Chapter 13 Leadership and Management Skills in Social Work

Trish Hafford-Letchfield

Chapter objectives

This chapter introduces you to:

- The roles of management and leadership in social work and their significance for providing quality and effective services.
- Theories and models of leadership and their relevance for social work.
- Your potential for leadership and followership and opportunities for developing your leadership qualities and skills during your social work training.

Introduction

This chapter explores concepts about management and leadership and their application to social work. Effective leadership and management are cited as the key to successfully ‘transforming services’ (Dougall et al., 2018) in UK government policy, and internationally.

We need to continuously review and improve the way we deliver care services despite very difficult challenging environments over time and in rapidly changing legal, economic, social and technological circumstances. Finding more effective ways of collaborating and responding to contemporary and sometimes intransigent social issues are needed. These unprecedented challenges and uncertainties have led policy makers and those responsible for commissioning, arranging and delivering services, to assert that good management and leadership are essential to achieving these transformations (Tafvelin et al., 2014). As a
metaphor, leadership is deeply embedded in policy discourse about care provision. This involves constant dynamic exchange of ideas and the willingness to learn and experiment with leadership models, styles and skills appropriate to managing the unique settings of care. Further, leadership capabilities should be developed at every level of the workforce as well as in the community (Hafford-Letchfield et al., 2014).

Why study leadership and management in your degree

During your training, your approach to social work will engage with practice which offers choice, flexibility, person-centred and innovative support to enable service users to access services in a seamless and empowering way (DHSC, 2014). Perhaps developing leadership and management skills wasn’t something you considered in social work, but being able to navigate through the complex structures, processes and culture of your own organization and its relationship with other providers and the communities they serve, will demand you be creative, resourceful at every level as you progress through your career. The framework for developing your practice in different contexts and organisations and your own professional leadership is described in Domains Eight and Nine of the Professional Capabilities Framework (BASW, 2018).

Leadership needs to address the sheer complexity and enormity of the world’s problems, especially injustices experienced by the world’s most impoverished, oppressed, and vulnerable people which can seem overwhelming and can result in pessimism, inertia, or compassion fatigue (Hawkins and Knox, 2014). International social work (IFSW, 2012) draws attention to the importance of learning about global patterns of social and economic
injustice and to understand the world beyond our own. These are concerned with rapidly
developing network of global communication, deepening interconnected economies,
expanding migration patterns, and globalization of social work extending across national
borders.

The idea of the social work leader goes back to 1986, when a social work academic (Brilliant,
1986) identified leadership as a missing ingredient in social work education. She noticed that
the roots of leadership naturally emerged from her social work students' passion for direct
practice. Brilliant found a resistance to taking up leadership roles because of ideological
constraints, a sense of powerlessness and a general lack of status in society. Poor
management practice leads to poor outcomes for service users (Laming, 2009). The case
study below illustrates how trust and belief in the systems involved were undermined and
raised uncomfortable questions about the responsibilities of management for the
effectiveness of frontline practice and the wellbeing of those they manage. Leadership, is
significantly associated with the operation of power and influence and some models are
privileged and preferred. This is why we need to examine leadership and management
critically and consider alternative and subjective viewpoints when we theorise about
leadership and its direct application to practice.

Case study – Poor leadership at Mid-Staffordshire

Sir Robert Francis’s (2013) enquiry into the failures in Mid-Staffordshire NHS hospital,
highlighted the lack of dignity and compassion in care stemming from ageism and the
dehumanisation of older people highly dependent on both staff and their managers. The
older people’s own narratives and those of people directly caring for them were dominated by the priorities of senior management. Francis highlighted that frontline staff need to be supported in seeking out patients’ needs and accounts, to actively listen and act on what they hear. This needs to happen at different levels in an organisation. Staff should be encouraged to be emotionally resilient and to create an environment where there is a positive emotional ‘tone’ for the delivery of care to enable individuals to feel comfortable about raising issues that concern them and to be able to do this visibly and purposely. All staff, managers, service or organisation must be responsive to the individual nature of people’s concerns.

(Francis, 2013)

**Activity 13.1**

Speaking up and out in an organisations when there is a dilemma, can be very challenging but is an essential leadership skill. Reflect on this case study and identify the structures and processes available in your practice learning setting which facilitate these. Examples might include; providing opportunities for service user/carer feedback, supervision, team meetings, participating in community forums.

This chapter examines these dynamics in the different contexts you will be navigating and interacting with, and gives examples of the underlying theories driving these. We explore the contested concept of ‘leadership’ in social work, and as leadership is frequently associated with ‘management’, we discuss their similarities and differences. Secondly, we consider the cultural and environmental context for leadership and discuss theories on
organisational culture in which leadership might thrive. Finally, we look at the vital role of service users in leadership practice. Recognising service users own leadership potential embodies the very essence of social work by reflecting an approach that is participative and informed, rights and value based (Hafford-Letchfield et al., 2014).

In summary, it is important to be mindful of leadership early within your educational journey to maximise the conditions for your own leadership development. Social work leadership is about unlocking potential, eroding inequality and being aware of how the appropriate use of power can transform working relationships and services (Hafford-Letchfield, 2014). This chapter concludes by encouraging you to reflect on your own leadership practice and to evaluate what you bring to it.

The concept of leadership in social work

Traditional language around leadership commonly refers to leading and being led, providing direction and guidance, and is associated with hierarchical structures (Bass, 1990). Leadership can also be about survival in competitive and progressive situations where single or small groups of specially gifted or positioned individuals lead through their moral, intellectual, interpersonal, material and political resources (Northouse, 2011). Typically, leadership styles in these situations might be described as ‘transformational’, ‘charismatic’ or ‘situational’ (Bass, 1990). People in leadership roles should be empowered by having sufficient room to manoeuvre or the authority to lead, alongside sufficient resources, time and support requiring effort or commitment from those being led which benefits everyone. Some of the leadership typologies emerging from the literature are summarized in table 2.
Table 2 Leadership typologies

<table>
<thead>
<tr>
<th>Approach</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Transactional</strong></td>
<td>Transactional leaders build on trait, behaviourist and contingency theories and pay attention to all the necessary and critical management functions, such as clarifying the roles and tasks and allocating work through the exchange of rewards and sanctions. They adhere to organisational policies, values and vision, are strong on planning, resource management and meeting schedules, but do not cope well with major change or managing the change process.</td>
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<tr>
<td><strong>Charismatic</strong></td>
<td>Charismatic leaders create the impetus for change and have a motivating effect upon others. They create a grand idealised vision and unify people towards that vision by fostering conditions of high trust.</td>
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<td><strong>Transformational</strong></td>
<td>Transformational leaders inspire change and innovation (the opposite of transactional leaders) because they deal mainly with abstract and intangible concepts like vision and change. Key attributes are; showing concern for others, approachability, integrity, charisma, intellectual ability and an ability to communicate, set direction and manage change.</td>
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(Hafford-Letchfield et al., 2009, p32)

Traditionally, the knowledge base in social work has derived from a range of social science subjects, applied eclectically to practice, which is also true of its leadership. Social theory informs our understanding of social problems, social policy enables us to define the role and
policy purpose of social work; and management and leadership provides an understanding of how the organisation, management and leadership of practice occur (Lawler and Bilson, 2010).

Many types of leadership activities in care settings are shaped by bureau-professional paradigms which stem from neoliberal policy and reform. Known as ‘new public management’ (Heffernan, 2006), the principles of marketization, competition and as a result, much outsourcing of care services, have imported business models and goal-oriented performance in social work. This is a globalised phenomenon with emphasis on constructing and evaluating measures to specify what social work actually does (Hafford-Letchfield, 2009). In recent decades, several crisis points following service failures, resulted in wider public engagement and debate on the very nature and role of social work in the context of these powerful external influences (Munro, 2011; Narey, 2014, Croisby-Appleby, 2014). Professional autonomy, such as the right to speak out, has been a casualty of the managerial revolution that has sought – on the basis of no real evidence – to portray social work as a ‘failing profession’ in need of reform (Lambley, 2011). These have not necessarily increased the efficiency and effectiveness of social work organisations and the conditions for practice (Munro, 2011), but led to more defensive practice (Lawlor and Bilson, 2010). Leadership roles therefore need to promote the softer values of human service organisations and systems change (Healey, 2002; Hafford-Letchfield et al., 2014). In response we are re-introducing more person-centred and community-based legislation and policies, such as the Care Act 2014. These attempt to move away from command and control or heroic leadership styles, towards fostering learning cultures that influence the

promotion of prevention and strengths-based practice (Kings Fund, 2011; Munro, 2011).

Adopting a dispersed or distributed leadership style should give people within the service and its providers the confidence to challenge poor practice. Distributed or participatory leadership is most akin to a collaborative approach to social work and seeks to share power and work in the most democratic way. Leadership is not associated with a specific position but is an attribute that arises in different individuals throughout the organisation. Distributed leadership focuses on leadership practice rather than roles. These leadership practices occur when those in authoritative and subordinate positions interact with each other (Hafford-Letchfield et al., 2014).

**Case study – participative leadership to develop LGBT inclusive care**

*A large provider of care homes for older people wanted to make their service accessible to the needs of older Lesbian, Gay, Bisexual and Transgender (LGBT) people. They know that training is important but is a short-term measure. They engaged LGBT members of the community to come in and discuss issues with their managers and staff. The LGBT community advisors visited the care homes and gave feedback on a regular basis over 6 months. This helped the care home to develop an action plan, some good relationships and a reputation for inclusiveness in the meantime.*

(Willis et al., 2018)

**Management in social work**
You may have recognised that there are strong links between leadership and management, often embodied in the term ‘leader-manager’ (Hafford-Letchfield, 2009) which:

….demands a mix of analytic and personal skills in order to set out a clear vision of the future and defining a strategy to get there. It requires communicating that to others and ensuring that the skills are assembled to achieve it. It also involves handling and balancing the conflicts of interests that will inevitably arise, both within the organisation and outside it where….. a wide variety of stakeholders will have a legitimate interest. (The Kings Fund, 2011, p. 12).

Given some of the challenges described so far, leaders require considerable management skills to marshal both human and technical resources to achieve the organisation’s goals, and ensuring the administration needed, is in place. However, there is a danger of over-emphasising technical knowledge, skills and dependency at the expense of the broader structural issues. Much of social work concerns discrimination, oppression and inequality within communities. Making sense of the complexity and conflict inherent in the management task to enable greater responsiveness, innovation and challenges in delivering improving services is a management task. Lawler (2005) talks about humanist or existential management, which reflects social work’s professional value base and includes strong personal and democratic elements. This may involve shifting the power and status of service users and carers from recipients of professional wisdom and judgements, to one of co-producers and co-providers of care (Needham and Carr, 2009). Supporting staff and stakeholders to engage in these changing relationships, need appropriate engagement and
negotiating skills and of course a leadership style that buffers professionals between politicians and service users.

Appreciative Inquiry theory (AI) – for creative leadership

*AI is an approach used in problem solving. It uses stories told within the system we work in to provide a creative and constant source of learning. There is an emphasis on questioning and drawing on the collective imagination and positive principles about how the future might guide the current behaviour of the organisation. The stages of AI are often abbreviated to the 4Ds; *discovering*, which enthuses feeling; *dreaming* which inspires imagination; *designing* which invokes innovatory concepts; and *delivering*, which commits to making things happen in practice. AI has gained currency in social work because it enhances morale where participants’ contribution is valued and focused on improving outcomes towards appreciative leadership.* (Bostock et al., 2005).

Social workers often ‘become’ managers without the benefits of formal training, and tend to adopt styles combining their professional expertise and practice know-how with technical knowledge and skills. They also need the capacity to identify and support organisational leadership, to manage change and to develop a healthy culture, a large part of which requires them to motivate employees to perform well in their jobs. Management skills may suit task-related issues, but motivation and organisational innovation require leadership. Some managers have learned to lead successfully based on their practice wisdom and personal experience through a practice-led approach (Sedan and Reynolds, 2003).

**Research summary: Developing management skills**

*Empirical studies of management in social work have demonstrated:*

- **The importance of having a vision, promoting values of the profession.** Motivating and stimulating employees, facilitating change and leadership was more inclusive and altruistic in social work than in different organisations (Hutchinson, 2000).

- **That time with the leader and support from co-workers enhanced the effect of transformational leadership,** essential to achieving change. Stability also enables social networks and friendships to develop between people and to enhance relational processes. Acting as a role-model involves demonstrating vision, inspiration and motivation for social workers to deal with the turbulence they may face in their day-to-day work (Taeflin et al.’s, 2014).

- **The application of skills involve; auditing and reflecting upon our current level of skills against relevant standards or frameworks for social work; an understanding of ‘what works’ – what effective practice looks like; accessing frameworks useful in carrying out responsibilities in that area (e.g. models of change management)** (Gallop and Hafford-Letchfield, 2014)

- **That opportunities to practice skills together with sufficient self-awareness and space for reflection on our performance with trusted feedback from others** (Hafford-Letchfield et al, 2014).

**Critiques of leadership and differences from management**

This review of leadership and management demonstrates the complexity involved in delivering services and why we need to give attention to how we want leadership to evolve
in social work and serve its unique circumstances. It is fair to say that leadership has been extensively used as rhetorical or discursive device. O’Reilly and Reed (2010) coined the term ‘leaderism’ (p. 971), used politically to justify or redefine any tensions emerging from managerialism in the care sector and as the solution for achieving successful performance management and association with ‘excellence’. This will only occur when underlying power relationships are identified, challenged and redirected.

Leadership needs followership. A difference between leadership and management is the ability of some people to get others to do things above and beyond rewarded effort, not purely dependent on sanctions, the use of power, authority and coercion. This is attributed to the followers’ expression of beliefs and emotions towards certain ideas or influence over them. This influence is the essence of leadership and draws on ‘emotional intelligence’ (Goleman, 1996) to develop excellence in work performance. Whilst these characteristics can be used negatively, socialized leaders are motivated by a sense of responsibility and knowledge of social structures to provide empathy and response to the emotion of others. Working in social care triggers stress and anxiety given the difficult and challenging situations faced. Goleman (1996) identified the ability to understand oneself and others, including competence in self-awareness, self-control, empathy, listening, conflict resolution and cooperation, as characteristics of someone who is emotionally intelligent. Emotional intelligence helps us to cooperate and work together within highly emotional interpersonal relationships to achieve better conditions for change. O’Reilly and Reed recognised this passion for a common goal between leaders and those being led or managed as a core function of authentic leadership. Ford and Lawler (2007) similarly stress the conflation of
management and leadership in blurring the relational aspects of leadership and how this might develop beyond the confines of management relationships. They highlight the importance of existentialist and social constructionist thinking into the leadership debate. These forefront ongoing and relational acts between people to enable more meaningful and constructive ways for leaders and followers to relate and work together and encompass new forms of intellectual and emotional meaning (p. 415).

Activity 13.2

Based on what you have read so far, think about the evidence of management and leadership in your own practice experience. What positive and negative role models have you noticed?

You may reflect on levels of trust within your team, the clarity of communication and how clear people’s roles are on a day-to-day basis?

Finally, what structures are in place for consultation and encouraging people’s ideas and how is conflict managed and supported?

The cultural context for leadership and organisational theories

So far we have signposted how leaders and managers think about the organisational culture, the nature of their services and some of the external and internal factors that influence how leadership is fostered, developed and supported.
Every organisation has four cultures; the one that is written down, the one that most people believe exists; the one that people wished existed and finally, the one that the organisation really needs. (NHS Chief Executive, cited in DoH, 2005, p. 1).

Organisational theorists associate strong unified cultures with commercial success in relation to quality and performance. Many aspects of culture are intangible and difficult to see. Cultures may be multidimensional, concerned with traditions, shared beliefs and expectations of organisational life such as, ways in which people interact and perform. These are all powerful determinants of individual and group behaviour. Some negative aspects of culture result in communication failure resulting in mistakes, challenges and serious incidents as seen in our first case study.

Whether culture can be manipulated or engineered to reflect an organisation’s value system, remains contested. Systems theory is a useful paradigm, for thinking about the interdependency of organisations through its alliances and partnerships. Visible features of healthy cultures for social workers may involve peer support and relationships with service users. Put simply, culture is learned, shared and transmitted through a combination of assumptions, values, symbols, languages and behaviours that manifest as the organisation’s norms and values (Hafford-Letchfield, 2009). Although there may be several sub-cultures flourishing, the cultural network is the primary informal means of communication. French and Bell (1995) likened this network to an iceberg. What you see above the surface constitutes the formal organisation, structure, spans of control, rules and procedures and job-descriptions. Below the surface however, lies the informal and invisible organisation
made up of grapevines, informal leaders, group norms and sentiments, emotional feelings, needs and relationships. Therefore cultivating a leadership styles to shape organisational culture should model sound philosophy, vision and management styles where staff feel valued and rewarded (Hafford-Letchfield, 2014).

Research summary: Sub-cultures in complex organisations

Scott et al. (2003) identified three types of sub-cultures and their organisational functionality.

- **Enhancing cultures**: representing an organisational enclave in which members hold core values more fervent or amplified than the dominant culture, e.g. specialist, expert teams and centers of excellence.

- **Orthogonal cultures**: an enclave that tacitly accepts the dominant culture of the organisation while simultaneously espousing its own professional values, e.g. clinicians within an integrated service who prioritise their own professional knowledge.

- **Counter cultures**: an enclave espousing values that directly challenge the dominant culture, e.g. resistance by specialists or disciplines to broader management diktats or the limitations of professional freedom as a result of overzealous management

Service users and leadership practice

It is inconceivable to imagine that leadership can evolve without the active participation of service users. The challenge is to use a variety of organisational and strategic frameworks to embed user and carer participation, both formally and informally into the fabric of practice.

Wright et al. (2006, p. 8) define participation as service users involvement in decisions about their own lives, as well as collective involvement in matters which affect them. This requires a culture of listening which enables users to influence both decision about the services they receive as individuals on a day-to-day basis, and how services are developed and delivered for all. Participation is not an isolated activity, but a process by which users are empowered and supported to influence change within an organisation and by directly leading in policy and service development. It is not judged on any hierarchy and should offer different levels of participation for different groups of users and at different stages of policy and service development.

**Research case study**

A national study looked at mental health service user’s experiences of targeted violence and hostility and how these were aligned with adult safeguarding practice. The team was led by service users who co-designed the study with academics and practitioners. They were trained to conduct research interviews with service users, to analyse the data and make recommendations. People interviewed reported that they found it much easier to speak with people with direct experience of mental health leading to much richer and deeper understanding of the issues. (Carr et al., 2019)

**Conclusion**

This chapter explored concepts of management and leadership and encouraged you to think about how these are relevant to all people working in social work and social care and
engage them in developing their effectiveness at a personal, team/organisational level and in the wider system through their local communities and beyond. Taking up a leadership role should enable you to constantly reflect on your core motivations, values and ethics for social work and how these impact on your approach to the role and the quality of the work that you do. Leadership and management are not tied to hierarchical roles but as demonstrated in the theories and examples given, are clearly embedded in everything we do. Despite these findings, we do not yet have a systematic and purposeful evaluation of leadership models and their applicability to social work research and practice (Colby-Peters, 2018). Analysis of leadership theory involves making links between social work theory and practice to establish a strong foundation for a leadership model and definition that advances the mission, values and goals of social work practice and research.

In developing your own potential for leadership and followership qualities and skills during your training as a social worker, you can start by observing and paying attention to those in management and leadership roles in your placements. Through your learning and practice, you can make an active contribution to developing, implementing and evaluating the conditions and tools required and support those leading services through the behaviours required. Hopefully this chapter has provided food for thought about the different roles that leadership plays, how you might maximize your effectiveness in your practice and most importantly, take those subject to the systems and impact of care services with you, in the most participatory way.

**Key points summary**
Leadership and followership are interrelated, their roles and processes can be embedded in everything we do in social work and not tied to any particular role or position.

The best way of leading is to be aware of our values and ethics and how these inform the way in which we relate to people and how they relate to us. Being thoughtful, aware and attentive can help us embed the principles of leadership as we learn to develop our practice.

We should take a critical approach when we talk about leadership in social work. Leadership and management can be used as rhetorical devices to steer us away from being transparent and authentic in our day-to-day practice particularly in challenging and difficult social and economic environments. Good leaders will encourage reflection, open dialogue and enable realistic and difficult conversations to be had as well as the motivational ones.

Start thinking about leadership early in your social work career and use yourself as an example to develop leadership potential.

**Pointers to further reading**


References


experiences of targeted violence and abuse in the context of adult safeguarding in England.


