

The Governance of Specialist Care: a question of Ethics?

by Philip Boxer BSc MBA PhD

Abstract

This paper describes a two-year intervention within an organization providing residential care for men and women with mental health disabilities. This intervention, in support of the CEO and senior management team, took place during the mid-90's when the UK Government was engaged in de-institutionalisation, making the transition to Community Care and instituting internal market reforms. The intervention itself was concerned with supporting innovations in the way the work of the organization supported the lives of its residents. These innovations were necessary to the continuing viability of the organisation as a specialist care organisation.

The paper is written from the perspective of 20 years later, making it possible to contrast the hopes and aspirations of both the consultants and the client at the time of the intervention with what actually happened to the organisation subsequently. The paper describes the way the authorisation of the consultants was drawn from the consulting approach. It describes the orthogonality that this demanded of the consultants, through which underlying dilemmas could be surfaced about the nature of the client system's work. Three issues emerged from the intervention that are addressed by the paper: firstly, the nature and complexity of the client system in its networked environment and the extent of the innovation that this demanded (Trist 1977); secondly, the nature of the consulting approach involved in responding to this demand; and thirdly, the implications this approach had for the governance of the client system (Hoggett 2006).

From the perspective of 20 years later, it is not a surprise that the social defences against anxiety won out over the desire for innovation (Long 2006). This gives rise to a fourth issue however: what change in the relationship to the unconscious was being expected of the governance of the client system, what kind of courage did this demand, and what were the unconscious dynamics underlying the Trustees' refusal to innovate (Boxer 2013c)? The paper concludes by considering the nature of orthogonality and the change in the relationship to the unconscious that this demanded of the governance of the client system, a change that involved an ethics that could move from 'defending against anxiety' to 'being true to desire' (Lacan 1992 [1959-1960]; Lacan 2014[2004]). The paper concludes by considering the implications these ethics have for a different kind of group relations experience that can explore the existential impact of such changes, so necessary in networked environments.

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Introduction

This paper describes my consultancy to a British not-for-profit organization, which I shall call the Specialist Care Organization (SCO). SCO was set up to manage the transition out of the public sector of seventeen managed houses. These houses provided accommodation and care for adult men and women who had severe learning disabilities, were chronically mentally ill, or who were elderly and mentally infirm. The letter in Appendix I conveys a sense of the issues facing the management of these houses. The consultancy arose out of prior consultations between Barry Palmer (Palmer 2000; Palmer 2002) and the Chief Executive of SCO. During the course of this consultancy, Barry also undertook supporting interventions with sub-systems of SCO. The primary intervention was carried out between May 1994 and March 1996, subsequent work being done in 1999. Appendix II contains a letter written by the Chief Executive of SCO in 1997, conveying something of how he experienced it.

From the perspective of 20 years later, the intervention failed. This paper explores the possible root causes of this failure. At one level it is possible to say that the organization had institutionalized social defences that the intervention was unable to overcome (Long 2006). This takes account neither of the extent of the changes that did occur, nor of the ultimate role of the Trustees in negating those changes. It comes closer to say that the Trustees embodied an ambivalence toward their proper role with respect to the changes (Hoggett 2006) – an ambivalence concerning the way in which the current form of the organization itself served a role of containing social anxieties with respect to its local communities (Hoggett 2013). Such an analysis assumes, however, that there is a *necessarily* contested purpose with public organisations arising from their having interpreted the need to act impartially as pitting the universal rule against the particular situation (Hoggett 2006) p178. The SCO intervention proved that this was not necessarily so, a conclusion later confirmed by interventions elsewhere in the UK's National Health Service (Boxer 2012).¹ The paper concludes that such ambivalence conceals a deeper question of ethics.

The client system and the challenge of the intervention

SCO was an organization that was, as its name implies, set up jointly by the local Health Authority and the local social services department, to manage the transition of the seventeen houses into the not-for-profit sector, and to provide professional oversight of staff who were initially still employed by the Health Authority. The CEO had been appointed as Acting Chief Executive after less than a year with SCO, after his predecessor had been abruptly suspended and then dismissed. The CEO had no previous management experience, having started life as a mental health nurse and subsequently worked as an internal consultant within a Health Authority, during which time he had met and entered into a series of consultations with Barry Palmer, which continued into his time with SCO.

The CEO inherited a tangle of problems, which included the whole problematic of Community Care, its funding, and its relationship to both the Local Authority and the Health

¹ Managing necessary redundancy in capabilities at the level of an ecosystem, which depended on there being composition and alignment processes defined independently of the component services they used, generated savings of between 30-50% in the total cost of the ecosystem.

Authority. 'Community Care' was the whole process of de-institutionalization put into law by the National Health Service and Community Care Act 1990, which introduced an internal market. This process made the state an 'enabler' rather than a supplier. The demise of the previous Chief Executive was symptomatic of this tangle in some way, even though the suspension and dismissal was explained as resulting from a lack of performance in the job. From the perspective of 20 years later, it was perhaps symptomatic of the ambivalence of the Trustees toward their role.

In the first months of his appointment the CEO not only used the consultations with Barry Palmer to examine these problems, but also to articulate his concern for the residents of the service for which he was responsible. He imagined one of them on their deathbed, looking back over their life and asking 'What the f*** was that all about?'. The question of the good of the resident was thus explicit in the CEO's leadership from the beginning.

The challenge of the intervention was that the CEO needed a strategy for the development of the organization and services of SCO as a totality. This challenge had two aspects: firstly establishing processes whereby the organization could address the good of its residents one-by-one; and secondly, doing this in a way that was also economically viable. At Barry's suggestion, the CEO engaged me as consultant. Our eventual conclusion was that both challenges could be met, but only if SCO operated as part of a larger ecosystem providing care services .

Key events in the intervention

The initial process of the intervention started in May 1994, and ended formally in March 1996, although informal contact continued. It involved a number of phases of work, punctuated by what appeared in retrospect as key moments. These phases are described in more detail in Appendix III:

- The initial process of engagement (May to August 1994) involving interviews and workshops, and during which a number of critical dilemmas were identified.
- Tackling the basics (September 1994 to March 1995). This phase culminated in the CEO's confirmation as Director by the Trustees. A number of issues were taken up during the course of this phase – IT systems, Quality Assurance Guarantees, the role of House Managers, activity-based costing and the constitution under which governance processes were defined.
- Beginning to develop a third level of Quality Assurance Guarantee (QAG III), culminating in a re-organization. (May to October 1995). During this phase 'horizontal' concepts of organisation were developed (the 'green' routes in Appendix IV), and the ethic of the intervention and the role of 'the clinic' at the heart of SCO's work were examined.
- Working with orthogonality (November 1995 to March 1996). During this phase the use of orthogonal process emerged in the Houses.

During the remainder of 1996 and into 1997, a number of financial and operational issues had to be addressed culminating in a business plan being agreed with the Trustees for 1997 to 2000. At the heart of this plan was agreement that SCO should develop as a demand-led service.

Subsequent Developments

The issues surrounding this demand-led approach came to a head in 1998 on the day that there was the transfer of undertakings along with the transfer of staff from the Health Authority. The CEO initiated a police investigation of misconduct in one of SCO's houses concerning potential abuse of residents by staff. The investigation proved nothing but nevertheless underscored SCO's determination to adopt a demand-led approach, taking the form of a Handbook for House Managers which became agreed policy by the end of that year.

Concurrent with this, the expected changes in the way the Government commissioned Community Care began to impact on SCO, residents being expected to become more actively involved in defining their own care needs rather than being defined by the houses providing the services. The result was a need to establish a new business plan going forward based on policies appropriate to the new environment.

This involved facing up to the 'crunch' of how to secure long term viability in an environment in which there was increasing variation in the services needed by residents. During this phase (May 1999 to November 2000), there was an examination of SCO's competitive environment and of its governance. A proposed plan was put forward at the end of this period based on three business units oriented to the emerging commissioner demands. This changed organisation was needed both to reduce the cost base in the new environment and to deliver on becoming a demand-led service.

Things unravel

At this point, the Trustees embargoed any further use of external consultants, and asked for a detailed business case for the proposed new structure. This was delivered in January 2001.

- Not long after this, the heads of Human Resources and Finance left, followed shortly after by the CEO's resignation.
- In 2002, SCO was subsumed within a charity of which SCO's Trustee Chairperson had been a Director since 1991.
- This charity was then taken over by another care service provider in 2005, within which some of SCO's houses continued to provide residential care.

It was in the economic logic of following a demand-led approach that the CEO ultimately encountered the limiting constraint on the change process itself. By 2000, the business planning process had shown that the old way of running SCO was no longer viable, as a result of the changes taking place in Government commissioning. If it was to move to a demand-led way of running, however, it had to increase the scale at which it was operating, not only taking it well beyond its original geographic scope as a service, but also having to collaborate with other care services as part of an ecosystem (Iansiti and Levien 2004).

There was an opportunity to do this by merger, facing the Trustees with a whole new set of challenges that up until then had been contained by the CEO and senior staff. This opportunity was declined. The alternative, in order for SCO to remain viable at its current scale of operations, was to reduce the size of its senior management team (SMT). The consequences of this were that the Directors of Finance (DoF) and of Human Resources had to take redundancy.

The catalyst for the end of the CEO's time in his role was a meeting in one of the services for elderly people with serious mental health problems. The meeting was with the Trustees and the CEO's SMT, to talk about plans to change SCO's governance along the lines of the business plan towards having three business units. During the meeting, the Chairperson challenged the DoF in a way that the CEO felt unacceptable in the presence of staff. The CEO confronted the Chairperson and proceeded to have a row in front of the SMT and staff. Other Trustees became involved, but neither the Chairperson nor the CEO were prepared to back down and the CEO tendered his resignation.

The row occurred in the context of uncertainty about the difficult transitions in the economics of the service. In effect, the choice was between following the residents by uncoupling the buildings (of which SCO had many) from the services to its residents, or falling back on providing buildings with services. The Trustees had chosen the latter.

Was this a reflection of the Trustees ambivalence concerning the role of SCO? Were the Trustees choosing SCO's role as a container of social anxiety over that of caring for its residents? In order to consider this question, we need to look more closely at the process of engagement, the characteristics of the role taken up by the consultants and the nature of the CEO's authorisation by the Trustees that this consulting role assumed.

The process of engagement

In the initial workshops, I worked with the senior staff to articulate critical dilemmas that they encountered in managing SCO. The origins of this approach lay with the Milan method and the epistemology with which it worked (Cronen and Pearce 1985). A dilemma is a strange loop with the characteristics of a 'moebius strip'², directly affecting strategic behaviour (Hampden-Turner 1990), and which can be elaborated in terms of an impossibility around which behaviour oscillates.

The dilemmas facing senior staff were formulated in terms of two mutually exclusive propositions which offered alternative resolutions to the situation in which the dilemma was encountered. A proposition could be an explicit ideal or policy but could also be undeclared and implicit (Argyris and Schon 1978). Staff were said to be caught in a dilemma when they found that acting upon either proposition made them vulnerable to contravening the other. The value of this type of analysis was that it provided a framework within which senior staff could discuss their acutest worries, opening up impossibilities or gaps in the way SCO was currently operating.

The initial workshops identified the following dilemmas that captured something of the difficulties faced by the senior staff:

² The moebius strip has the topological property of having only one side, so that a line traced along the surface of the strip returns to the same place it started from. Its relevance is as a metaphor for the way working on one side of a dilemma flips to the other side seamlessly, producing the oscillation.

Table 1: critical dilemmas identified by senior staff

Proposition on one side		Proposition on the other side
'We are crisis managers of a process of transferring staff into the not-for-profit/Third sector' (our history)	<i>versus</i>	'We are managers of an organization delivering particular kinds of care into the community' (our future)
'We are running a room-centred service' (health service culture)	<i>versus</i>	'We aspire to run a person-centred service' (local authority culture)
'We manage through exercising control'	<i>versus</i>	'We manage through creating collaboration'
'We are managing assets'	<i>versus</i>	'We are managing care'
'We are driven by the demands of complying with regulations'	<i>versus</i>	'We are driven by the real needs of residents'
'We will bring about gradual change'	<i>versus</i>	'We will bring about step changes'
'We are going for 'cover' within the local [community care] cartel'	<i>versus</i>	'We are aiming for independence and autonomy as an organization'

Surfacing these dilemmas, and the feelings surrounding them, enabled senior staff to identify the position SCO habitually took, whether implicitly or explicitly. This laid the foundations for considering how they could develop new ways of working together that would be better able to 'hold' these dilemmas.

How could the dilemmas be held?

The second workshop pursued the question of how these dilemmas could be held. It closely examined the technologies of care, work group processes and formal organization of SCO from the point of view of one of the houses. This analysis led to the formulation of two alternative architectures for the governance of SCO, which were referred to colloquially as the 'red route' and the 'green route' (See Appendix IV).

The 'red route' reflected the existing governance system and was dominated by the vertical axis of accountability, in which the house managers were subordinated to the center-based functions. The 'green route' represented an alternative to this approach and was dominated by the horizontal axis defined by the services provided by the House Managers to their residents, in which the House Managers had direct access to the Chief Executive and the centre-based functions were there to provide services in support of the House Managers. The potential benefits of this 'green route' were established by the activity-based costing, which showed how services could be provided more economically if they were aligned dynamically to the needs of residents rather than being treated as the overheads of a static organisation.

This second workshop led to a commitment on the part of the senior staff to move towards a 'green route' approach to governance, in which the interests of the horizontal axis could become dominant. This was felt to be necessary if the needs of the residents were to be given priority in the design of services. This in turn led to the development of Quality Assurance Guarantees.

Quality Assurance Guarantees

The senior management team agreed, in the light of the Community Care Act, that the essential purpose of SCO had to be to help the residents migrate through the care regimes it provided towards the greatest possible autonomy. One of the first issues to be tackled, therefore, if the change was to be sustainable, was that of the standards of performance required of the different parts of SCO in support of this migration. Quality Assurance Guarantees (QAGs) were evolved as a way of giving practical form to these standards. They provided a means of measuring how far the different parts of SCO were able to go in supporting the migration of its residents towards the greatest possible autonomy.

A QAG was a promise or commitment by one part of the organization to another, to deliver its services in a specified way and to standards (of speed, accuracy, etc) agreed with the recipient (Hart 1995). Four levels of QAG were identified by SCO, to be fleshed out and introduced over a period of time (for an enlargement on these, see Appendix V):

1. QAG I between SCO and Government involving conformance by SCO to contractual specification.
2. QAG II between the Centre and the Houses involving fitness for the Houses' purposes.
3. QAG III between the Houses and their residents in providing what the resident thinks s/he wants.
4. QAG IV between residents and their communities, adding value in practice to the resident's life over time.

These four QAGs were based on making two kinds of distinction:

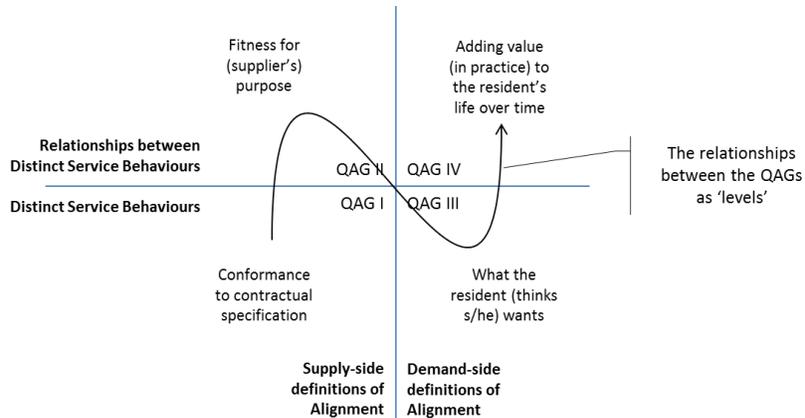


Figure 1: The Quality Assurance Guarantees and the relationships between them

- first, between distinct service behaviours and the relationships between them, and
- second, between supply-side and demand-side definitions of these relationships, the latter being in terms of how behaviours were to be dynamically aligned to the needs of residents.

A key insight was that QAG II supply-side behaviours by a supplier became QAG III component behaviours that were the building blocks of alignment on the demand-side. This would later raise a key issue for SCO about how its QAG I and QAG II services should be defined, as stand-alone services for the residents or as filling gaps in the ability of the larger ecosystem to provide

services. The development of SCO's ability to sustain this progression of QAGs became a core concern of the CEO and senior management. Quoting the CEO:

In the transfer of staff and gearing up for market change, the risk had been to lose sight of the purpose: to migrate people closer and closer to their communities or to live through to the end of their lives in a way that respected who they had been. I think there was a struggle a few years ago when staff collectively attempted, albeit unconsciously, to keep their frames of reference intact. They had already had to move from the hospital to the community. A second move into SCO must have felt like a move too far.

Behind this human struggle there was another one going on. Patients had moved into community based housing. But such was the preoccupation with staff anxiety that it was difficult to engage with the resident's experience. Simply working with staff anxiety and thinking this would change resident experience was a belief rather than an observable reality.

The role of the consultant

For SCO, the critical factor determining what it was possible to do was not its formal organization or constitution, though these had limitations. Nor was it the defences which the staff had developed to contain the anxieties of the work, though it was possible to articulate the organization as such.

The critical factor was the assumptions built into SCO's discursive and non-discursive practices (Foucault 1972; Argyris and Schon 1974; Dreyfus and Rabinow 1983): these assumptions underlay the way management and staff conducted their conversations and evoked the 'realities' with which they had to deal. Staff had invested themselves in these assumptions to the extent that SCO's task structures acted as a support to their personal identities. Barry's letter (Appendix I) was a glimpse of how difficult it was for staff to introduce new distinctions amongst these assumptions in any working through of the way staff understood the mostly non-verbal communications of their residents.

The approach developed was to form the basis of a reflexive way of working (Boxer and Eigen 2005), and was based on taking up an orthogonal relation (Boxer and Palmer 1994), the relation of being in a workgroup while not being part of it, both inside and outside at the same time, called upon by each member to prevent it from getting bogged down in non-work problems. This approach demanded that the consultant never spoke from a position identified with the interests of SCO as a whole. CEO: "...this is the 'orthogonal' relation that he talks about. And that's where I want him, to be quite honest, otherwise I'm not learning, just getting stuck in dependency, and that's not why I'm doing this job". (For more on the approach taken to the CEO's assumptions, see Appendix VI)

Taking up an orthogonal relation

A distinction is made in Figure 2 between the forward movement through time of speaking, and the retroactive movement inherent in listening to what-is-being-said (Lacan 2006[1966]b). In effect, listening imposes punctuation on the chain of speaking:

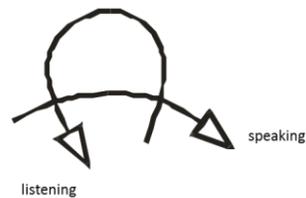


Figure 2: speaking-and-listening

Reduced to its barest minimum, this listening can be said to have the structure of a metaphoric act, in which the listener ‘superimposes’ meaning on what-is-being-said. In contrast, the speaking has the characteristics of metonymy relative to the listener, insofar as it is always taking the listener outside and beyond the meanings previously constructed (Boxer 1999). The assumptions implicit in SCO’s existing discursive practices privileged particular ways of listening, and the aim of taking up an orthogonal relation was to emphasise the metonymic over the metaphoric through pursuing the questions of demand on SCO through the articulation of the needs of SCO’s residents.

In emphasizing the metonymic, not everything that was said was made sense of by a particular way of listening. The listener then experienced two kinds of ‘gap’ in the process of listening. The experience of these gaps is a way of understanding the listener’s relationship to desire (Lacan 2006[1966]b), in this case the desire of staff with respect to the residents:

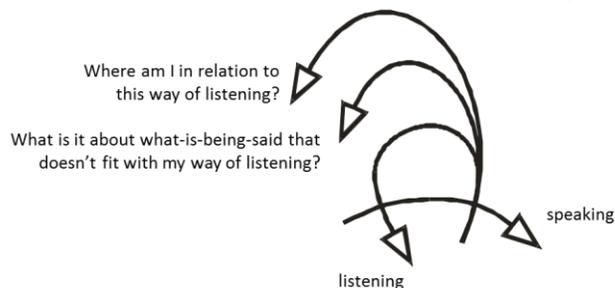


Figure 3: orthogonality as ‘minding the gaps’

- Gap 1: What is it about what-is-being-said that doesn’t fit with my way of listening?
- Gap 2: Where am I in relation to this way of listening?

An orthogonal relation to the way a workgroup is making sense is one in which the listener is not identified with a particular way of listening, but instead focused on ‘minding the gaps’. The use of this approach, focused on gap 1 and starting from the identification of dilemmas facing staff, enabled the assumptions implicit in SCO’s practices to be surfaced. By privileging the differentiation of behaviours in relation to the differing demands of its residents metonymic effects were produced on SCO’s particular ways of listening (Eigen and Boxer 2009). It was this work that led to the need to distinguish the ‘red’ (vertical) and ‘green’ (horizontal) routes.

It was the focus on gap 2, however, that led initially to separating out the different Quality Assurance Guarantees, which spoke to the CEO’s desire to give prime importance to pursuing the good of the resident, and eventually to a questioning of SCO’s existing system of governance. Minding gap 2, which asked “where am ‘I’ in relation to this way of listening, directly questioned the way the listener’s interests were invested in current ways of organising things.

Orthogonality as questioning the way interests are invested

The issue of how interests were invested differently first emerged in the relationship between the CEO, Barry and myself. In October 1995, the CEO had asked Barry Palmer to consult to one of the houses. Barry was too busy to do it himself and his first reaction was to propose that another consultant should be introduced.

In his earlier consultations, Barry had been modeling the process of holding an orthogonal relation to a group's working with dilemmas. When he looked back at the interviews with the house managers and the later conversations with house staff, he could see/hear himself doing something which most other people would probably not do. This was hard to characterize, but had to do with listening not only to people's articulate views and feelings, but also for *how* they listened to the residents (Boxer and Eigen 2005). So he was constructing an account of what they (seemed to) know about the residents and what the residents wanted, even though they did not know that they knew this. Barry had been fulfilling a crucial orthogonal role in the houses by articulating what-they-did-not-know-they-knew about what was implicitly authorised in how dilemmas were held.

In discussion with the CEO and myself, it became apparent that this orthogonal questioning of what was implicitly authorised by current ways of listening would be lost if SCO used someone who was unused to this kind of reflexive process. It was therefore agreed that the ability to take up this way of working should instead be internalized by SCO.

The importance of this role had been triggered by interviews with the CEO concerning his experience of the intervention (Du Ry 1995) in which Barry's role had remained all but invisible. This invisibility was linked to the way Barry had been keeping confidential his one-to-one consultations with the CEO that predated my intervention, and which had been continuing in parallel with my own interventions. Barry came to see himself as caught in his own dilemma that he identified in this way:

"How was I to talk to Philip about issues which the CEO and I had discussed which I thought were relevant to the consultancy to SCO without destroying the sessions between the CEO and me as a space in which the CEO could feel free to articulate any aspect of his experience of acting as Chief Executive in SCO? Or conversely, how could I provide the CEO with spaces in which he could feel free to talk about any aspect of his experience of acting as Chief Executive in SCO without destroying the collaboration between Philip and me in providing consultancy to SCO?"

Implicit in this dilemma was the question of the CEO's own authorisation and mandate to lead change within the organization. The CEO had been treating his sessions with Barry as a kind of 'safe haven' from the challenges that his work in SCO were facing him with. At the same time, Barry was acknowledging the importance of the orthogonality inherent in his interviewing role.

By extending the principle of orthogonality to his prior role with the CEO, the implications of the 'safe haven' and the problematic basis of the CEO's authorisation to act as Chief Executive became an explicit part of the overall intervention. Up to that point, the intervention had proceeded as if the Trustees were equally committed to pursuing the demand-led approach expected of them by Government policies.

The CEO’s authorisation

When the CEO took over, the way SCO was organized was similar to that of many such organizations in the public and voluntary sectors in Britain. The consultancy was to help the CEO consider changes that would enable the senior staff to develop strategies and working practices that could respond to the new environment of Community Care in which residents were to be responded to one-by-one. The challenge was to do this in a way that was sustainable in the long term.

In order to understand what type of challenge this was, four different aspects were considered (see Appendix VII for more on these). These were challenges, arising from the new environment, to the assumptions currently built into SCO’s discursive and non-discursive practices. These were like challenges to the normal assumptions of a paradigm of top-down management (Kuhn 1962), which SCO’s existing governance processes kept in place:

Table 2: SCO’s governance and the challenges it faced

Aspect of Governance	Challenge
i Vertical accountability to SCO’s Trustees, to Local and Health Authorities and to the Government.	the multiple models from ‘above’ about what SCO should be doing for its residents,
ii Practical support in holding unresolvable dilemmas.	the practical support that SCO was going to provide given the nature of its funding.
iii Demand - what did the resident want?	the dilemmas that SCO faced in achieving its ultimate goal of becoming demand-led in a way that related to the needs of each resident one-by-one,
iv Role expectations of the performance of the parts of the organization.	how would staff know that they were ‘succeeding’ insofar as they responded to what the residents wanted

The orthogonal process for questioning these aspects of SCO’s governance was needed because most of the assumptions were ‘in the woodwork’ and not explicit. What emerged as a result was a consideration of how governance could enable SCO to become more responsive to what residents wanted. This process produced Barry’s letter (Appendix I), in which the first question had a particular force in SCO, given that residents were severely limited in their capacity to articulate demands on their own. As this process was internalized by SCO during the following years, a framework began to emerge for understanding how governance was crucial to SCO achieving its goal of becoming demand-led.

The emergent framework

The ‘framework’ within which governance came to be understood was based on the distinction between *primary task* and *primary risk* within a *domain or relevance* defined by the needs of the residents (See figure 4). This schema provided a way of distinguishing the different forms of governance implied by the vertical ‘red route’ and the horizontal ‘green route’. The balance between these two routes depended on the extent to which SCO’s behaviours in relation to its residents needed to become increasingly differentiated, and the extent to which this

differentiation needed to be dynamic. The policy of Community Care, focused on individuals' needs, was clearly driving SCO in the direction of increasingly differentiated behaviours (see Appendix VIII). Those differentiated behaviours then needed to be dynamically aligned to the changing situations of SCO's residents as they migrated towards more independent living (See Appendix IX).

This dynamic alignment meant that planning could no longer be done in terms of average customers – the universalist approach of public services to providing for the average. Instead, planning had to become an integral part of how each relationship was managed. For example, when local authority cuts led to the closure of day centres in the borough, too restrictive assumptions made by house managers meant that it was difficult for them to imagine any other way of occupying many residents during the day. The orthogonal process used by the staff within SCO's houses enabled them to think through the obstacles to managing primary risk in order to create new options (Boxer 2014).

The domain of relevant behaviours by SCO was still defined by the nature of its residents' needs, but the governance of SCO had to be able to hold a balance between the vertical and horizontal dimensions of task and risk. This tension could be described in terms of the relationships between four quadrants (Boxer 2013a) corresponding to the four types of QAG in Figure 1:

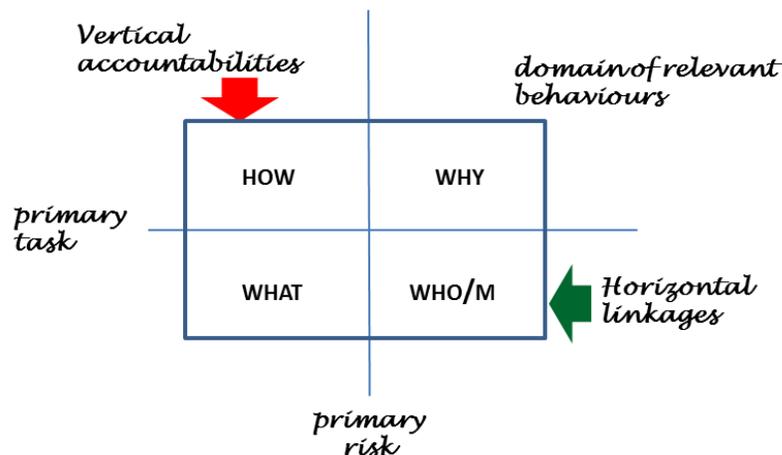


Figure 4: Primary Task, Primary Risk and Domain of Relevance

- The WHY:** SCO's place within the larger ecosystem of individuals and organizations
- The WHO/M:** who SCO was being for the residents within the contexts in which residents' needs arose.
- The WHAT:** the underlying repertoire of behaviours of which SCO was capable of making available to residents
- The HOW:** the forms of know-how available to staff for aligning available behaviours to residents' demands.

Thus the question about the needs of the residents in terms of what they wanted from life came from the 'WHY' quadrant ('What the f*** was that all about?'), the context in which the actual demand of a resident at any moment arose for SCO in the 'WHO/M' quadrant, these two quadrants demanding QAG III and QAG IV responses from SCO (i.e. the 'green' route). This

contrasted with the ‘old’ way of running houses solely in terms of responses from the QAG I ‘WHAT’ quadrant and QAG II ‘HOW’ quadrant as defined for the average resident by the ‘red route’, thus ignoring the particular nature of the ‘WHO/M’ and ‘WHY’ quadrants.

The demand for courage

The orthogonal approach was, therefore, primarily about privileging horizontal linkages over vertical accountabilities, the main points of difference being summarised as follows:

Table 3: Comparing Centre-driven and Edge-driven approaches

	Vertical accountabilities dominant	Horizontal linkages dominant
Purpose	‘Working through’ anxiety in terms of personal valencies	Engagement with ‘gaps’ giving rise to anxiety
Object	Anxiety in taking up roles within the Client System	Demands at the ‘edges’ of the Client System
Method	By Interpreting relation to personal experience and history	By Problematizing relation to demand through examining dilemmas
Focus	Relation to existing governance assumptions	Orthogonal processes developing ways of ‘holding’ dilemmas

Thus, with vertical accountabilities dominant, the aim was to enable members of the client system to contain their personal anxiety in order that they could engage creatively with whatever was problematic about pursuing SCO’s primary task. This involved working interpretively to contain and work through the anxieties engendered by pursuing this task. This worked through the personal defences mobilised by the way SCO worked, but did not challenge the organizing assumptions implicit in SCO’s existing system of governance.

With the horizontal linkages dominant, the aim was to ‘mind the gaps’ emerging in the existing system of governance through examining the dilemmas not being faced by SCO’s current ways of working in relation to its residents. This demanded courage from the senior management and staff to face the anxiety aroused in problematizing existing discursive and non-discursive practices. Here the aim was to metonymise along the horizontal linkages to residents’ experience both within and outside the organization (Boxer 1999; Palmer 2002). The consultant’s job was to enable underlying assumptions to be questioned by maintaining an orthogonal relation to the leadership of the agency.

This process also demanded courage of the Trustees, courage to recognise the economic logic of the situation they faced, and to hold open the space in which the senior management and staff of SCO could develop new ways of working for the good of its residents.

The position of the Trustees

The ‘green route’ required the Trustees to authorize the senior management and staff to engage explicitly with the dynamic balance between all four quadrants in response to horizontal linkages. Solely vertical accountabilities governing how a house should be run would no longer be sufficient once horizontal linkages were needed to each resident’s situation. Thus, while the ‘red route’ to governance required an inevitable ambivalence from the Trustees because of the limitations it placed on how much could be done for residents, this ambivalence

was much less necessary with the 'green route', albeit still constrained by funding. A form of governance that could support staff in addressing the primary dilemmas of residents could replace a form of governance that rendered primary task inevitably contested (Hoggett 2006) p188. The price that had to be paid by the Trustees was to increase the scale at which SCO was operating, not only taking it well beyond its original geographic scope as a service, but also requiring it to collaborate with other care services as part of a larger ecosystem.

In retrospect, the thinking by the CEO and SMT had got ahead of the interests and capabilities of the Trustees. But the choices facing the Trustees had only become apparent as the thinking of the CEO and SMT had progressed. The intervention needed to have started where it ended up for there to have been a different outcome.

The outcome was also, however, a consequence of the way the learning was able to be shared with the Trustees during the earlier stages of the intervention. Here, the 'private space' provided by Barry to enable the CEO to contain his anxiety in his role was also a 'flight to the personal' (Trist 1977), which enabled the existential anxiety facing the organization not to be shared with the Trustees. The result was that the CEO's learning process was also not shared. Barry's eventual taking up of an orthogonal relation to this work 'outed' the CEO's anxieties, but the parallel process between Barry and myself within the consulting team, and between the Trustees and the CEO did not get worked through in time (Boxer and Eigen 2005).

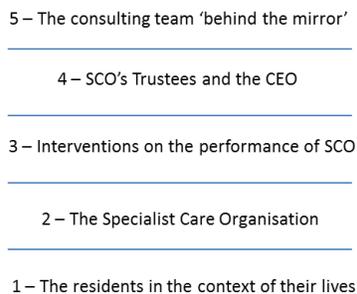


Figure 5: Parallel Processes

Thus while the original dilemmas had been worked through by the CEO with the Senior Management Team between layers 1 to 3, the 'private space' had introduced a split between the Trustees and the CEO within layer 4 (ultimately apparent in the CEO's resignation) that had its parallel in the split between Barry and myself in layer 5 (concerning the relation to the CEO's 'private space').

The consequence was that when the 'crunch' came as a result of changing commissioning behaviours by the government, the Trustees were unable to hold the dilemmas, instead reverting to the 'red route' by passing the residential care homes to be run within the larger context of a housing association. The intervention did not fail, however, because of the Trustees' underlying ambivalence to changing the role of SCO as a social defence. Rather it was because the Trustees did not see a choice. Neither could they be accused of showing a lack of courage if they saw no choice for the organisation. At best, it could be said to be an 'unintentional' error of judgement, bringing us to a question of ethics.

Conclusion – a question of ethics?

The consequences for the consultant of maintaining orthogonality was to take on a level of personal questioning that, in minding gap 2 ('where am I in relation to this way of listening'), included being called into question as a consultant. It was easier for the consultant to work interpretively within his familiar ways of listening than to have these ways of listening called into question. Maintaining orthogonality included being prepared to question the consultant's own authorisation and the interests that it served (Boxer 1994). The question of whether to 'mind the gaps', a question of 'being true to desire' (Lacan 2006[1966]b), was in this sense a question of ethics (Lacan 1992 [1959-1960]).

The delay in engaging in this questioning at levels 5 and 4 of the parallel process in Figure 5 could in this sense be said to be the cause of things unravelling. The question remains, nevertheless, of why the Trustees were unwilling to follow through on the implications of the 'green route'. The CEO and senior staff took up the challenges of exploring how to make tractable the dilemmas facing the implementation of Community Care policies. The CEO's willing acceptance of not-knowing was a key factor in determining how these challenges were approached. Could the same not be expected of the Trustees?

It has to remain an open question – a questioning of their ethics in the sense used above. It does, however, raise a further question for the CEO - what kind of experiential event would have been needed to enable the Trustees to share with the CEO and senior staff the learning from the existential impact of taking up such an ethic, so necessary to working within ecosystems? Some form of event would have been needed to explore the nature of the unconscious investment that the Trustees had in the way of thinking that turned a 'blind eye' to all the work that had been done by the CEO and his team. The conclusion is that some form of event would have been needed to enable the Trustees to work through what lay behind the 'local community care cartel' (from table 1) and its relation to becoming 'demand-led'.

Acknowledgement

This paper adds the perspective of the subsequent years to an earlier paper entitled 'The Architecture of Quality' (Boxer and Palmer 1997). Special acknowledgement goes to David Naylor and Barry Palmer (who died in 1998), with whom so much learning took place during those years, and without whom this paper would not have been written.

Appendices

Appendix I – A letter to house staff

Here is part of a letter from Barry Palmer to the staff of one of the houses in 1995, in which he summarised what he had been told in a series of one-to-one conversations with five members of staff. He had been asked by the manager of the house to give the staff an opportunity to say what they wanted from their management in order to be able to meet the needs of the four male residents. These men had been resettled from a large institution, Greystone Manor, into a three-story terraced house in a lower middle-class neighborhood. In the discourse of residential social work, they had varying degrees of learning disability and exhibited challenging behaviour. The names used here for the men and their former home were fictitious.

“You are aware that these four men - Ahmed, Robert, Tom and William - are more alive and less conflicted when they are doing what they want to do, exploring new places, doing new things, and meeting new people. And you have found that most of the opportunities for this are outside this house. This house is of course an important place for them: it provides safety, company, care and the necessities of life, in a more personal way than was possible in Greystone Manor. You are good at providing a home for these men which is not like Greystone Manor, but if they are confined to the house for too long, they become bored, irritable, depressed, passive, and dependent, as we do too under similar circumstances, and sometimes they become violent. (Their challenging behaviour may be a sign of life. They are still able to express their anger at the restrictions under which they have to live). So all of you talked about the importance of being able to go out with clients, on day-to-day errands, on trips and expeditions, and for longer holidays. This is good for various reasons, but most importantly because being confined in the house increases their disability: it "makes them worse". It also undermines your expectations of them, so that you come to think of their character and behaviour in the house as normal for them. One obvious restriction on your scope for going out with them is the number of staff available. So all of you also talked about being understaffed. If there are only, say, two people on duty at a particular time, there is limited scope for working with clients, inside or outside the house. It is only too easy for everyone to be fully occupied, dealing with the demands of the house and the sponsoring organizations, and escorting residents on routine trips to the day centre, the post office, the hospital and the shops. It seems to me that the restrictions of being short-staffed are real and require attention. But you are drawing attention to a more profound challenge. This cannot be met simply by appointing any number of additional staff. The challenge is:

- how to create conditions for these men, in which they are free to explore and discover what they want, what they like, what they can do, and what they have to give;
- and how to do this within the constraints of their own physical and mental limitations, and within the constraints of the world they live in.

As you are well aware, the world in which your clients are required to live - the house, the neighbourhood, the society, the economy - are in many ways unfriendly to them. This fact, as well as their disabilities, makes the challenge what it is. It is of course a challenge not only to the staff of the house, but to SCO, to the Health Trust, and to the society we all represent.”

This letter encapsulated several elements of the larger intervention.

- i. The letter is an ‘interpretation’, in the sense that the meaning every listener makes of what he or she hears is an interpretation (taken up on Part II). And no staff member said all this - the interviews lasted a total of five hours or more. But everything that was said in the letter had been said by staff members. Thus the ‘interpretation’, although shaped by the way Barry Palmer sought to understand what was ‘going on’ in Greystone Manor and by his own desire as a consultant, was in essence a re-punctuating of their own words.

- ii. The letter implied a direction: towards enabling the residents to engage in the process of determining the future organization and practice of the house. It was not actually written in the form of a statement by the residents, although it could have been. But it reformulated as a conscious proposition the awareness of some staff members: that Ahmed and the others were more lively and more content on expeditions outside the houses; that the men wanted conditions in which *they were free to explore and discover what they wanted, what they liked, what they could do, and what they had to give*; and that the life of the house, on which the staff expended so much labour, could not on its own provide this. In fact it *'made them worse'*. No one said this 'out loud', but the consultant had a go at articulating what could not quite be said within the discourse of the house.
- iii. It was not possible to say whether this letter *per se* was effective in situating this implied direction for the task of the house staff within their ongoing conversations about their work. When Barry Palmer met the house manager to discuss the report she made no reference to the above statement, and Barry left without having drawn attention to it himself. Neither was apparently willing at that moment to admit the implied re-evaluation of the work of the house into their conversation. This direction was nevertheless congruent with the direction of change being addressed within SCO as a whole.

How, then, did this letter fit within the context of the larger intervention?

Barry's letter to the house manager captured the whole challenge – to bring together what the staff had said but had not brought together as a coherent statement. What the staff could not say was what they had been told to keep secret from SCO managers: that one resident had a criminal history and another had been abused in the hospital where some of the staff had worked. The confidentiality in this situation meant that Barry could not talk with the house managers about the letter, I could not talk to my managers about competence, and the residents were not in a position from which they could influence what was being done 'for' them either by the house managers or by the staff.

Appendix II – Letter by the CEO 1997

The entry of Philip Boxer into the consultancy relationship between Barry and myself marked a change in the way anxiety was to be understood and mobilised in the organization. Historically, anxiety had been perceived as a personal response, in part reflecting concerns in the organization that could be articulated and worked with via a process of interpretation.

Working on this basis, this consultancy would say something about me, about me in the role of CEO, and in the light of all that, about what might be going on in the organization. The underlying assumption was that relief from this anxiety, gained through the consulting process, would make it easier for me to be a decisive and effective CEO. In general terms there was an unspoken contract within the organization between employee and employer that this anxiety would be kept to a minimum.

The work with Philip and Barry was to raise a fundamental question about this – in fact to turn it on its head. For whom had this way of managing and understanding

anxiety been? Was there a sense in which the organizational systems (e.g. line management, supervision, care planning) designed on the back of this assumption had been for the benefit of staff? Insofar as this proved to be the case, then interpretations about what was going on were likely to be used to reinforce the culture surrounding the implied employer-employee contract, rather than to 'out' it for critical evaluation.

In my original exchange of letters with Barry concerning my request for consultancy, I had seen Barry running it past Philip. Philip's response to both Barry and I was to make a distinction between existential and performance anxiety; and to suggest that the request could lead to working off a frame of reference that moved further from the 'truth' of the existential anxiety that surrounded working with the client's experience. This was a key moment that went un-celebrated and un-brawled over.

I have to say that at this point I was pretty fed up with the intervention. I was in trouble and it felt that what I got was a kick and a being told that I didn't understand. A low point. The effort of listening and learning the new stuff and translating it into a form that could be understood by others (who I hated a lot of the time because they were using old and known frames of reference) was at times seemingly beyond endurance.

The ethic of the intervention was nevertheless to provide an infrastructure and explanatory text which could support a different way of working with anxiety – a way of working with anxiety that was mobilised primarily to transform the experience of SCO's residents rather than to limit the exposure of its staff.

Throughout the rest of this paper, I have interspersed some comments in italics which I hope will enable you, the reader, to retain a perspective which reflects something of my own experience.

*Chief Executive Officer
22nd April 1997*

Appendix III – Key events in the intervention

The initial process of the intervention involved a number of phases of work, punctuated by what appeared in retrospect as key moments:

- The initial process of engagement (May to August 1994):
 - **Interviews:** Meeting with 5 individuals, both from within and outside SCO, involved with different aspects of the charity's work.
 - **Workshops:** meetings with the senior staff, formulating initial hypotheses around dilemmas and development challenges confronting SCO, and exploring issues around cost structures, organization and constitution.
- Tackling the basics (September 1994 to March 1995). This period culminated in the CEO's confirmation as Director by the Trustees.
 - **Systems:** The role of IT and the development of a strategy for developing IT systems.
 - **QAGs:** The setting of four levels of development agenda in terms of 'Quality Assurance Guarantees'. Negotiation of QAG I and QAG II.

- **House Managers:** Enabling the managers of the houses to begin to develop their own voice and position in relation to senior managers. This laid the foundations for a different kind of working relationship with House Managers; and a recognition of their need to be able to hold problems which they had not got solutions to instead of pushing them up the hierarchy as a 'crisis'.
- **Activity Based Costing:** an examination of how the way costs were analysed could be aligned with the 'logic' of the actual activities in the different kinds of house. This was an approach to analysing costs which looked at overheads and indirect costs from the point of view of the activity, rather than vice versa. It was therefore consistent with what I later called an 'edge-driven' approach, as distinct from the top-down approach of absorption costing (Johnson and Kaplan 1987).
- **Constitution:** how could the constitution be modified to make it more congruent with a needs-driven culture?
- Beginning to develop a third level of Quality Assurance Guarantee (QAG III), culminating in a re-organization. (May to October 1995):
 - Development of the 'red route' and 'green route' concepts of organization, and implementation of the 'green route' model.
 - Examination of authority issues in relatedness between the CEO, Barry and myself: what was the ethic of our mutual engagement?
 - Conversations with the staff of one house, leading to the letter quoted at the beginning the Introduction, and with the CEO about what kind of concept of 'the clinic' lay at the heart of SCO's work.
- Working with orthogonality, (November 1995 to March 1996)
 - **Establishing Service Management Meetings:** Orthogonal Process emerging in the Houses. This was a process which built on Barry's work and was aimed at 'outing' the assumptions that drove the way SCO habitually responded to its service users.

Then, after three years:

- Business Planning process, which involved facing up to the 'crunch' of how to secure long term viability in an environment in which there was increasing variation in the services needed by residents (May 1999 to November 2000)
 - **Examining the 'competitive environment':** who was SCO competing with, and on what basis could it remain viable given the change in funding?
 - **Governance by the Trustees and Management Team:** what changes would be needed in the relation between direction and management in order to run the organisation in this new environment?

Appendix IV – Distinguishing the 'red' and 'green' routes

The second workshop pursued the question of how dilemmas could be held. It closely examined the technologies of care, work group processes and formal organization of SCO from the point of view of one of the houses. This analysis led to the formulation of two alternative architectures for the governance of SCO, which were referred to colloquially as the 'red route'

and the 'green route'. These corresponded to forms of governance that were either vertically (red) or horizontally (green) dominant (Boxer 2014):

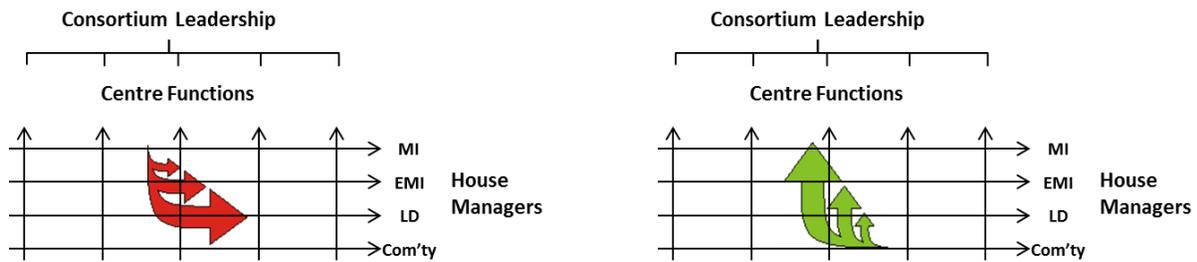


Figure 6: vertical (red) and horizontal (green) axes of accountability

- The vertical axis had the center-based functions of: Advocacy; Intensive Care, Training and Development; Support Services; and Compliance.
- The horizontal axis comprised the House Managers, grouped according to the major types of service being provided by them to their residents: Mental Illness (MI); Elderly Mentally Ill (EMI); Learning Disability (LD); and Community Team (a team serving residents living independently).

The 'red route' reflected the existing governance system and was dominated by the vertical axis, in which the house managers were subordinated to the center-based functions. The 'green route' represented an alternative to this approach and was dominated by the horizontal axis, in which the House Managers had direct access to the Chief Executive, and the centre-based functions were there to provide services in support of the services provided by the House Managers to their residents.

This second workshop led to a commitment on the part of the senior staff to move towards a 'green route' approach to governance, in which the interests of the horizontal axis could become dominant. This was felt to be necessary if the needs of the residents were to be given priority in the design of services. This in turn led to the development of Quality Assurance Guarantees.

Appendix V - Quality Assurance Guarantees

Each QAG implied different assumptions about who was the recipient and who was the provider of a service, and what governed the way the service should be provided. These assumptions about the purchaser-provider relationships associated with internal markets made it possible to give greater priority to the relationship between residents and their communities.

The QAGs provided a means of measuring how far the different parts of SCO were able to go in supporting the migration of its residents towards the greatest possible autonomy. The four QAGs were:

1. QAG I (between SCO and Government): conforming to the standards of safety, hygiene, care etc laid down by law. It defined the minimum operational requirements.
2. QAG II (between the Centre and the Houses): the Centre provided agreed standards of service to the House Managers and their staffs (e.g. the Personnel Manager specified the period within which advertisements for new staff would be placed, and how the advertisement would be compiled). In arriving at these standards, the Centre had to

balance the sometimes conflicting demands upon them from inside and outside the organization, and make them work in the interest of the residents. QAG II defined the minimum levels of efficiency of the Centre.

3. QAG III (between the Houses and their residents): standards of care developed in the houses in response to residents' needs, as conveyed by care staff to House Managers and thence to the Centre. QAG III included an explicit concept of the role of each house in relation to the needs of its particular residents.
4. QAG IV (between residents and their communities): standards of work by all the staff of SCO, in facilitating the process by which it anticipated and responded to the changing needs of each resident, as he or she articulated them. Strictly, each resident's 'community' was different and dynamic: it included his or her family and friends, and all the people and institutions in his or her life space. Ahmed's community included the local College of Further Education, in which he was enrolled on a cookery course.

Appendix VI – The orthogonal approach taken

The following dialogue was extracted from interviews with the CEO at that time (Du Ry 1995), conveying something of the approach taken to the CEO's assumptions:

CEO: *"One of the things in looking for a consultant was that I felt I couldn't capture what felt like an enormous task, I didn't have the language to make sense of it, and one of the things I was immediately confronted with by Philip was his language".* A key part of the approach was a theory of speech and discourse and their role in organizations. CEO: *"He stressed the importance of conversations, and the positions people would take in relation to them, especially ways of improving the quality of conversations and getting clarity about who needs to talk to whom about what."*

The CEO found that this: *"supports this idea which I've always believed in, that there have to be lots and lots of stories about what is going on."* This involved not shying away from *"uttering the unutterable, of what is not being said, which Philip could do, and then just standing there, of being there to live with it, dealing with the projections that arose, working them through, it was good to see him do that."* It was an ethic in which interpretation aimed at action, not just understanding.

The CEO felt that as an ex-Tavistock person and consultant he was often only concerned with finding the right interpretation. The problem for the manager, however, remained performance, meeting the demands of reality. Using this approach, while the CEO struggled hard to take on board new terms, he found that everything sank in after a while, and as it did so, it enabled him to get a new handle on what had previously seemed an ordinary process. Understanding coincided with the actual use of the concepts.

Appendix VII - Responding to residents one-by-one

The consultancy was to help the CEO consider changes that would enable the senior staff to develop strategies and working practices that could respond to the new environment of Community Care in which residents were to be responded to one-by-one. The challenge was to do this in a way that was sustainable in the long term. In order to understand what type of challenge this was, four different aspects were considered:

- i. **Demand – what did the resident want?** From the point of view of the residents of the service and their families, how were their needs to be understood and characterised? For any of the resident groups, a statement of aim like, 'To provide care and accommodation for men and women with learning disabilities', skated across the surface of the problem.

SCO needed to provide a way of understanding what, say, an elderly and demented man or woman wanted.

- ii. **Vertical accountability.** From the point of view of the need for formal accountability, SCO was situated within a matrix of accountability, which included not just the accountability hierarchy within SCO, but employment relations with other Local Health Authorities, professional accountabilities within a number of disciplines (e.g. Nursing), and complex legal requirements imposed by Government regulators. Staff, who were working directly with residents, were therefore required to comply with a multiplicity of statutory and procedural requirements. The way they did this functioned as a defence against the anxiety induced by this matrix of accountability (Menzies-Lyth 1988), but the matrix was itself changing. Staff needed to work through how those anxieties were changing, extricating themselves from the deadening effects of the matrix without falling foul of it.
- iii. **Role expectations.** From the point of view of managers and staff, what did they need to know in order to be able to monitor the performance of the parts of the organization for which they were responsible, and how could they be provided with access to this information in such a way that SCO could develop beyond functioning as seventeen semi-autonomous cottage industries? For example, the CEO inherited a situation in which, in effect, all income was put into one pot, out of which all salaries and other expenses were paid. Early on in the intervention, and on the basis of available data, activity-based costing was used to show how different were the costs of providing the different categories of service. Yet referring authorities were being charged the same amount for each service.
- iv. **Practical support.** Finally, from the point of view of the working experience of managers and staff, there were many moments in which sophisticated work group functioning was in jeopardy (Bion 1959). These were moments in which they found themselves facing unresolvable dilemmas. For example, the organization defined the residents as tenants subject to legally binding tenancy agreements. Yet the very reason the residents were in the care of SCO was that they were unable to understand or voluntarily conform to agreements of this kind. The staff encountered radical impossibilities at the heart of their work for which there were no practical solutions. It was not helpful to describe how these impossibilities led staff to adopt primitive and dysfunctional mechanisms of defence. SCO needed to develop practical ways of enabling staff to 'hold' these dilemmas.

These four points of view reflected four different aspects of the assumptions built into SCO's discursive and non-discursive practices, the effects of which were like the normal assumptions of a paradigm (Kuhn 1962). "Governance" was a way of referring to the processes by which these assumptions were kept in place.

Appendix VIII - Differentiating behaviours

Individuals may have depended on an agency to provide them with a paid job and a sense of who they were within their larger world, while the agency's customers were provided with known services. The loss of such a job was expected to cause an individual anxiety, through not having a job, not having his or her work valued, and not having a role in the larger world. In these terms, the organization of jobs within an agency could be viewed as providing a defense against anxiety, not only for the individuals who worked within it, but also for its customers. This was the view of an agency within the Tavistock tradition (Hirschhorn 1988; Menzies-Lyth

1988; Kets de Vries 1991; Obholzer and Roberts 1994; Palmer 2002), which placed the emphasis on the interactions between the defenses and the primary task of the agency as a whole, in terms of which primary task its boundaries were defined. This view was complicated, however, by different customers wanting different services from the agency, so that it had different primary tasks with different customers.

An organization that provided differentiated services had to have a correspondingly more complex way of integrating those services (Lawrence and Lorsch 1969). Based originally on the law of requisite variety (Ashby 1956), the argument was that there had to be a congruence between the forms of differentiation of behaviour necessary for an agency's viability; and the forms of integration of those differentiated behaviours needed to maintain the agency's identity as a whole. The policy of Community Care, focused on individuals' needs, was clearly driving SCO in the direction of increasingly differentiated behaviours.

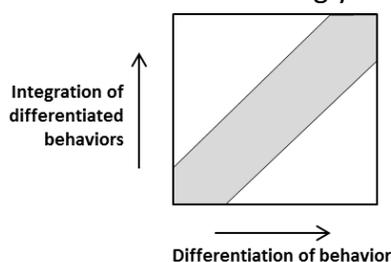


Figure 7: the integration of differentiated behaviours

Appendix IX – Dynamic alignment of differentiated behaviours

A further distinction was then over whether or not those differentiated services needed to be dynamic in a way that reflected the changing situations of its residents, requiring the agency's services to be dynamically aligned. Different forms of 'causal texture' in the environment could be described reflecting the extent to which an agency had to differentiate its behaviours, three of which could be planned independently of its individual customers but dependent on competitors' responses to essentially stable forms of demand. This was the familiar form of agency defined as a whole by a 'vertical' relationship to a primary task. One environment, however, involved dynamic alignment to changing resident situations, called a 'turbulent' environment (Emery and Trist 1965). This 'turbulence' was apparent with SCO's residents, given the multiple and changing needs of their residents, requiring SCO to respond to them one-by-one. An agency in such an environment had to be defined by its horizontal relationships to its resident situations (Boxer 2013a).

The changing demands of these horizontal relationships meant that planning could no longer be done in terms of average customers, but had to become an integral part of how each relationship was managed. Referring to a lack of appropriate alignment of services across a boundary as primary risk (Hirschhorn 1997), the dynamic nature of a turbulent environment meant that an agency had to hold a tension between vertical constraints imposed by hierarchy, limiting the ways in which the primary task for any given resident relationship could be defined, and horizontal linkages imposed by the nature of each resident's situation determining the nature of the primary risk in each case. The result was that an organization was no longer operating in a single environment, but in many different environments across many different

boundaries (Boxer 2013b). For example, when local authority cuts led to the closure of day centres in the borough, too restrictive assumptions made by house managers meant that it was difficult for them to imagine any other way of occupying many residents during the day. The orthogonal process used by the staff within SCO’s houses enabled them to think through the obstacles to managing primary risk in order to create new options (Boxer 2013c).

Glossary

governance

– a way of referring to the assumptions under which an agency’s discursive and non-discursive practices fell.	23
agency - although we are talking about a voluntary organization here, to avoid a confusion of terms, ‘agency’ has been used to refer to any Institution, Business, Organization, Company, or other incorporated entity.	23
discursive and non-discursive practice - the entire apparatus supporting the uses of and practices in language, and the effects of which could be described as a paradigm. The corresponding term ‘non-discursive practice’ referred to the arrangements and practices of an agency which, although not ‘in language’, nevertheless fell under the same assumptions.	23
green route - an alternative approach dominated by the horizontal axis, in which the House Managers had direct access to the Chief Executive, and the centre-based functions were there to provide services in support of the services provided by the House Managers to their residents.	21
red route - the present governance system dominated by the vertical axis, in which the house managers were subordinated to the centre-based functions.	21
metaphor - the figure of speech in which a name or descriptive term is transferred to some object different from, but analogous to, that to which it is properly applicable.	10
metonymy - a figure of speech which consists in substituting for the name of a thing the name of an attribute of it or of something closely related.	10
orthogonal process - a process aimed at ‘outing’ the assumptions that drove the way SCO habitually responded to its service users.	20
primary risk – the risk that there is not an appropriate alignment of services across a boundary.	24
QAG	
I – conformance to contractual specification.	21
II – fitness for supplier’s purpose.	21
III – what the resident thinks s/he wants.	22
IV – adding value in practice to the resident’s life over time.	22

References

- Argyris, C. and D. A. Schon (1974). Theory-in-Practice: increasing professional effectiveness. San Francisco, Jossey-Bass.
- Argyris, C. and D. A. Schon (1978). Organizational Learning: A Theory of Action Perspective. Reading, MA, Addison Wesley.
- Ashby, W. R. (1956). An Introduction to Cybernetics. London, Chapman & Hall.
- Bion, W. R. (1959). Experiences in Groups. London, Tavistock Publications.
- Boxer, P. (1994). Intent and the future of Identity. Creating New Futures: A Manager's Guide to the Unknown. R. Boot, J. Lawrence and J. Morris, McGraw-Hill: 207-229.
- Boxer, P. J. (1999). The dilemmas of ignorance. What is a Group? A fresh look at theory in practice. C. Oakley. London, Rebus Press: 147-168.
- Boxer, P. J. (2012). The Architecture of Agility: Modeling the relation to Indirect Value within Ecosystems. Saarbrücken, Germany, Lambert Academic Publishing.
- Boxer, P. J. (2013a). Leading organisations without boundaries: 'quantum' organisation and the work of making meaning. ISPSO Conference. Oxford, UK.
- Boxer, P. J. (2013b). THE environment does not ex-sist: engendering 'boundary' as the object of psychoanalytic study. Re-Working Lacan at Work. G. Arnaud and B. Vidaillet. Paris.
- Boxer, P. J. (2013c). Anxiety and innovation: working with the beyond of our double subjection. Colloquium on Revisiting 'Unconscious Defences against Anxiety', Oxford, UK.
- Boxer, P. J. (2014). "Leading Organisations Without Boundaries: 'Quantum' Organisation and the Work of Making Meaning." Organizational and Social Dynamics **14**(1): 130-153.
- Boxer, P. J. and C. A. Eigen (2005). "Reflexive Team Supervision: Questioning 'by whose authority'." Organizational and Social Dynamics **5**(2): 257-279.
- Boxer, P. J. and B. Palmer (1994). Meeting the Challenge of the Case: the Place of the Consultant. What makes consultancy work - understanding the dynamics. R. Casemore, G. Dyos, A. Edenet al, South bank University Press: 358-371.
- Boxer, P. J. and B. Palmer (1997). The Architecture of Quality: The Case of the Specialist Care Organization. 14th Annual Meeting of the International Society for the Psychoanalytic Study of Organizations, Philadelphia, PA.
- Cronen, V. E. and W. B. Pearce (1985). Toward an Explanation of How the Milan Method Works: An Invitation to a Systemic Epistemology and The Evolution of Family Systems. Applications of Systemic Family Therapy: The Milan Approach. D. Campbell and R. Draper. London, Grune & Stratton.
- Dreyfus, H. L. and P. Rabinow (1983). Michel Foucault: Beyond Structuralism and Hermeneutics 2nd Edition, University of Chicago Press.
- Du Ry, M. (1995). The Case of the Specialist Housing Consortium. BRL Working Paper. P. J. Boxer, Boxer Research Ltd.
- Eigen, C. and P. J. Boxer (2009). The Consultant's Dilemma: Discovering Differences that Deliver Value. 26th Annual Meetings of the International Society for the Psychoanalytic Study of Organizations, Toledo, Spain.
- Emery, F. E. and E. Trist (1965). "The Causal Texture of Organizational Environments." Human Relations **18**: 21-32.
- Foucault, M. (1972). The Archaeology of Knowledge. London, Tavistock.

- Hampden-Turner, C. (1990). Charting the Corporate Miond: From Dilemma to Strategy. Oxford, Basil Blackwell.
- Hart, C. W. L. (1995). "The power of Internal Guarantees." Harvard Business Review(January): 6ff.
- Hirschhorn, L. (1988). The Workplace Within, MIT.
- Hirschhorn, L. (1997). The Primary Risk. The International Society for the Psychoanalytic Study of Organizations. Philadelphia.
- Hoggett, P. (2006). "Conflict, ambivalence, and the contested purpose of public organisations." Human Relations **59**(2): 175-194.
- Hoggett, P. (2013). "Governance and Social Anxieties." Organisational & Social Dynamics **13**(1): 69-78.
- Iansiti, M. and R. Levien (2004). The Keystone Advantage: What the New Dynamics of Business Ecosystems Mean for Strategy, Innovation, and Sustainability. Boston, Harvard Business School Press.
- Johnson, H. T. and R. S. Kaplan (1987). Relevance Lost: The Rise and Fall of Management Accounting. Boston, Harvard Business School Press.
- Kets de Vries, M. F. R. (1991). Organizations on the Couch: Clinical Perspectives on Organizational Behaviour and Change, Jossey-Bass.
- Kuhn, T. S. (1962). The Structure of Scientific Revolutions, University of Chicago.
- Lacan, J. (1992 [1959-1960]). The Seminar of Jacques Lacan, Book VII: The Ethics of Psychoanalysis. London, Tavistock/Routledge.
- Lacan, J. (2006[1966]b). The Subversion of the Subject and the Dialectic of Desire in the Freudian Unconscious. Écrits: The First Complete Edition in English. New York, W.W. Norton & Company: 671-702.
- Lacan, J. (2014[2004]). Anxiety: The Seminar of Jacques Lacan Book X 1962-1963. Cambridge, UK, polity.
- Lawrence, P. R. and J. W. Lorsch (1969). Developing Organizations: diagnosis and action. Reading, MA, Addison-Wesley.
- Long, S. (2006). "Organizational Defenses Against Anxiety: What Has Happened Since the 1995 Jaques Paper?" International Journal of Applied Psychoanalytic Studies **3**(4): 279-295.
- Menzies-Lyth, I. (1988). Containing Anxiety in Institutions: Selected Essays. London, Free Association Books.
- Obholzer, A. and V. Z. Roberts (1994). The Unconscious at Work: Individual and Organizational Stress in the Human Services. London, Routledge.
- Palmer, B. (2000). "In which the Tavistock paradigm is considered as a discursive practice." Journal of Organisational and Social Dynamics **1**(1): 8-20.
- Palmer, B. (2002). The Tavistock paradigm: Inside, outside and beyond. Organisations, Anxieties and Defences: Towards a Psychoanalytic Social Psychology. R. D. Hinshelwood and M. Chiesa. London, Whurr: 158-182.
- Trist, E. (1977). "A Concept of Organizational Ecology." Australian Journal of Management **2**(2): 161-176.