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Chapter 6

Managing environments

Sheila Peace and Jill Reynolds

6.1 Introduction

How do managers think about the environment in which they work? The environment is complex and meets many needs. It can be bounded in place, space, time and behaviour. If you work in social care, you may leave your home and go to an office-based setting that was designed for a certain task where people understand the rules, manners and behaviours of the organisation. Here you can 'read the signs' and understand your part. However, this is far from always the case. Sometimes you might spend part of a day in an office and part in a different group service centre, such as a family centre. Alternatively, you might move to someone else's domestic situation, for instance on a fieldwork visit. Here you are perceived in a formal rather than an informal way but the setting is totally informal and conveys different messages. You may be part of a residential service and work night shifts, and time may be a particular factor in how you perceive your role.

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 may be shifting. The impact of these changing contexts on the role of managers forms the basis of this chapter.

The ambiguity of social care adds to the complexity already identified. In any situation people's behaviour will be part of its construction, and what they construct will be sensed in terms of the apparent climate or culture that pervades – the atmosphere that exists. Yet, despite the geographic metaphors, the environment is more than the place or space: it is a setting for experience that Lewin (1936) calls the 'lifespace'. The setting will feel owned (or not owned) and there will be different forms of attachment to places. The design and use made of the physical space available for working and being needs to be thought of in relation to the primary purpose of the caring organisation. Our focus is on the impact that managers can have on the development of the organisational atmosphere of a setting, and how they can recognise the diversity of people with very different needs as workers, service users and visitors. We also look at how environmental quality can be developed, and the

tensions that exist in situations where a manager may work at a distance from the other employees: overseeing services but with different levels of intervention.

The intellectual background to this chapter is in the fields of environmental and social psychology, sociology, anthropology and human geography. Concepts such as *territory*, *privacy* and *boundaries* are introduced, as they can underpin the ability to develop environmental quality.

First, we shall look at the multifaceted milieu that any care environment can be. As central examples in this chapter we use care homes, drawing on the work of one of this chapter's authors concerning residential care homes for older people (Willcocks *et al.*, 1987; Peace *et al.*, 1997; Peace, 1998). While care homes have distinctive features, we are really using them as an example to focus attention on issues that are common to other contexts of care, which you can learn from and apply to your own context. Notions of space, setting and identity are rarely covered in management and organisational research, and so we shall discover new knowledge together with you in this chapter.

The aims of this chapter are to:

- demonstrate how any one environment may be multifaceted
- discuss what is meant by 'atmosphere' and the manager's role in how this is developed and understood
- review the scope for the careful design and use of space to contribute to improved quality of life in the management of care
- consider the issues of supervision of workers by managers who are at a distance from the working environment
- discuss the tensions between environmental quality and standards of care.

6.2 The many faces of the environment

Within any setting, people's experiences vary as they will be present for different reasons; their control or power over their situation will differ, and this may give them different levels of access to a range of spaces or areas. One person's experience may be very different from another's, as shown in Example 6.1.

EXAMPLE 6.1 Rights of passage

Sitting in one of three seats near the main entrance to Swift Lodge, Mrs Jenkins can see many 'comings and goings'. The foyer is square in shape with chairs along parts of two walls, offices at two sides and a corridor forming the fourth that also has an entrance to a lift. There is a porch area attached where some people, mostly male residents, like to go to smoke.

Mrs Jenkins has just had her hair done in the hairdressing-room opposite her and has decided to stay sitting here until it is time to go to the dining-room for lunch. Just next to the front door is the administrator's office and this is linked to another office used by Mrs Jones, the head of the home (now called a registered manager), and other senior staff. The only people going along the corridor so far have been members of staff but two visitors have arrived. One is a visiting GP, who has come to see resident Bill Smart, and the other is Sue Gilmour, who has come to see her Aunt Gladys.

The situation described here could be set in many residential homes for older people and immediately makes you begin to relate the people to the place. For the residents it is their *living environment* – preferably a place where they feel ‘at home’ through being able to control how they interact with others in both public and private areas. However, in this scenario the entrance hall is also a reception and a waiting area, and people are coming in and going out. It is therefore a fairly public area and it may have similarities with reception areas in a range of services. As Mrs Jenkins knows, this is a place of activity; she is inquisitive and likes to see ‘what is going on’. She comes to this spot at other times without a specific reason as, for her, it is a place of connections between home and community, past and present, which tells us something about her attachment to the place. Figure 6.1 (overleaf) is a rough diagram showing the layout of the reception area.

Other residents may not be drawn to the entrance hall unless they have a specific reason: an appointment with the hairdresser or a need to see a particular member of staff or to see a visitor leave the building. Some people may not like sitting in close proximity to members of staff, feeling uncomfortable. Gender and cultural differences can also affect where men and women feel it is appropriate to sit. Mrs Jenkins did not want to sit with the men who were smoking in the entrance porch. Others may find this part of the building is difficult to reach or too distant from other activities and they are dependent on a staff member's help. Access to different parts of buildings can vary depending on the mobility, visual and aural ability and motivation of the individual. The design of the building may be crucial: the number of stairs; the ease of manoeuvrability for a wheelchair user to change floors by lift; the gradients of hallways and exterior pathways – all aspects of creating an enabling environment.

The reception area, as a public place where visitors are received, is slightly detached from the daily life of the home where everyday events occur. It is a threshold, a point of entry that is a ‘public’ *boundary* between inside and outside. However, there are other less public boundaries. When staff come to work not all of them enter through the front door. There is an entrance through a door by the kitchen to the side of the home. Swift Lodge is a *working environment* for the staff and their access can change during the day and night: on-call sleep-in arrangements still occur here.

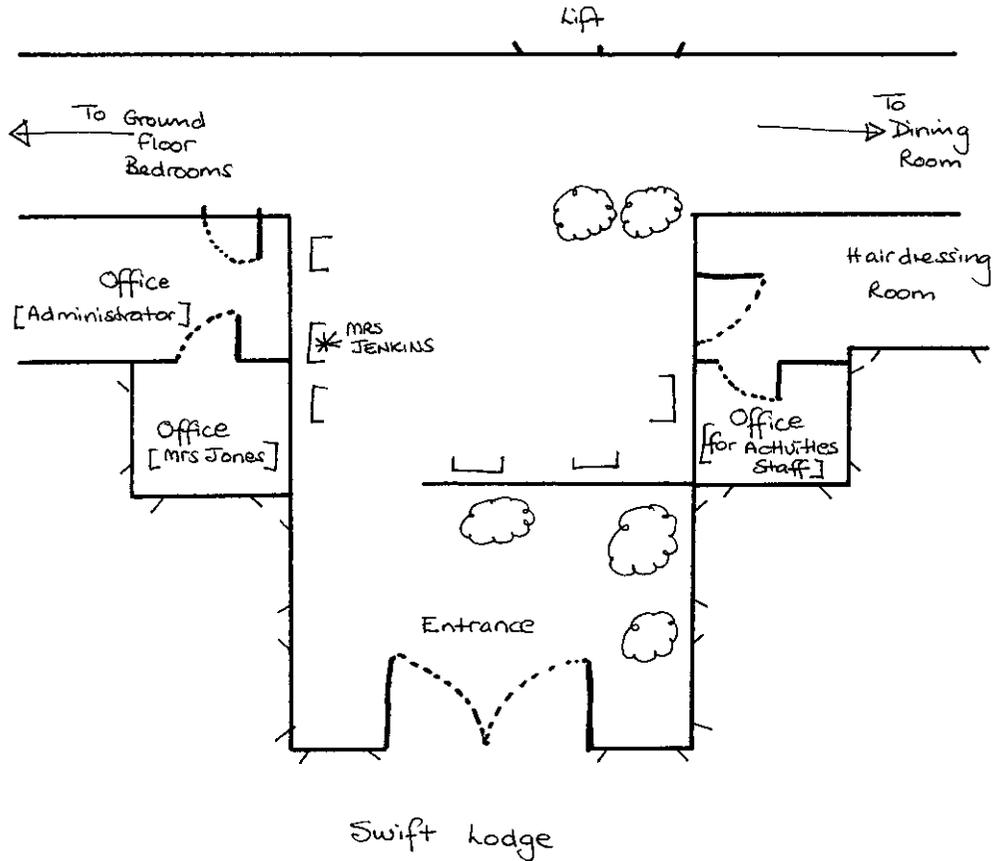


Figure 6.1 Layout of the reception at Swift Lodge

These boundaries tell us something about the status and power of different people.

The offices at the entrance are places where there should always be an administrative officer and some senior staff at different times of the day. The administrator, or care staff member, often acts as receptionist in that they offer a welcome and give information and directions. They also provide a link between people and may facilitate access by using their inside knowledge of what is going on and who is doing what at any point in time. To other people this might be seen as 'delaying tactics' but it may enable the system to run more smoothly or prevent conflict. At Swift Lodge the *visiting environment* involves people with various kinds of access. For many residents, visitors are family and may have been close informal carers when the person was living in their own home. If known, they may often just walk in and out. However, they may be more distant relatives and less frequent visitors, unsure of procedures. Consequently, visitors can be seen as informal or as formal and more official. The latter may be different practitioners – health, chiropody, hairdressing – and some may

be part of the local community. They may also come in and go out at different times of the day or night.

So already this example has given us a place that is:

- a living environment
- a working environment
- a visiting environment.

This combination of activities is common to many places in which care occurs and has to be managed. When you consider an entrance hall, its importance as a boundary is obvious, but in looking at the three kinds of environment outlined above, the boundaries may be less clear. The degree to which different care environments involve people in different ways will vary but this example helps to identify the complexity.

Obviously, there are other parts of a residential home that are private places, such as residents' bed-sitting-rooms. These are very much part of the living environment and could be called *intimate spaces*. However, they are also places that can be used for visiting and working. So an understanding of who has control over this space will reflect the values underpinning the culture in this home and be an important guide to behaviour. However, working space such as the more public offices may also need a level of privacy and confidentiality, depending on the activities carried out within them or the information held there. So *function* is important in determining the nature of space. Functions can also change momentarily as people and places interact, and the power that some people may have – because of their role, status and the values they impose – can influence the atmosphere. For instance, the pleasure of eating, albeit at a slow pace for some people, may be destroyed by a staff member who wants to clear the dishes in a hurry. Our example uses a 24-hour environment and so each of these elements may be constantly changing because of the density of people and variations in need and response.

It is important to recognise the multifunctional nature of organisations, as different aspects may need to be managed in different ways. At Swift Lodge the management of care staff as employees will need to be considered differently from the management of the residents' day, although the two intertwine. How this is handled should be reflected in how the overall culture relates to different people's needs. If the balance is tipped in favour of social control by staff then the experiences of service users may be endangered. In addition, there are the transitional needs of visitors, who may have very different levels of attachment to the person visited – from a lifetime's history to a recent meeting. The complexity evolves.

This picture demonstrates that a *situational* approach to management is crucial. There is no 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. How this is done creates the culture that pervades the situation. Before we examine different situations for managers in influencing the environment, some of the basic concepts of this discussion – territory, privacy, space and their impact on behaviour – need further explanation.

Key points

- There are divisions between public space and private space.
- There are issues about levels of privacy.
- The boundaries between these spaces are often invisible but do exist.
- The time of day will affect the use of space.

6.3 Understanding territory and privacy

In care work the working environment can vary greatly depending on who you are and how close you are to offering a direct service. For people involved in a managerial or supervisory role, the context of work may vary between *formal* and *informal*, in terms of duties or functions that will affect perceived levels of professionalism, and *public* and *private*, in terms of the degree of privacy. These contextual changes can be charted within a *territorial net* – see Figure 6.2.

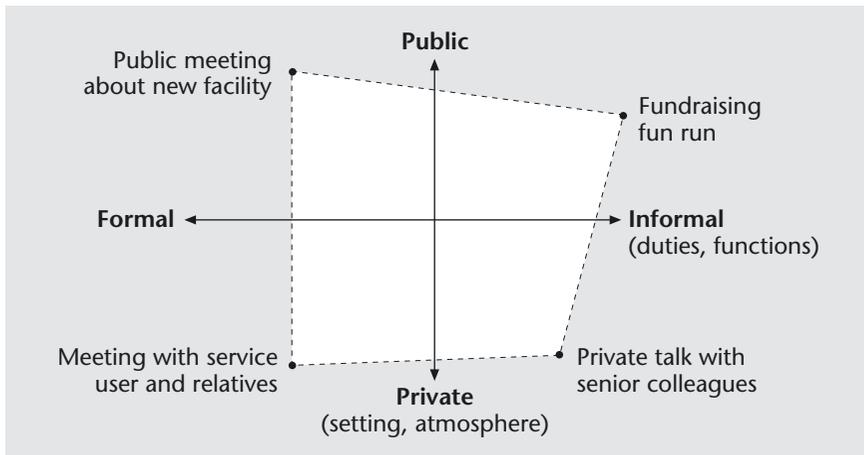


Figure 6.2 The territorial net

The variety of managerial roles or functions can be located on this diagram: from listening to a service user and their family, which might be formal but managed privately, to presenting a public relations briefing, which might be formal and very public, to having an informal, private chat with a senior colleague. Within any one day a manager may move between them. This variation highlights how multiple constructions of culture and role inform different reactions to space, identity and setting. By exploring this framework, it becomes easier to see how different forms of *territory* are established for different tasks.

How is territory defined within the working environment? Does everyone need a space that is theirs at work: a so-called *defensible space* which they can demarcate in some way even in open-plan offices (Sommer, 1969; Veitch and Arkkelin, 1995)? Also, does a person in a managerial role have a right to their own territory – is it a part of the power of the position or to enable privacy for others? Does it reflect a certain dominance? On the whole, many organisational environments maintain levels of territorial separation between people of different status or with different functions.

Research has shown similarities with natural environments, where confined areas can lead to dispute, and the importance therefore of individual territory (Veitch and Arkkelin, 1995). In the working environment many people share office space and, even if schedules differ, how space is allocated and set out is still an issue. It says something about roles



Most people need a working territory that they can personalise

and affects the interaction between people. An office may be open plan and noise may carry or it may have separate rooms for smaller numbers or individuals. The office desk is marked out with books, files, arrangements of furniture and the position of light to create a personalised area. The ownership and personalisation of space can be important to all employees – it reflects their identity. A sense of ownership also allows for changes of use, and for times of privacy when individuals may engage in isolated, one-to-one or small group tasks. In this way *privacy* becomes one aspect of territory but it depends on the level of control that the owner has over space as to how it is used. The concept of privacy is an important issue throughout this chapter but what is really meant by privacy?

Privacy often relates to forms of behaviour that people want to engage in either alone or with chosen others. The content of the behaviour may be seen as very personal, individual or even secret. In this case the person does not want the public interest of others – they avoid public attention. Privacy can also relate to disruption or interruption. The task may require close attention and confidentiality because of the information being passed between people and how that information needs to be stored. There will be 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.

These ideas surrounding territory and privacy are also found in the writings of the Canadian sociologist Erving Goffman (1922–1982), who used the techniques of dramaturgical role performance in his analysis of the way people behave. The notion is that people stage-manage the impression they want others to receive of them (Goffman, 1961, 1969) through their personal front, or manner, which can be influenced by situations as well as affect how situations are defined. Goffman describes many instances of how people understand situations and their position within them either as individuals or as part of teams. He looked at how people try to control situations and, of particular relevance here, he considered the impact of place on behaviour. Box 6.1 sets out some of Goffman's useful concepts of performance.

We shall return to some of these ideas later in this chapter but, regarding the discussion of privacy, the concept of the regions of performance – 'front regions' and 'back regions' – is especially helpful. The 'back region' becomes a place where people may 'drop their front' and stop maintaining a performance that they will have to resurrect elsewhere. In discussing these ideas, Goffman talks of the way in which different impressions are given in different spaces: for example, the value often attached to the living-room in a domestic home; or activities 'behind the counter' at a reception desk. As the following extract shows, regions may change their character, depending on the behaviour of the occupant.

BOX 6.1 Concepts derived from Goffman's dramaturgical approach

- **Rule following** is found in social interactions – what the actors should and should not do.
- **Role distance** – when you detach or distance yourself from the normative expected role.
- **Self-presentation** – trying to fit the expectations of those to whom you perform.
- **Front and back regions** of performance – how different places affect performance.
- **Audience segregation** – where interactions with different people take place separately, allowing for contradictions to occur.

(Source: adapted from Goffman, 1961, 1969)

However, while there is a tendency for a region to become identified as the front region or back region of a performance with which it is regularly associated, still there are many regions which function at one time and in one sense as a front region and at another time and in another sense as a back region. Thus the private office of an executive is certainly the front region where his status in the organization is intensively expressed by means of the quality of his office furnishings. And yet it is here that he can take his jacket off, loosen his tie, keep a bottle of liquor handy, and act in a chummy and even boisterous way with fellow executives of his own rank ...

(Goffman, 1969, p. 127)

In this way an individual may change the nature of a space simply by acting differently.

Key points

- Managers use space differently according to the public or private, formal or informal nature of their work.
- Most people need a working territory that they can personalise or use for private matters.
- As well as physical demarcation, people use more subtle changes of behaviour to define how space is to be used.

6.4 Working environments – whose territory?

Power and control

In order to look more closely at how concepts of territory and privacy might work in social care settings, we shall continue with examples of residential care for older people, and make links to other areas of care. The question becomes whose territory dominates the value base within the care setting and how is balance achieved? The following account of one woman's experience in a nursing home is shocking.

Whenever friends visited – and they did most days – she told them of the indignities she now experienced. Never before had she considered eating breakfast whilst emptying her bowels, but that became the norm with a care assistant who told her that she did not have enough time to get all the jobs done without adopting this time-saving routine, placing Betty on a bedpan while feeding her. When Betty resisted, the care assistant became yet more determined and handled her roughly, her actions accompanied by harsh words.

(Bright, 1999, p. 193)

This account is reported in a research study on the quality of care in homes for older people. It might seem an isolated example of an untrained care assistant but the researcher argues that such appalling practice is not that unusual and has been documented in other studies (for instance Jenkins, 1997, cited in Bright, 1999). The reported behaviour flouts all ordinary conventions of privacy as well as dignity. You may wonder how it is possible for such a thing to happen in any establishment aimed at providing care. There are three possibilities.

- 1 It did not happen – Betty made up a complaint in order to cause trouble for a member of staff she did not like.
- 2 It did happen – the care assistant was largely unobserved in terms of how she went about her work, effectively having privacy to institute regimes that suited her.
- 3 It did happen – other people knew about it but did not take action.

Clough (1999, p. 216) points out that a climate that fosters abuse is more likely under particular conditions, which include when staff members are working alone without oversight or supervision from others, and when work is private, away from other residents. Goffman's notion of a 'back region' might be extended to performances that happen in care settings 'out of sight' – in this case, away from the scrutiny of managers or other workers and residents. However, often when there are unacceptable activities many people are implicated through their awareness and failure to take action. In such cases, the 'back region' is constructed by the tacit agreement of everyone concerned to ignore events, in other words 'out of sight, out of mind'.

In Chapter 5 you were given definitions of culture, which included 'the way things are done', the behaviours, the pattern of delivering services, and the underlying values and beliefs of an organisation, a team or an office. Where one environment is being used by different people for different purposes, with contrasting traditions or ideas of what they want from it, there will be not one coherent identifiable culture but many. Questions of who 'owns' the territory are fundamentally questions about how shared space is to be used.

Lewis and Gunaratnam (2000) look at a different kind of issue for personal space and privacy – *noise*. In research on hospice care, nurses reported concern about the mourning rituals of 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. Whose need to pursue their preferred cultural behaviour should predominate? 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.

Power relations between staff and residents emerge in other forms. As well as the imbalance of power that physical dependence implies, the values that inform caring activities may further 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) 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 easily accessed or voiced.

Clough (1999) acknowledges the tendency in residential care to push complexity away and avoid recognising the tensions. He calls for management to create a forum in which people can recognise 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. If you try to apply the idea of being *practice-led* to this discussion of the use of power and contested territory, you may wonder 'whose practice?' 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. However, there are also practical decisions in residential care that managers need to make with their staff team on a case-by-case basis. These invariably bring with

them issues of values and, again, it is the manager's job to help the staff team to develop an approach that addresses competing perspectives on what is right.

Managerial space

What about managers' needs for territory of their own and privacy? As you read through Example 6.2, consider which kind of management tasks might require privacy for Bronwyn.

EXAMPLE 6.2 The manager without an office

Bronwyn, who you may recall from Chapter 3, is the team manager of an all-female team for a therapeutic service for children and families, run by a major voluntary agency. Here are her comments about her working environment.

We took over an old property on three floors which the agency split between two projects. We have the top two floors and, since the other project moved, we now have two new workers associated with our project who are using the downstairs space. The team room is shared by all of us – myself, project workers, administrative and secretarial staff. Nine of us in all, although usually no more than seven people are in at a time. It has been very helpful sharing the office space: it means that I'm always aware of what is going on and, when a crisis is going on, I get early warning of it. I enjoy the repartee of us all being in together, and I think it adds to our sense of team cohesion. The team members say that they like me being so accessible to them and aware and involved in the work.

However, there are some difficulties about always being so available to others, and I am now thinking that I will move into offices downstairs, together with the administrator and secretary. They can find it hard to get on with their work when there is a lot going on around all the time. The workers who are currently down there would be better in the team room.

Bronwyn noted the following points about working in the team room.

- While it was good knowing what was going on, it could deflect her from work of her own that needed doing. Increasingly, she was taking organisational tasks home or doing them in her own time.
- She could get caught up in work that was going on – if it was a crisis, she might become enmeshed by being involved in it all, and less able to bring a fresh or more detached view.
- Some calls needed privacy, perhaps when she was talking to another manager in the group and needed to talk about matters confidential to them.
- Feeling always 'on show' was not easy – a taxing telephone call might mean she did not feel confident about being overheard. While she could go to another room to make calls, this then drew attention to her need for privacy.

- On the other hand, moving downstairs would make her less accessible to team members and the physical space might create a barrier.

(Source: manager consultations)

Privacy serves two basic functions according to Veitch and Arkkelin (1995, p. 279).

- 1 The achievement of a self-identity
- 2 The management of interactions between the self and the social environment

The first function is important to allow people to drop their social mask and to free them from concerns about how they look to others. Bronwyn raises this in her preference for privacy for some telephone calls when she was not confident about what she had to say. Privacy also allows time to reflect on experiences and to formulate strategies. The use of private space for any of these purposes links with the management of performance described by Goffman (see Box 6.1).

The second function, which for the purposes of this discussion could be the working environment, is also important in helping with the first: self-identity. Altman (1975) was among the first to emphasise the importance of privacy and he draws attention to its complexity. Too much privacy may be as unpleasant as too little. It is important for managers to have some control or regulation over which people they are available to and when. It also requires negotiation with other people. Thus Bronwyn both wants the opportunity to focus on her own tasks and is concerned that other people may be deterred from asking for advice or help when needed and that she may lose the sense of involvement she gets by being on hand.

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 a '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 some managerial roles which vary in their need for 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. Where the environment becomes more complex and staff, service users and others intermix, private space for one-to-one or small group work can become crucial.

An enabling environment for all

Design is an important factor in improving people's wellbeing. Yet, for much of the 20th century, care service workers and users 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 recognised. As a result of the Disability Discrimination Act 1995 and the Disability Discrimination (Services and Premises) Regulations 1999, duties to make reasonable adjustments to the design and construction of buildings and fixtures and fittings will be introduced in 2004. Of course, some of the best ideas regarding the 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 (Clarke *et al.*, 1996, pp. 17–8).

The principles of design for people with dementia that are emerging as an international consensus are:

- design should compensate for disability;
- design should maximise independence;
- design should enhance self-esteem and confidence;
- design should demonstrate care for staff;
- design should be orienting and understandable;
- design should reinforce personal identity;
- design should welcome relatives and the local community;
- design should allow control of stimuli.

(Judd *et al.*, 1997, quoted in Marshall, 2001, p. 130)

Few people would disagree with these principles. There is a recognition here of the need to cater to the different uses of care environments by residents, visitors and workers. It is not only in relation to dementia that design underpins the care task. Burton points out the importance in questions of design of returning to the primary task – that is, the reason for the organisation's existence – and the questions it prompts:

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)

Burton draws attention to the kitchen as a focal point for its symbolic emotional value as the heart of many care homes, whether for adults or children, providing more than mere physical nourishment. Yet kitchens have often been off-limits for older people, predominantly women, living in residential homes, 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. In some services it often means trying to balance different requirements, some of which may conflict (those of health and safety with those of being natural, for instance) – as well as the cultural needs of different individuals, staff and residents – for the kind of environment that best suits them.

Joanna, a manager for a disabled children's respite care home, commented wryly:

I am responsible for the training development of the staff team, support for the staff team, recruitment and other staffing issues, and also for the building. So I would put it down to three things: it's the young people



Design is an important factor in improving people's wellbeing
(Source: Brendan Wilson)

and their issues, it's staffing issues and the bricks and mortar that go with it as a residential manager. You don't get training on building regulations; you learn that as you go along.

(Manager consultations)

The environment becomes the backdrop against which all occurs.

Key points

- The way in which space is used underlines the power relations between managers, workers and service users.
- Managers need some control over the balance between accessibility and privacy.
- The design of care environments has an important role in facilitating the service offered.

6.5 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 managers do not work on the site where the care takes place but they may visit it. A home care manager, for instance, will probably visit people requiring home care in order to assess the situation but may not need to enter their homes again. Managers of fieldwork teams may visit service users only when a problem has arisen. We shall look at issues for managing at a distance through an example concerning the external management of children's homes.

Richard Whipp and his colleagues 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, as the extract in Box 6.2 identifies.

This brief sketch of different management systems and styles highlights many issues and tensions for managers working at a distance, and the people who are managed by them. We look now at those identified in Box 6.2.

BOX 6.2 External line managers of children's homes

There were marked differences in the span of control of line managers, a fact which influenced the amount of time and effort managers were able to devote to supervision. Differences in management style were also noted, with some managers adopting a 'hands-on' approach – *maintaining regular contact* with homes and intervention in operational matters – and others, a more 'hands-off' style. Depending on the context, a 'hands-off' approach was viewed either as positive, allowing the officer in charge *much greater autonomy*, or negative, resulting in the greater isolation of the home from the department. Not surprisingly, the credibility of line managers with home staff was found to be greatly enhanced if they had *previous experience in residential care*. In about half the cases, a problem of children's homes *becoming increasingly isolated* was recognised, with some attempts made to *draw unit managers into wider decision-making processes* through joint training sessions, placement meetings, multi-functional project groups and strategic workshops. In some local authorities, a *delegation of responsibility for budgets* from line manager to officer in charge had occurred. While not always liked, this move had the advantage of allowing officers much greater flexibility to link spending decisions more closely to the particular needs of the resident group, for example, in the allocation of over-time hours and the purchasing of food and materials.

(Source: Whipp *et al.*, 1998, p. 87, emphasis added)

- *Practice experience.* Managers have more credibility if they have experience of the kind of work that the people they are managing are doing. This is important where management of a residential home is concerned. The unit is a whole system in itself and requires understanding of the culture of the home. What about home care workers? Should their managers have experience of their work and, if not, what can they do? Home care workers often face stressful and difficult situations of their own: for instance the death of a client, high levels of dependence which require commitment and reliability, handling people's finances and exposure to accusations of theft (Bradley and Sutherland, 1995). Managers often have to manage people doing jobs for which as managers they lack experience or expertise in the skills involved, and this can be a source of anxiety. What are the possibilities for them? Getting 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 workers whose manager is not experienced in their field, as well as 'learning from each other' through peer support.

- *Regular contact.* This is linked with managers who might intervene in operational matters. However, regular contact can also guard against the dangers of isolation and 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 to senior management, explaining the needs of the residential establishments. This approach can also be applied in day care or fieldwork settings and we might think of it as being practice-led. The line manager will need to be sensitive to issues of territory and boundaries.
- *Recognition of the need for autonomy.* 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.
- *Recognising isolation.* A less desirable aspect of autonomy is the isolation that may be involved in work done at a distance from managers. A study of stress experienced by home care workers considers the isolation of their work and the possibilities for staff support networks (Bradley and Sutherland, 1995). The authors point out that this would require a clear commitment by the organisation to make time available for it, since work overload is also a frequently cited source of stress. Support through telephone contact and the use of mobile phones are other ways to help combat isolation. Visits to people's own homes can raise personal safety issues for both visitor and visited. Managers have responsibilities regarding training and awareness of boundaries for staff working in isolation.
- *Engagement in joint decision making.* This is a way of integrating frontline managers into the wider purposes of the organisation, and of making sure that considerations about their work are taken into account when planning policy and strategy. Activities that might be called 'training' are the vehicle for this, with perhaps some involvement in strategic discussions. It sounds good – but there are some tensions. How much time do managers have for organisational meetings? Does more activity on this front draw them away from their detailed involvement in their unit's practice and give them new organisational duties?
- *Devolution of budgets.* While this can be a mixed blessing, bringing additional administrative work, 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 drawn attention to some of the tensions that distance involves for managers and the people who are managed. One way of dealing with concerns over the quality of work is to increase control and tell people what to do. Another is to spend more time with the workers and service users in order to get a clearer picture of how they see things, and why certain kinds of decisions are taken. A third way is to work on the quality assurance systems, which is the approach discussed next.

Key points

- There is a delicate balance for managers at a distance from the site of care practice. Too much intervention can be undermining; too little contact can seem like indifference.
- Support for isolated workers from peers or through involving them in wider organisational developments can compete for time with the main focus of their work.

6.6 Living environments – environmental quality and managing standards

Residential homes are regulated services and are inspected to ensure compliance with statutory regulations. Managers are part of this regulation – they need to be registered with the appropriate regulatory body. Does regulation have an impact on the quality of care provided, the quality of the environment and the quality of life experienced? How is this achieved and what compromises are made in order to bring about change? There are issues for individuals and organisations responsible for running the business, and there may be particular issues for operational managers who are not in a position to change some aspects of the environment, such as the building or the level of staffing (Rouse, 1999).

Before looking at the environmental aspects of quality of life within residential care for older people, it is important to understand the structures and guidance offered through regulation. At the turn of the century the regulation of services has been moving through a period of change. As a result of the Care Standards Act 2000, a regionally based Commission for Care Standards has evolved in England to replace the former registration and inspection system run by local authorities and health services. A devolved structure has been developed and from April 2002 regulation is undertaken in England through the National Care Standards Commission; in Scotland through the Scottish Commission for the Regulation of Care; in Wales through the Care Standards Inspectorate for Wales; and in Northern Ireland at the time of writing (May 2002) there is a wide range of agencies with a regulatory role. The Commissions and other regulatory bodies have responsibility for regulating a range of services for children, adults and private and voluntary health care agencies. Also note that at the time of writing it was announced that the new National Care Standards Commission will merge with the Social Services Inspectorate (SSI) to form the Commission for Social Care Inspection, which will be in operation from 2004 (Brown, 2002).

Registration to operate a service under the Care Standards Act 2000 builds on former legislation, and registration is based on tests of fitness. Registration may be refused where a person is deemed not to be fit and where the facilities and certain procedures are deemed unfit. After registration, fitness is also to the fore as failure in any one of these areas may be deemed an offence. While not outlined in detail, it has been commented that the 'requirements for *good* management are implicit rather than explicit in the Regulations' (Department of Health, 1999b, p. 62).

Alongside the Act and the Regulations, *national minimum standards* for all services have been developed by groups of experts in order to guide the work of the Commissions (some services are still in that process at the time of writing). In relation to residential care for adults, the national minimum standards in England and Wales were the first set to be developed through an advisory group led by the Centre for Policy on Ageing. The standards are intended from their inception to provide 'core requirements' – a minimum level of resource that can provide the basis of quality. Box 6.3 shows the areas covered by minimum standards for care homes.

BOX 6.3 Minimum standards for care homes

The areas covered include:

- choice of home
- health and personal care
- daily life and social activities
- complaints and protection
- environment
- staffing
- management and administration.

(Source: Department of Health, 2001d, p. viii)

However, the introduction of what might appear to be quite modest requirements has an immediate impact on how many homes can continue to operate. A controversial issue for homeowners and for operational managers has been the specification of room size and the availability of choice of single rooms (McCurry, 2001). Changes in the basic building structure have immediate cost implications in terms of both the cost of

alterations and the potential to recoup this outlay, and the ability of the home to avoid going into deficit if it cannot take the same number of residents as a result. Example 6.3 describes the actions that the registered manager at Swift Lodge is taking in order to meet standards.

EXAMPLE 6.3 Juggling the room allocation

In the long term, Rita Jones (the registered manager at Swift Lodge) anticipates that the voluntary body that owns the home will build another wing of rooms that meet, or exceed, the standards. In the short term, she is having alterations made to several of the larger rooms to provide en suite bathrooms. These rooms will be allocated on the basis of need. However, there are three shallow stairs to the corridor where the converted rooms are, so the residents of these rooms will have to be able, unaided, either to use the stair-lift she is having installed or to climb the steps. This places an immediate limitation on the sort of need that might have priority.

Two rooms that were previously used as residents' bedrooms do not now meet the standards, and Rita is thinking that, unless they can get permission to continue to use them temporarily, she will convert them to a guest bedroom and a staff room.

The overall number of resident places that Rita can offer is reduced. Her manager expects her to keep the maximum number of places occupied by residents – whether they pay entirely for themselves or have additional top-up monies from the local authority – in order to show there is sufficient income to justify keeping the home open. So far, Rita has never had to leave a room unoccupied for long and has always been able to meet her financial targets. She is wondering whether she can continue to do this given the current limitations on how she can use rooms.

(Source: manager consultations)

After much debate and lobbying on both sides, from homeowners and from the Coalition for Quality in Care (a campaigning group made up of some 50 expert bodies), implementation of some standards was deferred or the requirements were weakened (Department of Health, 2001d, 2002a). From 2003, new care homes are expected to be built with single rooms of a minimum of 12 square metres. There is some flexibility for existing provision that does not meet these standards but is otherwise of good quality.

As a living environment, the importance of having a single bed-sitting-room has been commented on by residents from the days of overcrowded workhouses and later the growth of local authority homes, right up to the times of the current diversity of settings (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. Recent research within Methodist homes for older people shows that where rooms exceed 20 square metres people can personalise them, differentiate spatial areas and maintain the self more easily:

Whilst most residents managed to create a living environment in rooms which averaged around 20 square metres (with toilet/wash room), many admitted that this was rather restrictive. In the light of recent debates around minimum spatial allocations in residential and nursing home settings for older people, where a minimum of 12 square metres is recommended for the future (Department of Health, 1999b), it is salutary to see what these residents experienced as a workable and realistic minimum. That 20 square metres were regarded as just adequate is further supported by the finding that about a third of informants said that they wished they had brought more or other items of furniture. Sometimes this had not been possible because there was simply not the space; sometimes it was a regrettable miscalculation as to what space was available and what items would fit in ...

(Kellaheer, 2000, p. 14)

Once standards of a certain quality are achieved, the question of which issues are most important to service users may change. The attitudes and behaviour of the people involved enable the living environment to be used to the full. How can managers develop the atmosphere of their service to improve environmental wellbeing? They will want the right of individual residents to privacy to be well understood by all parties. An important way may be through a recognition of everyday routines and the different ways in which people may approach them. The tensions between individual needs within the collective setting have to be acknowledged and it will be the managerial role to take responsibility for understanding the ways and routines of different people and the conflicts that may arise through a range of interactions.

Key points

- Minimum standards provide a means of raising the overall quality of care provision.
- The introduction of standards may be problematic for some care providers and nevertheless may fail to meet service users' needs.

6.7 Visiting environments – crossing the boundaries

As we commented in the discussion of the environment at Swift Lodge, many working environments are multifunctional and are visiting environments as well as settings for living or working. Returning to Goffman's consideration of behaviour within areas termed the 'front' and 'back' regions, he argues that there may also be a need to control the 'front' region in the way it is presented to outsiders, especially when they appear unexpectedly. It is here that connections can be made with the different forms of environment that were identified earlier and which lead us to look at the impact on the managerial context in more detail:

when we shift our consideration from the front or back region to the outside we tend also to shift our point of reference from one performance to another. Given a particular ongoing performance as a point of reference, those who are outside will be persons for whom the performers actually or potentially put on a show, but a show ... different from, or all too similar to, the one in progress. When outsiders unexpectedly enter the front or the back region of a particular performance-in-progress, the consequence of their inopportune presence can often best be studied not in terms of its effects upon the performance-in-progress but rather in terms of its effects upon a different performance, namely, the one which the performers or the audience would ordinarily present before the outsiders at a time and place when the outsiders would be the anticipated audience.

(Goffman, 1969, pp. 135–6)

You will probably need to read this passage several times as you think about the different types of performance that are referred to here and apply the idea to different contexts. For whom is the show being put on, and who are the performers and who are the outsiders or visitors? The outsiders to a home for older people are varied: other professional workers; inspectors; the family and friends of the service user; potential service users; and tradespeople. For managers who are managing the work of someone at a distance, they themselves may be the visitor – for instance, as a line manager of a residential home – or both manager and worker may be visitors to the home of someone receiving home care. They will be operating on a different part of their 'territorial net'. The emphasis changes according to your reading of the presentation by those in charge of the environment. Decisions have to be made about which performances should be played along with, which ones may need challenging or rescripting, and how this can be done in a way that respects ownership of the territory.

What kind of presentations need to be managed in a visiting environment? Does it make a difference whether the visit is planned or unplanned? Registered managers need to be ready for either – a feature of inspection visits is that some will be made without prior warning. This

points to the need for a clear understanding of standards, and agreement between manager and staff on how these are met, so that everyone feels confident that they are going about their work in the best possible way at all times. In our original discussion of Swift Lodge, we considered the welcome that would be given, and the role of the reception area and its staff in facilitating the visit through communication to all parties.

As with inspectors, line managers or home care assistants, other visitors may have a 'job' to do on their visit. Relatives may have a demanding conversation ahead of them, perhaps sorting out important issues to do with financial or personal decisions, or responding to a change in the health or wellbeing of their family member. Some family centres make space available for access visits by parents to their children. What kind of planning and preparation can the manager do to make sure that intimate encounters are given the privacy and the space that they need, and that staff respond appropriately to the unexpected as well as planned arrangements?

Rita Jones at Swift Lodge comments that her time can often be taken up by a son or a daughter wanting urgently to discuss a resident's situation. She does not regard this as an interruption that should be rescheduled at a time convenient to herself: visitors have often travelled long distances, and she believes it is important to respond to them when they need to deal with, or avert, a problem. However, consider again Goffman's insights in Box 6.1 – the concept of audience segregation may be relevant here. A manager may feel that it is important to take a relative to a private place where they are not overheard by staff or residents. Sometimes it can be important to tell two different versions of the same story, each containing more or less detail. Variation in performance can be crucial to the visiting environment.

Key points

- Working environments can also have important functions for visitors.
- The performance of managers and other workers is likely to vary according to whether they are an outsider or an insider.
- Managers need to be able to respond with sensitivity to the demands of different people using the same environment for distinctive purposes.

6.8 Conclusion

In this chapter we explored the manager's role in relation to the different and complex settings in which social care takes place. What can managers do to facilitate the use of space, territory and privacy by different people, with different aims and preferences, interacting in any one social care environment? This aspect of managerial competence is not one that is routinely considered in social care and, in reading this chapter, you have taken part in some new ways of putting together knowledge.

Although not every social care environment serves as many different purposes as residential care homes, they are all likely to be multifaceted. Some environments are affected by the changes in use of a room or a building throughout the day. We suggested that managers need an awareness of these different functions and meanings. In particular, they can usefully analyse the public/private and formal/informal nature of what takes place in the care environment, and the implications for this of the degree of privacy and territorial ownership required by the people using it.

The notion of territory carries with it the potential for competition and dispute. We considered issues of power and control over how space is used. The provision of services is underpinned by values, not all of which will be openly acknowledged. The manager has a role in drawing out values more explicitly, debating those that are contested with staff and, where possible, service users, so that some understanding and agreement can be reached about how people's needs for privacy, self-expression and choice can best be met. The accomplishment of what might be thought of as 'ground rules' includes consideration of the management and facilitation of visitors and other outsiders who may need to use the care space for different purposes.

Thoughts on the main purpose of a building, and the environment and atmosphere that need to be created, make a good starting point for considering the use of design. There are major implications here in making places accessible for people with disabilities, and in considering the meaning of different kinds of building for the people using it, but not all design issues carry heavy costs.

When the territory where care is taking place is not shared by the manager, so that managing is at a distance, managers need to find a balance with those they are managing that takes into account the need for autonomy; reduces feelings of isolation as well as fears of insufficient accountability; and engages those who work at a distance in creating a vision of aims and ethos that the organisation can support without distracting them from their primary task of providing good care.

Increasingly, managers will be aiming to meet standards, many of which have a direct impact on the kind of environment considered suitable for the care task. As ideas about what is considered to be the minimum baseline change and additional improvements are sought, managers will often find themselves juggling what is required and what is feasible in terms of finance, income and fixed costs. These discussions link closely with the subject of the next chapter on quality in social care.