

Open Research Online

The Open University's repository of research publications and other research outputs

Leadership and vision

Book Section

How to cite:

Rogers, Anita and Reynolds, Jill (2003). Leadership and vision. In: Seden, Janet and Reynolds, Jill eds. *Managing Care in Practice*. London: Routledge, pp. 57–82.

For guidance on citations see [FAQs](#).

© [not recorded]

Version: Not Set

Link(s) to article on publisher's website:

<http://www.routledge.com/books/Managing-Care-in-Practice-isbn9780415298650>

Copyright and Moral Rights for the articles on this site are retained by the individual authors and/or other copyright owners. For more information on Open Research Online's data [policy](#) on reuse of materials please consult the policies page.

oro.open.ac.uk

Chapter 3

Leadership and vision

Anita Rogers and Jill Reynolds

3.1 Introduction

This chapter explores leadership and what it means for managers of care services. Frontline managers have a role as leaders, and they also look to their senior managers to provide leadership in their organisation. Previous chapters have already pointed to some of the leading and influencing that managers can do. This can be, for instance, through promoting to senior managers the dilemmas and concerns faced by practitioners; dealing with crises and making professional or strategic decisions; or inspiring a team to work effectively together.

There is an abundant literature on leadership: some from a management training perspective focuses on 'how to do it', while other work observes effective leaders in their jobs (for the former, see, for instance, Blanchard *et al.*, 1986; Goffee and Jones, 2000; and for the latter, Kouzes and Posner, 1987; Hartley and Allison, 2003). Government policy for modernising services places great emphasis on the need for leadership, although not always with a clear definition of what this means. The requirement to be a leader can appear daunting, bringing to mind the 'great men' of history. Early theories about what being a leader means often focused on the traits of leaders as though leadership was a characteristic that resided in them (Goffee and Jones, 2000). More recent work has focused on the potential for leadership to be developed in a range of people and distributed throughout organisations (Hunt, 1991; Tichy, 1997; Greenleaf, 1996). This implies that it is the job of leaders to encourage leadership from others – the followers. There may be some tension in leading from the front, attempting to inspire staff, while at the same time promoting their leadership skills.

The aims of this chapter are to:

- distinguish different aspects of leadership and the processes that support or constrain it
- consider how managers can adapt their preferred personal style to meet the needs of different situations
- discuss frontline managers' scope for creating and contributing to a vision of care services
- explore issues of power and participation in leadership.

3.2 Defining leadership

Hartley and Allison (2003) look at the role of leadership in the modernisation and improvement of public services. In defining leadership they distinguish between three different aspects: the person, the position and the processes (the three Ps).

Research has often focused on the characteristics, behaviours, skills and styles of leaders as *persons*, and the role of individuals in shaping events and circumstances. This tends to attribute exceptional capacity and power to individuals, and ignores organisational constraints and the contribution of 'followers' in accepting and promoting leadership.

The *position* of a leader may be important in giving authority, but does not guarantee leadership, which is more than simply holding an office such as chief executive. In contrast, a person with no formal position may none the less be a leader because others regard them as influential.

Leadership as a set of *processes* occurs among and between individuals, groups and organisations. This version of leadership is concerned with motivating and influencing people, and shaping and achieving outcomes. The role of the leader in relation to these processes is not to have exceptional capacity to provide solutions to problems. Instead it is to work with other people 'to find workable ways of dealing with issues for which there may be no known or set solutions' (Hartley and Allison, 2003, p. 298). When agencies work together in partnership to provide services that are 'joined up' and more logical for their users to access, the leadership processes need to work across organisational boundaries. No one person or their powers of position are sufficient to make things happen.

To this set of distinctions we add a fourth P – *purpose*. While person and position say 'who' is involved and processes describe 'how' things are done, purpose explains 'why'. The purpose provides the reason for doing things and is tied to underlying values. It involves setting a vision and determining strategy. The purpose connects with the primary task of individual organisations, although when collaboration between different agencies is needed then the purpose of a joint programme goes beyond the remit of any one agency.

Example 3.1 gives an opportunity to consider these different aspects. A social worker describes one of her managers as the best leader she ever worked with.

EXAMPLE 3.1 A manager who demonstrated leadership

Sheila articulated what we were there for. She put the clients first. She allocated work openly, allowing team members to work to their strengths. However, she never put pressure on anyone and she protected the team from inappropriate pressure. Sheila would stand up for you. She wasn't a pushover. She was nice, polite, but with quite a deliberate edge. She knew how to intervene and with whom.

Sheila was firm, with a transparent strategy that had a client focus. She led from the inside, not on high. She was part of the team, but there was never any doubt that she had the authority of a manager and she wasn't frightened to use her authority. She had a disciplinary expertise and won a lot of respect for her professional knowledge.

Sheila could interpret the changing political context to the team, without deskilling them. She would arrange half a day of staff training to look at a new policy direction, giving time for information and discussion and an opportunity to take ownership. Together we were able to look at ways to respond, using our skills and resources.

An example of her openness to creative ideas was a project for under-fives on one of the estates. A group of women from different agencies worked to discover what would be useful for these children. The group put together a bid for resources to fund an open, free play day. This was a real community project that the families wanted, not something imposed by social services. Sheila supported this project fully, allowing time for meetings, contributing her expertise in the bidding process.

Her manner was pleasant and she treated people with respect. Good practice has a lot to do with respect for the client group and the knock-on effect for workers. She was concerned for our welfare. Three days a week she chatted over lunch with us, never about work. She came to see me at home when I had a virus.

She was a good communicator, positively or negatively, and always dealt with people straight, not behind their backs. She gave good feedback, saying for example: 'From the client's perspective, there is a better way of doing this.'

Sheila was reliable. If you spent days doing paperwork, you got it back the next day with comments. It was a professional interchange: 'to develop yourself ...' or 'have you thought of ...?'

People helped each other on the team and there was little turnover of staff.

Thinking of person, position, process and purpose, you can see that Sheila kept her focus on the central purpose: service to clients. She reinforced and infused this sense of purpose in such a way that it was a key reference point for her and the team in their decisions and actions. Sheila had personal authority that came from her behaviour as well as her professional expertise. She also had the authority of her position. She demonstrated many characteristics that enabled her to build trust and commitment in her staff. She modelled integrity, respect and care. Sheila established and maintained processes that modelled and reflected her concern for clients, working with other agencies to provide community-based services. She extended that concern to staff through her methods of allocating work, her lunch hour chats and staff training days. Sheila was present, available, and technically and interpersonally competent. She

could maintain and interpret the bigger picture while managing the detail of day-to-day work.

The description of Sheila in Example 3.1 infuses the different aspects of leadership with a sense of a particular style of doing things that is rooted in the values of care services. Some research- and practice-oriented literature builds up a picture of leadership for health and social care services that is consciously *distributed* among others: encouraging leadership and participation from staff.

Alimo-Metcalfe and Alban-Metcalfe (2000), in their study of leadership, conducted a survey of managers in the NHS and local government. They note the 'staggering complexity' of the role of leadership in these contexts. Their study suggests that an important function of leadership is what it can do for staff, but that this is more than simply meeting the staff's needs:

The 2,000 staff who participated in this research project are also saying that leadership is fundamentally about engaging others as partners in developing and achieving the shared vision and enabling us to lead. It is also about creating a fertile, supportive environment for creative thinking, for challenging assumptions about how health care should be delivered.

(Alimo-Metcalfe and Alban-Metcalfe, 2000, pp. 27–9)

Writing on residential care, Burton (1993) argues for a democratic style of management, where leadership, responsibility and decision making are shared. He points out that social services organisations must have an overall objective of helping users to achieve some measure of management of their own lives, to increase their control, power and choice. To this end, the workers in the organisation also need to develop their capacity to manage their own work. A key phrase is 'taking the lead'. Someone not in a designated management role may do this by expressing an insight or suggesting an initiative. Others respond, possibly testing or resisting the leadership, but change takes place. A different person may take up the leader role. 'If anyone becomes stuck in the leader role the progress and creativity of the group will also become stuck' (Burton, 1993, p. 77). In this view of leadership the most important task of the designated leader is to foster the leadership of others.

Through looking at the different aspects of leadership it is evident that leadership does not rely on position alone; it is not only managers who can be leaders, and indeed managers may deliberately seek to encourage leadership from others. The next section explores further the question of whether managers are inevitably leaders, and how compatible managing and leading are.

Key points

- It can be helpful to distinguish different aspects of leadership through looking at the person, position, processes and purpose.
- Leadership can involve encouraging the leadership of others – an overall term for this is *distributed leadership*.

3.3 Managing and leading

Some writers see management and leadership as two entirely separate approaches that draw on two different world views, different skills and different priorities. Zalzenik (1993) suggests that managers and leaders are fundamentally different in personality. He argues that leaders tolerate, indeed create, chaos, foster disruption, can live with a lack of structure and closure, and are actually on the look-out for change. Managers, in his view, seek order and control, which means achieving closure on problems as quickly as possible.

This is a rather restricted description of what a manager does. However, managing and leading can be in conflict with each other. When government policy or senior management calls for increased accountability and a focus on performance outcomes, this constricts the options available. More senior managers may expect their frontline managers to do as they are told, using a rather narrow definition of managing, instead of wanting them to show leadership. This kind of controlling approach to managing, which relies on the power of the position to get things done, is at odds with a human relations approach that prioritises organisational learning and professional development, such as is outlined in Chapter 1 and Chapter 2.

Distinctions between the different functions of management and leadership are identified in Table 3.1.

Table 3.1 Comparison of management and leadership

| <i>Management</i> | <i>Leadership</i> |
|--------------------------------|---------------------------------|
| Produces order and consistency | Produces change and movement |
| – planning/budgeting | – vision building/strategising |
| – organising/staffing | – aligning people/communicating |
| – controlling/problem solving | – motivating/inspiring |

(Source: adapted from Northouse, 1997, p. 9 and Kotter, 1990, pp. 3–8)

Bennis and Nanus also identify a contrast between managers and leaders: managers 'do things right' and leaders 'do the right thing' (1985, p. 21). It is not easy to achieve a balance between these alternatives and people may not always agree with their senior managers about where that balance lies:

Leadership matters, it needs enthusiasm and charisma. I have learned to lead and to be happy in that role and with my power. I know when to be directive and when to be participatory. People know where the boundaries are. I do try to take an approach which looks at everybody's needs and try to model empowerment, although my supervisor says there are times when I should just tell them to 'get on with it'.

(Manager of a residential care home for children, manager consultations)

Managers may also have different sets of priorities, and the priorities of senior management have an impact down the line. One senior manager in social services acknowledges this as a dilemma for frontline managers:

I think it's a real dilemma for firstline managers that senior managers can actually delegate work to them and say 'I want this done now actually'. I will listen to what he or she thinks is the priority and hopefully we can come to some agreement ... but that is not always possible ... I do realise that it is my decision ultimately.

(Manager consultations)

Leadership and management can be seen as distinct functions, or different roles, rather than as requiring different types of people. Mintzberg (1975) describes being a leader as one of ten roles that a manager performs (see Chapter 1, Figure 1.2). Three interpersonal roles – figurehead, leader and liaison person – interact with three informational roles – monitor, disseminator and spokesperson. These combine to act on four decisional roles of entrepreneur, disturbance handler, resource allocator and negotiator. Effective managers combine all of these roles. While the functions and roles of leadership draw on different strengths, training and outlooks, in the real world of care services individuals can and do embody the roles of both manager and leader.

Key points

- Being a leader can be just one of a manager's roles.
- The requirements of leading and managing can conflict.

3.4 Leadership styles and situations

As a manager, or someone entering into a management role, you are faced with a multitude of demands from different sources. Your senior managers want you to mobilise staff to meet targets efficiently and cost-effectively. Many studies, as well as a number of interviews conducted for this book, remark that staff want their managers to be present, available and supportive to their practice and to their growth and development (for instance, La Valle and Lyons, 1996; Waive and Henderson, 2003). You may recognise that you are more comfortable with some activities than others, and that your attention more naturally focuses on certain kinds of tasks and approaches. Some different styles are listed in Box 3.1. This draws on an application for organisational settings of the Myers-Briggs Type Indicator of personality preferences. The full version lists 16 types of preferences and our list is therefore not a comprehensive summary of personal style. Use it as a tool to focus your awareness of the particular strengths you bring to your leadership and management roles.

BOX 3.1 Different preferred styles

You are most comfortable **conforming** to established policies, rules and schedules and you take pride in your patient, thorough, reliable style.

You are most comfortable **responding** immediately to problems and you take pride in your open and flexible style.

You are most comfortable when **communicating** organisational norms and making decisions by participation, and you take pride in your personal, insightful style.

You are most comfortable **building** new systems and frameworks and pilots, and you take pride in your ingenuity and logical, analytical style.

(Source: adapted from Hirsch and Kummerow, 1987)

Different people have different preferences – and function best when they can adopt a style that allows them to express their own preferences. The message here is that it is best to go with your strengths.

However, a preference for a particular personal style is not the only factor in effective leadership. In day-to-day work, effectiveness often depends on how well a leader can balance the demands of both the instrumental (the tasks at hand) and the expressive (the human relations factor), that is, the needs and requirements of everyone involved in accomplishing a task. This is sometimes described as a *situational* approach to leadership: the preferred leadership style may have to be adapted to fit the demands of the particular situation being faced, which includes the needs of service users.

If you are a manager, one of your key functions is to gauge the levels of competence and commitment of your staff to accomplish the tasks in hand and achieve desired outcomes. You may find that the people you manage have variable levels of competence, depending on the situation, and variable levels of motivation too. This situational variability requires you to adapt your style, as the manager of a mental health voluntary organisation describes:

I'm not afraid of leadership, I'm extremely aware of my own strengths and weaknesses, and the influence that I can bring to bear in the situations in which I find myself. It's an extremely important part of being a manager for me to be mindful of that and to use my skills and talents responsibly, knowing when to lead from the front, and knowing when to enable and empower and let go.

(Manager consultations)

It takes time to develop a comfortable leadership style that also fits with the needs of the situation and no one can expect everything to fall into place from the start. Burton (1993, p. 81) comments on the fantasy held by and about many new managers that they will be 'Supermanager': the person who is unfailingly patient and kind, yet utterly decisive and clear thinking. It can be difficult to say 'no' when senior managers, colleagues and staff have high expectations that the new person will sort out longstanding problems. Example 3.2 describes the hopes and expectations of one new manager.

EXAMPLE 3.2 Expectations of a new manager

Anita has been appointed to manage a community mental health team where the care co-ordination process is being initiated. The aim is to have a more integrated approach, with health workers and social workers offering a more streamlined service. Anita notes that:

- 1 Her manager expects a sense of vision from her that will pull the team together and help them to move forward.
- 2 Her team members will also expect help to move forward, but they may actually want to stay where they are – in which case she will be the scapegoat when things don't go the way they want them to.
- 3 An initial meeting before she starts work gives her the sense that people are expecting her to wave a magic wand: 'We haven't been managed ... it's somebody else's fault that this team is in a mess.'
- 4 Senior managers have expectations that Anita will attend particular meetings and contribute to ongoing planning.
- 5 There is a strong commitment to multidisciplinary mental health teams from senior management but 'They haven't actually thought that far ahead – I suspect it's all going to be ad hoc at the moment.'
- 6 The team expect her to manage them. Team meetings are chaotic and one area that Anita hopes to improve through having agenda items and a fixed time slot.

7 The director of nursing wants above all else that Anita should keep the primary care trust happy – they are major stakeholders.

Anita's hope for her first three months in post is to:

- get to know her team and find out what makes them tick
- get a feel for the area that she is in, and the kind of work that comes through
- find out what the service users' main complaints are and what they are happy about in relation to the service
- talk to the primary care groups and check their expectations.

(Source: manager consultations)

Anita's main aims are to get to know who the key players in her area are and what makes her team tick. Even such an apparently modest aspiration can be quite demanding in an entirely new situation where none of the familiar resources and networks are available.

There are several *contingency* or *situational* models of leadership that attempt to understand the relationship between style and situation and we look next at one developed by Hersey and Blanchard (1988). The first step is to evaluate staff and assess their competence and commitment to perform the given task (in other words, getting to know them and finding out what makes them tick).

The leader then adjusts direction and support according to the needs of the workers. *Directive* behaviours often involve one-way communication that directs, focusing on what is to be done, how it is to be done, and who is responsible for doing it. The leader gives direction and establishes desired outcomes, methods of evaluation, role definition and tasks. *Supportive* behaviours, on the other hand, help people feel comfortable about themselves and the situation. These involve two-way communication and include listening, giving praise, perhaps asking for input and help with problem solving.

Balancing direction and support can sound a rather mechanical approach to working with people. In reality, most managers probably use a more intuitive approach to meeting the needs of different staff, but it is helpful to identify the different elements of situational leadership. These may actually be ideal types – that is, rarely encountered in exactly this way and forming instead a cluster of attributes. Figure 3.1 (overleaf) is a matrix of a leader's responses to staff situations, and an explanation of the different ideal-type responses follows (Northouse, 1997).

- A *high directive/low supportive* approach is appropriate for staff who have high commitment but low competence. This is a relationship that focuses on instruction.

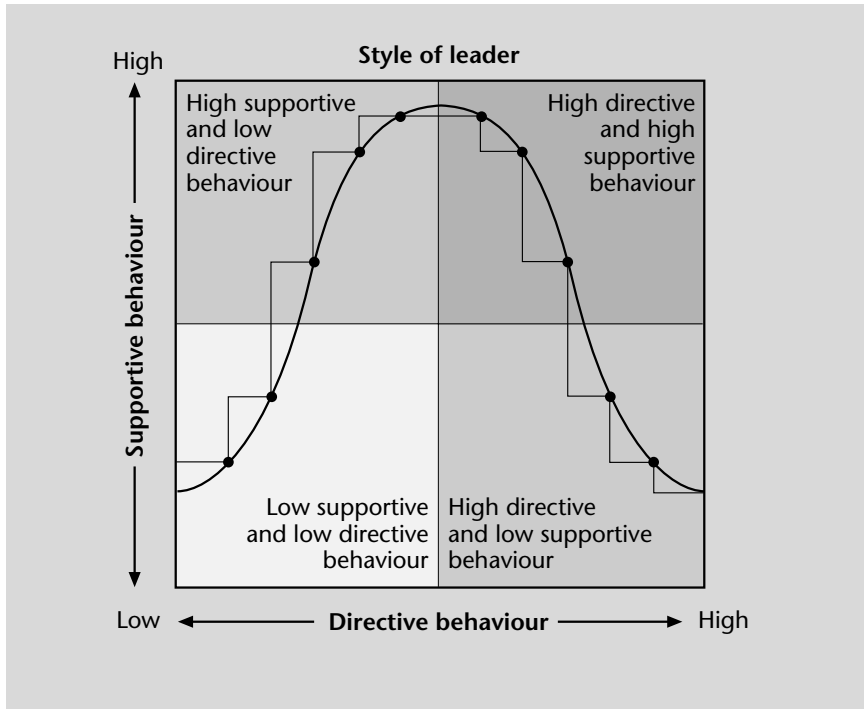


Figure 3.1 **Situational leadership** (Source: Blanchard *et al.*, 1986, p. 74)

- A *high directive/high supportive* approach may be more effective with staff who have some competence but reduced motivation to accomplish the task. Leader behaviours include coaching, giving encouragement and asking for input. However, the final decision about what the aims and outcomes should be, and how to accomplish them, remains with the leader.
- A *high supportive/low directive* approach is for staff who have competence but low commitment. This approach involves listening, praising, asking for input and giving feedback. Staff have control over day-to-day decisions, but the leader is available to help with problem solving.
- A *low supportive/low directive* approach is most effective with staff who have a high degree of commitment and competence. After agreeing what is to be done, the leader lessens involvement in planning and day-to-day details and even intervenes less with support (Northouse, 1997).

The leadership style changes over time from directing to coaching to supporting to delegating as performance improves. Managers may adapt their approach with staff for different tasks for which they have different competence or emotional reactions. Anita (in Example 3.2) may want to take a high directive/high supportive approach as she gets to know her

new team, but in her approach to team meetings she may tend to be high directive/low supportive until she feels that the meetings are accomplishing what they should. Managers may also want to adapt their approach for different workers.

One of the authors (Jill Reynolds) worked as a project leader in a reception centre for refugees. The housekeeper sometimes needed urgent advice on what were quite challenging problems. Perhaps repairs were needed to the dilapidated property – originally a workhouse – or a hygiene problem was identified in relation to food storage. The approach that seemed to work best was to ask the housekeeper what her preferred way of dealing with the problem was. Often she could work out a solution, but would want to use Jill as a sounding board. The approach that Jill took with her was a low directive/high supportive one. With the interpreters, who were refugees themselves and new to the UK, Jill aimed to be quite directive and offered a lot of support.

Although the situational approach is used extensively in leadership training, it does have some limitations. There are few research studies that justify the assumptions and monitor the effect of the approach on performance. There are some practical difficulties in adopting a different approach to different members of a staff group, while also thinking about the overall level of development of the group as a whole (Northouse, 1997). It is important to be perceived as being fair and acting in the same way towards everybody. You might question whether a high directive/low supportive approach is ever the right one in care services. Even an unqualified worker in a new job is likely to appreciate some recognition of their input and ideas as well as encouragement to develop competence.

An alternative way to conceptualise leadership style that takes into account variability in situations is shown in Box 3.2.

BOX 3.2 Emphasis in leadership

Leadership style varies according to the degree of emphasis on:

- **compliance** with rules and procedures
- **delegation** of responsibility to others
- **standards** set and monitored in all aspects of the work
- **rewards** for excellence rather than for seniority or due to favouritism
- **distance** maintained through aloofness or reduced over time through building warm and trusting relationships with team members.

(Source: adapted from Coulshed and Mullender, 2001, p. 100)

According to Coulshed and Mullender (2001), managers can monitor their own approach by asking themselves the following questions.

- Are procedures sufficiently well organised that people can be left to get on with their jobs, but not so constraining that initiative is hindered?
- Are staff encouraged to take responsibility and 'own' their decisions and initiatives without too much risk of mistakes?
- Are standards set too high or too low (or not at all)?
- Is everyone regularly praised and rewarded, and criticised fairly?
- Is there a friendly and comfortable working atmosphere in which people can ask for support or advice when they need it?

There are no definitive answers to the right degree of the different emphases listed in Box 3.2. The variation in management and staff situations means that managers need to appraise their own setting and work out the relative importance of, for instance following rules or delegating responsibility and developing people. In doing so, they are adopting a practice-led approach. Ideally, this will take into account the needs of staff and the primary task of the staff group as well as managers' own preferred style.

Example 3.3 describes an approach taken in a children's home to managing the food budget. It is in contrast to arrangements – not uncommon – where responsibility for bulk ordering lies with central management. The example illustrates leadership as a set of processes. The children and staff need varying levels of support and direction to engage with the process, which is a learning situation for everyone.

EXAMPLE 3.3 Sharing responsibility for food

In a children's home with an annual budget for food, residents and staff have full control together (within their budget) over what food they buy, how they prepare and cook it and how they eat it. The job of managing the catering is taken in turns by different workers, with help from colleagues and from the children and young people. Who takes on this very difficult job is decided at either the staff meeting or the community meeting, or both, and comments, suggestions and major decisions regarding food and everything to do with it are regular items of discussion in both formal meetings and informal gatherings. The food budget is frequently examined and is available to everyone.

Most of the children are expected to take part in the shopping and cooking at some time. They are used to budgeting on a large household scale; they handle substantial sums of money and account for how they spend it. The residents learn social and practical skills – catering, budgeting, decision making – which few of their friends and contemporaries are likely to learn in their smaller family households.

Although the food is important to everyone, not all the staff and residents are expected to take part in its selection and preparation. Some children are not ready to shop or cook. Staff move in and out of some of the domestic, household managing roles but the whole staff group are wary of reproducing stereotypical 'women's roles', particularly in connection with managing the food. The boys who live there, quite as much as the girls, have the advantage of knowing about running a (very large) household and sharing responsibility for seeing that it is a good, comforting and nourishing environment.

(Source: adapted from Burton, 1993, pp. 78–9)

In this example some staff may need little direction or support in the practical matters of budgeting, shopping and cooking. On the other hand, they are also engaged in coaching the children, and this may be a more complex aspect for which they need a higher level of support. Some children will be active in learning household management (high direction and high support); others will simply take part in consuming the results. The men and the women in the group may support each other in resisting a tendency to see the management of food as 'women's work'.

The approach taken in the children's home is based on a vision of how residents and staff should be involved with such important decisions as those concerning food. The strength of the situational approach to leadership is that it recognises that leaders need to be adaptable. Situational leadership models do not explicitly focus on the role of vision and purpose, although our discussion of Example 3.3 shows that they can be applied to settings where vision plays an important part.

The advice to new managers from the manager of a mental health voluntary organisation is to trust in people, work to their strengths and share their vision:

Keep enthusiastic, believe in people, trust in people, work to your own strengths, have a vision, share your vision, and take it forward with people, and start every new day as if it is the first.

(Manager consultations)

Goffee and Jones (academics and organisational consultants who have developed and tested theory in workshops for managers) offer even more pithy advice on leadership style to the managers they coach: 'Be yourselves – more – with skill' (2000, p. 70).

Key points

- Managers do best when they adopt a leadership style that expresses their personality preferences and allows them to play to their strengths.
- A situational approach to leadership emphasises the importance of a flexible response according to the needs of the situation, the organisation and staff development.

3.5 The place of vision

Engagement with purpose and vision is often described as *transforming* or *transformational* leadership (Burns, 1978; Bass, 1985). The implication is that people can be inspired to lift their attention above everyday affairs. Through developing shared values and a sense of doing something purposeful, transformational leaders can alter the way staff see themselves and their organisation (Martin and Henderson, 2001). Transformational leaders are not just concerned with meeting the current goals of the organisation, the service or the system, but in 'upping the stakes' and changing the goals. Values, meaning and purpose are at issue here as the leader articulates goals that others have been only dimly or not at all conscious of (Bennis and Nanus, 1985).

There are some difficulties with the literature on transformational leadership: it is speculative and argues from conviction rather than from evidence. There are criticisms of the moral aspirations of transformational models in relation to the business world; efforts to make work happier and more fulfilling may be in conflict with an overriding goal to make profits (Harvey, 2001). In relation to care services, it is perhaps more obvious that if staff feel fulfilled and valued, the relationships and care for the users of the service will flourish. The relevance of transformational models for care services is that they highlight some important core values that are central to the provision of good care: honesty, openness, respect for individuals, community of interest, mutual help, empowerment and developing other people.

Whatever the state of knowledge about transformational leadership, it is a concept that has passed into common understandings of the relationship between leadership and vision. In the context of care, the manager of a residential care home for children captures some of the essence of a transformational leadership model as follows.

It's about people having a vision; they need to learn how to create visions and look to the future. It's very important when you are coming into residential care. You are constantly evolving. When it becomes comfortable in a residential home people want to stay there, but if you stagnate it falls apart ... all sorts of different other elements come in, because you need constant recognition, constant achievement, you've got to be having a vision. You've got to be aware of what's going on in the child's world.

(Manager consultations)

Creating and implementing a vision is an important aspect of leadership. Vision is a picture of the results you want to create, an ideal sense of what is possible, a statement of destination. Some managers may feel their scope in contributing to the formulation of a larger vision is limited. They see their primary responsibilities as attending to the day-to-day operations and the practice of their staff. However, Henderson and Seden (2003) suggest that, increasingly, frontline managers are becoming involved in strategic planning, perhaps because they have important information about the needs of service users and issues for practitioners. If they are not formulating the vision, they are designing pathways for its implementation. While this can be difficult, as it pulls frontline managers away from a



This mural by mental health service users and a local arts group is the result of a shared vision

focus on practice and operations, it is also exciting, as it allows them to help shape the service and to inform senior managers about what the important issues are. There are opportunities here for managers to be practice-led: leading from their practice base and helping the learning of the organisation. Evans (2003) describes a programme that gave managers an opportunity to reflect on practice in their teams and pass on the results of their 'team self-audits' in order to influence strategic planning by their authorities.

We argue that managers play a role in the vision sequence whether in the formulation and strategy, or whether in tying the vision into practical aims and objectives, and remaining vigilant for better ways of doing things. Even as a new manager of a mental health team (Example 3.2), Anita hopes the team can become enthused with a vision for the service:

My new manager will be expecting from me, among other things, this sense of vision, this integrated way of working which is new to the area I'm going to and one of the things I sold myself on at my interview. Pulling the team together and helping them to move forward.

(Manager consultations)

Vision can hold a team together, as described in Example 3.4. Martin, an experienced manager, recalls the importance of the shared aims or goals that put vision into practice in a newly combined team of probation officers and social workers. The vision he describes was to improve a poor system and give better service.

EXAMPLE 3.4 Sharing a vision

I think the key to it is having an aim or a goal that everyone shares. If you have that then people are less worried about the fact that the person sitting opposite them gets two more days' holiday or that they get paid extra, because they are all focused on the same goal. My main experience of this was managing a joint agency team in youth justice where probation officers and social workers came together. Now, historically at that time those two were poles apart. The fear was, 'Oh, we don't want to work with that lot', and my own perception was that probation officers often thought they were a bit better than social workers. 'Oh, we're officers of the court you know', they used to say, and social workers were a bit fearful of the probation officers, because they saw them as almost like cops, soft cops. So there were those fears.

So this group of people came together. Now if you let them, I think they would have focused on the issues around terms and conditions of service. But what we all wanted to do was improve the poor system, give a better service to the courts, give a better service to the young offenders and their families we're working with. Now it's interesting in that team that no one

wanted to join it at the outset for all the reasons I've mentioned. But a year down the line, when there was a proposal put forward to disband the team and go back to the old way of working, everyone defended the team to the hilt. Now I think that's because we focused on the goal more, and it's the issue of offering support to people, and suddenly, pay, leave and pomposity wasn't an issue.

(Source: manager consultations)

Shared visions are compelling, bringing out courage people did not realise they had. They take time to develop because they require people to listen to each other and allow new insights to emerge about what is possible – part of the process sometimes described as becoming 'a learning organisation' (Senge, 1990). Martin points out that an essential feature is the team approach to problem solving, and that this may be more effective than trying to design the ideal system, for instance for developing interdisciplinary working in mental health:

You can either try to resolve every problem before you set the thing up, or you can get people together in a meaningful way at an early stage, and then ask them to solve it. In relation to community mental health teams, there are so many problems around – the documentation for example – and I've just got a feeling that if we sit these people together, they will actually resolve a lot of those issues for us, whereas managers ... can probably spend a year talking about it.

(Manager consultations)

It is especially difficult to build a shared vision in an atmosphere of tension and distrust. People can become disenchanted with the gap between the vision and the current reality. People can lose their connection with each other, forget to reinspire each other about what they really want to create, and lose the relationships that such conversations nurture. Managers, as leaders, can provide the inspiration that continually refreshes the vision.

In more prosaic terms, vision may simply be the overview that managers can provide, as Beverley, a practitioner with a voluntary child care project, describes:

Practitioners get very caught up in practice, and I think the manager's role is to have that overview, and to think, 'We haven't looked at that policy recently, that procedure recently. We haven't looked at what frames our practice, and it would be really useful for us to carve out some time, to review that.'

(Manager consultations)

Key points

- Creating and contributing to a sense of vision is often seen as central to leadership at all levels.
- At times of tension it can be helpful for managers to involve different people in building a shared vision.
- The managerial role gives managers an opportunity to maintain an overview of the work of the unit.

3.6 Managing power

Power is the currency of leadership, determining what gets done and how. Without power, leaders cannot lead (Bennis and Nanus, 1985). Important questions are:

- Who has power?
- How do they use it?
- Who has access to the positions that provide an opportunity to use power?

In this section we discuss some elements of charismatic leadership, in which power often appears to be held by an individual because they possess a strong personality and a compelling vision. In contrast, so far we have been exploring the possibilities for leadership activities to be distributed throughout organisations or partnership arrangements; some implications of this are reviewed next.

Charismatic leadership

Max Weber made a detailed study of charismatic leaders in which he defined charisma as:

a certain quality of an individual personality by virtue of which he is set apart from ordinary men and treated as endowed with supernatural, superhuman, or at least specifically exceptional qualities.

(Weber, 1947, p. 329)

More recent work has extended thinking on charisma to look at the relationship between the charismatic person and the institution or agency. For effective leadership, other people have to become engaged with the leader's project. If the agency is to continue with the leader's approach,

it must embody and express the charisma in its routine life. The structure of the agency then becomes the carrier of the charisma (Starratt, 1993).

Many of the qualities and behaviours we have already ascribed to transformational leadership are also those of charismatic leadership: strong interpersonal skills, the ability to imagine a different and better future and to communicate a vision, courage, willingness to take risks, self-confidence, passion and energy. The essence of charisma is the capacity to generate excitement, enthusiasm and subsequent loyalty to the mission and the leadership. The power of the leader is, of course, grounded in the power of those people who associate with, follow and support that leader (Starratt, 1993).

Such leaders can have immense power in an immensely powerful dynamic. Charismatic leadership often emerges in times of crisis, when there is more latitude to take initiative. It can also be found in entrepreneurial settings characterised by opportunity and optimism (Conger and Kanungo, 1988). Some charismatic leaders can shift the context, creating conditions of crisis or opportunity. Many of the care services that are now taken for granted would not be in place today without the original vision and drive of pioneering men and women who saw a better way of dealing with social or health problems and found an opportunity or campaigned for change. Think, for instance, of Florence Nightingale, Barnardos, the Leonard Cheshire Homes or the Terrence Higgins Trust.

There can be a dark side to charisma (Conger and Kanungo, 1988). Because of the leader's powerful capacity to enhance people's self-esteem, self-efficacy and energies, followers can become dependent on the leader. Their self-worth becomes a function of the leader's approval. While leaders can use charisma to articulate and help to bring about a vision that serves the group or the community, they can also use charisma to serve primarily their own interests, to the detriment of the group. A stark example is Frank Beck, a manager in the 1970s and 1980s, who was convicted of 17 counts of physical and sexual assault on children and young people in four different children's homes. A student chose a placement in his home because he was 'a charismatic leader who led from the front' (Kirkwood, 1992, p. 211). At Beck's trial the judge said, in his summing up: 'You exploited authority and the undoubted power of your personality to satisfy your lust' (p. 2).

Even in less overtly dangerous situations, problems can arise because of:

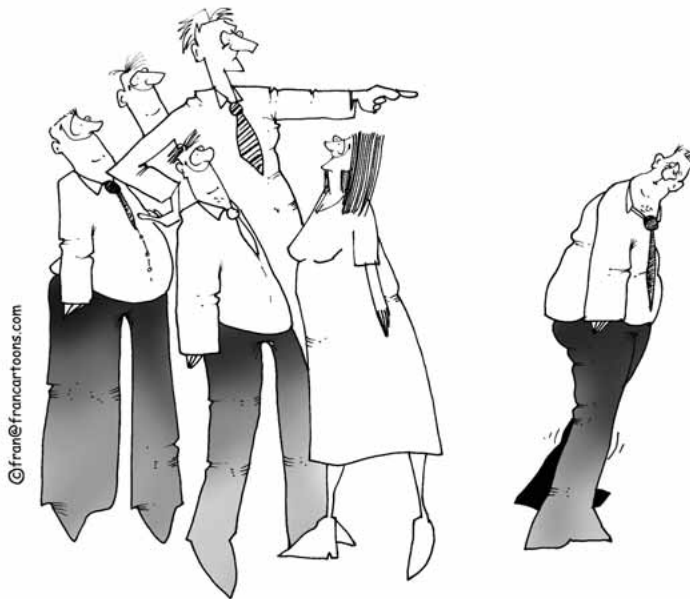
- a grandiose vision and unrealistic expectations to serve the vision
- poor investigation of facts, poor assessment and use of resources
- selective communication that underestimates difficulties
- manipulation of people and relationships.

Love-hate relationships between leaders and followers can result: you are 'in' if you are performing miracles; you are 'out' if you are doing less. Charisma can be a double-edged sword. Within its very strength and

power there is the potential for abuse or crisis in any organisation whose members find difficulty in making their own contribution to the common vision. A caseworker with a voluntary organisation commented:

Our organisation is strongly associated with the name of our Director. She is regularly interviewed by the media and has raised huge amounts of donations. She has built the organisation over the last 20 years from a small group of volunteers to a staff of over 90; we own the premises we operate from. Some of us have tried really hard to get better practices and policies in relation to equal opportunities, but it's a hopeless battle. And although she's now well past retirement age, she is still not handing over responsibilities, or involving others in senior management decisions.

(Manager consultations)



Charismatic leaders sometimes foster love-hate relationships with their staff

Nadler and Tushman (1988) refer to 'magic leadership' to describe the catalysts who start up innovative organisations or revitalise them when they flag. Weber first identified the problem of trying to find a successor to a charismatic leader (cited in Conger and Kanungo, 1988, p. 15). Nadler and Tushman comment that one person cannot sustain the magic over an extended period, and argue that it is more effective if organisations develop skilled leaders at all levels. The right mix of people in senior management positions can ensure better day-to-day leadership to keep an organisation from crisis. At worst, they can provide the next 'magic leader' to pull the organisation through.

Leadership and diversity

If charismatic leaders are best advised to share power and promote the leadership of others, who are the leaders-in-waiting who should receive this encouragement? The words commonly used to describe leaders – for instance ‘great men’, ‘superhuman’, or ‘heroes’ – suggest exceptional qualities. They also imply that leaders are predominantly male. A theme of US literature in the 1990s was ‘leadership diversity’ (see, for instance, Arredondo, 1996; Morrison, 1992). The focus tends to be on how organisations can promote more women, black and foreign-born people to positions of power. Discussion can, of course, be extended to other people who have traditionally had less opportunity to enter the workplace or take on leadership positions, such as those with disabilities or mental health problems, and gay and lesbian people (see, for example, Read, 2003). The arguments for doing this centre around better human relations practices, value-based assumptions of equity and fairness, a better reflection of the populations served by the organisation, and the potential loss to the organisation of the creativity of people from diverse social, racial and cultural backgrounds.

In a British context women are disadvantaged in gaining senior management positions in care services. The workforce study by Ginn and Fisher (1999) found that women comprise between 86% and 95% of the workforce but only between 60% and 71% of managers. A survey in 2002 of local authority social services departments by the Social Services Inspectorate (SSI) shows some increase in the numbers of women in the top three tiers of management since 1997, a move from 42% to 48% (Social Services Inspectorate/Association of Directors of Social Services, 2002). Proportionately more women continue to be positioned at the third tier level than are rising to become directors or second tier managers. Ginn and Fisher suggest that the picture is not of direct discrimination but a combination of factors. Lower qualifications play a part, but the influence of a full-time service career dominates overall; a career history with substantial full-time service is less easy for women to achieve while they have principal responsibility for child care in their personal lives.

It is possible that women offer a different kind of leadership. There are some indications that women tend to put aspects of staff care such as supervision and support above administrative concerns in terms of priorities (Eley, 1989). Grimwood and Popplestone (1993) argue that women managers in social care are more oriented to taking care of their staff and paying attention to detail.

Deborah Tannen has done research into the different conversational styles of men and women. Common conversational rituals among men often involve an oppositional stance using banter, teasing and expending effort to avoid feeling inferior in an interaction. Common conversational rituals among women are often ways of maintaining an appearance of equality, taking account of the other person’s feelings, and expending

effort to downplay the speaker's authority so that she can get the job done without obviously flexing her muscles (Tannen, 2003). Tannen gives examples that show how women in management positions can be quite unobtrusive in making sure that things go smoothly, which can mean that their excellence then goes unrecognised.

A review of international studies of gender differences in management behaviour and style shows inconsistent results: some studies found women to have a more supportive style, or to be more relationship- and participation-oriented; others found them less relationship-oriented or that there was no difference (Vinkenburg *et al.*, 2000, p. 128). The authors conclude that despite calls for feminine leadership qualities, few actual differences in personal factors and behaviour have been consistently and empirically confirmed by research. This leads them to argue that although there are persistent stereotypes about gender differences, there are no reasons not to promote women who are motivated and capable into top management positions.

In relation to black and ethnic minority women managers in the UK, it is difficult to obtain accurate data and perhaps many systems do not routinely collect this information. The 2001 SSI survey found only 5% of women managers were of non-white ethnic origin and the majority of these were at the third tier and in London. One review notes that there is some evidence that the position of black and ethnic minority women managers may actually be worsening (Bhavnani and Coyle, 2000). Bhavnani and Coyle's own study, evaluating training and development initiatives designed to meet the needs of black and ethnic minority women managers working in the NHS, found that training programmes were unequivocally valued. However, a large proportion of the women who took part in this study felt frustrated about their chances of career progression, and thought that white managers failed to recognise their capability. The authors argue that thinking on equality in organisations needs to encompass a view that when people from diverse backgrounds hold power, it can add value to the organisation itself. This idea requires a wider strategy of organisational development and change, and positive action to recruit from under-represented groups is insufficient.

It is not enough to increase numbers and expect women to blend in. It is also not enough to recruit black and ethnic minority women based on an assumption that their main virtue lies in what they can offer as knowledge of their 'own people'.

(Bhavnani and Coyle, 2000, pp. 230–1)

They go on to suggest that, like other diverse groups, black and ethnic minority women bring different and competitively relevant knowledge and perspectives about how to actually do work.

Coulshed and Mullender (2001) similarly comment on the subversion or hostility that members of oppressed groups may encounter when they make it into management. Black managers may find that white

subordinates do not know how to relate to them as authority figures, for instance double-checking their advice with white staff. Coulshed and Mullender argue that if the only change made is to allow disabled workers, women, black people and other oppressed groups to be more fully represented in welfare organisations, this has severe limitations:

it can mean entering an agency's workforce on the terms set by those who got there first and who have already determined the agendas of assumptions, priorities and even of language. This can lead to tokenism, harassment and continuing oppressive treatment.

(Coulshed and Mullender, 2001, p. 223)

They point to the value base of social care provision, and the responsibilities of organisations providing services to consider issues of gender, ethnicity, culture and religion, age, disability and health, class and poverty, and issues affecting gay and lesbian people. These are now essential considerations in the delivery of services at the practitioner and service user level. Coulshed and Mullender argue they provide a challenge for change at the levels of management and organisational design.

The following questions can help to provide an appraisal of the state of affairs in agencies or community groups in relation to diversity and opportunity.

- Who benefits from current arrangements (in service delivery, in my organisation, in my work group)?
- Which group dominates this social arrangement (for instance a committee, a working group, a department)?
- Who defines the way things are structured around here (in my agency, my community)?
- How do practices, processes and systems promote or restrict inclusiveness (those that characterise my profession, my day-to-day work, my relationships with senior and subordinate people)?
- How does the language commonly used shape attitudes and action, and where does it come from?

Enabling participation

Issues of sharing power and leadership suggest that some specific practices need to be adopted. 'Distributed leadership' is an overall term for a variety of different practices that emphasise participation. The practice of participation in decisions can vary from consultation, where people are asked for their views and the manager makes the decision, to delegation, where authority and responsibility are given to the individual or the group. Delegation might seem a more effective means of truly distributing power, but it tends to be used selectively, often when less important decisions are involved, the manager is short of time and the person

delegated to is viewed as capable of taking on the responsibility (Hollander and Offerman, 1993).

The account in Example 3.5 is from a project worker in a young people's centre, who was asked to step in when the manager took a year's leave.

EXAMPLE 3.5 Developing a participatory approach

When I started as a manager it was an ideal time really to sit down with staff and look at things they wanted to change. How happy were we with how the centre was run? And there were a lot of changes made. It helped people, because we were all making these decisions and ... all staff members were taking part in these discussions ... I do believe it helped people gain ... more of a sense of ownership of the service, and I think when you have a sense of ownership, then you work more effectively.

I do think it was part of my particular style of involving people. If we make decisions as a team, then we'll make the right decisions, because everybody's having input. Sometimes people see things differently. So if we all have input, the right decision will be made. So in some ways, it was out of fear, I think (I don't want the buck to stop with me), but in a bigger way, it was out of ... the way that I work anyway, in a facilitative, democratic way.

This is a service that challenged existing services. We were offering it in a different way which respected young people and had them involved right from the beginning. We got the project externally evaluated. We won a national award for good practice as well as three local awards for good practice. Then you start to get some sort of status within your community. You start to sit on other committees.

(Source: manager consultations)

According to Smith (2000), some of the skills and behaviours involved in enabling shared leadership and more participation in decisions are:

- show others how knowledge and experience in decision making can be acquired
- participate in deciding with team members what courses of action to take
- listen rather than talk most of the time
- encourage team initiative and accept risks and occasional failures
- invite or encourage people to take on responsibility for a development
- value contributions
- interpret organisational politics for the team.

While the idea of participation in leadership is attractive, especially in work founded on egalitarian principles, the reality many managers describe is that full and continuous participation can be cumbersome, time-consuming and inefficient. If a manager retains the responsibility for

decisions and actions in the team or agency, this may discourage the distribution of power because any negative consequences will fall on the manager (Hollander and Offerman, 1993). Once again, the personal styles and competences of those involved, both managers and staff, the nature of the immediate situation, the nature of the task, the culture, structures and processes of the organisation, and the underlying purposes are all factors that shape the effectiveness of a participatory approach.

Key points

- While charisma is often associated with individuals, effective charismatic leadership has to be embedded in the life of the organisation.
- Leaders can use charisma to serve their own interests to the detriment of the group.
- If people from a more diverse range of social backgrounds are encouraged into management positions, there may need to be more recognition of the different skills, knowledge and expertise they bring.
- The value base of care provision gives some impetus to a paradigm shift towards distributed leadership and increased participation.
- Enabling participation takes time and requires skilled leadership and attention to the development of participants' skills.

3.7 Conclusion

At the beginning of this chapter a description of Sheila, a team manager, was offered as an exemplar of good leadership. This example shows many of the elements of an approach that seeks participation and develops the leadership of others. Standing back slightly and conceptualising the elements of the leadership process reveals that leadership involves a dynamic interaction of four key elements: the person, the position, the processes and the purposes. This chapter has explored the varying nature of leadership, and the evolution of the thinking and practice of leadership, from a set of characteristics, behaviours and processes emanating from special individuals to a phenomenon that resides wholly in the community.

As you progressed through the chapter, you will have seen the complexity of leadership. There is no one model of leadership, but the various approaches and emphases discussed here offer perspectives on a multidimensional phenomenon. If you are a manager, you show leadership when you effectively assess the capacity of your staff to fulfil the mandate of your organisation, and then provide the necessary direction, support, participation or autonomy to get things done. You show leadership in your enthusiasm for the work you all do, and for the structures and processes you help put in place to sustain that commitment. You show leadership in your availability, in your individual attention to your staff, in your genuine care. You show leadership when you look around and say to yourself and others, 'This can be done differently', or even better, 'Let's take a look at how we can make it happen'. You may be doing one or all of these at any given time. In demonstrating this kind of sensitive agility, you are demonstrating leadership.