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What do we want from social care managers? Aspirations and realities

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Introduction

The practice of management in social care and the contexts in which managers operate have been the focus of much recent interest. Standards are being developed for managers in particular settings (such as residential care homes), and training for managers in registration and inspection services is a current government pre-occupation. The papers *Modernising Health and Social Services: developing the workforce* (Department of Health, 1999) and *Modernising Health and Social Services: national priorities guidance* (Department of Health, 1999) require investment in training, especially for managers to implement Quality Protects.

As a result of these and other initiatives, the role of the first line manager is being scrutinised. At the same time the role is changing rapidly as managers seek to find ways of responding to a spate of new policy agendas. For example, as social work mental health teams join with colleagues from health to form new multi- and inter-disciplinary teams, professional alliances and identities are being questioned. In children's services, managers are seeking to respond creatively to improve services for looked after children and those in the community. Such creativity requires changes to structures, networks and ways of practising.

Writing in *Community Care* recently, Frances Rickford suggests that managers are 'first in line for blame...but not always first in line for training' (Rickford, 2000) and as one of our interviewees remarked managers have 'responsibility without power. There is a growing realisation that effective services require managers to be better at what they do and better equipped to do it. Many first line managers have no management training, and it can also be argued that some management training that is available does not equip them for the challenges of delivering social care in current contexts

The transition from practitioner to frontline manager is probably the most difficult career transition in social services-people struggle with how to do the job and we would strongly argue for formal pathways.

(Kearney, 1999)

However, a manager with a social work *and* management qualification commented that

no training or qualification could have prepared me for the management role I undertook

In the research upon which this chapter is based we set out to identify the day-to-day challenges managers – and to some extent their organizations and agencies – face under the constant pressure to deliver services according to standards and frameworks developed by central government. We were particularly interested to find out whether social care qualifications or management qualifications were seen as most important for employers, and whether expectations and qualifications addressed or compounded the dilemmas that individual managers encounter.

There is little in the way of management training in the DipSW, a small amount in community work education and none in nursing training. Management qualifications seek to apply traditional management models to social care settings. This misses the complexity of managing in social care. A discourse of customer care, for example, does not fit easily with service users who are being compelled to receive services in child protection or mental health.

We present two strands of our research in this chapter. Firstly, we obtained the particulars of forty posts from advertisements, reflecting a wide range of social care settings. From these and government papers we constructed our understanding of expectations. We argue that what employers want from managers, is that they manage the dilemmas, constraints and challenges which face them, with limited opportunity to become the well qualified, professionally developed people aspired to in job descriptions and person specifications. In other words, they may be nicely set up for blame and certainly are operating in a situation of meeting conflicting requirements with little opportunity for the professional development of themselves or others.

Having thus set the context for managing in the second part of the chapter we compare these aspirations with the realities for first line managers. To make this comparison we discuss the results of a series of individual and group interviews undertaken between October 1999 and June 2000 with managers, practitioners and users of services to consider the tasks and roles of first line managers. A diverse group of individuals representing a large range of voluntary private and local authority settings were invited to contribute their views. The questions to which all participants were invited to respond were about the lived realities, roles and responsibilities, experiences and dilemmas, and training/training needs of managers. Becoming a manager is a steep learning curve:

the transition to management was de-skilling in the sense that I came to a new unit [...] I needed to build up networks, but was seen as the manager, who is the ultimate boss, and yet I felt completely out of my depth when the staff were talking about a family or child who they knew well, but where I couldn't even picture them in my head. You are supposed to be organising the whole unit, but you don't yet know about your staff's skills, abilities, histories or strengths and that's hard

first line manager

This chapter sets out our developing ideas about the links and tensions between the operational, strategic and professional components we have regularly heard managers talk about.

Great Expectations: A survey of forty job descriptions and person specifications for first line management posts

Over two months in late 1999 we obtained details of forty jobs. These were selected to represent the diversity of first line management posts in social care and were in the salary range of £12-30K. They included fourteen local authority fieldwork management positions; four voluntary fieldwork management posts; seven social care managers for projects in local authorities; four local authority residential care management posts; seven voluntary sector residential care management appointments and four social care management posts based in NHS trusts. The data gathered enabled the formation of our preliminary ideas about what employers were expecting from a range of managers in a variety of levels of post and settings, and informed the structure of our subsequent fieldwork.

The information from the application packs was organised under the following headings: job title; to whom accountable; aims and purposes of the post; qualifications (essential/desirable); experience (essential/desirable); main duties and responsibilities; attributes/abilities/knowledge (essential/desirable); salary and other. All the job application forms fitted into this kind of framework although some were much less clear than this, jumbling attributes, knowledge and qualifications in longish lists under person specification. What emerged was a complex picture, in which five kinds of requirement seemed to predominate. Managers were expected to:

1 Operate in the space between more senior managers and a range of other practitioners

All the employers expected the manager to be accountable to a more senior manager and also supervise the work of other staff. This dual accountability, a bridging of diverse interests, emerged as a key function and dilemma for managers in a range of social care settings. This is especially the case in multi-disciplinary settings where a manager may not manage all members of her team.

2 Possess varied kinds of specific professional qualifications and experience

Only three of the posts did not require the potential candidate to have a social care qualification. These three (all voluntary sector) asked for a good general education or a relevant degree. The other 37 wanted a qualification relevant to the service user group and the agency function. Essential qualifications included CSS, DipSW, CQSW, NVQ3-5; 'relevant social care qualification'; nursing; occupational therapy. Desirable qualifications named were PQ (2), Practice Teacher Award (3) and NVQ assessor (2). The importance of NVQs was also highlighted in our interviews where one middle manager noted

Managers should also be involved in staff development – especially in relation to competency based training. A lot of manager's posts – if not now but in the future – will require D32 and D33 assessor qualifications. There's a role for [managers] in monitoring and measuring quality standards, national standards as well.

3 To fulfil a wide range of duties and responsibilities within strategic, operational and professional dimensions including across agency boundaries

The lists of main duties and responsibilities were detailed and long. For example, a post of residential care manager listed twenty eight key tasks, and a post of fieldwork manager listed twenty-four. It was of note that the more operational the post, on the whole the longer the list. Numbers of requirements also appeared to be in inverse ratio to salary.

4 To have a multiplicity of skills, abilities and knowledge and attributes

These were usually linked to the client group and the main roles and tasks of the job (e.g. skills and abilities in communication; recording; counselling; or IT). Knowledge expectations were closely related to the client group and role (e.g. knowledge of transition for a care home manager; child care knowledge for children's settings; housing law for a housing project; knowledge of equal opportunities policies for local authorities). Attributes encompassed a diverse set of requirements, but often included attitudes and values, as well as skills.

5 To have certain kinds of personal qualities

Here, lists of requirements usually included traits such as commitment, flexibility, and the willingness to work in own time. Occasionally there are curious and hopeful expectations that the applicant will show that they are a 'can do person' and have 'creativity' or 'passion'.

When asking for **qualifications**, employers mostly sought professional and task related

qualifications. There was little evidence of employers prioritising management expertise rather than professionally defined skills, abilities and experience. To manage in social care, applicants need above all to have demonstrated they are able to do the job. In this sample of forty only three posts required a management qualification as essential, although ten listed it as desirable. Five post specifications listed a willingness on the part of the applicant to undertake management training as essential and four specified a willingness to undertake management training as desirable.

More important was proven **experience** of managing. Experience was essential for 22 posts, ranging from 1 year (3), 2years (4), 3 years (3), 5 years (4) to unspecified amounts of time (8). Four other posts listed experience as desirable. This range largely reflected the seniority of the management position advertised (the more senior the post, the more experience requested). It also demonstrated the reality of employer expectations and their knowledge that few candidates with professional **and** management qualifications would be forthcoming from the bank of people who have ‘acted up’, deputised or gained hands-on management experience and who might well be looking for management posts. There is a recognition that in-service training will need to be provided. This also confirmed the evidence of our consultation with practitioners that they became managers ‘in service’, often being promoted from an existing practitioner post. Some then enrolled on management diplomas and certificates to remedy what they quickly found was a deficit in their professional training, some had in-service training but for many it was a ‘sink or swim’ scenario.

When it comes to delineating main tasks and responsibilities, the picture changes. Professional qualifications based on team function and lists of professional competencies fill the abilities, aptitudes, skills and knowledge lists of requirements and desirable elements for posts. When it comes to the main tasks and responsibilities listed for candidates to fulfil if appointed, however, there is a bias towards management skill, with strategic, operational and professional dimensions, which usually include an element of work with other agencies. The list below is a typical of the kinds of main duties and responsibilities listed.

- effective liaison with other agencies
- supervising and supporting staff
- maintaining records
- writing reports to senior management
- promoting the agency externally
- managing the budget and other resources
- implementing policies as directed by senior managers
- monitoring the implementation of equal opportunities policies
- providing information
- responsibility for evaluating practice
- promoting consumer involvement
- responsible for recruitment, induction, appraisal
- supervise staff and carry out disciplinary procedures where necessary
- institute policy reviews
- manage change

- prioritise and allocate the team's work
- implement health and safety legislation
- know the work of other agencies and develop partnerships
- monitor service level agreements
- provide strategic direction to the team

For most posts the list of main roles and responsibilities was even longer and more detailed and extensive than the above example suggests. The language of the activities wanted is extensive. What employers want first line social care managers to do is to access, account, act, adhere to policies, analyse, arrange, assess, assist, advise, budget, chair meetings, coach, commit, communicate, consult, contribute, co-ordinate, delegate, decide, deliver, demonstrate, deploy, deputise, develop, discipline, ensure, establish, evaluate, facilitate, gather, grasp, identify, induct, influence, initiate, instigate, integrate, join-up, lead, liaise, maintain, monitor, motivate, negotiate, network, organise, oversee, participate, plan, prepare, present, prioritise, produce, promote, purchase, provide, pro-act, provide, record, recruit, resolve, be responsible, review, supervise, support, teach, think, train, undertake training, work, and write.

So, it can be argued from these examples, that when employers write job and person specifications and advertise to recruit a social care manager, they are not sure that potential candidates will have management qualifications and training. They are also uncertain as to whether this can be undertaken while 'on the job'. In terms of doing the job of manager, however, employers do know that what they want is a person with a wide range of professional competence, and skills to undertake the complex and multi-faceted roles and responsibilities of managing. Thus they cite practice abilities, skills, knowledge and attributes and then add a set of management roles and responsibilities. Managers are employed to be

strategic: 'to develop strategies, systems and procedures to meet the overall objectives'

operational: 'to ensure that the care services are effectively managed and adhere to departmental objectives to resolve operational problems'

professional: 'take responsibility for managing all domestic and ancillary staff which includes their induction, supervision, training and development and appraisal. Ensuring staff are empowered, consulted and involved in decision making and effective supportive, corrective or disciplinary action is taken' ... 'implement anti-racist and ethnically sensitive services in accordance with legislation and council policy'

Hard Times: First line manager group and individual interviews

We chose to look at the lived reality of managers from three different, but interrelated viewpoints. The geographical focus of the locality based consultation sessions is in line with moves towards partnership working in specific localities required by various documents (Department of Health, 1999, 2000). Managers must develop and take part in partnerships with service users, other agencies and organizations on local and regional levels and so we wanted to find out what partnership means for some of the people involved.

Single agency groups were structured according to participant's role in the organization to give an indication of perceptions and expectations of first line managers from various places within the same organization. Lawler and Hearn, (1997) consider management from the perspectives of senior managers in social services, Balloch et al (1998) looked at

a range of views within agencies. This study seeks to make comparisons within and between agencies and settings. So, in the single agency sessions participants were split into middle manager, first line manager and practitioner groups. Workshops were held in three organizations. The first had integrated adult social work and health services several years ago, the second was moving towards integration in two areas – mental health and learning disabilities (as well as planning for joint review) and the third workshop was held with managers, practitioners and service users selected on a regional basis to represent local authority, voluntary and private agencies. This group also evidenced their pre-occupation with cross-agency and ‘joined up’ work.

The third strand of the fieldwork was a series of in-depth semi-structured interviews with managers from social services and voluntary sector organizations. In total 26 participants in residential and day-care settings as well as fieldwork projects were interviewed. Of these, 14 had social work qualifications and 11 had other social care professional qualifications. All were actively managing units, projects and teams. Only four had management qualifications although ten had undergone in-house training. All group sessions and interviews were recorded and transcribed. These interviews together with the group consultations form the basis for this section of the chapter.

The similarities between groups were marked. One theme echoed through the workshops and interviews very clearly indeed. The role of the manager in social care is in a state of change and confusion with a plethora of policies and procedures, but no real recognition of the day to day management challenges of implementing policy and procedural changes – the lived realities for managers. This section, therefore, draws out some of those day to day challenges and dilemmas for managers – and the people with whom they work. We have structured our discussion around the areas identified by the participants as central to their experience – the operational, strategic and professional aspects of management, as these were divisions made by the participants themselves.

Operational

There is a strong tension between the operational aspects of the management role and the first line manager’s involvement in strategic developments and decision making. On the one hand, first line managers focused on the operational component of their management role – the day-to-day support and supervision, work allocation, developmental and enabling role working with team members. On the other hand, middle managers recognised the difficulties faced by first line managers, but saw the strategic aspects of the first line manager task as priority

I’ve just appointed two temporary team managers [in child protection] to cover for people who aren’t there. I would love to have said to those two people, you just concentrate on looking after those teams for the next 3/6 months. If I did that I had to decide who was going to take on our statutory function in the Education Action Zones, the Sure Start initiative, the Health Improvement Group and pick up the chair of the Parenting Skills strategy group [...] There’s just four things I had to allocate to those two people in the first few weeks. And they’re not things I could say ‘That’s not a priority at the moment’

middle manager, social services

The operational challenge of managing multi disciplinary teams was seen as linking all aspects of the management role. Implementing the move at an operational level held profound challenges for first line managers

You’ve got to allow people to maintain their own professional identity but at the same time to manage them and that’s a very difficult balance [...] otherwise there’s no point in having a multi disciplinary team

first line manager, social services

and impacted on the manager's own position

A manager needs to be positive and constructive about multi disciplinary working to staff – at the same time as having concerns myself [...] it wouldn't be fair for them to take on board my anxieties

first line manager, social services

Participants referred to the first line manager as a bridge or translator many times in workshops and interviews. This was seen as a central operational role, although we argue that it crosses into strategic and professional arenas. The manager communicates with and mediates between groups and individuals about policies, practices and strategies that are often very new to the manager herself.

The importance of communication and relationships was stressed by service users who thought that the more distant from practice a manager becomes, the less the manager was aware of the very real effects of decisions. Practitioners also felt that managers were becoming more remote and removed from the day to day work of the team. It was felt generally that managers were often away from the office on 'strategic business', unavailable to deal with many of their operational or team demands

Time management is difficult, because you have to be out of the building sometimes up to half the week at meetings, manager's days and other projects that you are working on and it's difficult to keep up to speed with what's happening in the unit

first line manager

This includes being available to offer support or guidance to staff on practice and statutory matters. It is proving difficult for team managers adequately to support staff who work with distressed people in demanding situations. The importance of relationships with people appears, as one first line manager commented, to be forgotten 'in our focus on competencies'. Managers found staffing issues could take much of their time

We are fully staffed now, but struggle between posts, we are able to represent the population in that over half the practitioners are Asian, but there are restrictions on appointing at the moment and you know it will be difficult if anyone leaves or is sick

first line manager

Decision making was identified as another important operational task. Some practitioners felt that managers were not always able to make difficult decisions

managers don't like making difficult decisions – I think they often run away from it and that frightens the life out of me

social worker

Managers saw the complexity of their decisions

All of a sudden people come to you for a decision, and you have to stand by it and think of the long term effects of it. If I make this judgement it will mean certain things, but if I do the other thing there are different implications...so I have to try and look at everyone's needs and think of the welfare of staff and users

The types of decisions managers make are affected by their work setting. One middle manager spoke about a decision making course he had attended where

people were trying to make a distinction between operational and strategic decision making. They said that they're on a spectrum really – operational decision making

being the day to day but relatively inconsequential type of decision [...] but in the social work profession (it was a health course) some of the day to day decisions that may be operational and not to do with great strategic plans or the long term view, are very consequential to people's lives.

Managers in voluntary sector projects have more freedom to undertake their operational tasks. A manager of a voluntary sector project for young people, for example, is able to take chances with her management approach

My style of managing is very much hands off [...] this style of management probably has the most risks – to let people make mistakes [...]

The same manager's management committee had agreed to external management supervision that focussed on structures, people and relationships within the project. Although there were more demands on the manager in relation to assuring quality within the project, a new worker had been employed to work on funding, financial issues and grant applications. This appears to be at odds with the experience of most first-line managers who are expected to incorporate greater budgetary and strategic planning into their role as well as fulfil other duties. It is one of several examples which demonstrate some of the operational creativity and flexibility to be found in the voluntary and private sector

the benefits of this agency are informality, quick decision making, tight adherence to our professional standards[...] being a small agency it is easier to identify staff needs and develop and build expertise in identified areas

private agency manager

The focus in the voluntary sector on the importance of the operational aspects of the first line manager's role is further illustrated by a line manager from another voluntary sector project who noted

I have three workers who are using a very different [therapeutic] approach and I need to keep up to scratch with that – even though I don't offer therapeutic supervision

This is in sharp contrast to some statutory sector managers who are finding that the supervisory components of their role are being taken over by newly introduced senior practitioner posts.

Strategic

While first line managers identify operational issues as their priority, middle managers consider that the first line manager has crucial local knowledge that is vital in strategic planning. First line managers feel overwhelmed by so many policy initiatives over which they have no control or influence and by the development of procedures and standards that do not take implementation time into account. New policies and procedures appear from national government and from City or County Hall at a frightening pace. Managers do not have time to consolidate the information or practice with their partners and teams before the next new procedure comes along.

there were lots of new initiatives and everyone was feeling overloaded [...] at the centre it's the way in which you sell things to people...if you can see the positives to new things....

family centre manager

and

information bombardment and making it mean something for staff

Of particular note are the changes in children's services in relation to Quality Protects and in adult services in relation to moves towards multi-disciplinary teams. Within many agencies there appears to be a lack of clarity and continuity about what constitutes a manager's role. The role has expanded over time (as opposed to changed) to the point that expectations of managers have become unrealistic within available time frames.

I worry that I will lose what I came into social work for because the management task becomes so difficult

first line manager

and

Keeping up with government agendas and quality standards as well as managing the work is a challenge

carers project manager

Although some authorities have focussed on time management courses the problem, however, appears to be a finite amount of time with an infinite amount of expectations that no amount of training will address. Clarity about role may help in this respect

It isn't actually fair to say to people 'if you're going to be a team manager simply be the manager of a team'. Maybe we're saying we can't do that. What we are doing is recruiting people to manage operational, day to day demands in a busy social work team and at the same time be involved in the development of services within their locality in partnership with other agencies and the wider department. We shouldn't suggest to people that it's anything else but that.

middle manager

Another middle manager pointed to the implications of

Management styles, management speak, competencies and inspection are influential – things can get very mechanical

The rate and intensity of development, especially in relation to procedures and standards, was noted in all of the groups:

It's as if we're driven by a machine that actually records information at the expense of service users

first line manager

and

We seem to be performance managed to death these days, rather than having realistic targets to aspire to

first line manager

This was an area thought to have a negative impact on practitioners who felt criticised and undermined by the performance tables being used.

Quality and measuring has become a dilemma. How do you implement standards and know that you are attaining them? What do you ask? Social Services will ask about the numbers of families who have received a service, but what do the families think? When reviewing the toddler group the children's views of quality might be different from the adults...you can't say whether everyone is satisfied or whether the service is oppressive...how do you judge the standard of the service?

family centre manager

So again we have the manager as translator, this time in a strategic sense – between the wider department and team members, between policy and practice and between people from different agencies and backgrounds. Communication within organizations does not appear to be growing alongside strategy and consultation as the following three quotes – all from members of the same department – illustrate

There is lip service paid to consultation and we do have managers come round and talk to us so on paper it looks like [consultation] is happening – but somehow it isn't effective

practitioner

Managers don't feel listened to

first line manager

Middle managers keep consulting with and asking managers, but don't seem to listen to the response

middle manager

A barrier to developing effective strategic partnerships was identified as a lack of real delegated power to managers. Decision making is important in partnership working but there may be constraints in this area

We may go to a meeting with health managers and come away having to get authorization to do something which health managers could give approval to on the spot. So you have people trying to develop partnerships but feel they don't have equal levels of authority.

middle manager

The challenges of developing partnership working and the cultural changes and challenges this involves are complex and time consuming. There is a lack of understanding within other organisations and agencies about the nature of social services and this adds to the difficulties for managers. The lack of a shared language between partners was mentioned by several participants.

Professional

This is an area of some anxiety for first line managers and practitioners – especially in adult services – although less so for middle managers. Moves towards integration of health and social work teams and the development of multi-disciplinary teams within some specialisms brought the issue to the fore for many participants.

It can cause quite a bit of resentment being managed by someone who is not of your profession

practitioner

although others felt

Having a multidisciplinary team gives us the right skills mix and the ability to talk to other agencies in the right language as well. It makes a difference.

Children's home manager

Teams developed without a professional identity and practitioners were concerned that their own professional identity was being diluted. As a result of service integration, one

social worker we spoke with had joined BASW and a nurse had become involved with a nurses action group fighting to preserve their professional identity. Both people said that they would not have joined profession specific groups prior to integration.

A background in social care was seen as essential by service users and managers alike although experience of a particular specialism such as learning disabilities or mental health was not as important

social care context and values are inherent and shouldn't differ

first line manager

When it came to the move from practitioner to manager, participants felt there was little in the way of preparation or support. There are more opportunities for staff to take part in development and project work - as a form of preparation for possible future management roles - but at some cost for remaining team members who must then take on extra work. Management development programmes are often only available after someone has taken post as a first line manager.

Managers need increasingly to direct team members attention away from their professional backgrounds towards a single system of care management and planning. As a result managers may find themselves torn between their own practice and professional background and organizational and policy requirements and expectations. Within and between specialism and levels of management, participants considered that hybrid cultures are developing. These are about a person-centred approach to management and a 'hard' business management approach. Participants from one organization considered that a culture of blame was developing where performance tables are a) not measuring quality and b) not using the correct data for quantitative measurements. In some instances this is resulting in a survival culture where the process of evidence collection appears to hinder practice. The need for accountability and enforcement as components of the first line manager's role was however, recognised.

Discussion

Managers identified many dilemmas and challenges that impacted on their day to day management task. These ranged from the operational – being available for consultation with staff – to the strategic – developing plans for service development in their localities – to the professional – working in a manner consistent with social work ethics and values. It is not possible in this paper to consider all of these in detail and so we focus on one from each area. These are the operational dilemma of the introduction of senior practitioner posts, the strategic dilemma of developing partnerships, and the professional dilemma of appropriate training. Themes identified included the uneasy transition from practitioner to manager, running to keep up with the pace of change, the fit (or lack of it) between organization, identity and profession, balancing the responsibility for buildings, health and safety, budgets and staff management with the need to devote time to multi-agency planning meetings and strategic functions.

In Syrett's (1997) study participants felt that managers did not see the real issues for practitioners and service users. Our research shows that managers see the operational issues all too clearly but feel unable to respond because of strategic demands on their time. The tension between operational and strategic functions discussed above is being addressed by several organizations through the introduction of senior practitioner posts to oversee many of the day to day operational matters within teams. In some cases this includes the very areas of management that attracted first line managers to the role in the first place – staff supervision and support, workload allocation and day to day team maintenance. On the one hand this is seen as an essential support for first line managers and as an opportunity for staff to gain some experience of managerial roles. On the other

hand it may also serve further to distance a manager from her staff and may place the senior practitioner in an invidious position of being neither practitioner nor manager. Vanstone (1995) argues that the distance between practitioners and managers may foster mistrust in 'besieged managers'. He goes on to note that the situation – for all concerned – is influenced by

The degree to which managers are actually, as well as seen to be, in touch with the experience and concerns of practitioners

(p124)

In practice the opportunities for practitioners to develop management interests or skills are unplanned. People usually become managers without any formal preparation often by 'acting up'.

Some middle managers recognise the difference between what they did as new managers and what managers now undertake. However, they continue to look at the first line manager job in terms of skills rather than look at the job itself. This would seem to support Lawler and Hearn's (1997) finding that senior managers saw their own social work experience as giving them credibility with staff, but having little or no relevance otherwise. The focus of middle managers in our study was clearly on the centrality of the strategic function of management. Middle managers spoke rather grandly about the role of the manager being to 'prioritise in the light of changing demands' but not about the reality of doing so when the needs of practitioner and department are in competition or when strategic aims clash with operational realities. The comment noted earlier by the manager who spoke about being 'performance managed to death' is illustrative of Newman and Clarke's (1997) argument that searching for quality in the form of the latest charter mark or award may be 'as much about external legitimacy as it is about effectiveness' (p4). This is an illustration perhaps of the competing demands upon the line manager and how the rhetoric of social care management bears little relationship to its realities.

Interagency liaison was a challenge for managers in adult and children's services, as well as statutory and voluntary sector settings

Difficulties come when you work with agencies who don't listen to young people for whatever reason

young people's project worker

Inter-agency boundaries are still quite tricky...the care co-ordination project is about a joint co-ordinated approach for under 8s and we have one child to whom it applies, one care plan travels with the child regardless of the setting they are in...

first line manager

Both practitioners and managers find the role of translator between people and agencies challenging, especially in relation to language in multi-disciplinary teams

There isn't a shared language – a vocabulary to express what I had been trained to express in the way I had been trained to express it [...] over time I don't think it's changed. I think I've got more used to it and can accommodate it more perhaps

practitioner

Managing multi-disciplinary teams is a big threat because you don't have understanding of their professional expertise or language

first line manager

In the absence of the magic bullet for management effectiveness, we are led to wonder if the introduction of the Babel fish as a management tool would be at least as useful as yet more communication strategies. As *The Hitchhikers Guide to the Galaxy* tells us:

The Babel fish is small, yellow and leech-like, and probably the oddest thing in the universe [...] the upshot is if you stick a Babel fish in your ear you can instantly understand anything said to you in any form of language (Adams, 1979) p48/49.

Conclusion

First line managers are pivotal in ensuring client, worker, departmental and governmental needs are met. This may feel overwhelming especially as expectations on first line managers continue to grow. As one manager commented, the fast pace and overwhelming amounts of change are such that 'we're making our own histories'. Delegation has implications for team members who may feel pressure to accept extra work in an attempt to support the team manager, and prioritisation is difficult when, as one participant noted, 'they're all priorities'. This manager went on to say that a member of her team 'shouldn't have to say she feels sorry for me'. Our research has indicated that the lived realities of first line managers in social care are taking place in Hard Times indeed. The Great Expectations of managerial discourse are able as Clarke (1998) argues, to claim the moral high ground of quality and efficiency. None of the participants in our study disputed the importance of improving the quality of social care. What they argued for was a closer relationship between the aspiration and the reality.

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