; the type of caseload management; how cases are assigned; the type of supervision used; the frequency and style of team meetings; roles and responsibilities of each team member; and how the team handles decision-making; (d) the family services supervisor's views on the effects of team practice on client services, agency administration, staff issues, the social work profession, and community needs.

The purpose of these interviews was to acquaint the author with the concept of the social work team as it is practiced in each branch. This was an important phase of information gathering because it established at an early stage in the study, the fact that significant differences existed between branches in both the concept and practice of the social work team. This information was especially helpful in designing the major research

instrument -- the questionnaire to team members.

(2) The questionnaire which the author designed for the study was formulated to elicit information from all members of the sixteen family service teams on: (1) Personal data -- the respondent's social work experience, education, age, sex, length of team experience, etc.; (2) Team data -- length of team operation, number of team members, team supervision, caseload management, etc.; (3) Reactions to team practice.

A draft of the questionnaire was pre-tested with a team of child care staff at the Scarborough branch. Results of this pre-test indicated changes in several questions where it was evident from the variety of responses that greater clarity was required. In addition, several statements in the "reaction" section of the questionnaire were made more precise in order to reduce the number of "uncertain" responses. The major changes which the pre-test necessitated were in the following areas: (1) questions were expanded to clarify their intent, e.g., the terms team, group, and individual supervision were defined when the pre-test showed that the respondents did not understand their meaning; (2) a number of the statements in the latter section of the questionnaire resulted in high "uncertain" responses in the pre-test. While several were rewritten with greater clarity, the preponderance of "uncertain" answers were in response to those statements which asked for an opinion on a theoretical aspect of team practice, (e.g. the team approach reduces staff absenteeism and turnover). In these instances it was expected that definitive views would not be readily obtained but that it was important to garner reactions to team dynamics reported by other observers of team operations.

The use of a questionnaire as the major research instrument represented the most practical means of data collection. *Al Gore*

appropriate research approach would have been via participant observation of several teams in action. In this way the nuances of team style in the areas of supervision, caseload management, assignment of tasks, etc., could have been discerned, and contrasts between teams could have been noted. Participant observation was not however a manageable format for the researcher given the time available, and considering that the researcher's main purpose was to gain an overview of the social work team in operation in a Canadian context.

The main rationale for distributing questionnaires to all team members was that it would be the most direct method of obtaining the required data, while at the same time avoiding any "Hawthorne effects" that often attend participant observation and controlled demonstration research projects.

Workers' reactions to team practice, while obviously not providing conclusive evidence of the utility of the social work team (a similar survey of client attitudes could produce opposite opinions), were sought in order to obtain an impression of staff comfort or discomfort with the team style of service delivery.

Section III of the questionnaire, which was designed to elicit staff attitudes, was constructed by culling from the literature a list of thirty-four attributes of team practice. Some of these attributes as reported, are essentially theoretical constructs, while the majority are subjective accounts of actual experiences in social work teams.⁶

In addition, eleven items were added to the list (making a total

⁶The theoretical and experiential attributes of team practice that were used in formulating section III of the research questionnaire can be found within the discussion on the strengths and weaknesses of the team approach, at the end of Chapter IV.

of forty-five statements) which purported to glean staff reactions to the team leader's role, the casework relationship, and the movement into team practice of workers and supervisors whose previous work experiences had taken place in more traditional settings.

The thirty-four statements inviting workers' responses to various aspects of team practice were initially grouped into five categories: community, clients, staff, agency, and profession oriented issues.⁷ This categorization was accomplished with the aid of one judge -- a social work educator with many years of agency practice in both treatment and administration.

The five categories or constellations were based on Loewenberg's thesis that the team form of staff organization will prove highly functional for all components of the social welfare system.⁸ The community component accounts for four statements, clients -- five, staff -- seven, agency -- twelve, and profession -- six statements. The statements were randomly ordered in the final form of the questionnaire so that respondents would not be able to identify the various constellations. The questionnaire can be seen in Appendix I and the regrouped constellations in Appendix II.

Team members' reactions to team practice may be measured as a total of the thirty-four statements, or in terms of any one or combination of the five components or constellations.

Staff reactions were sought through the use of a five-point Likert type scale -- strongly agree, agree, uncertain, disagree, and strongly disagree. The five-point scale was chosen because by increasing the range of choice, there is a probability that respondents will not opt for the

⁷Loewenberg, "Systems Analysis of Manpower," p. 256.

⁸Ibid., p. 259.

"uncertain" response. Because of the inclusion of several theoretical concepts about team practice, there was a very clear likelihood of high incidences of undecided responses, especially in those instances where the respondent's team was in no way modelled after the particular theory expressed in the statement.

Permission to conduct the study and distribute questionnaires was received from the manager of the operations research services division of the Children's Aid Society of Metropolitan Toronto. He in turn communicated his approval to family services supervisors in each branch and their cooperation was obtained.

The questionnaires were mailed in bulk to family service supervisors with instructions as to their distribution to team leaders and thus to team members. Returns came via the same route and eighty-four of ninety-three questionnaires were returned within four weeks.

Return envelopes were coded to ensure that all questionnaires could be identified as to team. Only one respondent failed to use the return envelope and neglected to denote his particular team. The team data in his responses, however, made obvious the team in which he belonged.

Analysis of Data

The scope of this research study is broad, attempting as it does to gather data in a number of areas -- supervisory style, methods of managing caseloads, decision making processes -- any one of which could warrant a separate research project. There is also the problem of eliciting responses to statements that may be theoretically sound, but in practice may appear to team members to have little direct relevance to their team's operation.⁹

⁹One respondent questioned whether her response should be to the theoretical concept of team or to the reality of her present team. The Questionnaire instructions, of course, indicated the latter.

In addition it must be recognized that much of the data collected are only the attitudes of staff in the CASMT family services teams, with no comparison of results to other models of staff organization nor corroboration by other components of the social welfare system. For example, clients could very well hold a different view of the effects of the team approach than that held by social workers.

Consequently, the hypothesis posed in this study is a relatively limited one in deference to the limitations of the data, and concomitantly the analysis of the data will proceed with this in mind.

Information gathered via sections I and II of the data will be used (aside from the usual descriptive tables) in a process analysis of team practice at CASMT. This process analysis will examine the experience of the team approach in the family service departments of the agency in several ways. The initiation and development of the team concept in each branch will be assessed. The composition of the teams in regard to education, social work experience, and other related variables will also be assessed. Mode of supervision, caseload management, the dynamics of team communication, the differential use of staff will all be considered in the analysis of team process. All of these aspects of team practice at CASMT will be evaluated in light of the theoretical and experiential reports in the literature.

The analysis of the staff's reaction to team practice will make use of some of the variables identified in the above discussion. The total response of team members to the thirty-four randomly ordered statements in section III will be tabulated to indicate reactions. Agreement with a favourable statement and disagreement with an unfavourable statement are considered to indicate positive reactions to team practice.

All "uncertain" responses are considered to be negative,¹⁰ so that a team member's total score is given as a percentage of the items to which he or she gave a positive response. The total score for all teams is the total of individual scores. In this way, a total percentage score of responses will be produced. Scores for the five constellations can then be procured. By this method, the hypothesis will be tested. That is -- do team members react positively to team practice and its effects on the community, the clients and potential clients of the agency, the staff of the agency, the agency itself, and the social work profession?

Individual statements will be examined to determine staff reaction on specific points, as will the other eleven statements which do not indicate a pro or con position on team practice, but look at the dynamics of team leadership and team-client relationships. Scores will be presented as percentages of total staff indicating a positive or negative reaction to that particular attribute of team practice.

In conclusion, it is clear that the data generated by this study are of such a nature as to warrant restraint in their use, and therefore the data will not be subjected to rigorous statistical analysis but rather will be reported in a straightforward and easily understood manner.

Research Questions to be Investigated

Assuming that the research data bear out the hypothesis that team members will react positively to team practice, the analysis phase of this study will consider the following research questions.

-- To what extent do social work teams at CASMT adhere to the concept of the team as outlined in the literature?

¹⁰Schwartz and Sample, The Midway Office, p. 38.

-- Does length of team exposure positively influence the team members' reactions to team practice?

-- Does educational background influence reactions?

-- Do the number of years which the team has existed influence reactions?

-- What are the factors influencing the reactions of the team most positively inclined to team practice compared with the team least positive to team practice?

-- Do teams that claim to adhere to the theoretical concepts of the social work team react more positively to team practice than those teams that follow a more conventional work group form of staff organization?

-- Can the theoretical concepts of team practice as outlined in the literature be operationalized in an agency such as CASMT?

These and other questions will be raised in the analysis section of the study. In the following chapters, the relevant literature is reviewed, so that team practice at the Children's Aid Society of Metropolitan Toronto can be assessed in the context of other practitioners' experiences.

III

THE CONCEPT OF TEAMWORK

Teams are by no means a recent innovation in the organization of work groups. They have existed for as long as people have laboured together, although there is no doubt that leadership and supervisory styles have changed over the years. There has also been a decided change in the way that organizations look at work teams or groups. This change has generally been in the direction of a greater recognition of the group as a potent force in organizational life.

The social work team is in essence an administrative device that seeks to utilize a work group for the benefit of the social service organization, and by extension for the benefit of the clients of the organization. Consequently, to fully understand the team approach in social work, one must understand the organization and management theory that laid the groundwork for the use of groups in organizations.

In this chapter, the development of the concept of teamwork will be considered in two contexts: that of organization and management theory which laid the groundwork for the use of teams in industry; and in the field of psychiatry where much of the impetus originated for the use of teams in social work.

The Team Concept in Organization and Management Theory

The study of groups in organizations has a relatively short history. A pioneer work was that of Mayo at Western Electric. He identified the profound influence that face-to-face informal groups have

on motivation and behaviour in a work situation; however, he failed to develop a model by which group process could be harnessed for organizational goals. Mary Parker Follett recognized such a need for a conscious use of groups in organizations:

. . .the basic problem of any organization, business or otherwise, (is) the harmonizing and coordinating of group efforts to achieve the most efficient effort towards completing a task.¹¹

Follett provided the philosophical framework for researchers such as Homans and Lewin who found through case studies of industry that:

. . . the output of a worker is determined as much by his social relations as by his abilities and skills; noneconomic rewards are extremely important in the motivation and satisfaction of personnel; group-held norms and attitudes play a major role in an individual's evaluations of his work situation; and informal leaders can develop who may possess more actual power than appointed supervisors.¹²

All of these ideas were brought together with the publication of McGregor's The Human Side of Enterprise in 1960. He contrasted the central principle of organization of the so-called Theory X, which he defined as ". . . direction and control through the exercise of authority . . . ,"¹³ with the central principle derived from Theory Y (his point of view.) Theory Y emphasizes integration:

. . . the creation of conditions such that the members of the organization can achieve their own goals best by directing their efforts towards the success of the enterprise.¹⁴

¹¹Claude George, The History of Management Thought (Englewood-Cliffs: Prentice-Hall, 1972), p. 138.

¹²U.S. Department of Health, Education and Welfare, Working Papers No. 1: National Study of Social Welfare and Rehabilitation Workers -- Work and Organizational Contexts (Washington, D.C.: Government Printing Office, 1971), p.93.

¹³Douglas McGregor, The Human Side of Enterprise (New York: McGraw-Hill, 1960), p. 49.

¹⁴Ibid., p. 49.

McGregor believed that management was sadly deficient in its knowledge of group dynamics,¹⁵ and that only through greater understanding of these dynamics could the modern industrial organization be properly managed.

McGregor carried the concept of groups in management to a consideration of managerial teams in which collaboration and participation in decision making were paramount factors.

The modern industrial organization is a vast complex of interdependent relationships, up, down, across, and even "diagonally." In fact, the interdependence is so great that only collaborative team efforts can make the system work effectively.¹⁶

In such a collaborative network of groups, the idea of individuals who could provide "linking" functions is postulated. This is in part the thesis of Likert who also perceived the potential of groups in management. He rejects the popular criticism that groups or committees are generally ineffective.

The surprising thing about committees is not that many or most are ineffective, but that they accomplish as much as they do when, relatively speaking, we know so little about how to use them.¹⁷

Both Likert and McGregor share the view that the small group has profound implications for the organization.

The face-to-face group is as significant a unit of organization as the individual....Through teamwork and group activity many of the difficult organizational problems of coordination and control can be solved.¹⁸

Likert calls for the development of work groups within organizations:

....management will make full use of the potential capacities of its human resources only when each person in an organization is a member of one or more effectively functioning work groups that have a high degree of group loyalty, effective skills of interaction, and high performance goals.¹⁹

¹⁵Ibid., p. 230.

¹⁶Ibid., p. 175.

¹⁷Rensis Likert, New Patterns of Management (New York: McGraw-Hill 1961), p. 163.

¹⁸McGregor, Human Side of Enterprise, p. 240.

¹⁹Likert, New Patterns of Management, p. 104.

The highly effective work group is seen as a central concept of the group approach to management. Some of the qualities that distinguish these groups from others are: the group atmosphere tends to be informal and relaxed; there is a lot of discussion in which virtually everyone participates; the task of the group is well understood and accepted by the members; the members listen to each other; there is disagreement without discomfort; decisions are reached by a kind of consensus; criticism is frequent and frank; feelings are expressed freely; when action is taken, clear assignments and tasks are made and accepted; the group leader does not dominate; and the group tends to be self conscious about its own operations and will frequently examine them.²⁰

Another factor that has received a good deal of attention from the management theorists and that has application to the team concept is that of participation in decision making. Meyer provides a concise definition of participation:

By participative decision making, we mean a mode of organizational operations in which decisions as to activities are arrived at by the very persons who are to execute those decisions. Participative decision making is contrasted with the conventional hierarchical mode of operations in which decision and action functions are segregated in the authority structure.²¹

Research in this area has produced some relatively conclusive findings about the effects of giving groups of workers greater involvement in decisions affecting their jobs. Coch and French recorded dramatic improvements in production following the introduction of measures giving groups of workers, in a factory, participation in designing job changes.²²

²⁰ These points have been culled from McGregor, Human Side of Enterprise, pp. 232-3 and Likert, New Patterns of Management, pp. 166-8.

²¹ G. Dale Meyer, Participative Decision Making: An Analysis and Review (Iowa City: University of Iowa, 1970), p. 3.

²² Likert, New Patterns of Management, p. 39.

Other studies have indicated that participation can strengthen job motivation, foster originality, stimulate group cohesion and promote a supportive group atmosphere.²³

A discussion of participation would be incomplete without a consideration of the type of supervision that prevails in a work setting. In this regard, organizational research indicates that a supervisory style that plays down status and authority dynamics in the group will generally produce positive consequences for the organization and the group.

Under democratic supervision, the worker becomes in some ways co-equal with the supervisor; responsibility is spread rather than concentrated.²⁴

Bridges et al examined the effects of hierarchical differentiation in a group on productivity, efficiency and risk-taking, and confirmed (at the analysis phase of problem-solving) that a hierarchically differentiated group will exhibit less risk-taking behaviour, be less efficient, and be less productive than a hierarchically undifferentiated group.²⁵

It is clear that the use of teamwork or work groups is an important thrust of organization and management theory today. The implications for the social work teams are obvious, insofar as organization and management theory addresses itself to: the importance of human relations in the workplace; the concept of participative decision making; and an emphasis on democratic modes of supervision. All of these are underpinnings of the social work team concept and in a subsequent discussion of social work theories supporting the team approach, the similarities with organization theory will be considered.

²³Meyer, Participative Decision Making, p. 20.

²⁴Ibid., p. 3.

²⁵Edwin M. Bridges et al. "Effects of Hierarchical Differentiation on Group Productivity, Efficiency, and Risk Taking," Administrative Science Quarterly, XIII (September, 1968), 305-19.

The Psychiatric Team

In the foregoing discussion of teams in industry, the preponderance of the literature cited was produced in the late fifties and early sixties. This is not meant to imply that the team concept was not in vogue prior to that time. In fact, child guidance clinics in the U.S. have made use of psychiatric teams since the turn of the century.²⁶ In addition, several of the helping professions have participated in interdisciplinary teams, mainly in hospitals. Professionals such as nurses, occupational therapists, psychologists, psychiatric social workers, medical doctors and psychiatrists have a long history of involvement in team efforts in hospital settings.

Peplau describes an experimental nursing team, composed of registered nurses and nurses in training, designed to better coordinate services to patients.²⁷ Such a team, comprised of workers from a single profession, would appear to have a good deal in common with the social work team in that team members adhered to common professional objectives. This particular project appears to have been poorly conceived with only a minimum of orientation to the team concept for the nurses. The members resented the team structure being imposed on them, taking it to mean that previous work had been inadequate and that the team was purely a device to increase supervision.

The interdisciplinary team appears to be a durable and well utilized feature of most psychiatric hospitals.²⁸ Because of the hospital setting and the needs of the patients served the interdisciplinary team is commonly referred to as the psychiatric team.

²⁶Barker and Briggs, Social Work Manpower, p. 193.

²⁷H. E. Peplau, "Must Laboring Together be Called Teamwork," American Journal of Orthopsychiatry, XXX (January, 1960), 107.

²⁸Barker and Briggs, Social Work Manpower, p. 194.

Holzberg defines the psychiatric team as:

. . . a group of professionally and scientifically trained people brought together for a common goal, namely, understanding and treatment of a patient, with each individual of the team contributing uniquely from his own background of training and experience toward that common goal.²⁹

He further states that the team should stress: the formulation of common objectives; distinctive contributions by each professional; the minimizing of hierarchy in the team; and participation in decision making on team policy and practice.³⁰

The psychiatric team has traditionally been composed of psychiatrist, psychologist and social worker. Nurses and occupational therapists are often members of the team as the occasion demands. A significant aspect of the psychiatric team is its strong medical orientation, to the extent that its overriding professional ethos tends to be that of the psychiatric profession. One observer sees non-medical professionals as seeking team membership for the enhanced status that this provides in a hospital setting.³¹ The traditional hierarchical structure of the hospital has militated against an atmosphere of equal professional status in the psychiatric team.³²

It is important to recognize that the physician's medical responsibility to the patient has been established by law. However, leadership and responsibility have tended to become equated, with the result that all responsibility for the patient's welfare has been placed under the rubric of medicine.³³

²⁹Jules D. Holzberg, "The Historical Traditions of the State Hospital as a Force of Resistance to the Team," American Journal of Orthopsychiatry, XXX (January, 1960), 88.

³⁰Ibid., p. 91.

³¹Helen Padula, "Comments on the State Hospital Team by a Social Worker," American Journal of Orthopsychiatry, XXX (January, 1960), 111.

³²Holzberg, "Historical Traditions," p. 89.

³³William T. Bowen, et al. "The Psychiatric Team: Myth and Mystique," American Journal Orthopsychiatry, XXXV (December, 1960), 687.

In view of the foregoing comments, what can the social work team learn from the experience of the psychiatric team? It is worthwhile considering the areas in which similarities exist. Both team approaches serve the client, when appropriate, with more than one team member. An attempt is made to make the differential skills of the team members available to the client. An effort is made to coordinate different activities of team members to attain the team's objectives.³⁴

All of these are similarities which must be qualified. While each team serves the client with more than one member, there is a conscious effort on the part of the social work team to foster a client-team relationship, while the client being served by a member of a psychiatric team may be unaware that he is a recipient of team rather than of individual attention.³⁵

The different compositions of psychiatric and social work teams give rise to several contrasts in their operations. The former is made up of members from several autonomous professions while the latter contains members of one profession with related ancillary personnel. The differences in operation are:

- (1) The formulation of goals in the psychiatric team requires the negotiation of the different goals of each profession, while the social work team has only one professional goal and need only make a decision on the means to be used.

³⁴Barker and Briggs, Social Work Manpower, p. 197.

³⁵Ibid.

(2) The concept of supervision in each team differs. Ideally, in the psychiatric team, there is no such thing as supervision within the team. One observer suggests that "team supervision . . . ultimately . . . leads to no supervision"³⁶ because each professional should be accountable to his own professional hierarchy. The social work team, it is argued, has a clear hierarchical structure that makes supervision clearly visible.³⁷ Day to day practice in psychiatric and social work teams does not fully substantiate either of these views. Horowitz sees supervision as something that must relate to the setting:

By and large a team's preeminent goal is maximum service to those being helped and this is the yardstick against which other values tend to be measured. Thus sharing of power and democratization of relationships among co-workers may be advocated, but if in a particular operating setting, a convincing argument can be made that a hierarchical structure ensures more effective performance, that is the structure likeliest to be instituted.³⁸

(3) A final consideration in comparing the psychiatric and social work teams is that of professional versus bureaucratic patterns of organization.³⁹ In general, the services of a social work team are delivered under the authority of a social service bureaucracy and the standards are dictated by that bureaucracy.⁴⁰ The members of the psychiatric team, on the other hand, respond to professional standards in their services, with only peripheral bureaucratic intrusions on team process.

³⁶Bowen, et al. "Psychiatric Team," p. 688.

³⁷Barker and Briggs, Social Work Manpower, p. 196.

³⁸John J. Horowitz, Team Practice and the Specialist (Springfield: Charles Thomas, 1970), p. 12.

³⁹Barker and Briggs, Social Work Manpower, p. 195.

⁴⁰Ibid.

Psychiatry has long played an influential role in the development of social work theory and practice, and as the above discussion indicates the psychiatric team has had some impact on the concept of a social work team. There is no doubt that the experiences of social workers who have served on psychiatric teams have influenced their desire to implement team practice in social work. Witness the fact that Robert Barker, the co-author of the only comprehensive work on the social work team, is a former psychiatric social worker.

IV

THE SOCIAL WORK TEAM

In this chapter, the current utilization of teams in social work will be assessed in four contexts: (1) factors leading to the development of a team concept in social work; (2) theoretical orientations of the team concept in social work; (3) the dynamics of team practice; (4) strengths and weaknesses of team practice.

A discussion of the social work team largely revolves around the idea of the differential use of social work manpower. Currently the manpower used in social welfare agencies represents a variety of educational backgrounds, including: M.S.W.'s, B.S.W.'s, B.A.'s, community college social service graduates, and workers with child care certificates. All of these qualifications provide eligibility for a variety of social work positions in social welfare agencies.

Inevitably, the question of terminology arises when one wishes to differentiate the various personnel. The practice has been for M.S.W. and B.S.W. workers to be considered professional social workers while the rest are categorized as non-professionals, sub-professionals, para-professionals, case aides, pre-professionals, social work associates, or social work technicians. The latter term is suggested by Carol Meyer as an affirmative job title unlike the somewhat negative tone of most of the other terms.⁴¹

⁴¹Carol H. Meyer, Social Work Practice: A Response to the Urban Crisis (Toronto: Collier-Macmillan, 1970), p. 198.

Meyer, of course, is writing in an American context in which only M.S.W.'s are accorded professional status. In Canada, both M.S.W. and B.S.W. degree holders are eligible for membership in professional social work organizations. In addition, it appears probable that community college social service graduates and holders of child care certificates will be eligible for professional status in the near future.

In view of the foregoing discussion, it seems appropriate to use the term 'para-professional' to designate those social work practitioners not holding M.S.W. or B.S.W. degrees. While para-professional may strike some observers as according too much status to this group, it is a fitting appellation for a corps of workers who in many instances perform social work tasks indistinguishable from those performed by their professional colleagues.

The discussion above raises a question that is often debated in the social work profession today: do professional credentials automatically confer competence on the practitioner? Certainly the hiring practices of many agencies would so indicate. The most prominent proponents of the team concept argue that competence should count more than credentials.⁴² Of course each team will have to determine the criteria by which the effectiveness of team members will be judged. The team will often have to do this under the guidelines of a staff union and agency bureaucracy which in many instances are most impressed with credentialed job candidates.

⁴²Donald Brieland, Thomas L. Briggs, and Paul Leuenberger, The Team Model of Social Work Practice (Syracuse: Division of Continuing Education and Manpower Development, Syracuse University, 1973), p. 11.

The Development of a Team Concept in Social Work

The idea of a team approach in social work was initially given impetus by the realization in the early 1960's that social work was facing a manpower shortage of some magnitude. Barker and Briggs identified some of the factors contributing to this shortage: (1) the limited capacity of professional schools; (2) inadequate recruitment procedures; (3) the growing demand for social services; (4) a failure to make effective use of workers lacking formal social work training; (5) and the utilization of inefficient methods of service delivery.⁴³

Notwithstanding the fact that the manpower crisis did not reach the proportions expected in the U.S. because of cutbacks in social welfare budgets, the ideas expressed by Barker and Briggs on the team approach won many followers. In fact, the reduction of agency budgets provides an even more cogent reason for looking at service delivery methods and differential use of manpower.

While the social work manpower situation in Canada has not been well documented, it appears that shortages of qualified personnel were never as critical as in the U.S. because of the flexibility of Canadian social welfare agencies in hiring a diversity of manpower. Nevertheless, restricted budgets are now the order of the day here and if services are to be maintained at their present levels, social welfare agencies must consider changes in the deployment of their manpower resources.

Linked to the question of manpower resources and similarly sparking a desire to test new modes of staff deployment, is the problem of staff training and development. In public social welfare agencies, high staff turnover creates a costly drain on agency resources earmarked for staff

⁴³Barker and Briggs, Social Work Manpower, pp. 23-29.

training and development.⁴⁴ Public welfare and child welfare agencies have become training grounds for new social work personnel who stay only a year or two to acquire social work skills and experience, and then move on.

The social work team is viewed as a means of providing a more effective method of staff training⁴⁵ while creating career lines for para-professional workers that may reduce turnover rates.⁴⁶

Another factor influencing the development of a team concept in social work is what Mandell refers to as the "equality revolution."⁴⁷ This is viewed as a desire by all people for more equality and autonomy in the careers that they choose. In social work, this desire is manifested in the increasing criticism of the role of supervision in social welfare agencies. The quest for more democratic and less hierarchically differentiated relationships in work settings has led to a greater interest in the team form of work group organization with its use of peer group supervision.⁴⁸

Theoretical Orientations of the Team Concept in Social Work

Group Process in the Team. -- The team concept of staff utilization is based on the assumption that group process provides the most effective means of problem-solving. Social workers are well acquainted with the properties of the treatment group that can contribute to client change.⁴⁹

⁴⁴Schwartz and Sample, The Midway Office, p. 27.

⁴⁵Child Welfare League of America, Differential Use of Manpower: A Team Model for Foster Care (New York: Child Welfare League of America, 1968), p. 32.

⁴⁶Barker and Briggs, Social Work Manpower, p. 200.

⁴⁷Betty Mandell, "The 'Equality' Revolution and Supervision," Journal of Education for Social Work, IX (Winter, 1973), 50.

⁴⁸Ibid., p. 52.

⁴⁹Margaret E. Hartford, Groups in Social Work (New York: Columbia University Press, 1972), pp. 61-4.

The team concept represents an attempt to make use of the same group dynamics for the resolution of problems and the completion of tasks in the area of service delivery.

The group dynamics which the team makes use of include: the testing of strategies in the here-and-now reality of the group; the belief that "In contrast to an individual, a group has no habitual way of solving a problem and is not, accordingly, blind to new suggestions and solutions"⁵⁰; a reliance on democratic consensus in reaching decisions; the tendency of the face-to-face group to sustain ". . . a free flowing brainstorming climate, conducive to high morale and problem-solving"⁵¹; the ability of the group to both support the group member when he or she is faced with a difficult problem or task and to challenge when the individual appears to avoid issues; and finally, the tendency of the group to foster an environment that allows each participant to contribute his point of view, while subscribing to the standards of the "best" member in seeking effective solutions to problems.⁵²

Another theoretical basis of the team approach is suggested by Hartford, when she observes that in organizations, there is a natural growth of informal sub-groups which operate extensively and spontaneously within the formal system.⁵³ To some extent, the team can be a means of formalizing and making more effective these spontaneous interactions. Loebel argues that:

The work group provides the opportunity to facilitate the growth of informal organizations within the confines of formal organizations.⁵⁴

⁵⁰Carl Rowley and Eugene Faux, "The Team Approach to Supervision," Mental Hygiene, L (January, 1966), 64.

⁵¹Ibid., p. 61.

⁵²William Babb, "Report on Teams," Children's Aid Society of Metropolitan Toronto, p. 6. (Mimeographed.)

⁵³Hartford, Groups in Social Work, p. 59.

⁵⁴Peter Loebel, "Work Groups: Implications for Social Welfare Agency Administration," Social Worker, XXXVII (May, 1969), 106.

In conclusion, the theory underlying the social work team is a marriage of both social work and organization concepts of group process.

The Team-Client Relationship. -- The second major theoretical orientation of the social work team is postulated by David Gil. He states:

The idea of the social work team is based on the hypothesis that the client-social worker relationship can be expanded into a client-social work team relationship, and even a client-social agency relationship.⁵⁵

Gil bases his hypothesis on the belief that the social work profession

. . . may have exaggerated the importance of social workers as individuals to their clients and that we may have underestimated the importance to clients of the social agency.⁵⁶

This concept is supported by Mandell who observes that clients seek the services of an agency, not an individual social worker when they decide that they need help.⁵⁷ In the use of experimental teams in Chicago's Midway Welfare Office, some caseworkers argued that the sharing of case responsibilities among team members would interfere with the caseworker's relationship with his or her clients. In fact, the research showed that many clients, whether served by the team or by the traditional form of service delivery, did not remember their worker's name. The researchers concluded that the concept of casework relationship was generally ". . . honored more in the breach than in the observance."⁵⁸

The theory of a team-client relationship, of course, can only be sustained if in practice the client is aware of the fact that he is being served by a team rather than an individual worker. One team operation handles this by telling all new clients that they would be served by a team,

⁵⁵David G. Gil, "Social Work Teams: A Device for Increased Utilization of Available Professionally Educated Social Welfare Manpower," Child Welfare, XLIV (October, 1965), 444.

⁵⁶Ibid.

⁵⁷Mandell, "Equality Revolution," p. 48.

⁵⁸Schwartz and Sample, The Midway Office, p. 20.

even if the case was being handled by only one team member.⁵⁹

The concept of a team-client relationship does not exclude the opportunity for the establishment of a supportive relationship between the client and an individual worker. What the team-client relationship can do is to increase the clients' options.

. . . some clients may require and request a tangible service only -- e.g., a new place to live after being evicted or a new job after being fired, and not want to engage the worker further. For social workers to insist on developing a "helping relationship" is to put conditions on the provision of services which may serve our professional biases but not necessarily the clients' best interest. On the other hand some clients may seek the support of a continuing relationship; however, the option should be theirs!⁶⁰

The team-client relationship can be said to complement the traditional casework relationship in several ways; the exposure of a client to more than one social worker provides a variety of alternative helpers to the client from whom he can choose those who offer the most effective help; the involvement of more than one worker diffuses the dependency relationship which is often difficult for the client to break free of; and the client can have increased confidence in the treatment plans of a group of social workers of whom at least one member is always available in times of crisis.

Staff Morale in the Team. -- The third major theoretical premise of team practice is that it will stimulate high staff morale. Evidence to date indicates that large social welfare organizations are not characterized by high levels of morale and job satisfaction among Social work staff. Studies show these levels to be ". . . substantially lower than for persons

⁵⁹Kenneth W. Watson, "The Manpower Team in a Child Welfare Setting," Child Welfare, XLVII (October, 1968), 453.

⁶⁰Brieland, et al, The Team Model of Social Work Practice, p. 23.

in other occupations comparable in status, educational qualifications, and job requirements."⁶¹

Theoretically, team practice will promote high staff morale which will lead to greater group efforts which, in turn will result in more positive changes in clients served. The latter result will stimulate further increases in morale.⁶²

In the 1960's, Schwartz and Sample undertook a study of these theoretical attributes of team practice and reported the following findings: in both low and high caseload situations experimental teams exhibited higher staff morale than conventional work groups; teams carrying low caseloads showed higher activity per case than conventional work groups with low caseloads; clients of teams showed greater improvements or less deterioration than clients of conventional work groups. The first two findings were not statistically significant while the latter was.⁶³ The experimental teams in this instance used most of the major elements of team practice: differential use of staff; jointly carried caseload; and the development of effective communication in the group. The conventional work groups followed the traditional pattern of each worker being responsible to his supervisor for an individual caseload.

While the research cited above is the only example of a formal, objective attempt at scientific research on the social work team, the findings are corroborated by numerous observers of team operations in the field. Wright and Levitt report on reactions to team practice in a

⁶¹Schwartz and Sample, The Midway Office, p. 27.

⁶²Ibid., pp. 25-29.

⁶³Ibid., pp. 145-72.

Victoria, B. C. family service agency:

. . . staff members had no doubt that team practice was, for them, at least, more gratifying than individual practice within the standard service section.⁶⁴

While the direct connection between team morale and productivity is not made in any of the available field reports, there is, nevertheless, frequent mention of the team's ability to handle larger caseloads than conventional work groups. Watson cites the example of a team that had an "insatiable" appetite for new cases,⁶⁵ while Babb reports the team can provide more service in a shorter period of time to more cases because of the group effort involved.⁶⁶

The effectiveness of the team approach in achieving positive client change is seldom documented in the literature, although the assumption is prevalent that more and better services will obtain this result. Perhaps this omission of information reflects the difficulty which all social service agencies encounter in trying to use client change as a measure of agency effectiveness.

This discussion has centered on three major theoretical orientations of the team in social work -- group process, relationship, and morale. There are several other theoretical premises of the social work team that will be dealt with in the next chapter.

⁶⁴Gordon R. Wright and Kenneth L. Levitt, "Neighbourhood Social Work Teams," Social Worker, XXXIX (February, 1971), 17.

⁶⁵Watson, "Manpower Team," p. 450.

⁶⁶Babb, "Report on Teams," p. 6

Defining the Social Work Team

Constructing a concise, explicit definition of the social work team which one can use as a measure for all existing teams is no small task. The literature on the team reflects this difficulty and the result is that most observers and practitioners can agree on only the most fundamental concepts in defining team practice in social work.

The lack of a hard and fast definition should not be looked upon as a deficiency of team practice. The report on teams in the final chapters of this paper will show the diverse nature of team practice within a single agency. This diversity provides an opportunity to study alternative ways of striving for the same goals.

Barker and Briggs define the social work team as "...any grouping of social welfare personnel which has mutual responsibility for providing appropriate social services to a common clientele."⁶⁷ Gil sees social work teams as "...stable, integrated staff units that assume responsibility under their professional leader for a jointly carried caseload."⁶⁸ The foregoing authors and others agree that the distribution of work in the team should be done on a differential basis, depending on each worker's skills and that the team should be responsible for a "team" caseload rather than each member carrying his own caseload.

As the following discussion on team dynamics will show, there are specific aspects of the differential use of staff and of caseload management on which not all team practitioners agree. Other dynamics such as the mode of supervision, the use of team secretaries and the communications system in the team are similarly contentious issues in team practice.

⁶⁷Robert L. Barker and Thomas L. Briggs, Using Teams to Deliver Social Services (Syracuse: Division of Continuing Education and Manpower Development, Syracuse University, 1969), p. 3.

⁶⁸Gil, "Social Work Teams," p. 443.

In addition, it is obvious that as the team concept becomes more prevalent in practice, there is a tendency for many kinds of staff work units or groups to be labelled "teams."

In conclusion, the social work team may be defined as a work group of social workers (both professional and para-professional), organized under the leadership of a team leader for the purpose of delivering social services to a client population. Clients are served by the team, not by an individual social worker, with service tasks for each client assigned to one or more members of the team, in accordance with the needs of the client and the skills of the team members.

The Dynamics of Team Practice

Differential Use of Manpower. -- The overriding dynamic of team practice that is expressed in the literature is the use of different types of social work manpower to staff the team. As stated earlier, this represents in part an effort to alleviate shortages of professionally trained manpower. It is also an attempt to make the best use of available social work skills. Barker and Briggs believe that the "quantity and quality of service deliveries are enhanced when M.S.W.'s and non-M.S.W.'s are involved"⁶⁹ in the provision of services.

In the most simple terms, differential use of manpower is the dynamic that makes a team different from a conventional work group.⁷⁰ It is a dynamic that is difficult to put into practice because it requires that criteria be developed so that tasks may be assigned differentially. The traditional method of making this differentiation has been based on the complexity of the task -- i.e., is the case a difficult or easy one.

⁶⁹Barker and Briggs, Using Teams, p. 8.

⁷⁰Laura Epstein, "Is Autonomous Practice Possible?" Social Work, XVIII (March, 1973), 10.

The evidence to date shows that complexity of task is a very difficult standard to apply:

Ranking tasks by complexity is an extremely hazardous procedure and so far, no one has been able to come up with a conception of which tasks are complicated and which are less so....tasks tend to go together in clusters, some of which are quite complex and others of which are simple.⁷¹

Barker and Briggs suggest the use of the "episode of service" as a means of differentiating tasks.⁷² In effect, this is a device that calls for the involvement of the skills of one or more members of the team, depending on the range and complexity of the tasks involved, in resolving the problems that the client has presented. Thus one team member may deal with the client's marital problems through family therapy while another team member might work with the client on an environmental issue such as the lack of adequate housing.

While differential use of manpower suggests the direct involvement of more than one team member with a client, this is not a necessary condition of service. Service to a client may follow the traditional model of practice -- one worker assigned to a client -- however, the dynamics of team communication require that all team members play a role in determining the service goals for the client.

Not all teams are successful in maintaining a team orientation in task assignment. A Monroe County, N.Y. team found that:

Even though cases were assigned differentially, usually the case became the "property" of the worker assigned. In effect, we were still operating under a modified individual caseload system."⁷³

⁷¹Barker and Briggs, Using Teams, p. 11.

⁷²Ibid., p. 12.

⁷³David Montgomery; Donald A. Shulman; and George Pfenninger, "Use of Social Work Teams to Provide Services to Children in Their Own Homes," Child Welfare, LI (November, 1972), 595.

Caseload Management. -- The above quote indicates that the traditional one-worker to one-case orientation is so firmly entrenched in social work practice that a change to team practice is a big leap for most staff. Nevertheless, the idea of a jointly carried caseload is considered extremely important by many team theorists and practitioners.

The jointly carried caseload or team caseload theoretically shifts the burden of accountability from the individual team members to the team and in effect, to the team leader.⁷⁴ The vesting of this degree of responsibility in one person on the team, aside from its tendency to imbue the team leader with considerable status and authority, is probably unworkable. Team members, as the Monroe County experience indicates, will continue to feel accountable for their own cases, especially in the face of group pressure to show results. It appears that the Monroe County example is not isolated. At Family and Children's Services, Victoria, B. C., each case is assigned to a primary worker who then has some say in the involvement of other workers.⁷⁵

Loewenberg suggests a variant to the team caseload whereby:

...every team member functions as coordinator for a given number of cases; the coordinator for the particular case calls on other team members for expert assistance whenever necessary.⁷⁶

It appears likely that in the area of caseload management, the concept of team caseload must be flexible according to the agency setting. This is especially true in those agencies where the team member is under a statutory mandate to carry out certain responsibilities.

⁷⁴Watson, "Manpower Team." p. 451.

⁷⁵Wright and Levitt, "Neighbourhood Social Work Teams," p. 16.

⁷⁶Loewenberg, "Systems Analysis of Manpower," p. 256

One way in which a team in the latter type of agency might embrace the "spirit" of the shared caseload, if not the fact, is for the team to use "conference recording" whereby the record of a worker's involvement with a client is discussed and noted in the team meeting.⁷⁷ In effect, the team as a whole decides on the appropriate mode of ongoing social work intervention.

Supervision. -- At this stage in the development of the team concept in social work, the type of supervision used in a team operation may be the most contentious issue confronting it. The traditional method of supervision in social work has been under fire for some time.

The profession is increasingly concerned that workers be allowed to move beyond the dependency relationships of close supervision to greater autonomy.⁷⁸

The studies of groups in industry cited in Chapter III indicate that the "...dilution of hierarchical power and status is an incentive for innovation and responsibility."⁷⁹ The recognition of this principle in social work has led to greater use of group supervision and consultation in agencies.

Rowley and Faux attempt to differentiate "group" and "team" supervision by asserting that in group supervision, "the real authority and direction are still vested in the supervisor, but he or she directs a group rather than a single professional worker."⁸⁰ Against this model,

⁷⁷Child Welfare League, Team Foster Care, p. 26.

⁷⁸Stewart Moore, "Group Supervision: Forerunner or Trend Reflector?" Social Worker, XXXIX (February, 1971), 17.

⁷⁹Epstein, "Autonomous Practice," p. 10.

⁸⁰Rowley and Faux, "Team Supervision," p. 61.

the authors place their concept of team supervision: all team members are equals who communicate as a peer group; the group opinion is more valued and has more weight than the opinion of any one member; the team itself acts as a supervisor for each and every member; and the team promotes a decision-making process in which every opinion and suggestion is accredited and valued.⁸¹ Fizdale reports a similar experience with what she calls "peer-group supervision."⁸²

Both of the above examples are not directly relevant to the social work team under consideration here. The former is an account of supervision in an interdisciplinary team and the latter took place in a private counselling agency staffed entirely with M.S.W. workers. Nevertheless, the ideas expressed on team or peer-group supervision are enjoying some currency. Epstein sees team supervision as a variant of group supervision.⁸³ Under team supervision, the team

...deliberately attempts to minimize status differences among its members....differences are attributable to a practitioner's actions in relation to clients, not to formal professional prerogatives....⁸⁴

This discussion of supervision is highly relevant to the team concept because it appears that the major exponents of the team, while claiming to have reduced status differences in the team, have in fact erected further types of hierarchical differentiation. Barker and Briggs propose a system of team consultation in which there is a sharing of ideas on methodology but "there is no obligation by the other person to

⁸¹Ibid., p. 63

⁸²Ruth Fizdale, "Peer-Group Supervision," Social Casework, XXXIX (October, 1958), 443-50.

⁸³Epstein, "Autonomous Practice," p. 6.

⁸⁴Ibid., p. 10.

follow these suggestions."⁸⁵ Further to this point, they state:

By its very nature, supervision presumes a relationship of inequality, on the assumption that the supervisee is inferior in all realms of knowledge, skill and value orientation.⁸⁶

Nevertheless, the authors propose a team operation in which the team leader occupies a locus of responsibility that is unlikely to reduce status differences. In their team operation, the team leader "...must have the authority to appoint his team members and release them when they are no longer needed..." and he "...assigns specific tasks to the team members."⁸⁷ Both of these are functions that may more properly be carried out by a decision of the whole team.

Gil conceives of the social work team as having a hierarchical structure in which

Important decisions concerning diagnosis and treatment plans of all cases on the team caseload would not be made without the participation of the team leader.⁸⁸

He sees the supervision of team members being accomplished, however, through "peer group supervision,"⁸⁹ which, given the hierarchy of the team is highly unlikely.

The apparent inconsistencies outlined above make it difficult to delineate concrete proposals for supervision in the social work team. Watson warns that because each worker's job performance is subject to periodic scrutiny, "team involvement represents some loss of professional autonomy."⁹⁰

⁸⁵Barker and Briggs, Using Teams, p. 31.

⁸⁶Ibid.

⁸⁷Barker and Briggs, Social Work Manpower, p. 209.

⁸⁸Gil, "Social Work Teams," p. 443.

⁸⁹Ibid., p. 444.

⁹⁰Watson, "Manpower Team," p. 452.

Montgomery et al argue for a clear distinction between the supervisory and team leader roles.⁹¹

Supervision in a team context will always be a product of several factors which are difficult to regulate: the personal style of the team leader; the work experiences of team members and their perceptions of authority; and the overall agency hierarchical structure. There are some ways in which a team might mitigate status differences. One way is to spread the responsibility for management functions in the team. The periodic evaluation of workers is a traditional supervisory function that more than any other factor makes the supervisor or team leader an authority figure in the group.⁹² This is a function that can easily be handled by the team as a whole, and more effectively, with final decisions on the evaluation being performed by a supervisor at a higher level. Task assignment and major decisions on cases could also be made by team consensus, with the team leader making decisions when consensus was unattainable.

Team Composition and Roles. -- As the preceding discussion indicates, the team leader occupies an important role in the team process. Most observers feel that the team leader should hold an M.S.W. degree supplemented by a good deal of experience in the specific area of service which the team offers.⁹³ Formal training and experience in the team approach prior to assuming the leadership position is also seen as an asset.⁹⁴

⁹¹Montgomery, et al., "Team Services to Children," p. 596.

⁹²Barbara Cowen, et al., "Group Supervision as a Teaching/Learning Modality in Social Work," Social Worker, XL (December, 1972), 259.

⁹³Barker and Briggs, Using Teams, p. 14.

⁹⁴Ibid.

Supervisory experience is not seen as a prerequisite to team leadership; however, Watson observes that an agency may feel more comfortable with the leader having this background.⁹⁵ He summarizes the team leader's role:

To lead a team is different from supervising its members. The leader's chief responsibility is to help the group to develop its capacity to function as a team. The leader is an integral part of the unit; he participates in team decision making and, when appropriate, is involved in giving direct service to the client. In addition to casework skills, the team leader must develop an understanding of group dynamics and small group process.⁹⁶

Barker and Briggs advocate a highly structured team composed of leader, M.S.W. member, team specialist, indigenous worker specialist, social work associate, ad hoc members and student members.⁹⁷ While specialization is a welcome attribute of team practice, it may be that the degree of specialization called for in the above structure will require prior training and expertise that manpower shortages preclude. In addition, it may be unrealistic to aspire to such a degree of specialization, with the staff training involved, when high turnover rates appear to be common to social work agencies.

One staff role which most commentators agree on is that of the team secretary. In fact, the role prescribed for the clerical member of the team is a great departure from traditional clerical roles in social welfare agencies. The traditional view of secretarial personnel in social work has been to maintain a clear distinction between social work and clerical staff. This has often resulted in impaired communications between the two groups.

⁹⁵Watson, "Manpower Team," p. 451.

⁹⁶Ibid.

⁹⁷Barker and Briggs, Using Teams, pp. 14-25.

This separation did not necessarily result in the most efficient use of the social worker's time. A frequent complaint of social work staff is the inordinate time spent on administrative detail. In accordance with the concept of differential use of staff, the team secretary's role encompasses virtually every aspect of the administrative functions of the team. These functions include everything from traditional clerical work to those duties that require direct intervention with a client such as helping a client to fill out forms.⁹⁸

The latter role may be viewed as entering the social worker's area of service and it is mandatory that the team secretary's skills are not overused.

Communications in the Team. -- The development of effective intra-team communication is vital in the social work team. Communication in the team is primarily affected by two factors: the physical location of the team in the agency, and the way in which team meetings are organized.

The physical location of the team is considered by most observers to be an important dynamic of team practice that "can largely determine the effectiveness of the entire team operation."⁹⁹ Ideally, team members should be located as near to one another as possible, preferably all sharing a common office space. There are several reasons for this close proximity: team operations require frequent coordination, especially when more than one worker is involved with a given case; group cohesion is developed more quickly; workers are open to the scrutiny of their colleagues in their daily activities;¹⁰⁰ ad hoc case discussions can occur more frequently than when members are in separate offices; and team members

⁹⁸Ibid., p. 23.

⁹⁹Barker and Briggs, Using Teams, p. 25.

¹⁰⁰Ibid., p. 26.

can derive immediate support from co-workers when emergencies arise.

In addition, new and inexperienced workers or students will learn much more quickly in a setting where they can observe other, more experienced staff dealing with day-to-day problems.

The team meeting is the means by which team members formally exchange information on their work. In team meetings, discussion revolves around every facet of the team's operation: case and task assignment; goal determination for a particular case; evaluation of team intervention; assessment of individual skills in working with specific clients; and decisions relating to termination of service to a client.

The team meeting provides an opportunity for the team to review each worker's performance. Ideally, every case on the team's caseload will periodically be placed on the agenda for review. In this way, each team member is made accountable for his own workload. Case recording may be completed in the team meeting so that the individual leaves the discussion with a clear idea of the activities he must pursue before the next evaluation of that case.

It may be appropriate to hold two team meetings, one focussing on client or case issues, the other on team issues.¹⁰¹ Hazelton reports on two main areas of discussion in the team-centred meeting:

The first is mechanical or managerial things. Examples of this are planning an information sheet for addition to each file or sorting out difficulties in communication with switchboard. The second area has to do mainly with communication in relationships within the team and between team members, and with general service problems on a more philosophical level.¹⁰²

¹⁰¹Watson, "Manpower Team." p. 450.

¹⁰²R.C. Hazelton, "The Rehabilitation Team," Children's Aid Society of Metropolitan Toronto, 1969, p. 5.

By separating client-centered and team-centered discussion (the former would occur at least once a week, and the latter once each month), meetings can be better organized, more goal-oriented, and the team may avoid the charge that teams often place the clients' needs secondary to the group's needs.

Strengths and Weaknesses of the Social Work Team

Loewenberg's five components of the social welfare system -- community, clients, staff, agency, and profession¹⁰³ -- will be used in considering the strengths and weaknesses of the social work team.

Community. -- Wright and Levitt found that the team is an effective means of providing services at the neighbourhood level¹⁰⁴ as did Rogers and Hallinan.¹⁰⁵ Greater accessibility is seen as the key benefit which results in increased visibility of the agency in the community, and a greater demand for services. The team, however, can meet this increased demand through its ability to identify resources in the community,¹⁰⁶ and make use of volunteers as ad hoc team members.¹⁰⁷

The possibility exists that a team which has neighbourhood responsibilities may become isolated and ill informed about the activities of other teams and of the agency as a whole. Consequently

Team members must continually strive to see beyond the professional horizons of their particular team area.¹⁰⁸

¹⁰³Loewenberg, "Systems Analysis of Manpower," p. 256.

¹⁰⁴Wright and Levitt, "Neighbourhood Social Work Teams," p. 18.

¹⁰⁵Arthur J. Rogers and Helen W. Hallinan, "The Youth Board Team Working with the Individual, the Family, and the Neighbourhood," Child Welfare, XLIII (November, 1964), 545.

¹⁰⁶Wright and Levitt, "Neighbourhood Social Work Teams," p. 18.

¹⁰⁷Melvena Green, "The Team Approach in Home Care of Mentally Retarded Children," Child Welfare, LI (March, 1972), 178-81.

¹⁰⁸Wright and Levitt, "Neighbourhood Social Work Teams," p. 19.

Clients. -- There is a general consensus in the literature that the team approach results in the delivery of higher quality services to clients. This results from the greater specialization of individual workers, the appropriate matching of workers' skills to client needs, and if indicated, the involvement of two or more workers in the case.¹⁰⁹

The Midway project found the team useful in work with multi-deficit families:

The team approach in which the impact of the pathology is shared by several workers, with the active involvement of their supervisor, may be particularly relevant and effective with seriously disorganized and deteriorated, highly vulnerable families.¹¹⁰

The final report from Midway confirmed this finding with team clients showing greater improvement or less deterioration than clients of conventional work groups.¹¹¹ The factors contributing to this positive outcome for team intervention include: the better diagnostic skills of the team;¹¹² the continuity of service provided, where a team member with first hand knowledge of the client is always available in a crisis;¹¹³ and the involvement of several workers helps the client's socialization process and imbues him with the confidence that his problems are receiving the attention of several skilled practitioners.

Several observers have noted the confusion that the latter arrangement might cause for some clients.¹¹⁴ No strong evidence is put

¹⁰⁹Barker and Briggs, Using Teams, p. 38.

¹¹⁰Edward E. Schwartz and William C. Sample, "First Findings from Midway," Social Service Review, XLI (June, 1967), 150.

¹¹¹Schwartz and Sample, The Midway Office, p. 141.

¹¹²Watson, "Manpower Team," p. 454.

¹¹³Ibid., p. 453.

¹¹⁴Loewenberg, "Systems Analysis of Manpower," p.259; Montgomery, et al. "Team Services to Children," p.595; and Child Welfare League, Team Foster Care, p. 22.

forward to support this problem. In fact, Monroe County found that the problem "proved unfounded; families almost always welcomed the attention."¹¹⁵

The tendency of the team to become overly concerned with group process to the detriment of client services has also been cited.¹¹⁶ The establishment of separate meetings for client-centered and team-centered discussion is likely to alleviate this problem.

Staff. -- Job satisfaction is one of the basic assumptions made about the team form of organization of staff.¹¹⁷ This satisfaction is expected to spring from several sources: the team encourages each worker to make full use of his skills;¹¹⁸ the collegial atmosphere of the team stimulates self-confidence and innovation, and helps reduce status and authority differences amongst staff; team members enjoy constant support from their colleagues when workloads become difficult to manage,¹¹⁹ and the team provides a climate in which members can experience individual growth as workers.

In regard to this latter point, the team is sometimes regarded as personally therapeutic for the worker; however:

Team is not a T-group nor a sensitivity group. It is therapeutic inasmuch as it is an instrument of growth, but this growth should be primarily in the area of the person as a worker. Growth of the individual will occur, for one cannot commit one's self, or become involved with others in the way in which team requires without receiving something in return. This, however, should be in the nature of a "secondary gain," not a primary one.¹²⁰

¹¹⁵Montgomery, et al. "Team Services to Children," p. 595.

¹¹⁶Hazelton, "The Rehabilitation Team," p. 14.

¹¹⁷Gil, "Social Work Teams," p. 444.

¹¹⁸Babb, "Report on Teams," p. 6.

¹¹⁹Child Welfare League, Team Foster Care, p. 22.

¹²⁰Griffin, "Notes Re Team," p. 8.

Data from Chicago's Midway Welfare Office confirm the superiority of communications in teams as opposed to conventional work groups. The team afforded better feedback and more interaction among peers than the conventional work group.¹²¹ There is no doubt that the inclusion of clerical workers would also enhance communications between social work and clerical staff. Communication can be further enhanced by staff sharing a common work area in the agency.

Negative effects of the team in the staff context have not been well documented. The tendency of the team to stifle individual initiative by demanding adherence to group ideas is mentioned by Loewenberg. He indicates that "the 'lone eagle' who could render outstanding service in other (staffing) patterns may not fit on a team."¹²² Phelan and Pancost expand on this idea to warn that the shift from individual to team practice may be a difficult move for workers or supervisors who hold traditional views about service.¹²³

The team approach is criticized as having limited effectiveness when caseloads are high, which they are inclined to be when team services become visible in a neighbourhood.¹²⁴ The Midway study found that indeed, the team approach did not produce as well as the conventional work groups in high caseload situations.¹²⁵

Finally, teams are said to be impotent when team members have personality clashes or when intra-team power struggles occur. There is no

¹²¹Schwartz and Sample, The Midway Office, p. 49.

¹²²Loewenberg, "Systems Analysis of Manpower," p. 259.

¹²³Joseph F. Phelan and Richard O. Pancost, "An Examination of Factors of Stress Inherent in the Integration of Staff Within a Residential Treatment Centre," Child Welfare, XLIII (November, 1964), 466.

¹²⁴Wright and Levitt, "Neighbourhood Social Work Teams," p. 18.

¹²⁵Schwartz and Sample, The Midway Office, p. 80.

indication that these dynamics are any more innate to team than to other forms of practice. The provision of formal opportunities to air discontents in the team, should lessen conflict or at least channel it into productive results.

Agency. -- A high level of staff morale as indicated by positive staff attitudes, low absenteeism, and low turnover rates is a goal that most agencies aspire to. The team form of staff organization is one way of trying to improve morale. Schwartz and Sample tested this idea and its corollary, that high morale would lead to greater staff productivity. These hypotheses were based on the belief that teams would promote greater group cohesion than conventional work groups, and that greater improvement in clients served by the team would boost morale.¹²⁶ The Hypotheses on morale and productivity were not substantiated by the data at a significant level. The data did show that team practice produced more positive client change than the other work groups, and at a lower cost.¹²⁷

The team is claimed to be a good setting for staff training and development. Schwartz and Sample see it making possible "a more rational and less traumatic induction of new workers into their duties."¹²⁸ Similarly, Babb observes that "team discussion provides a faster learning experience....than the usual worker-supervisor arrangement."¹²⁹ For Lieb et al., the team "provides a unique opportunity for supervised in-patient training in crisis work."¹³⁰

¹²⁶Ibid., p. 29.

¹²⁷Ibid., p. 158.

¹²⁸Ibid., p. 29.

¹²⁹Babb, "Report on Teams," p. 6.

¹³⁰Julian Lieb; Ian I. Lipsitch; and Andrew E. Slaby, The Crisis Team (Hagerstown, Md.: Harper and Row, 1973), p. 18.

The time consumed by team meetings may contribute to less time being available to the client. This objection to the team has some validity, especially in the early stages of team development when communication is less open and case decisions require lengthy deliberation.

Profession. -- The major strength of the social work team is that it improves professionalism in social work. It does this by ensuring that workers are only involved with those clients that they have the skills to help.¹³¹ The client is also assured that his social worker, whether professional or para-professional, conforms to the professional standards set down by the team leader.¹³²

The expectation that team members will develop their innate skills in specific areas of service, creates an environment conducive to individual learning and provides worthwhile career prospects for para-professional workers.¹³³

Perhaps the most outstanding contribution of the team form of staff organization, is its capacity to break down the barriers between professional and para-professional workers. It is probable that workers with less than the traditional professional qualifications will occupy a growing role in the provision of social welfare services. Their exposure to professional social work standards in a team can only enhance their effectiveness as helping persons. In addition, a team that succeeds in developing collegial relationships between credentialed and non-credentialed staff, can go a long way towards reducing the traditional dependence of agencies on formal education as the sole criterion of the competence and effectiveness of social workers.

¹³¹Barker and Briggs, Social Work Manpower, p. 201.

¹³²Ibid., p. 202.

¹³³Ibid., p. 200.

V

TEAM PRACTICE AT THE CHILDREN'S
AID SOCIETY OF METROPOLITAN TORONTO

The Agency Setting

The Children's Aid Society of Metropolitan Toronto is one of the largest child welfare agencies in North America, with a staff in excess of 650 and an annual budget of approximately \$13,500,000. The Society shares with the Catholic Children's Aid Society the responsibility for implementing and enforcing within Metropolitan Toronto a variety of child welfare and related statutes of the Province of Ontario.

This responsibility is discharged via a wide variety of social service programs administered through three branch offices of the Society in the metropolitan boroughs of Etobicoke, North York and Scarborough, and through the Central Branch office in the city of Toronto. This latter branch is divided into sub-offices, two of which -- Queen St. and Dufferin #1 -- have family service teams which form part of the sample used in this study. These two sub-offices will be referred to in this paper as branches. The rest of the research sample was obtained in the three borough branches.

Social work teams are used extensively throughout the Society in the delivery of services. Teams exist in the child care departments of North York and Scarborough branches and have been used in at least two neighbourhood service centers which the Society operates in cooperation with the Family Service Association. A home care program for retarded children is also based on a team form of service delivery.¹³⁴

¹³⁴Green, "Team Approach in Home Care."

As noted above, teams are used in the family service departments of Etobicoke, North York, Scarborough, Dufferin #2 and Queen St. branches. Two family service departments do not use social work teams -- Dufferin #1 and Charles St. branches.

Table I shows the total membership of the teams in the five branches surveyed, as reported by the team leader. The table also shows the staff makeup of the teams as indicated by the returned questionnaires.

Family Services

The family service department of each branch has the responsibility of serving the community under the terms of the Child Welfare Act of Ontario. The CASMT implements the regulations of this legislation with a view to both control and prevention. Services rendered to the community include: child protection services; services to unmarried parents; services to children in the temporary care of the Society; services to the families of these children; and services to neighbourhoods in the form of community development activities. The largest component of service delivery is in child protection work. Services in this area run the gamut from the apprehension of children in need of protection to counselling in child management techniques.

The primary method of service-delivery is casework although group-work appears to be used increasingly. Community development activities, usually performed by one staff member, have also been a feature of family services in recent years.

The Development of the Team Approach

One of the most significant aspects of the development of teams at CASMT is that it occurred with virtually no involvement of agency administrators above the level of branch director. In fact, the decisions

to carry out these very fundamental changes in staff deployment most often were made at the department supervisor level.

This fact attests to the high degree of autonomy which the various branches of the agency enjoy. At the same time, it represents a lost opportunity for central administration to at least play a coordinating role in the expansion of team operations to virtually every branch in the agency. Nevertheless, there is a good deal to be said for the autonomous way in which the team concept grew. Each branch was able to fashion the team model most appropriate to staff and community needs. Inter-branch discussion of team experiences occurred frequently so that the establishment of new teams often gained from these exchanges.

Table 2 indicates the approximate date of inception of each family service team. There is no clear reason why the Rehabilitation Team at North York became the first attempt at team utilization, other than the fact that the branch director and unit supervisor at the time had developed a keen interest in the team model proposed by the Child Welfare League.¹³⁵

Almost simultaneous to the North York initiative, the idea of social work teams was considered at Scarborough Branch and in less than a year, four area teams were established. The rationale for reorganization of staff was the indication that caseloads were inexorably growing while the agency had placed restrictions on the hiring of new staff. In addition, the team was seen as an appropriate structure for integrating volunteers in a more productive way.

In late 1969, North York expanded its team operation with the addition of service teams in protection and unmarried parents services. Two years later, this approach was abandoned in favour of the area team

¹³⁵ Child Welfare League, Team Foster Care.

model, the rationale being that staff would cut down on travelling time and also the reduction in the demand for unmarried parent services did not warrant a separate team in this area.

The subsequent development of teams in Dufferin #2, Queen St. and Etobicoke branches was clearly a result of the initiative at North York and Scarborough. The way in which the idea was filtered through the branches can be seen in the fact that teams became a feature of Etobicoke services shortly after the arrival of a new family services supervisor, a former North York staff member.

In general, the development of family service teams at CASMT was a response to caseload growth, limitations on staff increases and a desire to make better use of available manpower resources. Some attempts were made to incorporate the concepts of differential use of staff, joint caseload and team supervision. How significantly these concepts were employed will be a subject of later discussion.

In all cases, there appear to have been genuine efforts at staff involvement in determining the form of team practice to be used. Consultation between branches was common and in at least one instance, an outside "expert" was called in. It is probably fair to say that Etobicoke Branch made the most determined bid to get the team concept off on the right footing. A comprehensive staff education program on the team approach was instituted many months before the actual commencement of team practice. Staff were involved in the planning of new office facilities and in the hiring of a team leader. Workers chose the team which they wanted to join. A ten week course in communication was available for all staff prior to the inauguration of the area teams.

It should be mentioned that in most instances, the form of staff deployment changed from individual practice to team practice. There are

TABLE 2
DATES OF COMMENCEMENT OF TEAM OPERATIONS

Team	Date of Commencement
North York Rehabilitation	June, 1968
Scarborough Central	August, 1968
Scarborough Northwest	June, 1969
Scarborough Southeast	June, 1969
Scarborough Unmarried Parent	June, 1969
Dufferin #2	September, 1970
North York Northwest	November, 1971
North York Central	November, 1971
North York East	November, 1971
North York Southwest	June, 1972
Etobicoke Middle	June, 1972
Etobicoke Lakeshore	June, 1972
Etobicoke Rexdale	June, 1972
Queen St. Riverdale	November, 1972
Queen St. Beaches	November, 1972
Queen St. East York	November, 1972

some examples of group supervision being established as a transitional phase prior to team practice; however, this appears to have occurred at the whim of the supervisors involved and was not pursued in many departments.

The following discussion will focus on research findings relating to specific aspects of team practice at CASMT, including: team composition; differential use of staff; caseload management; supervision; team communications; use of team secretary; and use of volunteers.

Team Composition

The research sample of 84 team members includes 15 males and 68 females. One respondent failed to indicate sex. Four of the 16 team leaders are males and all of the 8 team secretaries are females.

Table 3 shows the educational backgrounds of each respondent. Thirteen team leaders have MSW's, two have U.K. diplomas in applied social science, and one team leader has a high school education. All team secretaries have either partial or complete high school educations. Table 3 also indicates the educational makeup of each team. This will be commented on in the context of differential use of manpower.

The responses to the question on age indicate a relatively mature team population. Fourteen workers are over 45 years old, nineteen are 35 - 44, forty-two are 25 - 34 and only nine are under 25.

Table 4 shows various aspects of each team member's work experience: total social welfare experience; CASMT experience; team experience; and number of years on the present team. The most significant feature of this data is the impressive length of social welfare experience that over half of the staff bring to team practice.

TABLE 4
SOCIAL WELFARE, AGENCY, AND TEAM EXPERIENCE OF TEAM MEMBERS

	No. of Workers Having: (n=84)			
	Less Than 1 Year	1 Year But Less Than 2 Years	2 Years But Less Than 5 Years	More Than 5 Years
Social Welfare Experience	6 (7.1%)	6 (7.1%)	29 (34.5%)	43 (51.2%)
Agency Experience	15 (17.9%)	10 (11.9%)	31 (36.9%)	28 (33.3%)
Team Experience	23 (27.3%)	28 (33.3%)	28 (33.3%)	5 (6.0%)
Experience on Present Team	38 (45.2%)	27 (32.1%)	18 (21.4%)	1 (1.2%)

Differential Use of Staff

The first consideration in discussing the utilization of staff is to look at the composition of the teams in terms of educational backgrounds. A primary concern of effective manpower utilization is that agencies should expect higher performance from those workers earning the highest salaries -- i.e., the MSW workers. Similarly, there should be a means of differentiating the skills of BSW's, BA's and college graduates.

This is not to say that education is the criterion that will guide day to day task assignment. There are obviously many criteria that are far more important for effective service delivery. Nonetheless, it is probably the most important factor from the administrative point of view because of the above mentioned cost-benefit aspect and also because the agency is expected to deliver a similar quality of services in all the areas served by teams.

If one assumes that the administrators at CASMT expect a more effective performance from MSW workers than from less formally trained personnel, then Table 3 indicates that there is an inequitable delivery of services by CASMT in Metropolitan Toronto. For example, Etobicoke's Rexdale team and North York's East team both have 4 MSW members. On the other hand, Queen Street's East York team, Scarborough's Unmarried Parent team, and North York's North West and South West teams have only one MSW member. Presumably, if one uses only formal education as a criteria, the recipients of CASMT services in the latter areas are getting poorer quality services than the clients in Rexdale and eastern North York. If in fact it can be shown that the quality of services do not differ between areas, then clearly CASMT is spending too much money on service delivery in Rexdale and Eastern North York, unless there are mitigating factors at work (e.g., an experimental project such as community development that may require specific training and

experience). In any event the team concept of establishing teams with different types of manpower would suggest a re-shuffling of CASMT manpower resources.

Team members were asked to choose one or more factors used in the assignment of cases and tasks in the team. Table 5 shows their responses. Regular rotation, workloads and geographical area are all criteria that would seldom apply when differential use of manpower is aspired to. The emphasis on workloads as a factor suggests that the caseload demands that are common to Children's Aid societies militate against a genuine differential use of manpower. Virtually all teams indicated that workloads were the most frequent criterion while skills occupied second place.

The method of case assignment should shed some light on the ability to differentiate in staff utilization. It is likely that the team as a group can better perceive individual skills than any one individual. Team members indicated clearly (78.6%) that the team as a group made most of the decisions on case assignment. Scarborough teams proved to be the only exceptions with team members indicating that the team leader made most case assignments. In all 16 teams, the team leader agreed with the majority opinion of team members.

A final factor that can suggest the extent of application of the concept of differential use of manpower is the assignment of more than one worker to a case. Such a step would be appropriate for a client experiencing two or more specific difficulties that could not be resolved by one worker. For example, a middle-aged mother might respond positively to the casework of an elderly female team member, while the mother's rebellious teenage son would likely not. A younger team member with skills in working with youth might be appropriate for this aspect of service to the family.

Seventy-four percent of respondents indicated that more than one

TABLE 5
CRITERIA USED IN CASE AND
TASK ASSIGNMENT

Criteria of Task Assignment	Number of Responses
By regular rotation	4
According to workers' skills	65
According to workers' experience	48
According to workers' education	13
According to who volunteers	54
According to individual workloads	78
According to geographic area for which worker is responsible	38

worker was 'occasionally' assigned to a single case. Seven of the 16 teams had a consensus of their membership on this point. Two other teams indicated that they never involved more than one worker and seven teams leaned towards occasional use of more than one worker. Interestingly, six team leaders disagreed with their colleagues and suggested higher levels of involvement of more than one staff in a case. Of course, the above figures are only gross measures. In view of the fact that team members have cases open to them individually (not jointly to the team), there may be some confusion over the word 'assign' which perhaps indicates an involvement that is formalized administratively.

Four measures have been used to assess the differential use of manpower in teams at CASMT: team composition; criteria of case assignment; the decision making process in case assignment; and involvement of more than one worker in a case. Only the latter measure indicates a significant degree of differential use of manpower in the family service teams.

Caseload Management

The concept of a jointly carried caseload in one idea of the team theorists that family service supervisors decided not to implement. The combination of high caseloads and the fact that many services of the Society are mandated by statute, convinced most supervisors that accountability was to reside with the worker rather than with the team leader.

Nevertheless, there are ways in which individual accountability can be enhanced by team accountability. Three suggested ways are: case recording can be completed in team meetings so that all goals for the client will be explicit and clearly understood by the client's worker and by all team members; important decisions relating to individual caseloads may be resolved by team consensus; and all cases open to individuals should come before the team periodically for discussion. The latter practice ensures

that the team is always aware of individual workloads and how well the worker is serving his clients. Thus the team encourages more individual accountability.

Thirteen teams had a consensus of members indicating case recording by individual workers. North West, Central and Rehabilitation teams in North York all confirmed that they used a team recording system. It should be noted that all teams must conform to CASMT recording procedures which in turn are laid down by Ontario's child welfare regulations. These procedures require 21 day, 60 day, and thereafter 90 day recordings on each case. The team recording system which appears to have evolved in North York entails each team member individually completing the required case-record forms, with these subsequently being reviewed and if necessary revised in a team meeting.

Responses to the question on decision-making on important case issues, were difficult to assess because of incomplete answers. The multiple choices -- never, occasionally, fairly often and frequently -- were given a numerical weighting -- (0,1,2,3 respectively) and a total team member response was obtained. Twelve teams indicated that important case decisions were reached fairly often and frequently through worker - team leader consultation. This is the only response pattern that is clearly evident and it suggests that the traditional form of case decision-making (worker and supervisor in consultation) is still common to team practice at CASMT. This finding, of course, is based on limited data and is not conclusive.

Mandatory case discussion, whereby each case is catalogued and must come up for discussion periodically, (timing being dependent on the nature of the services rendered) would appear to be a basic tenet of a team's operation.

Yet, 8 teams indicate that this is not a feature of their team process. All Scarborough teams and four North York teams (excluding East) subscribe to the idea of mandatory case discussion.

Data on caseload management, while not conclusive, does suggest that in the absence of a jointly carried caseload, some steps could be taken to enhance individual and team accountability.

Supervision

Supervision can be assessed in light of responses to three questions which sought the following information: the nature of the primary supervisory process in the team; the frequency of use of formal individual supervision; and the method of completion of evaluations of team members.

In the preliminary interviews with family service supervisors, they stressed that the encouragement of a collegial atmosphere in team should not be construed to imply that there is not a clear system of accountability. They also suggested that the style of supervision obviously changes in accordance with the team leader's style of leadership. Needless to say, it was not possible to make a measurement of leadership style in this study.

Seventy-nine percent of staff identified team supervision as the primary supervisory process in their team. Group supervision was identified by 17 percent and individual supervision by 4 percent. Curiously, the latter respondents claimed that they were not themselves involved in formal individual supervision, suggesting that there may have been some misunderstanding of the question. The response pattern does indicate, however, that team members do perceive a distinction between team and group supervision and that they opt for the former.

A significant number of members of the family service teams are engaged in regular individual supervision sessions with their team leaders. Excluding team leaders and team secretaries, 15 of the 60 social workers responded positively to the question about individual supervision sessions. Of these 15 workers, 13 were found to have less than one year's exposure to team practice. The Queen Street teams made more frequent use of individual

supervision than the other teams, accounting for 7 of the 15 workers responding. It appears that the team leaders feel that team supervision would be supplemented by individual supervision for workers with a limited exposure to team practice.

The handling of periodic worker evaluations is another means of gaining insight into supervision. In Dufferin #2, Queen Street and Scarborough teams, the team leader is responsible for the completion of periodic work evaluations for each team member. At Etobicoke, the team meets as a group for this purpose. North York teams provide mixed responses to this issue with three teams making evaluation in team meetings while the other two combine both methods of evaluation.

The above analysis of supervision in the teams suggests that the practice is not tied to any specific model. Team supervision, in which a collegial atmosphere is encouraged, is common to most family service teams but traditional modes of supervision are employed when necessary

Communications in the Family Service Teams

North York, Scarborough and Etobicoke teams all report that team members share one office space. At Dufferin #2, the team leader has a separate office while the rest of the team shares a common office space. Queen Street teams are fragmented into several offices with each team leader having a separate office.

While the sharing of a common work area is given a good deal of importance in the literature, it is clear that this aspect of team practice will always be subject to the space that is available. The cramped quarters at Queen Street and Dufferin #2 do not allow for an ideal work space for team practice.

All 16 teams hold weekly meetings which last from 2 to 4 hours. Meetings for the purpose of discussing team process do not follow such a regular pattern. Dufferin #2, Queen Street and Scarborough teams include

this type of discussion in regular team meeting. North York's East team also follows this practice. All the other North York teams and the Rexdale team in Etobicoke hold separate 'team re team' meetings each month.

In view of the criticism that has been levelled against the team approach, that there is often too much concern with the team as an entity at the expense of client needs, it would appear appropriate for all teams to separate team centered discussion and client centered discussion.

The Use of Team Secretaries and Volunteers

Queen Street teams are the only teams that do not have team secretaries as full time team members. Most of the teams which have team secretaries indicate that case aide tasks are only occasionally an aspect of the secretaries' duties. North York East and Middle Etobicoke teams report 'frequently' and 'fairly often' respectively for these types of tasks.

A proper differential use of staff would indicate that case aide functions of a team secretary should be kept to a minimum. Presumably, the secretary who spends a good deal of time on tasks that are more properly the function of social workers will be neglecting her clerical duties which are just as vital to effective team practice.

The use of volunteers as team members drew a very mixed response. The only clear results are that Queen Street, Beaches and East York teams never include volunteers, while Scarborough's Central and South East teams and North York's Rehabilitation team frequently have volunteers as team members.

Summary

The family service teams of CASMT have been analyzed in respect to various dynamics of team practice. It appears that in several key areas, these teams generally do not conform to current concepts of team practice. Differential use of staff, while aspired to, is not very much in evidence.

Caseloads are carried by individual team members in the traditional way as opposed to a jointly carried caseload. Supervision appears to incorporate several features of a team or peer type of supervision alongside traditional modes of individual supervision.

VI

REACTIONS TO TEAM PRACTICE

In section III of the questionnaire respondents were asked to react to 45 statements relating to team practice. These statements were culled from the literature on the social work team and reflect both theoretical views and practical experiences of the various authors. Thirty-four of these statements invited reactions to views and experiences which indicated a particular functional or dysfunctional attribute of team practice. How the respondent reacted to these 34 items would indicate his positive or negative view of team practice.

The above statements were also categorized to determine each respondent's view of the effects of team practice on the five major components of the social welfare system -- community, clients, staff, agency, and profession. All statements were arranged randomly in the questionnaire so that these groupings could not be perceived. The regrouped constellations can be seen in Appendix II.

The other 11 statements sought reactions to related questions on the team approach -- team leader's role, the casework relationship, etc. -- but did not have a bearing on the worker's positive or negative orientation to team practice.

Scoring Procedure

The reactions of staff to team practice were obtained through the use of a five point scale -- strongly agree, agree, uncertain, disagree, strongly disagree. The "reaction score" for an individual, a team, or the entire sample is the percentage of responses which indicate a positive view of team practice.

Negative responses to negative statements are scored as positive reactions (e.g., a "disagree" or "strongly disagree" response to the statement "Intra-team issues often supersede discussion of client needs", is scored as a positive reaction to team practice.) All "uncertain" responses are scored as negative reactions.

Total Reaction Scores

Table 6 lists the reaction scores of all team members who completed the attitude survey. It also provides reaction scores for team leaders, social workers, and secretaries.

The surprising statistic in Table 6 is the high score of team secretaries. Needless to say, many aspects of team practice are beyond the bounds of their daily job. Any views that the secretary might express for example, on client change would only be her perception based on workers' reports. Nevertheless, this high score likely indicates the greater interest in social work practice that the team approach encourages in team secretaries.

Also of interest is the fact that team leaders score appreciably higher than other social work staff. This may be a reflection of a phenomenon that other researchers have observed, whereby those in a supervisory role generally score more positively than their subordinates on a survey of attitudes towards the workplace.¹³⁶

Table 7 gives the scores obtained by staff with various educational backgrounds. In this table, all team leaders are categorized with the MSW workers. Those workers with United Kingdom training are included with community college graduates. The only apparent significance to these scores

¹³⁶Schwartz and Sample, The Midway Office, p. 124.

TABLE 6
TOTAL REACTION SCORES OF TEAM MEMBERS

Group	Reaction Score
All team members (n = 84)	61.8%
Team leaders (n = 16)	67.8%
Social workers (n = 60)	58.2%
Team secretaries (n = 8)	72.1%

TABLE 7
REACTION SCORES ACCORDING TO
EDUCATIONAL BACKGROUND OF TEAM MEMBERS

Educational Background	Reaction Score
MSW (n = 38 ^a)	61.4%
BSW (n = 8)	60.1%
BA (n = 20)	62.1%
Community College Graduate (n = 6)	53.1%

^aIncludes 2 team leaders not holding MSW degrees

is the low showing of community college graduates. This may be a reflection of the difficulty of appropriately utilizing their specific skills in the team setting; however, it is more likely a product of the fact that the length of team experience of community college graduates is considerably less than that of other team members. As a result many of the responses of college graduates were "uncertain".

Table 8 breaks down the number of years of team experience and indicates that the team members' perception of the team's efficacy increases according to his or her exposure to team practice.

Team members' individual scores range from a low of 1.9 percent to a high of 88.2 percent with a median score of 58.8 percent. Individuals having low scores were found to have a high number of uncertain responses. In most cases, this indecision was a reflection of the respondents' newness to team practice. The team member having a score of 2.9 % was found to have only one year's experience in team practice preceded by four years practice in a conventional work setting. This team member held a B.A. degree and occupied a social worker position on the team. Two respondents obtained 88.2 % reaction scores: both of them hold M.S.W. degrees; both are team leaders with two and four years of team experience respectively; and both had 3 - 4 years of previous practice in a conventional work setting.

Team reaction scores ranged from a low of 48.0 percent to a high of 75.0 percent with a median score of 61.7 percent. A comparison of the highest scoring team (Team A) with the lowest scoring team (Team B) reveals these differences: Team A has been in existence for almost five years as opposed to only eight months for Team B; the average number of years of team experience of members of Team A exceeds four years while Team B members have an average of less than two year's team experience; Team A has a team secretary while Team B does not; three workers in Team B are engaged in individual supervision

TABLE 8
REACTION SCORES ACCORDING TO
YEARS OF TEAM EXPERIENCE OF TEAM MEMBERS

<u>Years of Team Experience</u>	<u>Reaction Score</u>
Less than 1 year (n = 23)	52.0 %
1 year but less than 2 years (n = 28)	63.1 %
2 years but less than 5 years (n = 28)	64.0 %
More than 5 years (n = 5)	82.4 %

TABLE 9
REACTION SCORES FOR EACH COMPONENT
OF THE SOCIAL WELFARE SYSTEM

<u>Component</u>	<u>Reaction Score</u>
Community	60.7 %
Client	74.5 %
Staff	66.3 %
Agency	56.5 %
Profession	58.3 %

while none are in Team A; Team A completes case recordings in team while Team B does not; Team A requires mandatory periodic discussion of all cases and Team B does not; Team A handles worker evaluations in team meetings while Team B's team leader has this responsibility; Team A reports that important case decisions are frequently dealt with by the team as a whole, while Team B follows the more traditional approach of the worker in consultation with the team leader; and Team A occupies one common office space while Team B members all have individual offices.

It appears that Team A moves in the direction of greater application of the theoretical concepts of the social work team while Team B operates much like a conventional staff unit. While not conclusive, these differences in operation probably play a large part in the differences in reactions to team practice.

Reactions to the Effects of Team Practice on the Components of the Social Welfare System

Community. -- Table 9 shows the total reaction scores of all respondents for the five components of the social welfare system. It is clear that team members view team practice as most functional for the clients of the agency than for any other component. Staff and community components appear to be well served by team practice in the view of most workers. The agency and profession, however, are only marginally enhanced by the team approach.

Table 10 gives team members' views of the effectiveness of team practice in the community. The team is strongly viewed as an effective means of identifying and utilizing the best resources that the community has to offer in services for people. There is some uncertainty about the team's value in neighbourhoods perhaps because of the large urban areas which CASMT teams cover, in which there may be dozens of separate neighbourhoods. The consequences of team practice for the visibility of the agency in the community

TABLE 10

REACTIONS TO THE EFFECTS OF TEAM PRACTICE ON THE COMMUNITY

Effects	Percentage		
	Agree	Uncertain	Disagree
Team practice enhances the visibility of the agency in the community.	47.6	39.3	13.1
The team is an effective means of identifying and utilizing the best resources that the community has to offer in services for people.	89.3	9.5	1.2
The team approach enables the agency to better reach the population at risk in the community.	47.6	46.4	6.0
The team is an effective means of delivering social services at the neighbourhood level.	58.3	39.3	2.4

TABLE 11

REACTIONS TO THE EFFECTS OF TEAM PRACTICE ON THE AGENCY'S CLIENTS

Effects	Percentage		
	Agree	Uncertain	Disagree
The team facilitates an appropriate matching of worker skills to client needs.	77.4	19.0	3.6
Team practice enables workers to be aware of each other's clients, enhancing crisis intervention.	91.7	6.0	.3
Intra-team issues often supersede discussion of client needs.	11.9	9.5	78.6
The team approach results in the delivery of high quality services to clients.	58.3	36.9	4.8
Clients gain from contact with more than one team member.	66.7	32.1	1.2

are not clear to a majority of respondents. Such effects would not be readily apparent to team members in the normal course of their jobs but could likely be determined through an analysis of intake statistics. Similarly, the ability of teams to better reach the population at risk in the community would be an effect of team practice that could only be reliably measured by specific research.

Clients. -- Team members' views of the effectiveness of team practice in serving clients (Table 11) is the most striking result of this attitude survey. These views would seem to run counter to the traditional view of Children's Aid services as a "band aid" effort. While respondents see the team as an effective mechanism in meeting clients' needs, (matching skills, crisis intervention, multi-worker contact) there is marginal agreement on the overall quality of services to clients. This may reflect the existence of other factors that inhibit effective services such as: high caseloads; deficiencies in community resources (group homes, day care, etc.); or an overall pessimism about the effects of social work intervention.

Interestingly, team members see the involvement of more than one worker as a benefit for the client. Previous responses suggested that this involvement is only an occasional occurrence on most teams. Team members overwhelmingly reject the idea that intra-team issues often supersede client needs.

There is a virtual consensus that the sharing of case information, which the team fosters, enhances the crisis services of the agency. In addition, over three quarters of respondents see the team making appropriate matches of worker skills with client needs.

Staff. -- Agency staff are also seen to be well served by a team form of staff organization (Table 12). In only two of seven attributes of team practice do respondents question the effectiveness of the team approach:

- (1) less than half of the team members feel that team practice provides

TABLE 12

REACTIONS TO THE EFFECTS OF TEAM PRACTICE ON STAFF

Effects	Percentage		
	Agree	Uncertain	Disagree
The team can stifle individual initiative by demanding adherence to group ideas.	7.1	11.9	81.0
The inclusion of clerical staff on teams improves communication and understanding between social work and clerical staff.	82.1	16.7	1.2
Team practice provides individual workers with high job satisfaction.	45.2	46.4	8.3
The team operates as a highly supportive mutual aid system when individual workloads become overwhelming.	84.5	8.3	7.1
The team makes the best use of each worker's skills.	67.9	26.2	6.0
The collegial atmosphere of the team reduces status and authority differences amongst staff.	77.4	11.9	10.7
There is a tendency for team caseloads to exceed an optimum level.	35.7	38.1	26.2

high job satisfaction; (2) a significant number of staff (35.7%) see team caseloads tending to grow beyond an optimum level. It may be that the first observation is directly related to the problem of large caseloads.

Nevertheless, on a number of other issues there are strong endorsements of team practice: team practice improves social worker-clerical communication; the team is supportive of staff in high workload situations; the team makes the best use of each worker's skills; and status and authority differences are reduced in team.

Finally, team members overwhelmingly disagree with criticism that team practice can stifle individual initiative. This is an encouraging finding in that it indicates that the team can provide for the kind of autonomous practice that many social workers (long labouring under the yoke of individual supervision) are seeking.

Agency. -- The most outstanding response in staff reactions to the effects of team practice on the agency (Table 13) was the one relating to staff training and development. Clearly, the team is seen as an excellent vehicle for this purpose. Nonetheless, team members were not impressed with other administrative effects of the team. For example, productivity, case contact and caseload coverage -- all related items -- were not viewed as being substantially helped by the team approach. Absenteeism and turnover rates were not seen to be improved; in both instances, however, uncertain responses were very high.

A common complaint of social workers is that too much of their time is spent in staff meetings to the detriment of serving their clients. Team members at CASMT experience no such difficulties with 82.1% disagreeing that team meetings are too time consuming. In view of the importance of team meetings to the concept of the team, and the fact that CASMT teams hold weekly meetings (2 - 4 hours in length), the above is a very encouraging response.

Team members respond favourably to the notion that team practice

TABLE 13

REACTIONS TO THE EFFECTS OF TEAM PRACTICE ON THE AGENCY

Effects	Percentage		
	Agree	Uncertain	Disagree
Team practice promotes high productivity amongst staff.	57.1	34.5	8.3
Team practice reduces absenteeism.	14.3	65.5	20.2
Team practice promotes high morale amongst staff.	71.4	22.6	6.0
Team practice reduces staff turnover.	20.2	58.3	21.4
Team practice results in the effective coverage of caseloads and reduces the neglect of marginal cases.	48.8	36.9	14.3
The team is a good setting for staff training and development through the sharing of worker skills.	92.9	4.8	2.4
Team meetings are too time consuming, interfere with worker's case responsibilities.	6.0	11.9	82.1
The team approach produces a high frequency of case contact by workers.	32.1	51.2	16.7
The team is the best method of utilizing different social work manpower.	72.6	27.4	0.0
The team approach results in a fair distribution of work within a dept.	65.5	25.0	9.5
Team supervision is more effective than individual or group supervision.	61.9	31.0	7.1
The team approach enhances the agency-client relationship.	58.3	39.3	2.4

promotes high staff morale. This is in keeping with previously mentioned research in this area. Another theoretical premise of the team approach is that of the agency-client relationship. Only a marginal number of respondents (58.3%) saw a positive effect for team practice in this area, leading one to believe that the concept of an agency-client relationship is not one that is well understood by team members.

Respondents do agree that the team is the best method of utilizing different social work manpower and that the result is a fair distribution of work within a department. Team members also preferred team supervision over individual and group supervision; however, the discussion of supervision in the previous chapter indicates that all teams seem to function with a mix of supervisory styles.

Profession. — The attitude survey invited reactions to a number of issues that were either directly or peripherally concerned with the social work profession. Table 14 lists team members' responses.

A significant professional concern at this point in history is the question of autonomy in social work practice. The positive responses of CASMT team members (85.7%) indicates that their team operation offers ample opportunity for autonomous practice.

Career prospects for staff lacking professional training is also an important professional issue but on this point respondents show a great deal of uncertainty. This may reflect the likelihood that the agency has still not clearly determined how it can best integrate and utilize non-MSW and BSW staff. The latter point may also be an explanation of why respondents exhibit considerable uncertainty and disagreement with the idea of the greater specialization of team members through team practice.

The team is seen as a good setting for individual learning and self-growth by 88.1% of respondents. This would appear to be a highly important

TABLE 14

REACTIONS TO THE EFFECTS OF TEAM PRACTICE ON THE SOCIAL WORK PROFESSION

Effects	Percentage		
	Agree	Uncertain	Disagree
Team practice encourages workers to become specialists in those areas of service in which they have demonstrated skills.	52.4	23.8	23.8
The team approach allows for an appropriate degree of autonomous practice for each worker.	85.7	14.3	0.0
Team practice puts greater emphasis on goal attainment than on the refinement of social work techniques.	40.5	27.4	32.1
The team is a good setting for individual learning and self-growth.	88.1	11.9	0.0
The traditional casework relationship can be strengthened or replaced by a client-team relationship.	42.9	41.7	15.5
The team enhances the career prospects of non-professional staff.	40.5	42.9	16.7

dynamic of team practice for the agency and bodes well for future staff development.

Team theorists put forward two ideas that are peripheral professional issues, and CASMT staff respond with a good deal of uncertainty and division: (1) team practice emphasizes goal attainment rather than technique -- respondents split on this indicating a variety of approaches in each team; (2) a client-team relationship can replace the traditional caseworker-client relationship -- again there is a lot of uncertainty on what is essentially a theoretical concept.

In addition to the 34 statements on team practice which are discussed above, the attitude survey also sought reactions to a number of other issues surrounding the team concept and several miscellaneous issues.

Team Leader's Role. -- Table 15 shows team members' reactions to dynamics of the team leader's role. The responses indicate that an effective team leader: should attempt to reduce authority relationships in favour of more collegial ones; should have extensive experience in the team's area of service; and should chair meetings. These are predictable responses; however, on a number of other issues the responses are surprising.

Team members do not feel that team leaders need a good knowledge of group dynamics. This certainly runs contrary to current thinking. Respondents are lukewarm in their agreement that team leaders should have previous supervisory experience. They are significantly divided on whether the quality of team leadership is crucial to the development of an effective social work team.

Why respondents would cast aside what appear to be persuasive attributes of group leadership is not clear. Perhaps team members have found that their teams have functioned well without these dynamics. Some team leaders may have been so effective in their stimulation of a collegial environment that their role has tended to be less conspicuous in the team.

TABLE 15

REACTIONS TO DYNAMICS OF TEAM LEADER'S ROLE

Dynamics	Percentage		
	Agree	Uncertain	Disagree
An effective team leader will attempt to reduce traditional supervisor-worker authority relationships in favour of more collegial relationships.	92.9	4.8	2.4
An effective team leader should have a good knowledge of group dynamics.	32.1	27.4	40.5
An effective team leader should have previous supervisory experience.	50.0	25.0	25.0
The quality of leadership given by the team leader is crucial to the development of an effective social work team.	42.9	25.0	32.1
An effective team leader should have extensive experience in the team's area of service.	94.0	4.8	1.2
The team leader should be in the role of chairman at team meetings.	91.7	3.6	4.8

Miscellaneous Dynamics. -- Team responses to these issues are documented in Table 16.

Team members disagree strongly with the suggestion that workers used to other types of practice may have difficulty making the switch to team practice. On the other hand there is some uncertainty with the same dynamic when it is suggested that a supervisor may have trouble making the change. Significantly, team leaders as a group do not feel that the switch is problematic for supervisors.

Respondents do not agree that team practice reduces clients' contacts with professionally trained workers. Of course CASMT teams are composed of a large proportion of professional workers (52.4% have an M.S.W. or B.S.W.) therefore this dynamic would obviously not create a problem.

Some division and uncertainty prevails on the question of the team approach downgrading a worker's relationships with his clients. Fifty percent do not see this as a problem while 27.4% do and the balance are uncertain. The explanation for this division may be that the demands placed on each team for services have already reduced the ability of many workers to develop casework relationships in the traditional sense. If this is the case then it may be as Schwartz and Sample have suggested, that the concept of a casework relationship is now only given lip service by most social work staff in large social welfare agencies.¹³⁷

The last dynamic on which team members were surveyed was the effectiveness of sharing one large office space. A preponderance of staff (72.6%) already work in such an environment; however, it is clear that the advantages of this arrangement have not made themselves clear at this time.

¹³⁷ Schwartz and Sample, The Midway Office, p. 20.

TABLE 16

REACTIONS TO MISCELLANEOUS DYNAMICS OF TEAM PRACTICE

Statement	Percentage		
	Agree	Uncertain	Disagree
Supervisors used to the traditional one-to-one form of supervision find it difficult to adjust to team practice.	23.8	36.9	39.3
The team approach downgrades the importance of each worker's relationship with his/her clients.	27.4	22.6	50.0
Workers used to other types of practice find it difficult to adjust to the demands of team practice.	4.8	8.3	86.9
The team approach reduces clients contact with professionally trained social workers.	3.6	20.2	76.2
Team practice is most effective when team members share one large office.	56.0	38.1	6.0

Six percent disagreed with the concept while 38.1% were uncertain, leaving 56.0% in favour.

Testing the Hypothesis

The hypothesis as stated in Chapter II is: Members of family service social work teams will react positively to team practice and its effects on the five major components of the social welfare system -- community, clients, staff, agency, and profession.

The analysis of data in this chapter clearly indicates that team members of the family services teams of CASMT react positively to team practice. In response to 34 statements which cited dynamics of the social work team, team members provided a positive reaction score of 61.8%.

The analysis of data also indicates (Table 9) that team members react positively to the effects of team practice on the five major components of the social welfare system. They are most positive in their view of the effects of team practice on the client component -- a 74.5% positive reaction score. Effects on the other components in descending order are: staff -- 66.3% positive reaction score; community - 60.7% positive reaction score; profession -- 58.3% positive reaction score; agency -- 56.5% positive reaction score.

VII

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

This research study purports to examine the concept of the social work team in three ways: (1) A review of the relevant literature on the social work team for the purpose of delineating the major characteristics of team practice; (2) A survey of family service teams at the Children's Aid Society of Metropolitan Toronto to determine the scope of team practice throughout the agency, the rationale for establishing teams, and the nature of team practice in the agency; (3) A survey of staff reactions to team practice as measured by their agreement or disagreement with various statements on the team concept.

The study takes a broad look at the social work team and has a relatively global hypothesis, that family service team members react positively to team practice and its effects on the five major components of the social welfare system -- community, clients, staff, agency and profession.

The concept of teamwork is viewed in two contexts: management and organization theory and the psychiatric team. Management and organization theory is shown to have moved inexorably towards the recognition of the work group as one of the most important dynamics of organizational life. In addition, an emphasis on collegial relationships characterized by non-hierarchical differentiation of staff, and participation of staff in decision making in the organization, are identified as important elements in the development of a highly effective

work group. These ideas are postulated as having considerable relevance to the social work team.

The psychiatric team is assessed in respect to its applicability as a model for social work. Basic differences are perceived between the psychiatric and social work teams, especially in regard to their composition, setting, and respective professional and bureaucratic orientations. The psychiatric model was judged to have some applicability for the social work team to the extent that it played a large part in orienting social workers to the team concept.

The development of a social work concept of teamwork is seen as a response to manpower shortages in social work agencies, the desire to test new staff development patterns, and the need for social welfare bureaucracies to accommodate staff yearnings for more "equality" in the workplace.

The use of group process as an effective means of problem solving in the delivery of social services is cited as a major theoretical premise of the social work team. Other theoretical orientations include: the development of a team-client relationship to replace or enhance the traditional worker-client relationship; and the belief that team practice will promote high staff morale which will in turn increase productivity, resulting in greater improvement in clients served.

The social work team is defined as a work group of professional and para-professional social workers organized under the leadership of a team leader for the purpose of delivering social services to a client population. The team observes any or all of the following dynamics:

- (1) Differential use of manpower for the optimum use of each worker's skills;
- (2) Joint caseload management which may take the form of a team caseload or individual caseloads with team accountability;
- (3) A team form of supervision which emphasizes collegiality, participation, and peer group supervision;

- (4) A team composition that makes use of a variety of social work personnel;
- (5) A communications system in the team which promotes group cohesion through regular team meetings, and the sharing of a common office space.

The strengths and weaknesses of the social work team are considered and a selection of these viewpoints is gathered for the purpose of measuring workers' reactions to team practice.

Interviews were held with family service supervisors at the CASMT and questionnaires were distributed to team members to ascertain information about team practice at the agency.

Research findings reveal an extensive network of family service teams at CASMT -- sixteen teams in all. Teams developed over the past five years as a response to growing caseloads and limitations on staff increases.

Teams at CASMT were assessed in regard to: composition; differential use of staff; caseload management; supervision; team communications; and the use of team secretaries and volunteers. In general, it was concluded that team practice at CASMT did not often follow the theoretical team concepts and in fact was more akin to the conventional type of social service work group.

Team members reactions to team practice were gathered by inviting their agreement or disagreement with a series of statements culled from the literature. Results showed that staff react positively to team practice and its effects on the five major components on the social welfare system -- the community, agency clients, agency staff, the agency itself, and the social work profession.

Conclusions

Limitations of the study. -- There are some obvious limitations to this study which should be stated at this time:

- (1) The study takes a very broad view of the social work team and as a consequence, generates data and information which does not lend itself to

conclusive interpretations; the study dashes across the landscape of social welfare, encountering along the way many dimensions of social work practice such as: supervision; agency administration and organization; staff training and development; and casework theory. Any one of these dynamics would be worthy of separate research investigations.

(2) Because of the broad range of information sought the data gathered by the questionnaire is at times highly nebulous stuff; for example, information was sought on the complex dynamics of supervision in the team, but for reasons of brevity this had to be accomplished by only two questions. In this instance definitions of the terms used were provided but the responses indicated that not all team members understood the intent of the questions. The preceding problem was in part a fault in the design of the research instrument. It was also a result of the need to keep the questionnaire concise in order to stimulate its completion. The return rate in excess of 90 percent indicates that much success was obtained in regard to completion. The price of this success, however, was the sacrifice of detail that would have made the research findings much more meaningful.

(3) A study of social work teams would perhaps be more profitably done by participant observation. In this way, one could discern the subtle differences of style and content that make one group of workers a team and another just a regular staff unit. Participant observation could be a valuable first step in the design stage of any further research in this area.

Team Practice at CASMT. -- The implementation of the team concept at CASMT family service departments has proceeded in a somewhat eclectic fashion, with several teams making a determined effort to apply a wide variety of innovations in staff organization and service delivery, while others appear to embrace the team concept in name only and are not unlike conventional staff units.

North York's Rehab, Central and Northwest teams have made a good deal

of progress in implementing a number of the dynamics of the team approach. All three teams have achieved a reasonable balance of different kinds of social work manpower in their composition. They have evolved a form of supervision that emphasizes collegiality in which a majority of important case decisions are reached by team consensus. While caseloads are still carried by individuals rather than the team as a whole, there is an effort to create team accountability for services rendered to clients through mandatory periodic discussion of cases, review of case records by the team, completing of staff evaluations in the team, and assignment of cases by a decision of the team. These three teams all include a secretary and volunteers and their skills appear to be used appropriately. The teams foster good intra-group communications by locating in an open office area. The Rehab, Central and Northwest teams fail significantly to adhere to the team concept in two areas: cases are assigned mainly on the basis of workload as opposed to worker skills and client needs; and there is little involvement of more than one worker with a client.

At the other end of the spectrum are Queen Street's Riverdale, Beaches, and East York teams. Team composition is balanced in the Riverdale team, while Beaches has three M.S.W.'s out of five members, and East York has three B.A.'s out of four members. A collegial type of supervision prevails alongside regular individual supervision sessions for most team members. Important case decisions are made by the team leaders (East York uses team consensus more often), case recordings are completed individually, there is no mandatory discussion of cases, and staff evaluations are completed by the team leader. None of the preceding is likely to promote team accountability. The teams do not include a secretary as a member, nor do volunteers often participate in the team. Team members of East York, Riverdale, and Beaches teams all have separate offices. Cases are assigned mainly according to work-

load and it is seldom that more than one worker is involved with the same client.

The above discussion serves to illustrate the spectrum of team operations that exist in CASMT family service departments. Etobicoke, Scarborough, Dufferin, and the other North York teams operate somewhere between the examples described above, each team utilizing those dynamics of the team concept that seem appropriate to their perception of service delivery for the particular area of the community in which they work.

This is as it should be. As a team becomes more knowledgeable about the needs of the area it serves, it should exercise more and more initiative in shaping its operations to these needs. The shortcoming of present team operations at CASMT is that the term "team" can become meaningless if it is used to apply to everything from a conventional staff unit to a modest attempt to apply some legitimate team concepts.

Effectiveness and the Social Work Team. -- The issue of credentialed and non-credentialed staff and its implications for effectiveness was briefly touched on earlier in this study. Social work perhaps more than any other profession has for some time recognized the legitimate contribution that non-professionally trained workers can make. In part the social work team is a device that will allow for better utilization and integration of the skills of workers with diverse qualifications as helping agents.

Nevertheless most team theoretists and practitioners, and most social welfare agencies, insist on some form of formal social work training as a pre-requisite to social work practice. There are now (and have been for several years in the field of psychology) persuasive voices that call for a profound change in the attitude of the profession.

failed to have a real or important impact, and those who are effective are too few in number.¹³⁸

Berenson and Carkhuff make a strong case for their belief that the seeds of helping do not lie in the type of therapeutic technique employed but rather in facilitative dimensions that the helper possesses and uses to the clients' advantage. It is likely that they also consider administrative devices such as the social work team as secondary influences on client change.

The team has been cited in the literature as a good setting for staff training and development and for individual learning and growth. The attitudes of team members gleaned through this study tend to confirm that the team is playing such a role at CASMT. Up to the present, team theorists and practitioners have tended to view the team as essentially an administrative device that can achieve desirable ends. Given the team's reputation as a learning environment, it would be highly appropriate that the ideas of Berenson and Carkhuff be given more consideration in team practice. The combination could prove to be a highly effective mode of service delivery.

Implications of This Research Study. -- Because of the limitations of this study cited earlier, one must exercise caution in reaching firm conclusions based on this investigation of team practice at CASMT. The data as collected can only be used to reach conclusions about the nature of team practice at CASMT and the reactions of staff to it. The very positive responses of many team members in this instance leads to the conclusion that the team concept, properly planned and implemented, could be a positive force in most social welfare agencies.

The study suggests that CASMT teams that claim to adhere to the

¹³⁸Bernard. G. Berenson and Robert R. Carkhuff, eds., Sources of Gain in Counselling and Psychotherapy (New York: Holt, Rinehart and Winston, 1967), p. 447.

theoretical and practical concepts of the social work team, react more positively to team practice than teams that follow a more conventional work group form of organization.

The study rates North York's Rehab, Northwest, and Central teams as the most thoroughgoing practitioners of the team concept. They recorded positive reaction scores of 75.0%, and 66.5% respectively. Riverdale, Beaches, and East York teams were judged to operate much like conventional staff units. They scored 48.0%, 55.9%, and 70.6% respectively.

The fact that East York shows a surprisingly high score indicates the hazards of making any firm conclusions based on this data. The data provide no answer to why the East York team should respond so positively. It may be that the collegial environment that their team developed (this team had existed for only one year at the time of data collection) stood in stark contrast to the previous mode of practice. Again this kind of assessment could only be made through participant observation.

The major conclusion of this study may very well be the need for more systematic research in the area of the social work team. Dynamics such as differential use of manpower, team supervision, and the concept of the team-client relationship are all worthy of serious investigation. Similarly the effects of team practice on staff morale, client services and on the other components of the social welfare system warrant further investigation.

Finally the team should be assessed in respect to its usefulness as a training environment. This could be effected in both agencies and in teaching institutions.

Recommendations

- (1) The CASMT should redesign one team operation for experimental and research purposes with a view to making that team conform closely to the concepts of differential use of staff, joint caseload, and team supervision.
- (2) All teams should have mandatory periodic discussions of open cases and review of case recordings in team meetings to enhance team accountability.
- (3) Some restructuring of staffing in teams should be carried out to alter the imbalance in the distribution of MSW workers.
- (4) More consideration should be given to the hiring of new staff holding BSW and community college qualifications.
- (5) Periodic evaluations of workers should be made in team meetings rather than by the team leader. This will result in more relevant evaluations, a better understanding in the team of the different skills of members, and the meaningful participation of all team members in the management of the team.
- (6) Team members should take turns chairing team meetings as a means of furthering collegial relationships and providing preparation for future team leadership.

APPENDIX I

THE RESEARCH QUESTIONNAIRE

RESEARCH QUESTIONNAIRE ON THE SOCIAL WORK TEAM

The questionnaire which you have been asked to complete is part of a research study on the team approach. This study is being carried out by a graduate student in social work at the University of Windsor,

The purpose of the research is to determine the nature and scope of team practice in the family service departments of the Children's Aid Society of Metropolitan Toronto.

The questionnaire is divided into three sections:

- I. Personal Information
- II. Team Information
- III. Attitudes to team practice.

You will note that your team is identified by branch and area. Consequently, individual worker's responses could be easily recognized. Your responses will be seen only by the researcher and will be held in the strictest confidence. When the study is completed, copies of the final report will be made available to your agency. It will not be possible, however, to identify individual responses in that report.

The questionnaire will take about 8 minutes to complete. Upon completion, please seal it in the attached envelope and return it to your team leader. Please answer all questions without consulting any other team members.

This questionnaire is designed to survey only those team members who are fulltime, paid employees of the agency. While other personnel, such as volunteers, may also be full team members, the variation in their use in team throughout the agency does not allow for their inclusion in this study.

Your cooperation in this endeavour is appreciated.

Hugh Millar
Graduate Student
School of Social Work
University of Windsor

Team Identification: Branch _____ Area _____

Member Identification: Team Leader _____

Social Worker _____

Community Protection Worker _____

Team Secretary _____

Other (specify) _____

SECTION I: PERSONAL INFORMATION

(1) Sex: Male _____ Female _____

(2) Age: Under 25 _____ 25-34 _____ 35-44 _____ 45 and over _____

(3) Education: Please indicate the highest degree obtained.

M.S.W. _____

B.S.W. _____

B.A. _____

Community College Graduate _____

High School Graduate _____

Other (specify) _____

(4) How many years have you worked in a social welfare agency?

_____ years _____ months

(5) How long have you worked for this agency? _____ years _____ months

(6) How much of your social welfare experience has been in a team setting?

_____ years _____ months

(7) How long have you been a member of the present team?

_____ years _____ months

(8) How much of your social welfare experience has been in a setting where team supervision was the norm? (Team supervision is defined as a group of workers engaged in regular peer consultation under the leadership of a team leader.)

_____ years _____ months

(9) How much of your social welfare experience has been in a setting where individual supervision was the norm? (Individual supervision is defined as one worker engaged in regular consultation with a supervisor).

_____ years _____ months

(10) How much of your social welfare experience has been in a setting where group supervision was the norm? (Group supervision is defined as a group of workers engaged in regular consultation with a supervisor).

_____ years _____ months

(11) In addition to your case responsibilities, are you assigned to a geographic area or neighbourhood within the larger area served by your team?

Yes _____ No _____

(12) If yes, does this entitle you to a reduced caseload?

Yes _____ No _____

SECTION II: TEAM INFORMATION

(1) How long has your team been in operation? _____ years / _____ months

(2) What is the total team membership? _____ members
(Include only Fulltime, paid staff.)

(3) Which of the following social work personnel are represented on the team?

Indicate number of each:

M.S.W. _____

B.S.W. _____

B.A. _____

Community College Graduate _____

Team Secretary _____

Other (specify) _____

(4) How are cases and tasks assigned in the team?

Decision made by family services supervisor. _____

Decision made by team leader in consultation with family Services supervisor. _____

Decision made by team leader. _____

Decision made by entire team. _____

(5) What criteria are used in the assignment of cases and tasks?

Check one or more

By regular rotation _____

According to workers' skills _____

According to workers' experience _____

According to workers' education _____

According to who volunteers _____

According to individual workloads _____

According to geographic area for
which worker is responsible _____

(6) How often is more than one worker assigned to a case?

Frequently _____ Fairly often _____ Occasionally _____ Never _____

(7) How often does the team meet for case discussion?

_____ time(s) per week.

(8) How long are these meetings? _____ hours.

(9) How often does the team meet for the discussion of team process?
(E.G., interpersonal conflicts, service gaps, worker evaluations.)

Never _____

Monthly _____

Bi-weekly _____

Weekly _____

Included in regular team meetings _____

Other (specify) _____

(10) How long are these meetings? _____ hours.

(11) How are case recordings completed?

In team meetings _____

By individual workers _____

(12) What are the office arrangements for the team?

- Team members share one large office _____
- Team members all have own offices _____
- Team members share several offices _____
- Team leader has own office, other members share one large office _____
- Team leader has own office, other members share several offices _____
- Other arrangements (describe) _____

(13) Which one of the following types of supervision best describes the primary supervisory process in your team?

Check one only

- Team supervision -- a group of workers engaged in regular peer consultation under the leadership of a team leader. _____
- Group supervision -- a group of workers engaged in regular consultation with and under the direction of the team leader. _____
- Individual supervision -- one worker engaged in regular consultation with and under the direction of the team leader. _____

(14) Do you presently have individual supervision sessions with your team leader on a regular basis? (Team leaders may ignore this question.)

Yes _____ No _____

(15) How are important decisions relating to your caseload made? (E.g., apprehension of child, termination of service, child placement.)

Check one for each category: Frequently Fairly Often Occasionally Never

- | | | | | |
|-------------------|-------|-------|-------|-------|
| By team leader | _____ | _____ | _____ | _____ |
| By worker | _____ | _____ | _____ | _____ |
| By team consensus | _____ | _____ | _____ | _____ |

(16) Is it mandatory for all cases open to team members to be periodically discussed in team meetings?

Yes _____ No _____

(17) How are formal periodic evaluations of workers done? Check one only.

- By department supervisor _____
- By team leader _____
- By team _____
- Other (specify) _____

(18) Does your team have a fulltime team secretary?

Yes _____ No _____

(19) Does the team secretary perform non-clerical case aide tasks? (E.g., home visits, transporting clients.)

Frequently _____ Fairly often _____ Occasionally _____ Never _____

(20) Does the team include volunteer(s) as team members?

Frequently _____ Fairly Often _____ Occasionally _____ Never _____

SECTION III: ATTITUDES TOWARDS TEAM PRACTICE

- Please indicate your reactions to the following statements about the social work team by circling one of the five responses on the right -- SA - strongly agree, A - agree, U - uncertain, D - disagree and SD - strongly disagree.

In answering, try to compare your present team experience to previous work experiences in settings where a different method of staffing was utilized.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Uncertain</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
(1) The team facilitates an appropriate matching of worker skills to client needs.	SA	A	U	D	SD
(2) Team practice promotes high productivity amongst staff.	SA	A	U	D	SD
(3) Team practice enables workers to be aware of each others clients, enhancing crisis intervention.	SA	A	U	D	SD
(4) Supervisors used to the traditional one-to-one form of supervision find it difficult to adjust to team practice.	SA	A	U	D	SD
(5) Team practice encourages workers to become specialists in those areas of service in which they have demonstrated skills.	SA	A	U	D	SD

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Uncertain</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
(6) Intra-team issues often supersede discussion of client needs.	SA	A	U	D	SD
(7) The team can stifle individual initiative by demanding adherence to group ideas.	SA	A	U	D	SD
(8) The inclusion of clerical staff on teams improves communication and understanding between social work and clerical staff.	SA	A	U	D	SD
(9) Team practice reduces absenteeism.	SA	A	U	D	SD
(10) The team approach allows for an appropriate degree of autonomous practice for each worker.	SA	A	U	D	SD
(11) Team practice enhances the visibility of the agency in the community.	SA	A	U	D	SD
(12) Team practice puts greater emphasis on goal attainment than on the refinement of social work techniques.	SA	A	U	D	SD
(13) Team practice promotes high morale amongst staff.	SA	A	U	D	SD
(14) The team is an effective means of identifying and utilizing the best resources that the community has to offer in services for people.	SA	A	U	D	SD
(15) Team practice provides individual workers with high job satisfaction.	SA	A	U	D	SD
(16) An effective team leader will attempt to reduce traditional supervisor-worker authority relationships in favour of more collegial relationships.	SA	A	U	D	SD
(17) Team practice reduces staff turnover.	SA	A	U	D	SD
(18) The team operates as a highly supportive mutual aid system when individual workloads become overwhelming.	SA	A	U	D	SD
(19) The team approach downgrades the importance of each worker's relationship with his/her individual clients.	SA	A	U	D	SD

	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Uncertain</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>
(20) The team approach enables the agency to better reach the population at risk in the community.	SA	A	U	D	SD
(21) An effective team leader should have a good knowledge of group dynamics.	SA	A	U	D	SD
(22) The team makes the best use of each worker's skills.	SA	A	U	D	SD
(23) Team practice results in the effective coverage of caseloads & reduces the neglect of marginal cases.	SA	A	U	D	SD
(24) Workers used to other types of practice find it difficult to adjust to the demands of team practice.	SA	A	U	D	SD
(25) The team approach results in the delivery of high quality services to clients.	SA	A	U	D	SD
(26) The team is a good setting for staff training and development through the sharing of worker skills.	SA	A	U	D	SD
(27) Team meetings are too time consuming, interfere with workers' case responsibilities.	SA	A	U	D	SD
(28) The team is a good setting for individual learning and self-growth.	SA	A	U	D	SD
(29) The team is an effective means of delivering social services at the neighbourhood level.	SA	A	U	D	SD
(30) The team approach produces a high frequency of case contact by workers.	SA	A	U	D	SD
(31) The team approach reduces clients contact with professionally trained social workers.	SA	A	U	D	SD
(32) The traditional casework relationship can be strengthened or replaced by a client-team relationship.	SA	A	U	D	SD
(33) An effective team leader should have previous supervisory experience.	SA	A	U	D	SD

	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Uncertain</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>
(34) The quality of leadership given by the team leader is crucial to the development of an effective social work team.	SA	A	U	D	SD
(35) The collegial atmosphere of the team reduces status and authority differences amongst staff.	SA	A	U	D	SD
(36) The team is the best method of utilizing different social work manpower.	SA	A	U	D	SD
(37) The team enhances the career prospects of non-professional staff.	SA	A	U	D	SD
(38) An effective team leader should have extensive experience in the team's area of service.	SA	A	U	D	SD
(39) The team approach results in a fair distribution of work within a department.	SA	A	U	D	SD
(40) Team supervision is more effective than individual or group supervision.	SA	A	U	D	SD
(41) There is a tendency for team case-loads to exceed an optimum level.	SA	A	U	D	SD
(42) The team approach enhances the agency-client relationship.	SA	A	U	D	SD
(43) Clients gain from contact with more than one team member.	SA	A	U	D	SD
(44) Team practice is most effective when team members share one large office.	SA	A	U	D	SD
(45) The team leader should be in the role of chairman at team meetings.	SA	A	U	D	SD

APPENDIX II

REGROUPING OF QUESTIONNAIRE STATEMENTS
RELATING TO TEAM PRACTICE

Section III of the research questionnaire invited workers' reactions to 45 statements on team practice. These statements included 34 items on the advantages and disadvantages of team practice as well as 11 items on other aspects of team practice.

The questionnaire sought workers' reactions to the effect of team practice on the following components of the social welfare system: community, clients, staff, agency and profession. The statements were arranged randomly in the questionnaire. Below they are regrouped in their appropriate constellations.

Community (4 items)

- (11) Team practice enhances the visibility of the agency in the community.
- (14) The team is an effective means of identifying and utilizing the best resources that the community has to offer in services for people.
- (20) The team approach enables the agency to better reach the population at risk in the community.
- (29) The team is an effective means of delivering social services at the neighbourhood level.

Clients (5 items)

- (1) The team facilitates an appropriate matching of worker skills to client needs.
- (3) Team practice enables workers to be aware of each other's clients, enhancing crisis intervention.
- (6) Intra-team issues often supersede discussion of client needs.
- (25) The team approach results in the delivery of high quality services to clients.
- (43) Clients gain from contact with more than one team member.

Staff System (7 items)

- (7) The team can stifle individual initiative by demanding adherence to group ideas.
- (8) The inclusion of clerical staff on teams improves communications and understanding between social work and clerical staff.
- (15) Team practice provides individual workers with high job satisfaction.

- (18) The team operates as a highly supportive mutual aid system when individual workloads become overwhelming.
- (22) The team makes the best use of each worker's skills.
- (35) The collegial atmosphere of the team reduces status and authority differences amongst staff.
- (41) There is a tendency for team caseloads to exceed an optimum level.

Agency (12 items)

- (2) Team practice promotes high productivity amongst staff.
- (9) Team practice reduces absenteeism.
- (13) Team practice promotes high morale amongst staff.
- (17) Team practice reduces staff turnover.
- (23) Team practice results in the effective coverage of caseloads and reduces the neglect of marginal cases.
- (26) The team is a good setting for staff training and development through the sharing of worker skills.
- (27) Team meetings are too time consuming, interfere with workers' case responsibilities.
- (30) The team approach produces a high frequency of case contact by workers.
- (36) The team is the best method of utilizing different social work manpower.
- (39) The team approach results in a fair distribution of work within a department.
- (40) Team supervision is more effective than individual or group supervision.
- (42) The team approach enhances the agency-client relationship.

Professional (6 items)

- (5) Team practice encourages workers to become specialists in those areas of service in which they have demonstrated skills.
- (10) The team approach allows for an appropriate degree of autonomous practice for each worker.
- (12) Team practice puts greater emphasis on goal attainment than on the refinement of social work techniques.
- (28) The team is a good setting for individual learning and self-growth.
- (32) The traditional casework relationship can be strengthened or replaced by a client-team relationship.

(37) The team enhances the career prospects of non-professional staff.

Other (11 items)

- (4) Supervisors used to the traditional one-to-one form of supervision find it difficult to adjust to team practice.
- (16) An effective team leader will attempt to reduce traditional supervisor-worker authority relationships in favour of more collegial relationships.
- (19) The team approach downgrades the importance of each worker's relationship with his/her individual clients.
- (21) An effective team leader should have a good knowledge of group dynamics.
- (24) Workers used to other types of practice find it difficult to adjust to the demands of team practice.
- (31) The team approach reduces clients contact with professionally trained social workers.
- (33) An effective team leader should have previous supervisory experience.
- (34) The quality of leadership given by the team leader is crucial to the development of an effective social work team.
- (38) An effective team leader should have extensive experience in the team's area of service.
- (44) Team practice is most effective when team members share one large office.
- (45) The team leader should be in the role of chairman at team meetings.

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Interviews

Interviews were held with the following staff of the Children's Aid Society of Metropolitan Toronto:

Mr. William Hedderick, Manager, Operations Research Services, interviewed March 30, 1973.

Miss B. Diane Kemp, former Family Services Supervisor, North York Branch, interviewed May 25, 1973.

Mr. Alec McCrae, Family Services Supervisor, Scarborough Branch, interviewed May 29, 1973.

Miss Connie Ross, Family Services Supervisor, Queen St. Branch, interviewed May 24, 1973.

Miss Ruth Stock, Family Services Supervisor, Dufferin #2 Branch, interviewed May 25, 1973.

Mr. Harry Zwerver, Family Services Supervisor, Etobicoke Branch, interviewed May 24, 1973.

VITAE

Hugh Lynch Millar was born on May 3, 1941 in Port Bannatyne, Scotland. He became a Canadian citizen on September 19, 1963.

He attended Adam Beck Public School and Malvern Collegiate Institute in Toronto, completing Grade XIII in 1959. Hugh was enrolled at the University of British Columbia during the years 1961-65 and 1967-68 and received a B.A. degree in 1968.

Hugh entered the School of Social Work at the University of Windsor in July, 1971 and graduated with a B.S.W. in May, 1972. He was accepted into the M.S.W. program in September, 1972 and expects to graduate in September, 1975.

Following high school graduation, Hugh worked as an actuarial clerk with a Toronto insurance company. During the period 1965-67, he was a bond clerk with the Bank of Canada. While at U.B.C. (1967-68), he was employed as a child care worker at the Children's Aid Society of Vancouver.

Subsequent social work experience was gained as a welfare visitor with the Social Services Department of Metropolitan Toronto (1968-69) and as a social worker with the Children's Aid Society of Metropolitan Toronto (1969-71). After completion of his course work at the University of Windsor, he travelled to the west where he is now Coordinator of the Kamloops Community Resources Society.

He is presently a member of the B.C. Association of Social Workers.