'I Haven't Forgotten About You'

Critical Lessons Learned in Negotiating Access into the Field of Care Management

Peter Scourfield
Anglia Ruskin University

Abstract

Based on a case study, this paper discusses the issues raised and problems faced when trying to negotiate access to the system of statutory reviews for older people residing in care homes in England. Efforts to recruit participants proved to be more difficult than anticipated. However, the prolonged period of field negotiation yielded its own set of data with which to better understand the adult social care system in England. The paper provides a critical reflection on the reasons behind the care managers' reluctance to participate and the strategies employed to deflect attention or resist involvement. The discussion provides a broader context in order to allow for wider applicability of the findings across other similar situations.

Keywords: Access, care management, participation.

> …research in group or organisational contexts raises some additional considerations, and negotiating access to the setting will be a key part of early stages of the research. It requires patience and sensitivity. (Lewis, 2003, p. 62)

This paper emerges from a UK-based doctoral study. The research questions were focused on the way statutory reviews were carried out for older people in care homes. The older care home population in England, as elsewhere, is characterised by complex care needs which often follow from varying degrees of chronic ill health (mental and physical), disability and sensory impairment (Office of Fair Trading, 2005). In England, older people who are supported by public funding are required to have their placements reviewed at least annually. The purpose of the review includes establishing whether the older person's needs are being met and whether the care plan needs to be changed. Although the care manager is usually required to follow a pre-determined format, the review should provide an opportunity for the older person, or their representative, to comment on any aspect of their life in the home.

The research was focused on a 'shire county' in which there were 68 care homes accommodating over 2000 older people as residents. Roughly two-thirds were financially supported in some way by the local authority. The project was designed as a qualitative case study using methods of observation, semi-structured interviews and documentary analysis to gain a better sense of how the system of residential reviews worked from multiple perspectives. Related questions included trying to gain a sense of whether those involved felt reviews were useful and in what way, how they should be conducted, whether they were effective, and to obtain a better understanding of how care managers tried to engage with the older person in a meaningful way, and also to what extent the older person's understanding and experiences of the review matched that of the reviewer.

Despite a reasonably successful pilot study, subsequent efforts to recruit care managers prepared to participate proved to be largely unsuccessful. Whilst causing a significant degree f frustration, the prolonged period of field negotiations yielded its own set of data with which to better understand the complex national and local factors that shape the current social care system, the dispositions of those who work in it and the challenges they face in making it work.

Starting with a selected review of the literature on negotiating field access to organisations, this paper provides a critical reflection on the reasons behind the care managers' reluctance to participate and the strategies employed to deflect attention or resist involvement. It provides insights into how an important, but largely neglected, aspect of the social care system operates

from the perspective of those both inside and outside the system. Although the specific context is the English social care system, through naturalistic generalisation (Stake, 2000) it is entirely reasonable to suppose that any insights can be applied relevantly across similar situations. To this end, a suitable amount of 'thick description' (Geertz, 1973) is provided to help the reader better understand the context.

REVIEW OF THE LITERATURE ON ACCESS

Gaining Entry, Access or Acceptance?

Social research textbooks vary in how much time is devoted to gaining access to the field. Some tend to regard gaining access as something relatively straightforward, almost a technical formality, before the 'real research' takes place. However, others (particularly ethnographers) are more expansive; for example, Burgess (1984), in describing the process of researching a school, talks about how 'different approaches had to be made to individuals at different levels in the organisation. Access, therefore, involved negotiation and renegotiation' (p. 45).

Burgess describes various problems encountered in the process of gaining access into a variety of public organisations. However, he argues that however easy or difficult the process, it provides data 'on the ways different individuals perceive an organisation' (p. 49). In this spirit, the discussion draws from writers who are not only keen to explore how to overcome the challenges of gaining access but who are also keen to understand what the process of negotiation can teach us about the field.

Wolff (2004) cautions against any assumption that gaining access is a discrete, 'once and for all' stage in the research process, stating that:

> It would be an error in dealing with the 'way into the field' to think in terms of a fixed boundary, the crossing of which provides the researcher with an open and unrestricted view of the interior of the field. For that reason, in what follows we shall speak not of 'entry' but 'access' to the field. (Wolff, 2004, p. 195)

Robson (2002) draws our attention to the fact that the field contains people who exercise not only different degrees of power, but who use such power that they possess in different ways. He highlights the critical distinction between gaining access formally and then 'what may be necessary, over and above this, to actually gain support and acceptance in the field' (Robson, 2002, p. 380). Robson is referring to the—not uncommon—situation where researchers might obtain formal permission to research an organisation through gatekeepers at a higher level, only to find that the more difficult task is to persuade staff further down the organisation to cooperate with research requests. Therefore, the limitations of simply talking about 'access' in an unqualified way are quite clear. As Wanat (2008) succinctly puts it, 'the terms *access* and *cooperation* are often used interchangeably to describe these two distinct processes However, gatekeepers' approval will not guarantee full cooperation from participants' (p. 191).

To talk about gaining 'acceptance' and 'support' implies something more than getting permissions: it suggests creating an attitudinal change on the behalf of research subjects.
Without active cooperation from those involved, the field might be technically accessible but not necessarily researchable in ways the researcher wants to pursue. The 'human' dimension has long been recognised, leading Schatzman and Strauss (1973) to observe, 'naturalistic field research into human relations is accomplished principally *through* human relations' (p. 19, original emphasis).

However, whilst all negotiations can present challenges of human relations, negotiations with large, complex organisations are likely to present more difficult and complex human relations challenges. Primarily, this is because of different organisational structures and cultures. Large organisations are not 'static' entities—structurally or culturally (Morrill et al, 1999). As a

consequence, internal power dynamics are complex, with roles and responsibilities subject to change at all levels. These factors, together with extended and often unclear lines of communication, all contribute to make access negotiations potentially more complicated, frustrating and time consuming.

Reflecting on these challenges, Buchanan et al (1988) have observed that, 'negotiating access to organizations for the purposes of research is a game of chance, not of skill' (p. 56). However, they offer the following broad advice on managing access negotiations:

- Allow for this to take time
- Use friends and relatives wherever possible
- Use non-threatening language when explaining the nature and purpose of the study.
- Deal positively with respondents' reservations with respect to time and confidentiality
- Offer a report of your findings. (Buchanan et al, 1988, p. 56)

These precepts appear to make intuitive sense. However, on closer examination, their usefulness is limited. For example, given that all projects are inevitably time limited, no clear guidance is provided as to exactly how much time one should reasonably allow, neither is there guidance on what the researcher should do in the likely event that one does not have friends or relatives in a position to help. Buchanan et al do, however, makes useful suggestions on how the information given to participants can be made less threatening by subtle rewording. For example 'conversation' is preferable to 'interview' and talking about 'writing an account' comes over better than 'publish'. This approach places an emphasis on managing interpersonal relations and can be situated in the tradition of what has broadly become known as 'impression management' (Goffman, 1959). However, it does not fully capture the complexities presented by organisational research.

Lewis provides a more nuanced set of points for engaging effectively with research settings. Being more explicit about the need to think about organisational as well as interpersonal factors, her suggestions include:

- Being sensitive to the hierarchy or organisational structure: particularly getting clearance from senior people who are 'gatekeepers'.
- Anticipating, but more importantly being responsive to, concerns and sensitivities raised.
- Having a single point of contact within the organisation, to avoid duplication or gaps in communication. Finding someone who will be a 'champion' in the organisation can help.
- Being flexible about shaping the study approach in response to the precise setting, and accepting advice. (Lewis, 2003, p. 62)

Buchanan et al (1988) state that 'there are no patent recipes as to how a way into the field should be sought and found' (p. ?). Lewis' point about being flexible provides confirmation that it is hard to be definitive about the degree of formality one should adopt. For example, Buchanan et al would appear to favour a more informal approach where possible (for example, the use of friends and relatives), whilst Lewis stresses the need to get clearance from 'senior people who are gatekeepers'. This appears logical. However, in large hierarchical organisations frontline workers may, to say the least, have ambivalent attitudes towards projects sanctioned by their senior managers (Wanat, 2008). One could hypothesise that the higher degree of dissatisfaction with management experienced by frontline staff, the greater their wariness in cooperating with management-approved research. In such circumstances a research study may even 'be sabotaged by the subjects' (Bogdan & Biklen, 2003, p. 76 cited in Wanat, 2008).

Another concern that arises from using senior managers as gatekeepers in large organisations is the question of how well the decision-making is communicated throughout the organisation, if at all (Morrill et al, 1999). This links to Lewis' point about finding 'champions' and a 'single point of

contact'. These appear to be perfectly valid suggestions. However, whether large complex organisations can offer a 'single point of contact' is often problematic. Identifying and recruiting a champion can also be challenging, especially if one is unaware of organisational structures and dynamics and there is no clearly identified champion *in situ*. Formal representations are therefore necessary, but are no guarantee of success. Evidently, the researcher needs to be comfortable using a combination of formal and informal techniques to gain both access and cooperation.

Organisational Responses and Points of Resistance

That researchers might represent a 'threat' to practitioners on some level is always likely to be a factor in recruitment difficulties. For example, Schatzman and Strauss (1973) observe that a key reason is that 'people's privacies are to be "invaded", that commitments to their work and even their very identity are likely to be called into question' (p. 22). In his discussion of the difficulties gaining access to institutions, Flick (2006) conceptualises the problem not only in terms of personal impact on the individual but also in terms of the impact on the institution or system as a whole. The individual has needs but so does the organisation. The impact and the meaning of the research will also vary according to one's position in the organisational hierarchy. Flick explains that:

> In general, different levels are involved in the regulation of access. First, there is the level of the persons responsible for authorizing the research. In case of difficulties, they are held responsible for this authorization by external authorities. Second, we find the level of those to be interviewed or observed, who will be investing their time and willingness. (Flick, 2006, p.?)

In broad terms, if the research turns out badly for whatever reason, the organisation's esteem in the outside world might well be adversely affected. Those at the top will potentially feel more harm. However, for those involved as participants at ground-level, they are more likely to have their personal esteem harmed. Therefore, at various levels and for various reasons, the researcher can anticipate a cautious reception. Dealing with one set of concerns will not necessary assuage others. In fact, to meet the requirements of a group at one level may well complicate matters elsewhere.

Flick (2006, p. 115) draws parallels between how institutions respond to research requests and how they process client referrals. He states that organisations employ 'institutionally familiar procedures' to enable the researcher to be fitted into 'administrative routines'. However, this can be problematic. Citing Lau and Wolff (1983), Flick explains:

> In an institution like social administration, researchers with their research interest are defined as clients. Like a client, the researcher has to make his request in formal terms. This request, its implications (research question, methods, time needed), and the person of the researcher have to undergo an 'official examination'. The treatment of a researcher's request is 'pre-structured' by the fact that the researcher has been sent by other authorities. This means that the authorization or support for the request by a higher authority in the first instance may produce distrust in the people to be interviewed (why is this higher authority in favour of this research?). (Flick, 2006, p. 115)

Flick refers to the researcher's request becoming 'pre-structured' and how that can create difficulties further down the organisational hierarchy. It is arguable that when researchers cannot be easily 'pre-structured' in ways in which the organisation is familiar, the institutional system is disrupted and left uncertain how to respond, leaving the researcher insufficiently 'processed' and in a state of limbo. The obvious relevance of this theme will be returned to later.

Based on a systems approach, Flick (2006) provides several reasons why agreement may not be reached about the necessity and purpose of the research. He proposes that this is because:

> Research is a disturbance, and it disrupts routines, with no perceptible immediate or long-term pay off for the institution and its members. Research unsettles the institution with three implications: that the limitations of its own activities are to be disclosed; that the ulterior motives of the 'research' are and remain unclear for the institution; and finally, that there are no sound reasons for refusing research requests. (Flick, 2006, p. 116)

Wolff (2004, p. 197) believes that as organisations increasingly become sites for research requests, they have developed practices to keep third parties at a distance. He uses the term 'immune reactions' which, in its self-conscious use of biological imagery, implies that the organisation sees a research request as a potential threat to its 'normal' functioning in the same way as the human body reacts threats of infection. Wolff (2004) explains that, 'the fields in question react to attempts at access, as far as possible, by relying on familiar and tested patterns for neutralizing disturbance and dealing with unpleasant or unusual requests' (p. 199). The organisation ideally wants to protect itself from 'contamination' in the first place. However, often having 'no sound reason' to refuse, it will work as hard as possible to 'neutralise' the threat in other ways. This may be something of an oversimplification, but the metaphor has some explanatory relevance in understanding institutional responses to the reviews research.

As noted, both Flick and Wolff believe that a problem for organisations is that they usually have no real reasons for rejecting the research, therefore reasons have to be 'invented' and sustained. In terms of actual strategies used, Wolff (2004) outlines the organisational repertoire. It may include:

- Pass upstairs: the request is first passed to a higher level with a request for examination
- Cross-question: the researcher is repeatedly asked for new presentations of the research goal and procedures.
- Wait and see: the matter is referred for resubmission, because experience shows that many enquiries sort themselves out.
- Allocate: times, roles and research opportunities are provided which the organisation, from its own standpoint, considers suitable and appropriate. (Wolf, 2004, p. 199)

As with Wolff's 'wait and see', Wanat (2008) identifies that another effective 'resistance tactic' is simply 'forgetting'. She found that:

> When all else failed, 'forgetting' was an effective tactic. It seemed reasonable that gatekeepers, all busy professionals, might forget to help arrange an interview. After gatekeepers kept forgetting to perform tasks as promised, it became obvious that forgetting was a method of telling researchers 'no' while appearing to be cooperative. (Wanat, 2008, p. 204)

In many ways, this is the easiest and most effective tactic to adopt because it involves doing nothing. The hope being that, after a while, the problem will go away.

This discussion of the literature concerned with the challenges gaining access to organisations, whilst brief, is instructive. It highlights that there are many factors that can block the researcher. Because of the complex and opaque nature of large organisations, identifying the exact nature of and reasons for blockages can be difficult. Wanat (2008) believes that the process of establishing relationships with gatekeepers in such situations is 'ill-defined, unpredictable and uncontrollable' (p. 192), arguing that when gaining approval from multiple levels of gatekeepers, even knowing where to begin is problematic. However, should a point of entry be gained, approval in one area is no guarantee that the field, as a whole, will accept the researcher. Indeed, positive relations at one level might well complicate field relations elsewhere.

In general terms, Flick (2006) believes that many of the problems stem from the fact that the research project cannot offer anything to the social system, but notwithstanding this, it is hard for the system to explicitly refuse requests.

Interrelating with systemic factors, there are factors more specific to potential participants, for example, the anxiety that they might feel of having their personal and professional space invaded, having their professional competence examined and thus having both their personal and professional self-concept threatened. Given that care managers have, historically, had problems with esteem and morale (Postle, 2001; Carey, 2003), this is an important factor to highlight.

Lastly, Morrill et al (1998) confirm that negotiating access is made all the more difficult at times of organisational restructuring. They elaborate: 'Identifying and managing gatekeepers in organizations undergoing radical change presents practical challenges because local, legitimated accounts for authority and decision-making can change rapidly, thus invalidating the information gathered about the organization at any one time' (p. 69). The problems that come with gaining access under circumstances of radical organisational change are therefore not only of a practical nature, they also cast doubt over the validity (or, at least, currency) of information gained.

A CHRONICLE OF FIELD NEGOTIATIONS

Phase One: The Pilot Study

A pilot study was designed to test the appropriateness of the methods and the project's general feasibility. Once university and local authority ethical approval had been granted in May 2007, the recruitment process for the pilot proved to be relatively straightforward. Using contacts with care managers already known to the researcher (Hartley, 2004), two suitable care home reviews were identified. Permissions were obtained from the relevant parties, for example, the care managers, the older people and their relatives and data collection subsequently took place during 2007. This involved using non-participant observation, semi-structured interviews and documentary analysis. The pilot study was written up and presented to the university in June 2008. Confirmation was given for the research to continue.

Phase Two: Enlarging the Sample of Cases

For the research to continue, ethical approval needed to be refreshed through the university ethics committee and re-approval also needed to be obtained via the local authority's research governance framework. This was completed by September 2008. The plan was to investigate at least another six reviews which, in order to provide diversity, were preferably to be drawn from different locality teams and different care homes. It was not possible to reuse the personal contacts that had proved helpful in the pilot study. Therefore, in the first instance, key gatekeepers were locality team managers. This was because it was their permission that was required in order to approach care managers. In all, eight such managers were emailed directly with information about the project, together with a request to speak to the team to provide more details. Where no response was obtained, at least one follow-up email and phone call was made in each case. Altogether, the eight teams contained a potential sampling frame of approximately 50 care managers.

Interestingly, few requests were overtly declined; indeed, when provided with information, most recipients both expressed interest in the research and claimed to see its value. However, from the initial trawl, only three care managers subsequently 'volunteered' to participate and, even then, despite continual reminders and requests, it proved very difficult to get them to identify specific reviews for observation. Often silence was the most common response to any follow up. This largely unsuccessful recruitment phase extended over the ten month period from September 2008 to April 2009.

To maintain momentum over this period, contextualising data was collected from interviews with people more broadly involved with the care home review process; for example, a team manager, a senior social worker, a care home manager and a care home inspector. Drawing on a research journal, field notes taken contemporaneously, the emails and the interview transcripts, it has been possible to examine this range of data and identify several interrelated factors specific to the field

situation that help explain the difficulties with access and also illuminates the way the care system for older people was functioning.

PROBLEMS IN THE FIELD

Elusive Team Managers

Obtaining a list of teams and their managers in the local authority proved difficult. One of the effects of 'modernising' social services (Coleman, 2009), was that the designated 'portal' for communicating with the older people's teams was through a 'contact centre' set up in 2003. The public could no longer contact their local teams direct and team details were therefore unavailable in directories or on the Internet. The approval obtained through the local authority's research governance procedures meant nothing to the contact centre. The call handler needed to consult with their manager and 'get back'. This call never came and it took three further calls and a fax message to successfully establish 'bona fides'. When the information was received, whilst it had telephone numbers, it lacked manager's names or email addresses (the explanation given for this was that there had been a recent reorganisation). However, with persistence, it was possible to obtain the required information. Obtaining these basic details took two weeks in itself and the experience of this initial contact provided an interesting insight into how people outside the system are received and processed. The contact centre is designed as a 'filter', slotting requests into 'pre-structured' categories. The research request was obviously 'deviant' and could, seemingly, not be 'recognised' and processed in the normal way. Having passed through the first 'gate', more difficulties lay ahead.

An analysis of field contacts showed that, of the eight teams emailed at the outset, only one team manager responded without the need for further prompting. This manager arranged a visit to speak to the team. From this, one care manager came forward. After two reminders, another team manager gave their permission for a talk to be given to the team. This was the team from which the two care managers who had participated in the pilot study were from. As indicated, one of these had left and, for the sake of diversity, it was decided not to observe the other again. No further care managers volunteered from this team. Another team manager replied after two reminders and 'nominated' a care manager to participate. After further discussion, it transpired that this care manager was, in fact, very reluctant to participate, mainly because she was new in the post. It was possible to disseminate information to another team, despite the manager failing to respond to three reminders, by engaging with a senior social worker. One care manager volunteered through this process. Another team manager expressed interest. However, despite three follow ups, they never replied. It later transpired they had been relocated.

As shown below, another replied (within 25 minutes of being contacted) to say she could not participate. Two other managers failed to respond altogether, despite a total of six email and telephone messages to each. In all, at the team management level, close to 50 email and telephone contacts were made. Only one drew a positive response at the first attempt.

Organisational Turmoil and Management Reshuffles

On closer examination it became apparent that, in the local authority in question, there had been almost continual reorganisation and restructuring both in the years leading up to and during the research negotiation period. The local authority, in line with the Department of Health agenda, had commenced the integration of health and social services for older people in 2005. For social care staff this involved being subsumed within the local Primary Care Trusts (PCTs). What were distinct local authority-run social services teams were now integrated teams falling within the organisational structures of the local PCTs. In these newly created teams, social care personnel were often in the minority and often under the management of health personnel. This also brought local authority care managers within the scope of the Department of Health's regrading scheme *Agenda for Change* (Department of Health, 2004). The implementation of this scheme clearly provoked considerable upset and bad feeling amongst those care managers who were not

qualified social workers and discomfort for those who were. Whilst qualified social workers were offered Band 6, unqualified care managers were offered Band 4. In fact it was the outcome of this process that was a contributory factor in one of the care managers leaving the service shortly after participating in the pilot study. One of her comments was:

> …. most recently in the last few months it's become for me quite disturbing, is that because the statistic thing seems to have really taken a hold now, it's come from above, that each review officer has to do at least ten reviews a week, that's to be a minimum expectation. They basically have said in so many words, they don't care how they're done, as long as they're done, whether that be on telephone, etc. Well we know we have the NHS, social services mix at the moment …. social services, or should I say county council I stand corrected , county council policy and procedures that really, really do not want residential reviews to be done by telephone.

The feelings of having a high volume of work, not being able to complete it to a satisfactory standard and of being wary of the impact of integration with the NHS were recurrent themes in discussions with a range of social care staff.

In 2006, CSCI reported that the local authority was 'coasting' and highlighted the 'need for significant areas of improvement' in its adult social care services. This contributed towards another internal reorganisation, aimed more specifically at management levels. Independent of this, the PCT underwent a complete restructuring which affected the way locality teams functioned. The most recent major reorganisation came into being in April 2009 where adult social care functions were, once again, largely separated from the PCT and becoming 'community and adult services'. Again, managers experienced the biggest reorganisation. When the topic of reorganisation came up in field discussions, it was generally accompanied by expressions of frustration and dissatisfaction. Managers were clearly preoccupied by whether they would be changing their jobs, whilst staff were living with the uncertainty of who would be managing them and how this would affect their job. The effects of these changes could also be observed in the frequency in which key gatekeepers (usually team managers) were relocated and their roles changed. Typically, this was discovered by receiving back emails such as:

> I am still in post but now I am an area manager covering the whole of XXXX and XXXX. I have copied the new team managers into this email to enable you to have their email contacts. (13.2.2009)

Thus, much of the field access negotiation involved repeating the same information to gatekeepers, often new in post and, evidently, much more concerned with other priorities. For example, following on from changes outlined above, one of the new team manager' in response from a follow up email replied:

> At this moment I don't feel that the team are in a position to assist with this. Sorry. (19.2.09)

This response is worth quoting, not just to convey the challenges of engaging newly 'reorganised' managers, but because, out of all the approaches made, it was the only overt refusal to cooperate received during the whole period of negotiation. This serves as a reminder that staff in organisations, where research has been sanctioned at the highest level, are in a difficult position when it comes to how they respond to requests to participate. Those reluctant to take part need to use more covert means.

Many writers talk about the need for the researcher to find some kind of common ground and build relationships with potential participants. However, this is based upon a number of assumptions, not least that the other party has either the time or the inclination to engage with the researcher. As Wolff (2004) observes, 'field research relationships are fragile entitles. Participants tend to come together by chance, they are linked by only a brief history and a common future seems unlikely (p. 200).

Care Managers Under Stress

It became apparent that care managers had to absorb and implement several major new pieces of policy, all of which were introduced either just before or during the period in question. These included Protection of Vulnerable Adults (POVA), the Mental Capacity Act 2005, the personalisation agenda (individual budgets, self-directed support etc.) and the Deprivation of Liberty Safeguards. Concern at becoming deskilled and not being able to fully keep up with all the changes was evident. For example, one care manager of 20 years experience, apropos POVA and safeguarding issues, admitted:

> .....no-one's actually explained it to me, what, how we protect people in a meaningful way.

Several practitioners expressed the view that the teams were also struggling to properly implement the 'Single Assessment Process' (Department of Health, 2002) which was taking longer than expected to bed down. On top of this, it emerged that the paperwork used for assessment, planning and review had undergone three significant changes over the period from 2007 to 2009. There are various reasons for this. The changes were partly driven by changed performance indicators, the emergence of new care discourses (for example, planning to be written in terms of 'outcomes' rather than 'needs'), the necessity to promote Direct Payments, the requirement to consider Independent Mental Capacity Advocates (IMCAs) following the implementation of the Mental Capacity Act 2005, the necessity to recast the language of assessment and review in terms of 'self-directed support' and a general desire to clarify the language. The ever-changing nature of the paperwork, together with the frustrations of inputting all the information on the computer, were common themes emerging from the communications in the field.

In short, there also seemed to be something more 'pressing' that deflected the research requests. Intriguingly, when an observation was set up by a care manager who had been 'put forward' by one of the more enthusiastic team managers, it was cancelled on the day. Illness was the reason given.

Defensive Mindedness

It was noted by Wolff (2004) above that common responses from organisations are: 'pass upstairs', 'cross-question' and 'wait and see'. The response received by email below is illustrative of a certain type of response. It manages to contain all three of the strategies identified in four lines. After an exchange of introductory emails, the care manager thought to enquire:

> ...just a few things I need to know before this can happen, have you been policed (sic) checked? have you got the go headed (sic) from the chief ex of the pct ..... Also you will need to get consent from the manager of the home and also the service user…

On one level, this can be seen as a valid response. The participant is entitled to be sure that all necessary clearance has been obtained. However, the care manager, whilst not familiar with the research governance process, had created their own rules and determined that multiple permissions would be required from both within and without the organisation. This could be considered an effective response from someone wanting to resist participation but apparently unable to say 'no' directly. It has the effect of stopping the researcher in their tracks, slowing them down and making them think twice. For example, anyone familiar with police checks will know that these can often take weeks, often longer. Similarly, the 'chief ex of the pct' was probably considered a suitably remote and hard-to-reach figure from the perspective of the care manager. That was the most comprehensive response of its kind, that is, where seemingly arbitrary rules were imposed. However, the most common response was to simply ignore requests. When followed up, either by phone or email, a very common response was 'I haven't forgotten about you'—a phrase which becomes more ambiguous the more frequently it is heard. This response was typically given in conjunction with a list of things that the participant had to do before they

could comply with the request. Wanat (2008) refers to how the process of gaining access is a 'continuous push and pull between fieldworker and informant' (p. 193). This is a very apt way of looking at it. The reluctant participant is almost certainly aware of this and probably estimates that if they are able to prolong the 'push and pull' stage long enough, the researcher will either have found their sample of participants from elsewhere, will lose interest, forget, or that they will get the message and cease asking.

When the question of why people were reluctant to participate was raised with a senior social worker, the reply was:

> I think one of the main issues for workers is that they're constantly overworked.

She added without further prompting:

> I think they [care managers] feel pressured. I don't get the impression that many workers take much pride in the work that they do. Sometimes they do, but I think that's back to the relationship between the worker and the supervisor and about reinforcing, you know, doing a good job, not doing a good job, you know, basically making them feel valued, I guess...

This confirmed the general impression gained from the period of field negotiations. Care managers appeared defensive about their practice, protective of their time, mainly keen to do 'a good job' but confused about where they fitted in to the new system, uncertain about whether others would take over their role and, generally, not feeling particularly valued. It transpired that many of those working as care managers did not have a social work qualification. In addition, staff shortages added to the pressures experienced by frontline staff. For example, one practitioner, who did volunteer, explained their unavailability thus:

> I have been so involved in some complex cases & also co-ordinating the review work it has been chaos.

The following comments from a care home manager are probably indicative in how clearly or coherently the system was working from the perspective of someone outside the system:

> There doesn't seem to be much in terms of organisation in the system. Some people seem to get them regularly every year, but others seem to wait much longer than a year. I don't know. I was going to say it seems to be the social worker. But I know the social worker that does the review, is not necessarily open to that person, they just come and purely do the review, so I guess it's dependent on how busy that locality team is at the time.

This view is valid in so far that it does not criticise care managers/social workers in personal terms. It recognises that they operate in a context. In broad terms, this study provides evidence of how major policy changes are 'transforming' social care. The forces of modernisation, integration and personalisation have all explicitly challenged the traditional role of the social care practitioner. On a local level, the local authority and the PCTs were undergoing radical structural and organisational change. This, too, served to disrupt the social care practitioners' professional self-concept and their sense of worth in the social care system. It was apparent that the review system, in particular, was not well organised, with most teams operating a backlog. Other pieces of work, whether initial assessments, or safeguarding investigations, took priority. The care management recording system had been overhauled three times in four years. The picture emerged of a staff group under siege and left mainly reacting to events with little or no control over how they managed their work. Seen in this context, when asked whether they wanted to be observed and interviewed about their review practice, it is, perhaps, not surprising that a variety of 'immune reactions' would occur. Practitioners cannot be blamed for believing that their practices might not emerge too well from the research and, despite assurances of confidentiality, the risk of poor practice coming to light remained. As discussed, practitioners were busy with tasks against which performance targets are measured. They can be forgiven for regarding

research as something that interrupts them and slows them down—effectively making their job harder. It was difficult for them to see the benefits that research might bring to them personally.

The team managers had to work through a great deal of policy, organisational and managerial change with teams that were in various stages of integration and often under-staffed and demoralised. In such circumstances, their main focus was necessarily inward-looking. There was evidence of protecting the team from 'unnecessary' pressures. Understandably, requests to research in the team were perceived as an external pressure that could be treated as low priority, ignored, postponed or resisted in other ways.

The advance of managerialism in public services since the 1980s has been well documented. Evans (2009) talks about the 'domination perspective', where 'powerful' managers impose organisational goals on a resistant workforce with the help of performance targets, monitoring and other such managerial tools. In this perspective, managers and staff are two distinct homogeneous groups. However, Evans contrasts this approach with the 'discursive perspective' on managerialism, which:

> does not see the influence of managerialism as predetermined and dominant. Its influence within an organisation and on organisational actors must be understood with reference to the particular field of forces in operation at that time. Organisations operate in the context of crosscutting discourses which generate sites of dispute and conflict and opportunities for manoeuvre; in a particular context managers, for instance, may or may not subscribe to managerialism, they may or may not go along with management principles; they may or may not retain a commitment to the profession from which they came. (Evans, 2009, p. 151)

The evidence from the field negotiations would suggest that manager–staff relations could be better understood using the latter perspective. Whilst the organisation was managerialised, no two managers seemed to have exactly the same background and orientation. Neither did the workforce appear homogeneous in its professional outlook. Both groups were caught up in 'crosscutting discourses' and were defending themselves, in their own ways, against the pressures these brought.

DISCUSSION: VULNERABILITY, ACCOUNTABILITY AND ETHICS

Social services in the UK are driven by performance targets. They currently operate in a political and policy context of regulation, audit and accountability which many argue contributes towards a culture of defensive practice (Webb, 2006). Nowadays, it is not only organisations but, increasingly, named individuals who are publicly held to account and blamed. Therefore, quite understandably, local authorities are not only ever more sensitive to how they manage risk in respect of vulnerable children and adults but also in how *they are seen to* manage risks with vulnerable service users. These pressures have been intensified by media coverage of high profile cases such as that as 'Baby P' (Munro, 2009). In this environment, perhaps it is to be expected that anything that feels like additional scrutiny of performance is unwelcome, particularly when the service users in question have such high levels of dependency and complex needs. In the circumstances, it is surprising that the obvious vulnerability of the service users was not explicitly given as a reason for not agreeing to participate. However, this might be explained by the fact that, at an early stage, the staff were informed that 'ethical clearance' had been given, thus forestalling any possible objection along those grounds.

Given the degree of defensive-mindedness encountered amongst certain managers and many of the frontline staff, further consideration of how research ethics are applied in such cases is indicated. As outlined above, in this study, the first step was to gain ethical clearance via the university research ethics committee. However, the form, operation and levels of scrutiny of such committees are variable (Tinker & Coomber, 2004). In any event, ethical clearance granted from university committees is seldom accepted as sufficient by public service organisations which have their own research governance frameworks. In this instance, the local authority in question, whilst acknowledging that university ethical clearance had been granted, nevertheless insisted on a full

application through its own governance procedures. Whether this actually protected the participants any more effectively is a moot point. More or less the same information was provided but in a slightly different format.

The fact that two sets of clearance of ethical approval had been gained effectively ruled out 'vulnerability of the service users' as a formal objection to taking part. However, this exposes the limits in how far formal ethical procedures can encompass the complex and subtle power issues in such cases. For example, whilst staff may have accepted that ethical considerations had been covered formally, they may have felt that their more intimate knowledge of the work gave them a privileged insight into whether the ethical processes were adequately protective or not. Therefore, a degree of paternalism may have been at work with practitioners believing that 'they knew best'. Secondly, it is possible that, given the prevailing climate, they believed that insufficient attention had been given to their vulnerability as workers, for example, to blame and accusations of negligence, and that they were not prepared to take the risk of any such exposure. A third issue relates to power dynamics in organisations and whether, and in what circumstances, it is acceptable for people at a higher level in an organisation to permit research access to those working at a lower level. When it is a question of regulatory audit or evaluation, or when it is some other statutory or large-scale activity, then this is not negotiable, but in the case of research activity undertaken by a doctoral student, then, arguably, it might be left more to the discretion of the individual participant concerned to weigh up the relative costs and benefits to them. Whatever the student may believe, for some practitioners, the benefits of helping someone achieve their PhD are possibly not worth the cost of time, effort and risk. Arguably, rather than having to simply be evasive, the individual worker should be able to opt out explicitly. That would be less time consuming.

However, this raises another issue of power relationships. By providing the practitioner with an 'opt out' they assume the power to deny the opportunity of the older person whose case they are reviewing to participate. As the most likely beneficiaries of any scrutiny of the review system, arguably the decision about whether research takes place or not should be more firmly in their hands. Certainly, in times which stress the importance of service-user involvement, *they* should be the principal gatekeepers and arbiters of what is ethical and not the organisation providing a service to them. This ethical principle appears to have been largely obscured in this study. Unfortunately, space constraints do not permit a fuller discussion of the ethical considerations that further complicate undertaking such research; however, it is clearly a dimension that definitely requires more debate.

CONCLUSION

This account has focused on—mainly unsuccessful—efforts to negotiate entry, access and acceptance in a specific area of statutory adult social care. Inevitably, there are many points that the researcher needs to reflect on critically in terms of their own performance—communication, self-presentation and so on—however, lack of success cannot simply be put down to individual failings. Both 'getting in' and 'getting on' also proved difficult because of a range of interrelated factors specific to the field. However, the period of field negotiations enabled an intense and profound encounter with the adult case system. Wolff expressed the view that:

> A preoccupation with the way into the field serves not only methodological or research-pragmatic purposes, it also yields insights into structures and sequences in the research as a social event, and into the field of action that is under investigation. The trial paths, detours and false trails that researchers often complain about and feel to be burdensome, and even the failed attempts at gaining access which are normally carefully suppressed all then become 'critical events', the analysis of which opens up chances of making discoveries. (Wolf, 2004, p. 202)

Both reflecting on this period of 'push and pull' with gatekeepers and other potential participants, and putting it in context has produced some interesting insights. In particular it has opened a

window, albeit a narrow one, into the world of the older people's care teams and the pressures they face in their working lives.

Wanat (2008) found that 'potential gatekeepers and participants interpret what they are asked to do in their own social context' (p. 192). In this respect, it appears as if the research request was chiefly interpreted as yet another pressure placed on a stressed and dissatisfied workforce—a large part of whose job role is about gate-keeping and rationing scarce resources. Whilst a very small number of care managers responded positively to requests, the single biggest feeling experienced whilst negotiating access was one of being kept 'at bay' or 'on hold', awaiting a response but never sure when or whether it would come. There are parallels to be drawn. For the public, it is no longer possible in the current system for people to call in at a local office. Access to practitioners is filtered, at first via the 'contact centre', then by an initial 'contact' assessment to determine suitability, and then one waits for communication which is usually via telephone or email. Getting to the point of face-to-face encounters is hard. The same is, more or less, the case for the researcher. In both situations you wait hoping that you have not been forgotten and when minded to follow up (repeating your story once again), you will inevitably be assured that 'you have not been forgotten'. What no one can ever know is what exactly lies behind the forgetfulness. The practitioner has few more effective 'adaptive behaviours' at their disposal to manage both you and their work.

REFERENCES

Bogdan, R. C. & Biklen, S. K. (2003). *Qualitative research for education: An introduction to theories and methods* (4th ed.). Boston: Allyn & Bacon.

Buchanan, D., Boddy, D. & McCalman, J. (1988). Getting in, getting on, getting out and getting back. In A. Bryman (Ed.), *Doing research in organizations*, London: Routledge, 53-67.

Burgess, R. (1984*). In the field: An introduction to field research*. London: Routledge.

Carey, M. (2003). Anatomy of a care manager. *Work, Employment and Society*, 17(1), 121-35.

Coleman, N. (2009). This is the modern world. Working in a social services contact centre. In J.Harris & C. White (Eds.), *Modernising social work,* Bristol: Policy Press, ??.

Department of Health. (2002). *Guidance on the single assessment process for older people*. London: Department of Health.

Department of Health. (2004). *Agenda for Change*. London: TSO.

Evans, T. (2009). Managing to be Professional? Team managers and practitioners in modernised social work. In J. Harris & C. White (Eds.), *Modernising social work*, Bristol: Policy Press, ??.

Flick, U. (2006). *An introduction to qualitative research* (3rd ed.), London: Sage, 115-119.

Geertz, C. (1973). Thick description: Toward an interpretive theory of culture. In C. Geertz (Ed.), *The interpretation of cultures*, New York: Basic, 3-30.

Goffman, E. (1959). *The presentation of self in everyday life.* New York: Doubleday.

Hartley, J. (2004). Care study research. In G. Cassell & G. Symon (Eds.), *Essential guide to qualitative methods in organisation research*, London: Sage, ??.

Lau, T. & Wolff, S. (1983). Der Einstieg in das Untersuchungsfeld als soziologischer Lernprozess. *Kölner Zeitschrift für Soziologie und Sozialpsychologie*, 35, 417-437.

Lewis, J. (2003). Design issues. In J. Ritchie & J. Lewis (Eds.),*Qualitative research practice*, London: Sage, 47-76.

Morrill, C., Buller, D. B., Buller, M. K. & Larkey, L. (1999). Toward an organizational perspective on identifying and managing formal gatekeepers. *Qualitative Sociology*, 22(1), 51-72.

Munro, E. (2009, 3 November). Beyond the blame culture: When child protection fails, we need a system of accountability that asks not who, but why. *The Guardian.*

Office of Fair Trading. (2005). *Care homes for older people in the UK: A market study*, OFT 780. London: Office of Fair Trading.

Postle, K. (2001). The social work side is disappearing. It started with us being called care managers. *Practice*, 13(1), 13-26.

Robson, C. (2002). *Real world research* (2nd ed.). Oxford: Blackwell.

Schatzman, L. & Strauss, A. (1973). *Field research: Strategies for a natural sociology*. New Jersey: Prentice-Hall.

Stake, R. (2000). The case study approach in social inquiry. In R. Gomm, M. Hammersley & P. Foster (Eds.), *Case study method*, London: Sage, ??.

Tinker, A. & Coomber, V. (2004). *University research ethics committees: Their role, remit and conduct*. London: King's College London.

Wanat, C. (2008). Getting past the gatekeepers: differences between access and cooperation in public school research. *Field Methods*, 20(2), 191-208.

Webb , S. (2006). *Social work in a risk society: Social and political perspectives*. Basingstoke: Palgrave.

Wolff, S. (2004). Ways into the field and their variants. In U. Flick, R. v. Kardoff & I. Steinke (Eds.), *A companion to qualitative research*, London: Sage, 195-202.

ABOUT THE AUTHOR

Peter Scourfield is a qualified social worker. Having worked in various social work settings, he has worked full-time as a lecturer in the Social Work department at Anglia Ruskin University, Cambridge, UK, since 2003. His main teaching and research interests are user participation, older people and the social care system.

Email: peter.scourfield@anglia.ac.uk