Leading communities of practice in social work: Groupwork or management?

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Abstract: *Social work in the UK has undergone a period of momentous change in the last decade with the introduction of a 'modernising agenda' that has increased managerial approaches to the organisation, development and delivery of services. Whilst posing a threat to some, these approaches are embedded and social workers must find ways of working within them to synthesise appropriate responses that promote the values and cultural heritage of social work within the new context. This paper considers the possibilities offered by communities of practice to develop learning organisations in which a managed and participatory approach to social care can be generated. A super-ordinate model of contending cultures is developed and practice that draws on and is predicated by groupwork principles is presented as a potential way forward.*

Keywords: *communities of practice; learning organisations; management; social work; groupwork.*

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Introduction

Social work in the UK reflects a paradox that has informed its development throughout its short history: where social work's aims have been to develop autonomy, self-direction and independence this has been juxtaposed with the social regulatory mechanisms of social work as a state regulated and approved profession (Dale et al., 1986; Payne, 2005). In practice, this simple binary distinction does not fully do justice to the realities of practice and there is a much more complex relationship between the state and the profession. However, it is interesting to explore how concepts of regulation and control interface with those that are nurturing and empowering.

Radical reform of the public sector has had a significant impact on social work (Jordan and Jordan, 2006). As noted by Parker (2007, p.763):

> Since 1997, and the coming to power of the New Labour government, the social and health care sector has been subject to significant change in the UK under the auspices of a 'modernising' agenda which characterises current social policy ideology and concerns striving for public service improvement through increased regulation, inspection and monitoring.

Changes in policy and practice have led to the rationalisation of services, the shifting of resource across priorities, fragmentation of some services and the integration of others (Blewitt, 2008). This has been accompanied by a rise in managerialism and bureaucracy that intends to improve delivery through inspection and regulation (Hafford-Letchfield, 2006), but may have the unintended consequence of focusing on performance issues as ends in themselves rather than on professional judgement and practice (Martin et al., 2004; Penhale and Parker, 2008).

Social workers now operate in contexts in which multiple factors impact on practice. There is an increasing emphasis on working together with other professionals to improve services rather than being confined by professional roles (Barr et al., 2008; Quinney, 2006). There is an axiological shift towards service-user led service provision (Beresford, 2003). There are regulatory conditions set out in the Care Standards Act 2000 to which social workers must subscribe alongside professional codes of practice (GSCC, 2002), and there are performance targets and frameworks to which employing agencies will require social workers

to contribute and service inspections to promote improvements and growth (Sinclair, 2008). These demands must be accommodated and form part of the lived-experience of the contemporary social worker. Negotiating through and managing such complexities requires models that maintain the values of social work and promote practice consonant with the agreed definition of social work, yet can also facilitate the development of services and social work practice and their management.

By engaging more positively with a managed approach social workers may work through the benefits of such changes whilst ameliorating some of the problems that may arise, developing and synthesising understandings that do justice to both managerial and professional perspectives. This paper argues that, assisted by the theoretical insights offered by theories that address communities of practice, the development of learning organisations may provide a bridge between managerialism and professionalism and foster engagement and possibly rapprochement. It posits that there is pressing need for research into and theoretical development of learning organisations and communities of practice given the centrality of these concepts to current policy. Crucially, the paper contends that groupwork understandings and skills are the essential building blocks of any attempt to develop learning organisations and communities of practice and that any such endeavour demands a melding of management and groupwork theory.

Learning organisations and learning cultures in social care

The concept of learning organisation has been given little attention in social care (Hafford-Letchfield et al., 2008) yet it is receiving increasing attention from policy makers as an ideal to be strived for (DfES/DH, 2006). Attempts are being made to actively develop social care organisations as learning organisations (SCIE, 2004) and to 'enable work based learning' as a communal provision that can have a significant impact on professional competence (GSCC, 2006), despite considerable pessimism as to their likely success (Gould & Baldwin, 2004).

Senge's (1990) hugely influential work identifies the features of a learning organisation as being systems thinking, personal mastery, overcoming mental models, shared vision and values, team working and

learning. However, it is possible to identify several different approaches to learning organisations, each striving to create different learning cultures. For instance, by introducing registration for social workers with re-registration dependent on the demonstration of continuing professional development; the General Social Care Council (GSCC) can be seen to be striving for a *professional learning culture*. 'Investors in People' is best described as creating a *managed learning culture* where training and learning activity is directed towards service strategy and business plans. A therapeutic community can be seen as aspiring to a *humanistic leaning culture*; and Total Quality Management, that seeks to address the negative impact of organisational hierarchy and power on workers' involvement in organisational problem solving, can be seen as aiming to create a *democratic leaning culture* (see table 1).

Each culture identified in table 1 has its particular theory of learning, specific objectives, unique learning processes and defined outcomes. The figure has explanatory value in that it offers an analytical framework through which learning cultures in organisations can be explored. For instance, it can be argued that currently in social care a professional and managerial learning culture dominates, whereas in the past a humanistic and democratic learning culture may have been more influential.

In relation to groupwork, whereas professional and managerial learning cultures can be individualistic and prescriptive, humanistic and democratic cultures are dependent for their development on a social model of learning and sensitivity to the impact of the social on self and the impact of the political on learning processes. It is arguable that such leadership and sensitivity is in turn dependent on groupwork knowledge, skills and values.

Communities of practice

'Communities of practice' as an approach to learning organisations, focuses on the small group activity on which other organisational learning processes must depend. It makes a valuable companion theory to learning organisations but is also relatively underdeveloped (Fuller et al., 2005).

Wenger (2006), defines communities of practice as:

Table 1 Contending learning and development cultures and types of learning organisation

PROFESSIONAL LEARNING CULTURE (AS STRIVED FOR BY THE GENERAL SOCIAL CARE COUNCIL)	MANAGED LEARNING CULTURE (AS STRIVED FOR BY INVESTORS IN PEOPLE)	HUMANISTIC LEARNING CULTURE (AS STRIVED FOR BY THERAPEUTIC COMMUNITIES)	DEMOCRATIC LEARNING CULTURE (AS STRIVED FOR BY TOTAL QUALITY MANAGEMENT)
Professional college sets practice standards and practitioners have a long term relationship with their college	Standards are quality standards determined by managers	Individuals are liberated by reflecting on their actions and the consequences of their actions for others and making choices.	Organisational and social expertise and creativity can be increased if the power relations that exclude some from problem solving and decision making are addressed.
Professionals manage their own learning and development	Learning and development is the responsibility of line managers	Learning and development are natural human activities. Group influence and experiences can be mobilised to bring personal change.	Learning and development are natural human activities but power relationships in society seek to use them to control.
Competence determined by experienced professionals using personal judgement	Competence determined by appraisal or assessment against published standards	Competence is competence in life and is about self actualisation.	If groups are liberated they can make a contribution to social competence, that is to the capability of society or an organisation to learn and develop.
Learning and development driven by personal career and practice agendas. Strong emphasis on professional value base.	Learning and development driven by business need and business case. Strong emphasis on cost effectiveness	Learning and development is driven by social and personal needs that are inseparable.	Learning and development should be directed towards the social good.
Learning and development evaluated in terms of professional growth and development	Learning and development evaluated according to business outcomes and impact on the service	Learning and development is evaluated in terms of personal growth and development and social responsibility.	Learning and development is evaluated in terms of the contribution it makes to social outcomes.
Supervision is focused on personal development	Supervision is focused on case and service management	Supervision focuses on personal life experience and emotional responses to situations.	Supervision is by peers through group problem solving and decision making. The focus is on group working experiences and social or organisational outcomes.
Sanctions are removal of professional accreditation and judgement is made by peers	Sanctions are managerial i.e. progression, reward or use of capability procedures	Dialogue and reflection are crucial activities facilitated by a counsellor or mentor or by friends and colleagues.	Group discussion and analysis are crucial activities facilitated by peers.
Dialogue with a fellow professional, critical reflection and professional education are crucial vehicles for personal development	A range of training and development methods are used according to learning need and cost efficiency considerations	Engagement in learning and development must be a matter of personal choice.	Engagement in learning and development is a social duty but voluntarism is espoused.
Professional are expected to contribute to professional development as a duty	Professional trainers and consultants are employed, relationships are commercial		

> Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.

Further he notes that they have a shared domain of interest, that

> community members learn and interact together, that they share a practice-repertoire of resources: experiences, stories, tools, ways of addressing recurring problems and they 'enable practitioners to take collective responsibility for managing learning' and they are in the best position to do this. (Wenger, 2006). Earlier he points out that their practice provides 'ways of ameliorating institutionally generated conflicts'. (Wenger 1998 p.46)

Wenger (1998) suggests that to foster communities of practice, there is a need to minimise prescription, set the context in which communities can prosper, value the work of community building and development and make sure participants have access to the resources they need to learn. In stressing the social and communal nature of learning and the dangers of prescription, he locates communities of practice in humanistic and democratic cultures. This suggests groupwork values, understandings and skills take on a central role in developing them.

In social care a 'super-ordinate' learning culture may be desirable that encompasses all four cultures. Professional and managerial cultures have to be accommodated but a communal humanistic culture is essential if the emotional nature of the work and the impact of society and community on the self and learning, is to be recognised. A democratic learning culture is also essential if, in a similar way, social care is to maintain awareness and engage with the power differentials that disempower users and carers.

Management, leadership and communities of practice

Plaskoff (2006) notes in his exploration of community building that communities of practice have grown out of a collective philosophy and that this contrasts with the atomism of many organisations. He

explores how management control systems can conflict with community activities and their development and how the distribution of power in a hierarchical organisation can undermine trust (Plaskoff, 2006). For Plaskoff (2006, p.10) a community of practice is dependent upon trust, a sense of belonging, equality and 'thriving relationships' and that knowledge, cognition and intelligence are all distributed so that learning and practice that are indivisible are necessarily collective acts.

Plaskoff (2006, p.16) further argues that leadership must also be distributed and carefully examined in an organisation that wants to develop communities of practice:

> Management must trust the wisdom of practitioners and 'work for those practitioners' in creating a knowledge- enabling environment that nurtures communities, encourages and legitimises, but does not require participation, and values direction-setting at all levels.

After making what seems a convincing, albeit implicit, case for the importance of group processes and group leadership to communities of practice, thereafter Plaskoff's picture of leader behaviour is perhaps rather limiting. He identifies that they have an administrative role in setting up and facilitating meetings, and distributing information but that otherwise their role is one of 'mentoring'. It is almost for Plaskoff that leaders need to take a backseat when it comes to developing communities of practice; a similar position to Wenger in his earlier work (Wenger, 1998).

In social care, this back seat role is not congruent with a manager's or leader's responsibilities to develop and supervise social care practice and other writers such as Goleman have seen it as crucial that managers take responsibility for developing what he calls the 'Group IQ' which he sees as having considerable impact on organisational effectiveness (Goleman, 1998). Wenger (2004) has latterly adopted a stance that allows for a more managed approach to the development of communities of practice.

If instead of distributed leadership we adopt an earlier leadership model, contingency or situational leadership, a leader's role can become more proactive whilst maintaining the centrality of participation to a community of practice. Hersey and Blanchard's (1993) theory of situational leadership offers an approach to leadership which can be seen as congruent with social care values and is supported by a conceptual

framework that is based on groupwork theory.

It is 'situational' in that a leader's behaviour needs to vary from situation to situation and Hersey and Blanchard focus on how it needs to vary according to the characteristics of the team, group or individual staff member. They see teams and groups of staff as being at different developmental levels that demand different leadership styles. So if a team or staff member is very new they may not understand the purpose of the work or be motivated to do it. They may not have the skills and knowledge to carry out the tasks and may need instruction and supervision if they are to be able to function appropriately.

On the other hand, an experienced team or staff member may be more self motivated and well equipped to do the work, have a stronger value base, knowledge of essential procedures and objectives and the skills and knowledge to practice effectively. So a team leader can allow them every opportunity to participate in the management and development of practice and can delegate to them. Developed teams will require a minimalist facilitation and individuals will take responsibility for their work, reporting back to the team leader, keeping them briefed on progress or consulting on significant problems - but otherwise working independently.

The model is founded on the stages of group development and the principles of group leadership. It is very applicable to health and social care situations because of a number of features and these are also concordant with the leadership of a community of practice at different levels. The approach is *developmental*. The leader's behaviour helps the team and staff member improve their performance over time so that eventually they are able to function independently. It is *participative*, as development can only be achieved by engaging the team and staff member in the purpose of the organisation and the management of the task.

Hersey and Blanchard's theory raises several crucial questions that are the basis of community leadership. *Is my leadership varying to respond to the needs of the community? Is there evidence of the community working more independently over time and developing their practice, allowing me to shift style to facilitation and delegation? Can I see evidence of the community taking an increasing role in enabling and developing colleagues? Can I see evidence of the community taking an increasing role in reaching to involve others who reside in the network of service provision and the wider*

organisation?

The situational leadership model would seem to be directly compatible with the needs of a community of practice and would make leadership central to their effective development. As an approach groupwork is at its heart and it is located in humanitarian and democratic learning cultures. In fact, it could be seen as key to the development of such cultures.

Learning organisations and communities of practice

Communities of practice can therefore be seen to offer an alternative perspective and approach to developing a learning organisation. It could be characterised as a 'bottom up' approach in contrast to a 'top down' learning organisation approach. It places team and group activity at the heart of service and practice development and it relies on team or group leadership to be effective.

Potentially, it is a super-ordinate model that does justice to all four learning cultures (see table 1), integrating them into a co-ordinated whole where individual, managerial and communal needs are met and all of a teams resources directed towards developing services and practice.

In developing the concept of communities of practice Wenger (1998) could be seen to set small group processes against organisational processes as a way of meeting the needs that the organisation, through its institutionalised initiatives, does not. That is, they socialise the workplace making it fit for group life and develop pragmatic solutions to problems, whatever the organisational practices.

In the eyes of a host organisation this could be seen as subversive. For instance, Wenger gives examples of situations where work groups modify prescribed procedures to make them work. For the workgroup it is simply expedient, a way of maintaining the activity of the group and its effectiveness in the face of ineffective prescription. To the organisation it could be more threatening. So in a 'communities of practice' approach small group activity may or may not be accommodated by the wider organisation, depending on whether or not it aspires to become a learning organisation of a type that recognises the importance of communities of practice.

The strength of a communities of practice approach is that a team or group leader can still adopt it to good effect even in an unsupportive organisation. Even in an organisation dominated by managerialism it is possible to create a 'window' of good communal practice. A leader will, however, need to give careful attention to managing the interface with the wider organisation to ensure that its demands and imperatives do not undermine the community of practice and to ensure that the organisation does not come to see the community of practice as a threat. For instance, therapeutic communities as communities of practice can be seen to have been particularly prone to this conflict with the host organisation and therefore prone to closure (Hinshelwood and Manning, 1979). The high failure rate of early Total Quality Management initiatives could also be seen as resulting from the conflicts created by empowering work teams in a hierarchical organisation (Klein, 1981; Thompson, 1982)

In exploring knowledge management in private sector organisations through communities of practice, Nonaka and Konno (1998) develop the concept of 'ba' which they define as a 'shared place for knowledge creation'. They suggest that it is a place where relationships develop and that 'knowledge is embedded in ba (in these shared spaces), where it is then acquired through one's own experiences or reflections on the experiences of others' (Nonaka and Konno, 1998, pp.40-41). These shared spaces enable team leaders and community members to improve and develop practice, creating evidence for future practice developments. Essentially they are group experiences that demand group interventions to facilitate learning.

Leading communities of practice- essential understandings and skills

The learning cultures model (see Table 1) provides a bridge between learning organisations and communities of practice by clarifying the different cultures that must be accommodated and the different group processes that must be enabled to achieve a super-ordinate model. This generates both organisational and community understandings and allows agendas to be set for organisational and community leadership. At both levels the understandings are of group processes and the

interventions are groupwork interventions. In the super-ordinate model all the cultures in order to be integrated must be shaped by groupwork values, skills and understandings and this common foundation also recognises and allows the tension between communities of practice and the wider organisation to be resolved or brokered.

So, if there is a need to expand research into both learning organisations and communities of practice in social care, from our limited discussion it is possible to identify some of the parameters of such an endeavour and the component parts of what is an extensive repertoire of values understanding and skills that the leaders of super-ordinate learning organisations or communities of practice will need. Groupwork theory and skills dominate this repertoire as illustrated below in figure 1:

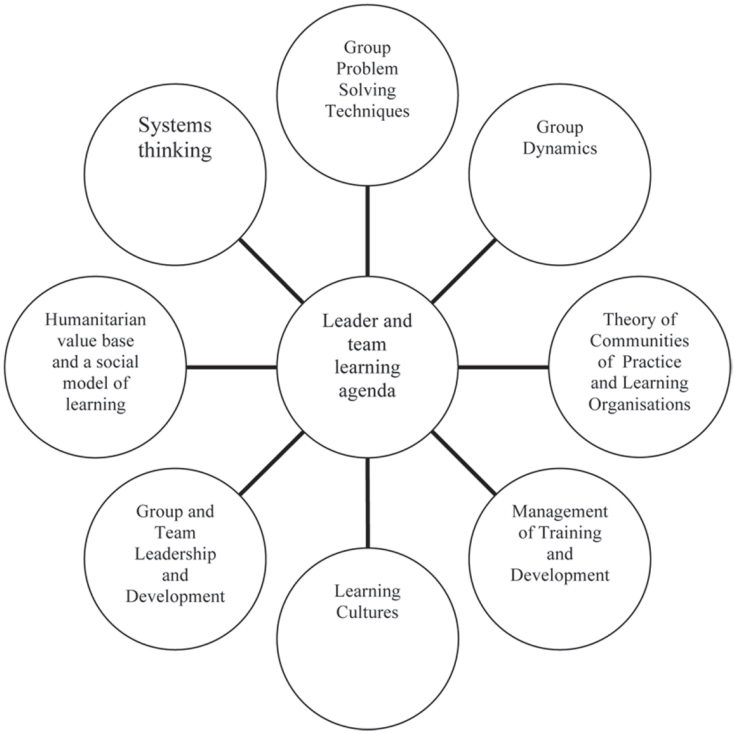
The future of communities of practice in social care

In order to provide the maximum momentum to the development of learning organisations and communities of practice in social care, there is a compelling argument for this rather demanding learning agenda to be provided to all the stakeholders of a learning organisation or a community of practice.

This would mean, for instance, explicit integration of groupwork into social work degree programmes and the Post Qualifying leadership and management pathway (GSCC, 2005). It would need to begin to appear as part of in–house training and would have to be at the centre of the new specialist level Post Qualifying unit 'Enabling Work Based Learning' (GSCC, 2006). Yet the evidence is that the provision of training opportunities for managers that address learning and development is currently rudimentary (Brown et al, 2007), and social work qualifying programmes already have an overcrowded curriculum.

Furthermore, whilst learning organisations are on the managerial agenda, there is little understanding of the super-ordinate model of learning culture or communities of practice and current policy initiatives do not reach for it or for humanitarian and democratic cultures. As Wenger suggests (1998, p.10) organisations are designs and designs create their own discourse that justifies them. Social care could be seen as locked into professional and managerial cultures,

Fig. 1. Groupwork and the skills for developing communities of practice



design initiatives and discourse.

So, to be pessimistic, whilst social care may well exhibit and achieve the features of professional and managed learning cultures, the more demanding but more effective features of humanistic and democratic models may elude it and the promise of the super-ordinate model may not be achieved. Rather, line managers with groupwork backgrounds, that allow them to lead the learning and development of their teams more effectively than others, will negotiate and broker top down prescription and create windows of attainment where, despite the odds, the super-ordinate model will find some expression.

More positively there is perhaps compatibility between the values of social care and the communities of practice approach and, when space is created for humanistic and democratic learning culture, the development of learning organisations. There is a population of

managers and professionals with existing groupwork understandings and skills that will allow them to quickly relate to learning organisation and communities of practice theory and quickly develop them and carry them into practice.

Community of practice initiatives in social care would mirror the knowledge management initiatives being taken in the most competitive of private sector organisations with, it could be argued, the greater possibility of success. For social care practitioners are motivated by a strong value base that means they seek to empower others and should have a developed self awareness and awareness of others from their training in social work methods and their everyday practice. In effect they come to the table with the motivation perspectives and skills that would support the development of communities of practice. Developing communities of practice could therefore be a crucial opportunity to reach for. An opportunity that may prove truly productive in enhancing service quality and improving performance, but that will use groupwork skills and perspectives to build a bridge between managerialism and professional values, practices and experiences.

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