

UNDERSTANDING THE CONTEXT: CURRENT ISSUES, STRENGTHS AND POSSIBILITIES



It is necessary to take an historical approach to social change to understand how, over time, actions become institutions, and then, in turn, institutions are changed by actions. Exploring social change requires an analysis of institutional factors and the ways that individuals negotiate change within and across various dimensions of social life. (Wessels, 2014, p. 5)

CHAPTER AIMS

- ▶ To understand how the global context impacts on organisations
- ▶ To consider the current issues, dilemmas and opportunities for professional practice in organisations and how these interact so that a dilemma may also provide possibilities for positive change. These include:
 - funding: who pays and what it means
 - competing models of service delivery—business versus professional orientation
 - managing complexity and diversity
 - risk and accountability versus creativity and innovation
 - the role of professionals, interest in community and organisational connections
 - affirming a person-centred and holistic approach, which connects to integrated practice and an increase in interdisciplinary practice
 - the place of research and evaluation as well as technology and social media
 - critically reflective practice.
- ▶ To explore key principles for practice in organisations

INTRODUCTION

Organisations do not exist in a vacuum; each organisation is constantly interacting within a broader context. We live in an increasingly complex environment where there are many conflicting frameworks through which we are trying to see the world. There is pressure to think globally, act economically and sustainably, and respond technologically, even in organisations delivering services to individuals and families. Bond and Holland (2010, p. 37), for example, suggest that the increased impetus for clinical supervision connects to ‘broad organisational issues that mirror increasingly complex social change’ as well as issues of accountability. The context for organisations is an important background to this chapter, and includes thinking about current and historical social, political, economic and environmental influences.

GLOBAL TRENDS INFLUENCING ORGANISATIONS

It may seem strange to ask how the wider world affects your role in your particular organisation but, for all of us, what happens globally increasingly influences what we do and how we do it. Some aspects of this are positive: it’s relatively easy now to access new ideas about effective practice, and to share knowledge and research across the world. Individuals and groups use a global understanding of shared issues to generate campaigns for change, to support communities particularly in times of crisis and to raise awareness of concerns and conflicts. We can readily be inspired by engaging with others about shared concerns and can form virtual as well as actual communities using various forms of social media.

However, in other ways, what happens globally may have less positive or actively unhelpful implications. We are increasingly aware of the impact of what is happening elsewhere: it may as simple as recognising that a hurricane in one part of the world means bananas will be very expensive in another or that air travel over war zones is dangerous. Alternatively, it may be much more complex: understanding what happens when one country changes how it trades in agricultural produce can have immediate implications for farmers in the countries it has been importing from and flow-on effects in employment for other workers and their families. You may then be seeing clients who are trying to manage the impact of these changes. The Global Financial Crisis illustrated alarmingly how the well-being of many people was dependent on a set of financial, banking decisions that seemed remote from their lives. Climate change is another obvious example of how what happens in one country will have implications for others globally.

Politics and policy

Traditionally, communities expected a certain level of mutual support in order to survive and you could argue that this sense of shared responsibility has continued in some cultures more than others. In Western cultures, at least, there is more questioning

now of how much communities should take responsibility for their members. We have an increasingly user-pays, business-oriented culture. An obvious example is plane travel where you can choose whether to pay for seat choice, take more than hand luggage, food and so on. The argument is that people should be able to choose what they pay for rather than having to pay for what they individually don't want just so that people who do want something have it included. Applying this to health and social care means some individuals have less choice because they can't afford to pay for the whole range of possibilities. Organisationally, for example, rather than an organisation taking collective responsibility for cars, any damage is charged to the relevant individual or their department. There are advantages and disadvantages in this situation and it's important to identify the dangers of taking such arguments too far; for example, should an organisation charge staff individually for the amount of electricity their office uses? This might lessen electricity consumption and be good for the environment. On the other hand, it would penalise those who are physically more sensitive to changes in temperature.

These attitudes reflect political and cultural changes and their related philosophical perspectives. Globally, there is an increase in more conservative, neoliberal governments that want to reduce public spending on shared community assets or services compared to those political parties who seek to increase government or community responsibility for caring for all community members. While this changes constantly and depends on where you live, overall there does seem to be a greater expectation of reduced public funding and higher expectations of 'standardisation and regulation of practice, the imposition of externally defined targets, the introduction of private sector-style competition and contracts for services and the demand for measurable outputs, outcomes and impacts', often called 'New Public Management' (Banks, 2013, p. 588). Baker (2013, p. 126) in the United Kingdom calls this the 'current stringent and streamlined climate'. It has implications for human service organisations. Health care is an obvious example of this: who should pay? This is demonstrated in the struggles in the United States to increase public funding for health care for those on low incomes, in the expectation of greater efficiencies in the universal health-care system in the United Kingdom, and in Australia in debates about who should be exempt from paying for visits to doctors.

The ideologies underpinning these issues influence how the service users of organisations are treated. A more neoliberal, politically right or conservative perspective tends to blame the victim—advocate that individuals and families should take care of themselves and if they don't it's their fault. A more socialist, social democratic, green or left-wing approach is more likely to argue that the issues in families are connected to what is happening in the global and/or community context, so that individuals and families need to be supported. Examples of how this plays out include the current debate about whether people who 'cause' their own health problems should have to live with the consequences. Should someone who smokes or is obese pay more for health care? The underlying message is that people are responsible for their own health individually rather than recognising the complex combination of personal, physical, genetic, cultural and societal issues and inequities at play (Talbot and Verrinder, 2013).

Perhaps one of the most obvious impacts of global changes that is affecting local organisations is the increased numbers of asylum seekers and refugees. Given that there is significant political unrest, major conflict and persecution of minorities worldwide, there are many people desperate enough to try dangerous ways of reaching what appear to be safer territories. For many services this means having more clients from diverse cultural backgrounds who may well be seriously traumatised by their experiences of war, leaving their home country and travelling often in hazardous and threatening circumstances. However, refugees may also be labelled as essentially deserving or not given a particular political perspective, such as a neoliberal one that sees people as somehow responsible for their plight rather than recognising the social and political contexts.

Awareness of these kinds of vulnerabilities contributes to the general atmosphere we live in, our sense of threat to well-being and safety, and our desired capacity to be able to control what happens. Western culture fosters the belief that we can and should control what happens to us—this links to the neoliberal view that what happens is up to us. However, our increased knowledge of global and political change fosters awareness of risk and our lessening sense of being able to control our environment. To some extent this has always been true; we can't control the weather and the impact of floods, hurricanes or fires and there have always been accidents where people are killed and wars where people kill each other. However, you could argue, first, that the scale of these events has increased and, second, we know more about them. We can, if we want to, watch news broadcasts 24 hours a day, bringing us news of the most recent disasters and deaths. This creates a climate of awareness of risk and a consciousness of what can go wrong, and as a culture we are becoming increasingly risk averse. This emerges in all sorts of ways from parents being reluctant to let their children play on trees to suggestions that people shouldn't walk alone at night. Organisations are also attuned to this and have become increasingly risk averse; the implications of this are discussed later in this chapter.

The organisational context

The organisational context includes both the global and political issues discussed earlier, and also the historical, social, economic and cultural influences of the community and the society it is located in and the physical environment, both built and geographic.

With any organisation you are connected to, it's useful to ask the questions in Figure 1.1.

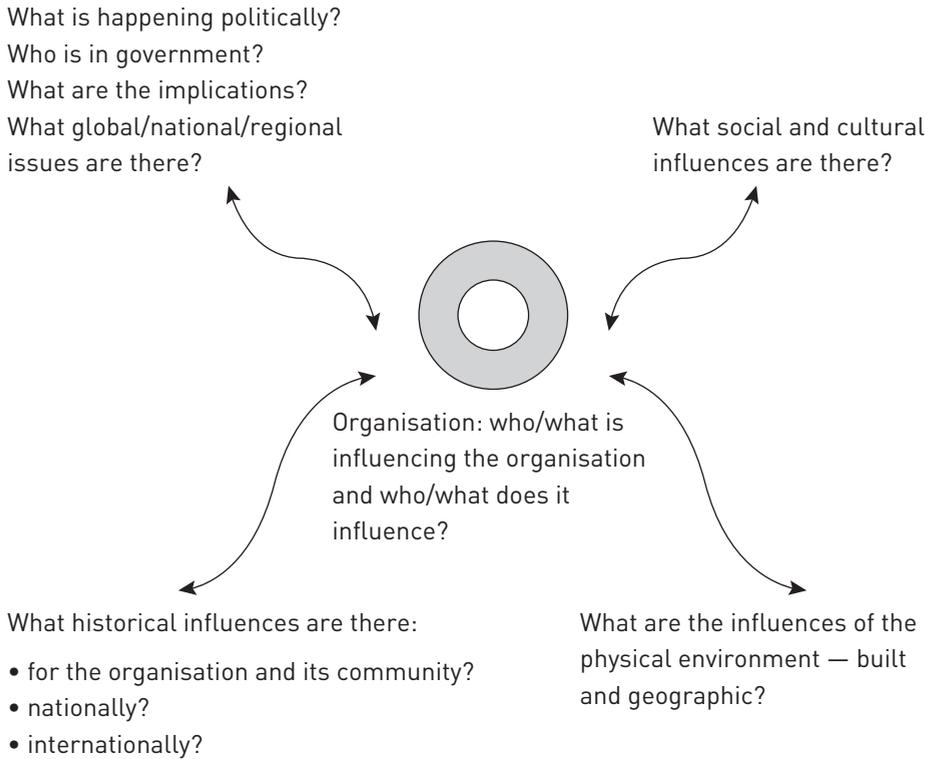


Figure 1.1 What influences this organisation?

Thinking more specifically about context:

- *Political and economic contexts:* it's useful to ask what's happening politically, who is in government and what does that mean? It could be, for example, that the government has a clear set of policies about funding health, income support, disability, or has decided not to fund these. What are the implications likely to be for a particular group of clients, workers and organisations? What connections are there between what's happening politically globally, nationally, regionally and locally?
- *Historical context:* what's happened in the past that might affect this organisation? For example, in some regions or states, there is a history of voluntary and often faith-based organisations being funded by government rather than having government-run services. This may affect how services are offered. The history of a neighbourhood with changing opportunities for employment may mean that the client base has shifted from young families to older residents. Cultural diversity might have increased, given changes to immigration laws.

- *Social and cultural contexts*: what are the assumptions in the community about how things should be done? What's important to the community the organisation belongs to? Is it rural or urban? A monoculture or mixed culture? What are the implications for the organisation? What do the social and cultural contexts imply about expectations from the community that might be unusual for an organisation, particularly one that is funded from a central rather than local government?
- *Physical context*: the built environment of the organisation can affect how it operates. Compare a multistorey organisation in a densely populated urban environment to a house-based organisation in a rural community. The geographic area the organisation services will also have an influence; for example, is it a central, city-based organisation with outreach centres hundreds of kilometres away in rural towns or an organisation focused on one geographic community? The physical environment also affects client well-being; there is growing evidence of the health benefits of access to green spaces (Balfour and Allen, 2014).

CURRENT ISSUES: DILEMMAS AND OPPORTUNITIES

Within the current global and political contexts, organisations are faced by a variety of issues. Some of these seem constant, such as how fragmented funding influences service delivery; others are relatively new, such as the expanding influence of technology. However, each issue has its own dilemmas and opportunities; these may not be evenly balanced, so that some seem to generate more dilemmas and others more opportunities at any particular time. Courtney, Nash, Thornton and Potgieter (2015, pp. 8–12) see current issues as opportunities to build shared visions, create positive environments, foster creativity and innovation, and transcend traditional perspectives. The issues identified next combine the traditional and innovative aspects of organisational practice which may be seen as dilemmas and/or opportunities.

Funding: who pays and what does it mean?

Funding for human service organisations and so for service provision generally comes from governments, and this may be government at a national, state, regional or local level depending on the context. One organisation may have a combination of funding from some or all of these. Government departments may deliver services, may contract them out (pay for delivery) to what are called voluntary or not-for-profit organisations or may subsidise businesses (for-profit organisations). Funding that comes from any government has particular expectations attached, usually very specific expectations in terms of outcomes. I will start by focusing on funding from government.

Government funding

Government funding generally comes with clear expectations about outcomes, which is a reasonable expectation that public money is well spent. There is a distinction here between outputs and outcomes; put simply, outputs are what is done and outcomes are

what difference it makes. It is relatively easy to define outputs; for example, the number of clients seen or achieving specific goals such as employment or housing, meetings or interviews held, or training programs run. Outcomes are more challenging—how do you measure client change, including such change as feeling more engaged with life or more resilient in managing health and social issues? Often agencies resort to measuring activities using electronic information systems that embed the logic of new public management and can undermine professional decision-making (Gillingham and Graham, 2015). Sturgeon (2010, p. 1049) suggests ‘the increasingly market-driven and bureaucratic approach to healthcare’ in the United Kingdom means ‘measurement and outcome are considered the most important indicator of quality’, but that this can actually undermine high-quality care. He suggests that agencies can become so focused on what is measurable that they forget the more intangible but essential aspects of effective practice. The other danger is trying to make these measurable and therefore less meaningful, such as a proposal to increase compassion by counting smiles. Sturgeon suggests that this is not likely to encourage providing better care: will a planned smile have the same effect as a spontaneous one?

Governments may specify conditions for funding linked to outcomes. Stays in hospital for a particular procedure are expected to take the same amount of time for each person and the hospital receives funding according to that. Community-based organisations may have guidelines that clients will be seen for a set number of sessions. Agencies as diverse as centres against sexual assault and family counselling services might limit clients to six to eight sessions, partly to manage limited funding and the resulting waiting lists. Given long-standing issues, clients may feel they have only just begun the process when it has to be stopped. While some practitioners would argue that brief, solution-focused work can be as effective as longer processes, this is not true for all clients. Setting such limits negates client diversity and the need for services to responsively meet client needs.

Another major funding issue is the fragmented nature of service delivery or delivering services in ‘silos’. What this means is that services are funded according to particular categories. At the broadest level this can be seen in the division of government departments into such areas as family and children’s services, health, housing and education when clearly all of these have major and direct impacts on families. Within each of these major divisions, specific programs are developed to respond to particular target groups. In order to access services, people need to be assessed as ‘having’ a particular issue or problem, which might be anything from being an adult with an acquired brain injury, a family with inadequate housing, or a family conflict. Workers are expected to focus their work on these target areas and to refer issues that are not directly related elsewhere. As Smale, Tuson and Staham (2000, p. 33) suggest, this ‘leads to the image of a row of lifesavers lined up on the river bank each with a different colour of hat. None of them can enter the water unless the drowning person wears a matching colour. If their lifeguard is busy, people have to change the colour of their hat to get saved. People without clothing that matches a coloured hat do not attract attention and are not rescued. Because they or their organisations, only get paid when they enter the water, none of the lifesavers go upstream’.

Many implications can be drawn from this analogy. First, it means that it can be difficult for clients to find a worker who will work with them across a range of issues. Very few services offer to work with the client's 'relational base' where the assumption is 'that the wellbeing of clients depends on each person having a good-enough quality of connectedness to balance their capacity for independence' (Furlong, 2013, p. 3). Ruth's situation (see Case scenario 1.1) illustrates this very well. She was in regular contact with six different workers, each with a role to play. This required her endeavouring to build relationships with them all, visiting them regularly, and completing tasks to satisfy each one. In a situation like this, it would seem reasonable to ask why the workers could not cover a wider range of roles. The family support worker or family services worker, for example, might have been able to talk about parenting and managing anger, while the alcohol and drug worker could have the skills to deal with financial and housing issues.

CASE SCENARIO 1.1

Ruth, a 25-year-old, was referred to a family counselling agency for 10 sessions on anger management. Her son, Tom, three years old, had been taken into care when Ruth was convicted of drug-related offences. He was now living with Ruth; one of the conditions was that Ruth learn specific strategies to deal with anger.

As we explored what Ruth wanted, I was somewhat intrigued to learn that I was one of a series of workers. She had an alcohol and drug worker to check that she wasn't using drugs, a parenting worker to teach her how to look after Tom, a family support worker to offer general support and encouragement in developing supportive relationships, and a family services worker who was helping with financial and housing issues. There was also a case manager to help coordinate all these workers, although Ruth was clearly doing some of this herself. I was interested to know what Ruth thought about all this. How did she feel about the range of people she was now involved with? Ruth was initially cautious, saying simply that this was what needed to be done to keep her son with her, so she was doing it. She did add that, because she had no car and had to use public transport, keeping up with visiting workers and looking after Tom meant she was very busy and she had no time to develop supportive relationships.

Over time, it became clear that Ruth's anger was related to a very complicated family background and a series of traumatic experiences including sexual abuse. Who then was to deal with the scars of this? Ruth had already had sessions with a sexual abuse counsellor. What seemed to be missing was someone who could work with her on the background issues that in many ways were affecting her life.

Second, this type of funding means that, for many clients, no one is working with them as a whole person or as a whole family. Ruth commented that each worker was only interested in the part of her life they felt responsible for. Third, the implication is that to be a client you need to have a clearly identified issue that matches what is on offer. This creates difficulties both for potential clients who do not feel their issues fit or those who have a range of issues and want two 'lifesavers' at once, such as clients with dual disabilities. Sometimes it becomes clear that what would best suit clients does not exist. Workers are then faced with a dilemma: do they compromise with what does exist or negotiate what is often a minefield of procedures to try to match client needs? As Stewart, Lohar and Higgins (2011, p. 2) say, 'specialisation can mean that individual service providers or agencies develop the expertise to deliver a very specific service yet individuals, families and communities often experience multiple needs and interrelated problems'.

Finally, the fourth implication is that there is no one to 'swim upstream' and find out why so many people are 'in the river'. It may be that if we looked at the underlying causes for service demand, we might take a different approach. Sadly, so much funding goes into providing the services or 'lifesavers' that often little is left for looking at prevention. However, there are some signs that this may be changing with the increased interest in the value of integrated or joined-up practice (discussed later in this chapter).

Other sources of funding

Some organisations seek other sources of funding in order to have more independence from government, perhaps to provide services in more flexible ways or to pilot innovative services in the hope that governments will recognise their value and fund them. Some fund-raise through promotional activities, others ask people to include them in their will, and yet others develop specific campaigns, some of which are very creative and engage many people, to raise money in the real world or online. This can also raise awareness of a particular issue. There are always ethical issues about how this is done and how to remain respectful of client groups in the process.

Other organisations have developed a business arm which then offers 'fee for service' activities, such as training programs for other services and workers, or products related to the organisation or its services. Some seek funding for specific projects from philanthropic trusts which may offer flexible sources of funding, particularly for something innovative. Research grants can also be a way of finding other funding, but they usually come with designated expectations about outcomes. Some research or evaluation funding can be used to explore new ways of offering services. Private practice is another way to have independence from government: to set up your own business or professional practice and to charge fees. Professionals in private practice value the greater flexibility this gives them, while pointing out the issues of managing a small business and the pressure of ensuring enough work. Some of these issues are explored further in Chapter 2, including funding businesses for what are seen as public sector functions.

Social entrepreneurship

A relatively new but significant development is social entrepreneurship; also independent from government. Montgomery, Dacin and Dacin's research (2012) found that this has the potential to generate socially just change when undertaken collaboratively across organisations and businesses with strategies to foster sharing different perspectives and agreement on how to work effectively together. The expectation of social enterprises is to encourage a fairer, more sustainable world through the social aims of the business, but also in its processes, running ethically, inclusively and in environmentally friendly ways. O'Donohue (2015, p. 1) suggests that the 'growing social investment market could play a key role, enabling charities and social enterprises to develop creative, innovative solutions to social problems and access repayable finance from socially motivated investors'. There can be implicit tensions in such processes, and Dees (2012) suggests that it helps to make explicit the combined charitable impulse to help those less fortunate with the strategy of solving an issue through investment in a profit-making or at least cost-covering business.

A social enterprise then is where individuals or groups create a business that may or may not seek to make a profit, but offers a service not readily available otherwise. Perhaps the most obvious examples of these are small businesses offering work and training to those having difficult accessing employment. A restaurant in Melbourne, for example, trains refugees for work, providing 10 weeks of free mentoring in front-of-house skills. Of the initial 80 trainees, 70% found work (Carbone, 2015). In Mildura, a provincial city in Australia, Mallee Family Care (a large, not-for-profit welfare organisation) and the Mildura Development Corporation combined with the School for Social Entrepreneurs to run a program for seven people interested in becoming socially minded entrepreneurs. Two graduates formed enterprises for people with a disability to gain employment (School for Social Entrepreneurs, 2015). For agencies that are having trouble with funding, thinking creatively about social enterprises can be another way of providing what their clients need.

Competing models of service delivery

The expectation for funded organisations is to act in increasingly market- or business-oriented ways; this is often in tension with workers' expectations of operating according to professional values. This may be expressed in terms of the outcome orientation described previously: the tension between quantity and quality or between superficial and deeper engagement with clients. For some professionals it's also related to being able to operate independently in ways that are empowering and fit with their professional values. Courtney and colleagues (2015, p. 7) explore the impact of economic and political issues on nursing, stressing 'doing more with less', and suggest that 'the "high-tech short-stay" phenomenon ... and increased pressures on community-based service provision add further pressures to the day-to-day delivery of appropriate patient care'.

These tensions can be described as conflict between a more managerialist way of thinking, based on expectations of efficiency and rational planning, compared to a more person-centred approach with expectations of flexibility and creativity.

Managerialism reflects a more businesslike way of operating, with clients often called ‘customers’. In this way of thinking, the public sector is seen as inefficient and overly expensive (Reinders 2008, p. 566): ‘To free the public sector of these ailments, NPM (new public management) treats it as a quasi market—e.g. health care—which means that the provision of services is looked at as if it were governed by the law of supply and demand, even though the state retains overall control’. The emphasis then is on efficiency rather than a traditional human service orientation where the questions are more about: what is the need here? What are the issues? How can this person/family/community best be supported and enabled? Robinson (2014, p. 1606) in working with refugees says: ‘Non-government organisations that assist refugees and asylum seekers face increasing demands and pressures. The focus on human rights and social justice frameworks risks being diminished due to the limited capacity imposed by financial constraints’. Workers feel caught between these conflicting frameworks. Their human service organisation is expected to operate in a businesslike fashion and to varying degrees to express a managerial and businesslike capacity in order to receive funding. The worker has been trained to act professionally with a focus on what is best practice for the client.

An increasingly frequent and related issue is how professionals are employed: whether they are offered full-time continuing positions or contracts for varying lengths of time which may be full- or part-time. This can mean that practitioners have a series of contracts for significant periods, possibly years. As well as the implications for personal financial security (paying a mortgage, for example), for some this means feeling much less able to challenge organisational processes. Where contracts mean workers move frequently to ensure they have work, relationships with clients are undermined. Trade unions have traditionally been ‘significant institutional actors in terms of influencing key aspects of work and employment regulation’ although how much in recent years varies depending on where you are globally (Lucio, 2013, p. 238). Less powerful unions are less able to help the workforce to argue for better conditions; others have expressed concerns about the erosion of wages and lack of connection to ‘entitlements that each citizen will need for full social and economic participation’ (Smyth, 2007, p. 14). Lucio (2013, p. 240) suggests there is a ‘link between professional identity and professional associations’ with the separation between this and more traditional trade unionism blurring, especially in the United States and United Kingdom. Professional associations then might also be or become more powerful in terms of arguing for their members. The decreased capacity of unions to safeguard workers from ‘zero hours contracts’ and other forms of work advocated by business as helpful flexibility, but meaning less security and predictability for those employed, can be important for you and your clients.

The business model can also mean pressure for government organisations to ‘tender’ or ‘contract out’ services that it is believed can be done more efficiently by a different organisation. This reflects the neoliberal market-oriented thinking: an assumption that competition will increase efficiency and lower cost. However, in the human service sector there is an artificially constructed market in which government funding bodies decide how many agencies they will fund and there is usually only one delivering the particular service, particularly in rural areas. This can eliminate competition as there are fewer, often larger, organisations who have the expertise to win the next round of tendering.

Contracting out can apply to services previously seen as public sector responsibilities, such as prisons and aged care services where seeking profit can undermine service provision. It can also apply to support services such as administrative functions, gardening, maintenance and catering. Again efficiency, cost and flexibility are used to advocate this and there are often savings, partly because a private provider pays workers less. However, there are less-measurable disadvantages: losing workers who know the organisation and how it works and provide continuity, flexibility and relationships. The same applies to other forms of service such as home help or respite care.

CASE SCENARIO 1.2

Rosy had been a home help worker employed by the local council and Julie, a 90-year-old client, appreciated her flexibility, particularly as her eyesight worsened. After the service was contracted out, Rosy found her role was much more restricted. One day, Danielle, the supervisor, arrived for a random check and discovered Rosy cleaning out the fridge with Julie, who couldn't see the use-by dates. Julie, in being appreciative of Rosy, also told Danielle about many other tasks Rosy did that she was no longer supposed to do. When Danielle told Julie that Rosy couldn't do these, Julie became distressed and pointed out that she didn't have anyone else who could help. Danielle's response was that perhaps it was time for Julie to move to supported care.

The issue of organisational size can also play a part; there may be pressure for smaller organisations to amalgamate with others on the basis that this is more efficient and that, like businesses, organisations will be able to purchase goods and services and provide administrative support more cheaply in a larger organisation. Such savings don't always eventuate (Peppercom, 2014) and mergers need to be carefully thought through given the potential differences in culture, structure and values base. It may be that a collaborative or partnership arrangement also provides financial benefits without loss of identity (Lathlean, 2015).

Managing complexity and diversity

When I talk with experienced practitioners about how their practice has changed over the last 20 years, they often raise the increasingly complex and diverse nature of practice. While they affirm this adds richness in professional practice, it does require more time and energy. The specific changes reflect the changing social context: 'Homelessness, unemployment, the widening gap between rich and poor, and the increasing prevalence of lifestyle diseases are further social challenges to healthcare' (Courtney et al., 2015, p. 7). Families have also changed significantly: 'The family generally, and parenting specifically, are today in a greater state of flux, question, and redefinition than perhaps

ever before' (Bornstein, 2013, p. ix). Deinstitutionalisation means more people with a wide range of disabilities require family, community and often professional support. For some, greater complexity relates to understanding life from migrant and refugee perspectives, including experiences of severe trauma and dislocation. Immigrant families arriving through humanitarian settlement schemes are experiencing higher than normal rates of poor parenting practices, most problems resulting from their trauma, loss, dislocation and relocation (Lewig, Arney and Salveron, 2010). Finally, workers also talk about the complexity of the systems they and clients need to deal with. The fragmentation of the service system means that it is often confusing to work out which services will fit best. Clients may end up angry and upset and this again is hard to manage. The challenge is to see the complexity as an opportunity for holistic practice rather than feeling overwhelmed by it.

CASE SCENARIO 1.3

Kate works for an aged care service. She recently saw George and Susie, who had been looking for nursing home care for George's mother, Joan, for the last six months. Joan has been living with the family for 10 years and now has the beginnings of dementia. George remarried 12 years ago when his partner, Susie, had two young children, now 14 and 16 years old. George and Susie now also have two young children of their own. Having Joan live with them worked well initially, but they are now stressed with the combination of lack of space, the different needs of the children, Joan's health, and maintaining often difficult relationships with their ex-partners. When Kate explains the complexity of the aged care system and lack of available beds, George became angry and abusive. Even though she can see why he is so frustrated, Kate is shaken and finds it hard not to take it personally.

Risk and accountability versus creativity and innovation

The general concerns about risk in the community inevitably permeate organisations and there are now roles in larger organisations focusing on minimising, managing or ideally eliminating risk. At one level, this is desirable; organisations should be supporting and protecting their staff and planning so that dangerous situations are avoided or managed well. Often the reaction to risk management is to develop procedures to be used for every possible situation, which Ife (2008, p. 199) suggests is a waste of time given that 'unforeseen (and unforeseeable) events can instantly render the best of plans redundant, thereby wasting untold hours'. Cullen (2012, p. 1528) identifies the impact of this as 'a reduced capacity to exercise professional judgement, as practice becomes increasingly

defined by standardised formats and protocols, quantitative targets and performance measures'. The pressure partly comes from the awareness of how the media can focus on negative publicity for the organisation and sometimes the funding government. This can mean workers spend considerable time inputting data to client information systems to keep records up to date as a form of accountability. To balance this, King, Carson and Papatraianou's research of workers' attitudes (2013, p. 112) found that valuing and using 'independence of judgment was a striking quality in the responses across government and non-government agencies'.

It is useful to tease out the implications and the assumptions that are being made about risk—that it is possible to minimise or eliminate risk if you think enough about it, that taking risks is never desirable, or that all risks are of equal concern. In professions where there is a high degree of uncertainty, it is not always possible to eliminate risk while engaging with clients in the most helpful and empowering ways. Once you start to focus on what might go wrong, it is all too easy to see many possibilities. This can undermine the values of self-determination and empowered practice endorsed by professionals. The organisational response is often to standardise and control activities rather than encourage and train for effective professional judgment.

What might be more helpful is to encourage the capacity to be creative so that workers can respond with innovations if needed. In a study of a mindful, relationship-based approach with a small group of physiotherapy clients, Tasker, Loftus and Higgs (2012, p. 11) found that it was important to customise work with the particular client, family and carer using 'complex and innovative forms of interaction to enhance communication and interaction with their clients'. Second, providing processes that support critically reflective professional judgments also enables practitioners to think through the balancing of risk and professional values. Third, working in more holistic and person-centred ways helps. The Munro review of child protection in the United Kingdom (Munro, 2011, p. 39) found that:

practice has become focused on compliance with guidance and performance management criteria, rather than on using these as a framework to guide the provision of effective help to children. The review has concluded that statutory guidance needs to be revised and the inspection process modified so that they enable and encourage professionals to keep a clearer focus on children's needs and exercise their judgement on how to provide services to children and families.

Challenges to the role of professionals

What remains important for practitioners in these conflicting approaches is maintaining a sense of clarity about what it means to be a professional. Attitudes to professionals as 'experts' have changed, given greater accessibility to information on the internet as well as media coverage of when professionals get it wrong. Such changes also encourage healthy questioning of professional decision-making, with clients asserting their rights supported by other clients, all of which is empowering for clients but can feel challenging for professionals.

A positive aspect of this is that it reinforces professionals seeing themselves as collaborative partners with their clients. Partly this comes from recognising that when we too are clients, we are aware that we have our own knowledge (of our own situation at least), our likely reactions and preferences, and skills that we can use in making decisions. We generally do not want to hand over decision-making to professionals, but rather to work with them to make our own decisions about what to do. Clients often say to us, 'We are the ones who will have to live with the situation, so we need to decide what will suit us'. Issues related to professional practice and to ethical decision-making will be explored in Chapter 9.

Managing community and organisational connections

All individuals and families are part of a community at some level, whether a community or communities of interest or a geographic community. How people interact with their community is often significant in terms of how they deal with change and crisis. However, the importance of this community relationship is not always recognised by organisations and so in turn not seen as a valid area of interest for workers. Opportunities are then lost for looking with families at their interactions with their community, what mutual support there might be, and how families' resources might complement each other.

The organisation itself is part of a community, again to different degrees. Some organisations operate as if they are removed from the community, using policies and procedures handed down at a central level. Some, such as the rapidly expanding call centres where the staff may be located hundreds or thousands of kilometres from their clients, *are* quite separate. However, organisations must be in some kind of relationship with at least their community of interest—the client groups to whom they owe their existence. More positively, some organisations do act as community members, paying attention to community issues and responding accordingly. Some recognise that the community and social contexts affect their clients: Luby and colleagues (2013) found that children living in more disadvantaged neighbourhoods are more likely to experience lower social, emotional and learning outcomes. Similarly Fritze, Doblhammer and van den Berg (2014) found that children were affected by environmental or structural factors like the quality of the neighbourhood in which they lived.

In recognition of this, governments in some countries have funded significant community- or capacity-building programs aimed at increasing social and economic capital. While the language used may differ (for example, 'seeking social inclusion' or 'preventing social exclusion'), all of these essentially recognise the value of a community intervention to make changes for community members. However, their underlying political orientation varies from a conservative or neoliberal expectation that communities will 'help themselves' to a social democratic hope that increased social inclusion will lead to social engagement, including employment, and to other things the community perceives as important. The United Kingdom Government (2012), for example, connected social inclusion to reducing poverty and 'worklessness'. Similarly in Australia, programs for neighbourhood renewal focused on those more disadvantaged

and how to engage communities around key goals such as employment, education and safety. The expectation is that communities will identify hoped-for outcomes in their applications for funding, but a more community-oriented approach would allow outcomes to emerge as the process developed. A second concern is that governments expect change quickly: three-year programs are not likely to be sufficient for communities that have experienced major disadvantage over many years or generations.

Affirming a person-centred and holistic approach

Person-centred practice begins with the person or family to identify what their perspectives, capacities, preferences and issues are. Such practice is holistic, seeing the person in the context of and connected to their relationships: family, friends, neighbours, the organisations they belong to and the communities they relate to. Holistic practice also affirms all of the person: their physical, emotional, social and spiritual selves. The implication is that the practitioner is aiming to see the whole person, not the 'siloed' person that the organisation's funding might suggest. It may be that an organisation only permits or focuses on one aspect of the person but, as a person-centred practitioner, you would see that aspect in the context of all other aspects.

Perhaps the most challenging aspect of this for many professional workers is including the spiritual. Traditionally, professional cultures in health and social care have been reluctant to engage with the spiritual, perhaps because of their own experience or perceptions that the religious or spiritual generates conflict. However, there is generally more recognition of the influence of religion and spirituality in 'public and professional spheres' (Neagoe, 2013, p. 313). Defining spirituality as 'that which gives life meaning, in a way that connects the inner sense of meaning with a sense of something greater' Gardner (2011, p. 9) suggests that all practitioners need to understand what this means for those they are working with. Tasker, Loftus and Higgs (2012, p. 11) found that in physiotherapy 'emotional connection assisted the therapist to connect and resonate with their clients and carers, to identify the meaning that people ascribe to clinical interactions and to promote and advocate ... the well-being for clients and their carers'.

Not all workers feel trained or confident to manage such issues (Furness and Gilligan, 2010) or even that they should (Furness and Gilligan, 2014). Given the global changes identified earlier, particularly migration, it is more likely that, as a worker, you will be in contact with people for whom their spiritual or more specifically their religious life is key to their identity. This may be particularly so for some refugees and asylum seekers (Ni Raghallaigh, 2011), but also for many people generally seeking to make sense of life experiences (Tacey, 2011).

Interest in integrated practice

Interest in integrated practice has now developed significantly, though different language is used. Some writers talk about 'joined-up' practice; others integrated or collaborative practice. Examples of this are explored in more detail in Chapter 8. Briefly, what I mean

by integrated practice is where organisations and their funding bodies are interested in how services can be more effectively linked to benefit their clients, such as having one worker coordinate services for clients across ‘silos’. This is described more in Chapter 8. You could argue that this is person-centred practice, starting with the client and thinking about how services would be best organised to suit them rather than according to funding silos. One example of this in Australia is the health justice partnerships (Justice Connect) where a lawyer, usually from a community-based legal service, is based in a health agency at least part of the time to encourage clients to take up legal issues that they might not otherwise.

These experiences raise useful questions to consider from an organisational perspective. How differently might services be organised if the starting point was what would fit best with clients? What are the implications for a more generalist practice where one worker is expected to work with most of the clients’ issues? What would be the geographic implications for accessibility?

Increase in interdisciplinary practice

Working from a more integrated and/or person-centred approach fosters seeing how important it is for professionals to work collaboratively with their clients across discipline boundaries. From a client perspective it makes much more sense that their workers share information and work jointly on shared issues. Again, this will be explored in more detail in Chapter 8. While there are clearly advantages, particularly from a client perspective, professionals often find this challenging, trying to clarify what is distinctive about their roles and what they have to offer. In practice, what makes sense is valuing both the individual contribution from each discipline as well as what overlaps, and how professionals can work more effectively together.

Use of research and evaluation

Given the importance of ensuring good and effective practice, more research and evaluation are clearly essential. Mitchell (2011, p. 211) says: ‘Decision-makers need to understand what types of circumstances point to what types of adaptations of interventions in order to match the needs of particular client groups. Very little research has attempted to directly investigate “what works for whom under what conditions”.’ Continued interest in research and, particularly, evaluation is demonstrated in the current attention to ‘evidence-based practice’: critically examining the relevant research and evaluation to justify the practice approach you are taking. Clearly this is a good idea. Evaluation means programs can be better developed and funds more effectively used. However, it is also important to recognise the tensions related to evidence-based practice, particularly the issues of what kind of research and evaluation is seen as acceptable and the value of client participation. Issues related to research and evaluation are explored more in Chapter 9.

Technology and social media

There is considerable publicity about the negatives of social media and issues around the increased use of technology related to cyberbullying, intrusions into privacy, lessened direct communication, rapidity of shared Twitter messages used in punitive ways and the time it takes to manage email. Practitioners express their concerns that life is dominated by work because of the linking of work email to phones and so on. At work, they spend increasing amounts of time inputting data for case recording, often, as Gillingham and Graham (2015) suggest, in systems that reinforce neoliberal thinking by ‘configuring users towards specific actions’. They point out that users need to interpret these data and can ‘exercise discretion in how they use them’, provided they are conscious of the underlying assumptions and expectations.

However, technology and social media offer much potential for practice. The use of social media in advocating change and for making connections across communities and nations has already been identified. Some practitioners also use social media for supervision, for greater variety of contact with clients and for fostering mutual support groups. Hickson (2012, p. 34) suggests that ‘in recent years, social workers have embraced social media, social networking and a range of online technologies through peer support, sharing of information, reflection and for fun’. For isolated practitioners, social media was seen as essential for ‘networking, professional development and self-care’ (Hickson, 2012, p. 46). For clients, online communities are also becoming increasingly valuable for a range of reasons from mutually supportive bereavement groups to sharing information about activities such as gardening.

Kozinets (2010, p. 36) suggests that online communities typically consist of between 20 and 200 people, tend to be open rather than closed and that people experience them as authentic and emotionally sustaining with helpful ‘disclosure, honesty, reciprocal support’ that may extend beyond the online community. Other forms of technology are also increasingly used to enable clients to be more independent and to manage their own health care. For example, tablets can be used for information giving and communication with health professionals and other devices enable people with disabilities to have more flexibility.

Critically reflective practice

Over recent years, interest in critical reflection and reflective practice has increased remarkably with writing across professional disciplines (Rolfe, Jasper and Freshwater, 2011; Oelefsen, 2012) as well as within specific disciplines, such as Delaney and Watkin (2009) for physiotherapy; Cohn, Schell and Crepacu (2010) for speech therapy; and Bulman and Schutz (2013) for nursing. Reflective practice encourages workers to stop and think about their practice—often using a particular experience from practice, taking into account what they both think and feel about it. The process includes making underlying and often unconscious assumptions and values explicit so that workers can look at these consciously and consider their implications for practice. The ‘critical’ element adds seeing practice in the context of the social system in which it operates,

looking, for example, at dominant social expectations about gender, age, disability, culture, sexual orientation, class and the influence of power. Critically reflective workers ask what assumptions they unwittingly make (influenced by personal and professional experience) that perpetuate stereotypes and inequities, and seek to change both their own and other people's assumptions and the structures they reflect.

Being critically reflective is an attitude to practice in general as well as more specifically doing critical reflection such as in supervision. Ideally, critical reflection permeates professional practice, influencing the stance taken to organisational life in general as well as to specific professional activities (Gardner, 2014). Critical reflection enables workers to look at their organisation more critically, to see issues of power and authority in a more complex way and to become more confident about seeking change. Research demonstrates that organisations can benefit from critically reflective workers in, for example, better staff morale; increased commitment to clients in a holistic and preventative way; openness to multiple perspectives and greater ability to work with difference; and improved practice (Fook, 2012, p. 186). Using critical reflection is explored more in Chapter 5.

PRINCIPLES FOR PRACTICE IN ORGANISATIONS

Following are suggested principles by which to manage these dilemmas and opportunities while working in an organisation (see Figure 1.2). These principles suggest a positive and engaged approach for how you perceive the organisation and your role in it. They do overlap to some degree, but I think each of them provides a way of focusing on a central aspect of good organisational practice.



Figure 1.2 Principles for practice in organisations—active and ethical engagement for a socially just practice

Active and ethical engagement for socially just practice

The exploration of issues for human service organisations described in this chapter can feel daunting. It's often hard to see how change is possible or how to assert your views when you want to resist unhelpful change. The temptation can be to assume that your voice will not be heard and to just 'do the job' to the best of your ability. This principle encourages maintaining your belief that your voice can be heard and that you have useful knowledge and experience to contribute, often based on your clients' voices and their form of experiential knowledge. *How* to do this is critical and it's important to be strategic and to think carefully about how to suggest change and what approach you might take. Integral to this is acting ethically and in ways that promote social justice. Ideas about strategies and approaches are explored in more detail in later chapters.

Working holistically

There are two aspects of this principle. The first is to maintain an awareness of the breadth of an issue or of the organisational role. You could think of this as keeping an overall sense of direction or vision for your practice or 'keeping your head above the water' so you can see where you are going. This would generally include the organisation's vision or overall hope for what might be achieved (see Chapter 2). Often this broader vision gets lost in everyday practice. It's helpful to ask every so often: what is it we are really trying to do here?

Second, working holistically means seeing each person or community as a whole being, including their physical, emotional, social, mental and spiritual selves. It is becoming clearer how intertwined these are, although organisations often focus on one or two. Mental health, for example, can often be connected to physical health and to environmental conditions as well as to spirituality. Indigenous people are often better than non-indigenous people at asserting the interconnections between all aspects of life, and between individuals, communities and the environment. McEwan and Tsey (2009, p. 4) describe a family well-being project run initially in Indigenous communities in northern Queensland where the 'program is based on the idea that all humans have basic physical, emotional, mental and spiritual needs and that denial of these needs will result in behavioural and emotional difficulties'. As Muller (2014, p. 90) says, 'There is a symbiotic relationship between country and its people ... Throughout this research, people talked about spirituality and the relationship and feelings they have with Country, feeling the life essence of Country'. Given that organisational funding can be overly focused on one aspect of a person's well-being, the challenge is to remember that you are engaging with the person as a whole even if you are concentrating on only one aspect of their lives.

Person-centred practice

Working with people holistically links to working from a person-centred approach: starting with the person, how they perceive their strengths, and what they want to work on and how. Putting the person (or community as client) at the centre also raises questions about how effectively the organisation is working: is the organisation's structure and way of operating actively aiding the person? Or does the structure make it more difficult for the individual or community to access services? This might be as simple as looking at forms people need to complete to access services. Are these in understandable, simple, jargon-free language? Have the questions been trialled to make sure? Is there a series of procedures people have to go through to access services? Do people need to access each program separately, so that they need to tell their story many times rather than just once?

Asking these kinds of questions leads then to what kinds of structures or approaches fit best with a person-centred approach. What kind of integration would work best at this point? Mitchell (2011, p. 209) says 'the key questions for practitioners and decision-makers include "does it work, where, for whom, when and to do what?"' Rather than thinking in existing silos, this principle suggests asking frequently: how else could we do this? Are there ways that we could work together more effectively? What combinations of organisations could come together here?

Seeking opportunities for person-centred practice also acts as a reminder to see other organisations positively rather than developing a 'them and us' attitude. This approach fosters appreciation of the reciprocity between worker and client and between workers: valuing what you learn from clients and seeing your work together as a mutual endeavour. Similarly, with colleagues you might look for ways in which your knowledge and skills are complementary and will benefit those you are working with.

Celebrating and advocating diversity

This follows on from person-centred practice as a specific reminder to value diversity in all its forms. Sometimes it's easier to value the more obvious forms of diversity, such as cultural differences, but harder to appreciate a colleague who has a different perspective or personality you find challenging. The word 'celebrating' is important here: it's not just about accepting diversity, but being actively positive about its value. Different perspectives within an organisation can encourage creativity, openness to new ideas and lateral thinking about how to manage or resolve issues and tensions.

Valuing creativity and innovation

Implicit in many of these principles is valuing creativity and openness to new ways to foster human flourishing, for clients, communities, practitioners and their organisations. This could be as simple as enabling yourself and others to 'think outside the square' and to dream of what could be in the hope of extending what possibilities there are.

Engaging with social context and history

One of the ways to maintain a broader understanding of the organisation and your role is to constantly ask about the influence of social context and history. The social context within which you operate—the community and society you and the organisation inhabit—will have its own values and beliefs, its preferred assumptions about how things should be and what should be done. This might vary from what is and isn't being funded in health care to how government migration policies are affecting community attitudes towards your clients.

Being critically reflective

I have made this a principle because being critically reflective is a way of engaging with organisations that encourages not only understanding more deeply what is happening for you as a worker and how this is influenced by the context, but also how to act on this understanding. Examples of how workers have been critically reflective appear frequently in the following chapters with one or two scenarios for critical reflection at the end of each chapter. Critical reflection can be thought of as a way of understanding and engaging with interconnections between:

- an experience (and it helps the process to use a specific experience)
- the emotions, thoughts, reactions and actions related to that experience
- meaning: what matters about the experience, including related assumptions and values at a fundamental level, and
- the influence of social context and history both individually and collectively with the expectation of the critically reflective process leading to socially just change (Gardner, 2014, p. 24).

SUMMARY

What's happening globally is likely to have an impact on what happens locally, on organisations, their practitioners and clients. This chapter suggests that practitioners need to be actively aware of the potential influences globally, nationally, regionally and locally on organisational practice. These interact with the current issues, dilemmas and related opportunities for organisations. Professional practice in organisations is affected by who provides funding and what expectations are linked to that funding, including a business rather than professional orientation, the pressures to minimise risk and manage the increasing complexity of clients, and organisational issues. Professionals are also seeing opportunities in greater varieties of funding, including social entrepreneurship, the use as well as the tensions of social media, and the increased expectation of holistic, integrated and person-centred practice. The chapter ends with some suggested principles for organisational practice that encourage holistic, creative, person-centred and critically reflective practice.

CRITICALLY REFLECTIVE PRACTICE

- In what ways are you aware of the influence of global change?
 - What changes are you aware of in the current climate that do or might affect human service organisations?
 - How do you react to the dilemmas and opportunities outlined in this chapter?
 - How might these apply to organisations that you know?
 - Think about your experience with a human service professional, either as a worker or as a client.
 - What was important to you about their approach?
 - What, if anything, would you have liked to be different?
-

FURTHER RESOURCES

Gardner, F. (2014) Practising critical reflection. In *Being Critically Reflective*. Houndmills: Palgrave Macmillan.

Lauren, B. (2013) *Critical Reflection*, www.youtube.com/watch?v=2A88TX9xsXo.

Smyth, P. (2014) *As Our Voluntary Sector Vanishes We Mustn't Just Wave it Goodbye*, <http://theconversation.com/as-our-voluntary-sector-vanishes-we-mustnt-just-wave-it-goodbye-30476>.

Sturgeon, D. (2010) 'Have a nice day': consumerism, compassion and health care. *British Journal of Nursing*, 19(16), 1047–1051.