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Managing care environments – reflections from research and practice

Jill Reynolds and Sheila Peace

Introduction

This chapter considers the role of senior staff in managing the use of space and the physical environment within care settings. These day and residential settings come under the broad umbrella of social work and social care but the care may also be organized from within health. This is a subject that does not appear on the curriculum of many management courses in the UK, but arguably it is critical in relation to social work and social care where managers are involved with residential homes, day centres and other provision where the physical environment can enhance or be detrimental towards service users' wellbeing. In such settings many activities go on under one roof, particularly in group care or when the care is provided in a person's own home. The care environment is complex and can be bounded within space, place, time and behaviour. Activities and time available compete or have different meanings for the participants. Managers have different

kinds of relationships with workers and with service users. The environment in which care takes place often frames these.

For many social care employees there are everyday changes from places that are domestic to those that are non-domestic; from private to more public spaces; from those where people may be part of a group to those where they are very individual; and from situations of formality to informality. Settings, situations and types of space shift constantly. The impact of these changing contexts on the role of managers forms the basis of this chapter. The intellectual background to our discussion is in the fields of environmental and social psychology, sociology, anthropology and human geography. We introduce concepts such as *territory*, *privacy* and *boundaries*, as they can underpin the ability to develop environmental quality. The chapter draws on the authors' work elsewhere, notably Peace and Reynolds (2003).

We use exemplars from residential care settings, drawing on the work of one of the chapter's authors concerning residential care homes for older people (Peace 1998; Peace, Kellaher and Willcocks 1997; Willcocks, Peace and Kellaher 1987). While contrasting use of the environment is very marked in residential care, our discussion also has application to the role of managers in other social work, social care and health settings.

Different faces of the environment

People’s experiences of any setting will vary according to the reasons for their presence. Their control or power over their situation differs, and this may affect their access to a range of spaces or areas. In most working environments there is what might be called ‘public’ space (reception and waiting-room areas for instance) and ‘private’ space (individual offices, interviewing rooms). While boundaries exist between these spaces, they may be invisible. Time of day also affects the use of space.

To illustrate this variation of use of space, consider the example of a resident of a care home for older people. Mrs Wallis likes to sit in the reception hall area for periods of time, where she can see others come and go. She avoids the adjoining entrance porch, where some people, mainly male residents, like to go for a smoke. From her seat she can see the dining room, and be ready to go there for the next meal. She can also see the administrator’s office and the adjoining entrance to the office of the registered manager. Mrs Wallis can see the care staff carrying out tasks with other residents, as well as visitors arriving.

This scenario shows how one area can at the same time be a living, a working and a visiting environment. Mrs Wallis uses the hall area as a *living environment*: a place where she feels ‘at

home’ through being able to control how she interacts with others in both public and private areas. Others may not feel comfortable sitting near staff areas. Gender and cultural differences can affect where men and women find it appropriate to sit: Mrs Wallis, for example, did not want to sit with the men who were smoking in the porch. Others may find this area difficult to access for mobility reasons, and be dependent on a staff member’s help. The design of the building may be crucial to its use: the number of stairs; the ease with which a wheelchair user can change floors; the gradients of hallways and external paths. These are all aspects of creating an enabling environment.

The reception area is a threshold, a point of entry that provides a ‘public’ boundary between inside and outside. There are other less public boundaries, for instance a separate entrance that staff use when coming on duty. For the care staff of the home it is a *working environment*. Their access and use may change from day to night where on-call sleep-in arrangements occur. These boundaries give information about the status and power of different people.

The positioning of an administrator’s office near to the entrance is likely to mean that the administrator acts as unofficial receptionist, offering a welcome and giving information and directions. Whoever takes on this role, which might be a member of care staff

in the midst of other activities, provides a link between people. They may facilitate access by using their insider knowledge of what is going on and who is doing what at that point in time. The care home is also a *visiting environment* and visitors have different types of access. Some are the family of residents, who may have been close informal carers when that person was living in their own home. They may just walk in and out, knowing where they are likely to find their relative. Other visitors may be more distant relatives or visiting for the first time, and unsure of procedures. Some will be informal and others formal visitors and more official. They might be practitioners – social work, chiropody, hairdressing – as well as part of the local community.

The combination of living, working and visiting environments is common to many places in which care occurs and has to be managed. Similar variations occur in care that is provided to people in their own homes, and in day care facilities. An entrance hall has clear importance as a boundary, yet in considering the three kinds of environment the boundaries may be less clear. The degree varies as to how far care environments involve people in these three different aspects, but the example of the residential care home helps to identify the complexity.

Some parts of a residential home are very clearly private places, such as residents' bed-sitting rooms. Yet they are also places that

can be used for visiting and working. An understanding of who has control over this space will be an important guide to behaviour, reflecting the values and the culture of the home. Working space, such as the more public offices, may also need a level of privacy, depending on the activities for which they are used or the information held there. Function is thus important in determining the nature of space. Functions can change momentarily as people and places interact. The power that some people have – because of their role, status and the values they impose – can influence the atmosphere. For example, the pleasure of eating may be destroyed by the staff member who fails to see that a resident needs assistance or clears the plates in a hurry.

Organizations are multifunctional, so different aspects need to be managed in different ways. For instance, in the care home the management of care staff as employees needs to be considered differently from the management of the residents' day, although these aspects are connected. If the balance of how this is handled tips towards social control by staff then the experience of residents may be endangered. Visitors have transitional but varying needs with different levels of attachment to the person visited – from a lifetime's relationship to a recent meeting. The management of all these different elements is complex and a situational approach to management is crucial. There is not a simple formula for resolving matters. Managers need to keep central the purpose of the service

they are managing while balancing the needs of the various people involved so that they complement each other. Their approach contributes to the organizational culture and its impact for each situation. Before we examine different situations where managers may influence the environment, some of the basic concepts of this discussion – *territory* and *privacy* and their impact on behaviour – need further explanation.

Managing territory and privacy

The working environment varies in care work according to the role of the person and their closeness to offering a direct service. For people in a managerial or supervisory role, the context of work moves between formal and informal, in terms of duties or functions that affect perceived levels of professionalism, and public and private, in terms of the degree of privacy. Figure 1 shows a way of charting these contextual changes within a 'territorial net'.

Figure 1 The territorial net

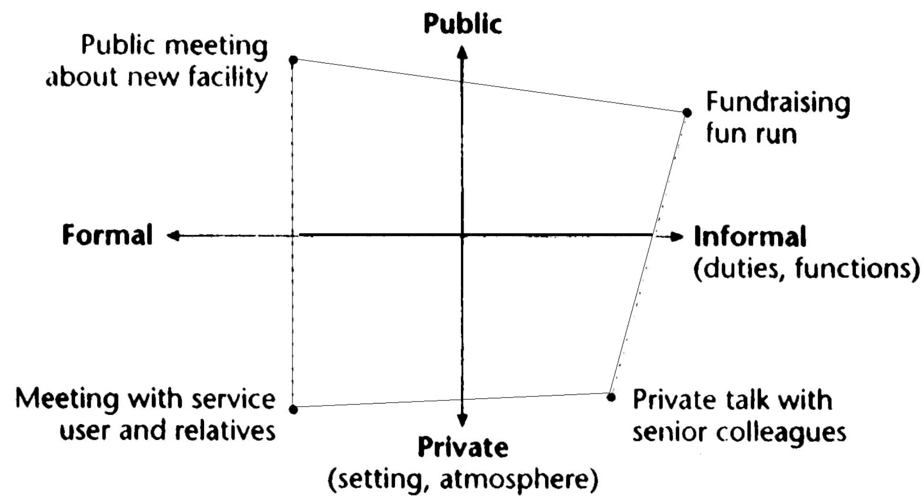

Figure 6.2 **The territorial net**

From Peace and Reynolds 2003, p.138

A variety of managerial roles and functions can be located on this diagram. Talking with service users and their families might be formal but managed privately, while a chat with senior colleagues might also be private yet informal. At the more public end of activities, a public meeting and a fundraising activity involve a contrasting range of formality and informality. In any one day a manager may move between such different functions and roles. Multiple constructions of culture and role inform different reactions to space, identity and setting. This framework can be used to explore how different forms of *territory* are established for different tasks in managing care.

In the working environment, territory is often defined as an area that each person can call their own and demarcate in some way; indeed research suggests similarities with natural environments where individual territory is important and confined areas can lead to disputes (Sommer 1969; Veitch and Arkkelin 1995). People may share offices, or have different schedules but how space is allocated and set out is an issue that calls for awareness and immediate sensitive responsiveness from managers. Office desks are often personalized through books, files and arrangements of furniture, even in open plan offices. In a residential home, for example, there may be no official office space for care staff. Instead, the personal space may be a chair in a staff room, or access to a particular cupboard: either might be recognized as belonging with particular roles or individuals. In a small group home that aspires to be like any ordinary home, the notion of an 'office' as such may have been dispensed with and the space made available to the residents for telephone calls or to see their visitors. However, residents and staff may still see a strong invisible boundary, especially if staff who sleep-in on duty use a bed in this space.

Private space is an aspect of territory: a sense of ownership allows for changes of use and for times when individuals may engage in isolated, one-to-one or small group tasks. However, the degree of privacy that is possible depends on the level of control that an

owner has over how space is used. Privacy often relates to forms of behaviour that people want to engage in either alone or with chosen others. The person does not want the public attention of others. Privacy can also relate to interruption or disruption. It may be that a task requires close attention and confidentiality because of the information being passed between people and how that information needs to be stored. There is a need for protected time, space and sound. Of course, while thinking of the values attached to privacy, it is also possible to see how privacy can entrap people in close contact with others and give opportunities for abuse – physical, sexual or psychological.

Ideas on territory and privacy have been explored by Goffman, who uses the concept of dramaturgical role performance in his analysis of how people behave. Goffman (1961; 1969) argues that people stage-manage the impression they that want others to receive of them through their personal front, or manner, which can be influenced by the situation as well as affect how situations are defined. He looks at how people try to control situations and considers the impact of place on behaviour.

In relation to issues of privacy, Goffman's notion of regions of performance – 'front region' and 'back region' – is especially helpful. The 'back region' is a place where people drop their performance for a period. Goffman talks of the ways in which

different impressions are given in different spaces: the value often attached to the living-room in a domestic home, for instance, or activities 'behind the counter' at a reception desk. He makes the point that an individual may change the nature of a space simply by acting differently, giving the example of an executive's private office. This can be at the same time a front region area, where status is expressed by the quality of office furnishings, and a back region where the executive can relax, take his jacket off and act in a chummy way with fellow executives (Goffman 1969).

As well as physical demarcation, people use more subtle changes of behaviour to indicate how space is to be used. A manager of a learning disability service gives an example of an informal but private activity when a service user asks to 'have a word alone' (The Open University 2003a). The need for a private space might be anywhere that they will not be overheard. However, if the service user starts to make a complaint, the meeting may change from an informal to a formal meeting. The manager might start to make notes and advise the person of the complaints procedure. The working context is not always well designed for requirements of privacy. In the television series about an emergency ward, 'ER', it is not unusual for staff in the operating theatre or in an emergency cubicle to say "Can I speak to you in private?" which, as they draw apart from others, affords only notional privacy.

These examples provide instances of turning a front region into a back region through redefining a particular space as private.

Whose territory?

Questions of territory and privacy are important in relation to the provision of social care because of power differentials. Perceptions over who ‘owns’ territory may come to dominate the value base within any care setting. Territory may be considered to be domestic or non-domestic and it is common to move between these two functions. This affects how people perceive issues of control, formality and autonomy. For instance, when a social worker arrives for a planned interview at a service user’s house she is entering someone else’s territory. What are the opportunities or conventions regarding whether the television is on or off, whether hospitality is proffered or accepted; what smells or sights have an impact on what takes place? Whose boundaries are being crossed in such encounters?

The manager’s space

Managers, like others, may have needs for territory and privacy. One manager we spoke to, in the course of our empirical investigations, worked in a team room with other project workers (Peace and Reynolds 2003). She found this helpful for knowing

what was going on, being accessible to team members and creating a sense of team cohesion. However, she also found some disadvantages: she could easily be deflected from getting on with her own work, and was increasingly taking work home; she could get enmeshed in someone else's crisis with their caseload and she needed privacy for some telephone calls and discussion.

Two basic functions of privacy, according to Veitch and Arkkelin (1995, p.279), are the achievement of a self-identity and the management of interactions between the self and the social environment (for purposes of this discussion we can consider the working environment). The first function allows people to drop their social mask and frees them from concerns over how they look to others. A manager may not feel confident in making a taxing telephone call in front of team members, quite apart from confidentiality requirements. Privacy additionally gives busy managers the time to reflect on experiences and to formulate strategies.

The management of interactions also helps with self-identity. Privacy is complex (Altman 1975) and too much privacy may be as unpleasant as too little. It is important that managers have some control and regulation over which people they are available to and when. This also requires negotiation with other people. As an alternative to physical boundaries through separate offices, people

can use behaviour to regulate contact. In other words, the way you behave may lead other people to understand that you want to be on your own – what has been called an ‘opening’ or ‘closing’ of the self (Altman 1975; Veitch and Arkkelin 1995). In this way, managers can be selective about who has access to them, which can have a range of effects.

For instance, when a manager sits alone in the garden for ten minutes, or joins a group of residents for coffee, or writes a report at the dining-room table, she conveys different messages about her need for privacy. By considering the extent to which some managerial roles require interactions with individuals or groups, it is possible to see how privacy can be more or less important, and how both the design of the building and the philosophical underpinning of the staff group can affect its use.

An enabling environment for all

In each nation of the UK, the development of national minimum standards for all residential services contributes to the quality of the environment. In England standards are regulated by the Department of Health (see Department of Health 2003). The importance of a single bed-sitting-room for the living environment of older people in care homes has been commented on by residents since the days of overcrowded workhouses (Willcocks *et*

al. 1987). More recently, ideas about the value of private space have moved on to a recognition of the importance of spatial control that offers the opportunity for people to be themselves at different times of the day, in different moods, alone or with others, surrounded by objects that reflect something about them. However, in England, the expense of ensuring minimum room size and the availability of a choice of single rooms has proved controversial. Requirements for homes that existed before 2002 have been weakened in response to lobbying from care home owners (Department of Health 2003b).

Design is an important factor in improving people's wellbeing. Surprisingly, for much of the 20th century, care service workers and those who used services were rarely asked for their views on the design of their environments (Sommer 1969; Willcocks *et al.* 1987). Design and advances in technology can be enabling, and the rights of people with disabilities to accessibility to and within buildings are being recognized through legislation (see, for example, Disability Rights Commission 2002).

Some of the best ideas regarding design and use of space can work for everybody. Detailed advice on the physical settings that work best for people with dementia is a useful example. For instance, arranging chairs around coffee tables to create a more natural feel encourages interaction; using signs and pictures on doors means

they can be easily identified; different decoration schemes for corridors facilitate orientation; dead ends or areas that present confusing choices can be avoided; varying the levels and types of lighting can reflect changes in the season and time of day; and furnishing spaces such as landings, alcoves and entrance halls may give people additional choice of sitting places which aid stimulation (see Clarke, Hollands and Smith 1996, pp.17–18).

A consideration of design can help workers in social care organizations return to the 'primary task': that is, the reason for the organization or project's existence:

> What is this building for? Which needs will be met by this room or that piece of furniture? What are we trying to say to people by the way we arrange the front door and entrance?
>
> (Burton 1998, p. 151)

The kitchen is a focal point for its symbolic emotional value as the heart of many care homes, whether for adults or children (Whitaker *et al*. 1998), providing more than mere physical nourishment (Burton 1998). Yet, in many residential homes, kitchens are off-limits for older people (mostly women) perhaps for hygiene or safety reasons. What does this choice of space tell us about care, familiarity, risk taking and underlying gender issues? Many managers will be aware of the role that the design of their building plays in facilitating the kind of service they are trying to give. The challenge for the manager is in balancing

different requirements, some of which may conflict (those of health and safety with those of naturalness, for instance) alongside the cultural needs of different individuals, staff and residents for an environment that best suits them.

Power and control

Lewis and Gunaratnam's (2000) research on hospice care discusses concern from nurses about the mourning rituals pursued by people from West Africa. These could be construed by other dying patients and their visiting friends and relatives as 'noise' that was offensive to them and invaded their own sense of privacy or quiet intimacy. There can be cultural differences in the experience of privacy. Whose need to pursue their preferred cultural behaviour should predominate when needs compete in such ways? Is there a role for staff in 'managing' these tensions?

Issues of power and control emerge in several forms here. Where different ethnic groups are involved there may be a tendency to assume that the behaviour of those in the dominant white culture is the 'norm' and that anything different is 'other' and not to be encouraged. It is a short step from such an assumption to a racist response that fails to give appropriate care to people from ethnic minority groups. There is a need to develop culturally-sensitive care practices (Lee 2004).

The manager's role in relation to diversity is explored further in Chapter 6 of this book. Here, we give examples of how

important the management of diversity can become. Addley (2001) provides a disturbing example of what can happen when racial tensions are not effectively managed, describing the threat from several white residents of a care home in a multiracial area that they would 'walk out' if a 76 year old Afro-Caribbean moved in. In relation to this incident, the manager expressed shock at the attitude of these residents, but the action needed should have been taken much earlier. In order to create a home that is multicultural the underpinning values need to be made clear to people before they move in through contracts or agreements that outline equal opportunity expectations. Values can also be conveyed through the staff employed, their attitude, the holidays celebrated and the food served.

Power relations between staff and residents are omnipresent. Physical dependency can itself imply an imbalance of power, and managers need to be alert to opportunities through staff training to consider how practice can enable rather than encourage dependency. The values that inform caring activities can also undermine the power of residents. Core objectives of care provision, such as control, containment or protection, may conflict with the residents' rights to territory, personal space and privacy. Burton (1998, p.48) proposes that clarifying the primary task is the first act of management at every level. This may not be straightforward – flushing out and debating competing views is

part of the process, but some of the more covert objectives and values that create and reinforce dependency may not be accessed or voiced easily.

There are many practical decisions in residential care that managers need to make with their staff team on a case-by-case basis. For example, a severely disabled 17-year-old, who had no speech, could not be persuaded sleep in the bed in her room when she came into respite care for periods (The Open University 2003b). This caused much anxiety and disagreement among care staff on how the situation should be handled. The manager of the home encouraged staff to express their views at a meeting and to try to work out a cohesive response that everyone could support. They reached agreement that making the resident comfortable and helping her sleep was more important than whether she used her room or slept in a bed. A member of staff was allocated the role of 'key worker,' charged with the task of observing the young woman. Her observation suggested that it was important to the resident to see what was going on, which she could not do from her room and in a bed. Over time, she was able to encourage her to use a mattress, at first in the corridor where she liked to sleep, and later just inside her room. Such practical dilemmas invariably bring with them issues of values. It is the manager's job to help the staff team to develop an approach that addresses competing perspectives on what is right.

There can be a tendency in residential care to push complexity away and to avoid recognizing the tensions (Clough 1998). Clough calls for management to create the forum in which people can recognize the complexity of the task, define the purpose and be free to air their concerns. The balance of power and issues of partnership are central to developing independent living in a range of settings. In care homes, it is the manager's job to try to ensure that residents' privacy and independence are respected. The foundation for this will be through a common understanding by care staff of the standards they work to.

Managing at a distance

So far in this chapter we have been looking at the managerial role, boundaries and the environment when people work closely together, often in an interdependent way. Although there are many situations where this is the case, frequently line managers do not work on the site where the care takes place. Instead, they may visit it. Homecare managers, for instance, will probably visit a person requiring homecare in order to assess the situation but they may not need to enter the service user's home again. Managers of fieldwork teams may visit service users only when a problem has arisen.

What are the challenges of managing or being managed when there is a spatial distance in the location of managers and managed? We look at some issues for managing at a distance through an example concerning the external management of children's homes.

Whipp and his colleagues (1998) studied twelve local authorities in England and Wales that were all large 'users' of residential care. Some were also large providers themselves, with over forty homes owned by the local authority, while others relied on placements in the voluntary and independent sectors. The researchers found a wide variation of management practices both within and between authorities. This was particularly true of the relationship between line management and the control of homes, with differences between managerial approaches.

The numbers of children's homes that a line manager had responsibility for varied greatly, affecting the amount of time available for supervision. Some had a 'hands-on' approach maintaining frequent contact. A more 'hands-off' style could be seen as offering the officer in charge more autonomy, or negative, because the home was more isolated from the rest of the organization. Line managers who had previous experience in residential care had greater credibility with the home staff. In about half the homes there was recognition that the home was

becoming increasingly isolated and attempts were made to draw the officers in charge into wider decision-making processes through joint training sessions, placement meetings, project groups and strategic workshops. In some authorities, the responsibility for budgets had been delegated to the officer in charge, which gave more flexibility for spending decisions to be linked to the needs of the resident group (Whipp *et al.* 1998). (Issues relating to financing are further explored in Chapter 11.)

Issues for managing at a distance

This sketch of different management systems and styles highlights many tensions for managers and those they manage, especially those who are off-site, and we consider them in more detail. Key issues for managers are:

- Practice experience
- Regular contact
- Recognition of the need for autonomy
- Recognizing isolation
- Engagement in decision-making
- Devolution of budgets.

Practice experience

Managers have more credibility if they have experience of the kind of work that the people they are managing are doing. Where management of a residential home is concerned this is important. The unit is a whole system in itself and the off-site manager requires understanding of the culture of the home. What about homecare workers? Do their managers need direct experience of homecare work? Homecare workers often face stressful and difficult situations of their own: for instance, the death of a client, high levels of dependency which require commitment and reliability, handling finances and exposure to accusations of theft (Bradley and Sutherland 1995).

Managers may have to manage people doing jobs for which as managers they lack experience of or expertise in the skills involved. This can be a source of anxiety: how can they develop as managers to provide good support and management to these people? Learning to understand the job from the workers' point of view is important, perhaps by spending time with them while they are doing the job. Consultancy from outside experts or mentors may be another resource for a person whose manager is not experienced in their field, as well as 'learning from each other' through peer support.

Regular contact

Keeping closely in touch can guard against the dangers of isolation. Burton (1998) gives an example of a service manager who spends much time in the homes he is responsible for, and acts as a conduit with senior management, explaining the needs of the residential establishments. A line manager who is 'hands-on' and keeps up regular contact and involvement in different care homes' concerns will need to be sensitive to issues of territory and boundaries. The frontline manager also has a role in sensitizing his or her line manager to the day-to-day intensity of their work so that the off-site manager does not get too detached. This approach can also be applied in day care or fieldwork settings: line managers can develop their sensitivity to the culture of the unit or their sense of the service users and their needs. In order to do this they need some direct contact with service users and familiarity with the setting. A midwife recalled her awareness as a trainee that some of her fellow students did not visit mothers for the required period following a birth (The Open University 2003a). In her experience she seldom saw her supervisor while on her rounds, giving her the impression that there were no real checks in the system.

Recognition of the need for autonomy

This might seem the obverse of a 'hands-on' approach, but people who work at a distance from their managers need clarity about what their remit is and what authority they have. Without a degree of autonomy to respond to situations as they arise, they can feel undermined and ineffective.

Recognizing isolation

Alongside autonomy there can be isolation in work done at a distance from managers. A study of stress experienced by homecare workers considers the isolation of their work and the possibilities for staff support networks. The authors point out that this would require a clear commitment by the organization to make time available for it since work overload is also a frequently cited source of stress (Bradley and Sutherland, 1995, p.329). Support through telephone contact and the use of mobile phones are other ways to help combat isolation.

Engagement in joint decision-making

This is a way of integrating frontline managers into the wider purposes of the organization, and of making sure that considerations about their work are taken into account when planning policy and strategy. Whipp *et al.* (1998) found in their

study that activities that might be called ‘training’ are the vehicle for inclusion of the views of different stakeholders, with perhaps some involvement in strategic discussions. Such inclusion is not without problems and there are some tensions in drawing unit managers into joint decision-making. How much time do managers have for organizational meetings? Does activity of this kind draw them away from their detailed involvement in their unit’s practice and give them new organizational duties? From the perspective of senior staff, the frontline manager can become too focused on practice, yet the staff within a unit may want their manager to be more involved in day-to-day practice.

Devolution of budgets

Bright (1999) quotes an example of a care home manager who cut back on use of incontinent pads, to the detriment of the residents who needed them, as a result of pressure from her line manager to make economies (p.194). Devolution of budgets can be a mixed blessing bringing additional administrative work. However, many budget decisions are better made at the point where their impact will be felt, providing there really is some flexibility about how money will be used.

In this section we have discussed some of the tensions that distance involves for managers and those they manage. Managers

who have responsibility for care services at some distance from their own workplace will need to strike a delicate balance. Too much intervention can be undermining; too little can seem like indifference.

Conclusion

We have explored the manager's role in relation to the different and complex settings in which social work and social care take place. Managers have some responsibility to facilitate the use of space, territory and privacy by different people, with different aims and preferences, interacting in any one social care environment. Although not all social care environments serve as many different purposes as residential care homes, they are all likely to be multifaceted. Environments can be affected by changes in the use of a room or a building throughout the day. We suggest that managers need to develop awareness of the different functions and meanings held by the care environment. In particular, it will be useful if they analyse the public/private and formal/informal nature of what takes place, and the implications for this of the degree of privacy and territorial ownership needed by the people using it.

Notions of territory carry the potential for competition and dispute. We have considered issues of power and control over

how space is used. Values underpin the provision of care, yet these may not be openly acknowledged. The manager has a role in drawing out values more explicitly and debating those that are contested with staff and with service users. In this way some understanding and agreement can be reached as to how people's needs for privacy, self-expression and choice can best be met. Effectively this involves the development of 'ground rules'. Such rules should include some consideration of the management and facilitation of visitors and other outsiders who need to use the care space for different purposes.

A good starting point for considering the use of design is to think about the main purpose of a building, and the environment and atmosphere that need to be created. Making places accessible for people with disabilities and considering the meaning of different kinds of building for the people using it have major implications, but not all design issues carry heavy costs.

When the territory where care is taking place is not shared by the manager, and is managed at a distance, managers need to strike a balance with those they manage that takes into account the need for autonomy; reduces feelings of isolation and fears of insufficient accountability; and engages those working at a distance to create a vision of aims and ethos that the larger

organization can support without distracting them from their primary task of providing good care.

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