

## **Managers' perspectives on what matters in health and human services management.**

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### **Abstract**

*A survey of managers from 27 community health and human services organisations highlighted perceptions of the level of importance and challenge that they attached to 20 areas of management practice. The three areas most often selected as important and challenging were budgets/financial management, service delivery, and strategic planning. When respondents were asked about the resolution of a management issue, they emphasised the importance of competent leadership and management, and attention to planning, in combination with good communication. The overall findings support the need for the development of diverse management and leadership skills in aspiring and current workforces. Initiatives to enhance management capacity in health and human services must attend to what matters to managers, to ensure they are adequately equipped for attending to the practical demands encountered in a complex and rapidly changing service environment.*

**Key words: Health and human services management and leadership, workforce training and development, management skills and functions, competency and capability frameworks.**

### **Introduction**

#### *Management in a transformed and expanding practice context*

Recent decades have seen fundamental changes in the way Australian health and human service organisations are funded, administered and held accountable (Hughes & Wearing 2013; Jones & May 1992; Taylor, Foster, & Fleming 2008). The convergence of multi-faceted funding arrangements, shifting social policy trends and service system restructuring with increasing community pressure for effective service provision, poses new management challenges, and translates into high expectations of services and organisational leaders (Berends & Crinall 2014; Lawler & Bilson 2010; Reeve 2005). These rapid changes and rising demands are accompanied by accelerated growth in the community and human services workforce, which has also contributed to a rising urgency for competent and responsive management and leadership capable of responding to these challenges.

Between 2001 and 2006 the number of people employed as nurse unit managers or clinical directors increased by 12% and the expansion of welfare centre managers during this period reached 64% (AIHW 2009). More recent information shows that managers in community services, service or program administrators, managers and coordinators—represent 30% of the total workforce. While the majority of the holders of these positions are tertiary qualified, it is generally not in management (Healy & Lonne 2010). The emerging evidence-base identifying the issues, challenges and implications for workforce training needs in the community health and human services sector recognises the imperative for sector-specific management and leadership skills and knowledge (Healy & Lonne 2010; Liang, Howard, Koh & Leggat 2012; Victorian Department of Health 2012). The research presented here aims to contribute to this growing body of knowledge by examining managers' own perceptions of

the knowledge, skills and attributes that they require to successfully manage and lead in health and human service organisations.

The introduction of a market-oriented model to the public sector during the latter decades of the last century, which emphasised competition for funding, an outcomes focus and *more* efficient organisational structures, prompted fundamental changes in the operating environment for health and human service organisations (Carson & Kerr, 2012; Jones & May 1992; Lewis et al 2012; Moynihan & Pandey 2005; Ozanne & Rose 2013; Smith 2010). The range of stakeholders, legal frameworks, financing mechanisms, and public-private organisational models that have since been developed and implemented have, not surprisingly, contributed to unprecedented levels of complexity for those in management and leadership positions (Ray 2010; Reeve 2005). Arising challenges include a diversity of funding arrangements, inflexible project budgets and timeframes, and complicated monitoring and reporting requirements. In addition, the distribution of government funds via project-based initiatives has eroded the scope for organisations to develop and retain management resources. Meanwhile, public administration has been under close scrutiny as politicians and the broader community seek more information about service performance to guide investment for maximum effectiveness (Carson & Kerr 2012; Hughes & Wearing 2013; Lawler & Bilson 2010; Moynihan & Pandey 2005).

#### *Institutional responses to increased pressure on management*

Until recently, government gave limited attention to building management capacity in Australia's community services. In a review of non-government alcohol and other drug services, Spooner and Dadich (2008) observed a lack of investment in management and organisational capacity, and difficulties recruiting and retaining managers and staff. Encouragingly, some Australian and state government initiatives have now been instituted in response to these issues. One example is the *Improved Services for People with Drug and Alcohol Problems and Mental Illness* scheme, which commenced in 2008.

This large-scale funding initiative targets non-government services that respond to those with co-morbid (alcohol/drug and mental health) problems. It supports a range of strategies to strengthen the workforce, increase organisational responsibilities, and enhance service partnerships. Five areas of organisational practice are covered: policies and procedures; professional development; partnerships and linkages; data collection; and continuous quality improvement (VADA 2007). In Tasmania, the Department of Health and Human Services has funded a management and leadership program that 'aims to increase the skills and knowledge of managers and leaders in order to create a workforce capable of meeting changing needs and future requirements' (Shannon, van Dam & Stokes 2012, p. 1). Additionally, the Victorian government has identified 'improving management and leadership competencies' as an area of priority attention for the reform of Psychiatric Disability Rehabilitation and Support Services (Victorian Department of Health 2012, p. 45).

The tertiary education sector has also responded to this need, with the strengthening and expansion of postgraduate courses in health and human services. To further these developments, a consistent, evidence-based understanding of the most appropriate core curriculum topics is needed. A review of 17 Australia postgraduate courses in health services management showed substantial diversity in the subjects that were considered to be fundamental. Sixteen subjects of study were identified across the various programs as core curricula, but only three of these were common to the syllabus, in just over half of the courses (Ritchie & Yen 2013). In other words, only 50% of Australian health services management postgraduate courses have common core units.

To inform curriculum development, insight into relevant and essential knowledge and skills for performing management work in the health and human services sector is required. With the aim of contributing to building this understanding, we offer a discussion on the findings of a survey that sought managers' perceptions of the most important and challenging aspects of their role, together with their strategies for responding to management issues. In doing so, we begin with current knowledge about what matters in health and human services management, arising from research literature and current tertiary education and competency frameworks.

#### *Factors important for health and human services management*

Factors important for management in health and human services organisations are conceptualised from different perspectives in the research literature. In the USA, a study of programs targeting high-risk youth asked staff to rate the importance of selected items for program performance. The items included program actors (clients, staff) and resources, as well as management and service delivery processes. Five factors were considered important for organisational performance: positive leaders; motivated and committed staff; adequate funding; a facilitative organisational structure; and budgeting to ensure the effective allocation of resources (Packard 2010).

Another USA study, which examined survey data from state government health and human services officials, categorised factors in terms of external influences and internal management approaches. External factors regarded as important to service performance were government support, public influence and media. Internal management processes that were identified as positively impacting organisational effectiveness involved the creation of a developmental organisational culture, goal clarity to support a focus on results, and the de-centralisation of decision-making authority (Moynihan & Pandey 2005).

A well-established framework, originating in the business sector, suggests that management involves four broad functional domains: planning; organising; leading; and controlling. Planning involves identifying goals and objectives and developing specific, detailed plans. Organising requires arranging work into components and group-related work activities, defining authority relationships, and developing position descriptions. Leading incorporates motivating, communicating organisational goals to staff and the public, arranging training and supervision, and integrating new staff into the organisation. Controlling signifies measuring organisational accomplishments against stated goals and improving performance by establishing feedback mechanisms (Liebler *et al.* 2008 in Ray 2010).

In terms of human services management, the list tends to be more expansive. For example, Lewis, Packard and Lewis (2012) identify six key functions: planning; designing; developing human resources; supervising; managing finances; and monitoring and evaluating. They place leadership in a central relationship to these seven functions, as 'the force that binds together and energizes these processes' (Lewis *et al.* 2012, p. 8). Other authors include coordinating, marketing, consulting, liaising with external stakeholders, and staffing (Anheir 2005; Menefee 2009; Weinbach & Taylor, 2011).

#### *Management competencies*

The need to identify core competencies has been brought into focus in workforce training and development for health and human services management over the past decade. In the early 1990s Menefee and Thompson developed a core competencies model incorporating 12 practice competencies: communication; boundary spanning; futuring; organising;

leveraging resources; managing resources; evaluating; policy practice; advocating; supervising; facilitating; and team building (Menefee 2009, p. 103). In a similar vein, the *National Network for Social Work Management* in the USA identifies thirteen human services management competencies, these are divided into four domains: leadership; resource management; strategic management; and community collaboration (see Hassan and Wimpfheimer 2012 for the full list of competencies).

In Australia, no formalised set of standards or competencies attached to an accrediting body for management in the community services sector, has been developed. Instead, governments and peak bodies provide advisory frameworks and guidelines that organisations are encouraged to adopt for workforce development purposes. One example is the *Community Sector Workforce Capability Framework* developed by the Victorian State Government (Australian Healthcare Associates 2011).

This framework applies a matrix model, 'for the knowledge, skills and personal attributes that are critical for the organisation, and individual roles' (Australian Healthcare Associates 2011, p. 4). The framework maps nine common key streams of practice across four levels of practice, from direct service delivery to CEO and executive levels. These are: community and inter-agency relations; professionalism; communication; leadership and teamwork; resources, assets and sustainability; service delivery; program management and policy development; change and responsiveness; and governance and compliance (Victorian Department of Health 2012, p. 9). Those at management levels—managers, lead practitioners, CEO and executives—are required to lead and supervise other workers, guide and steer the organisation according to the strategic plan, make decisions, and to take responsibility for programs and services (Victorian Department of Health 2012, p.11).

The national advisory body for workplace and skills development in Australia, the Community Services and Health Industry Skills Council, identifies the following core areas of competency in the Vocational Graduate Diploma of Community Sector Management: risk management; managing finances, accounts and resources; community sector governance; managing a complex community sector organisation; policy development; strategic leadership; and human resource management (Community Services and Health Industry Skills Council 2012).

Based on their study of the necessary qualities for a competent community health services manager, Liang *et al.* (2012) propose five key competencies: interpersonal, communication qualities and relationship management; operations, administration and resource management; knowledge of the health care environment; leading and managing change; and evidence-informed decision-making.

These capability and competency guidelines indicate the broad and diverse range of functions, tasks, skills and personal attributes required of community sector managers. In a complex and therefore rapidly changing sector environment it is essential these are continuously reviewed and adapted to particular organisational contexts and industry trends. To ensure grounding in the challenges and demands of the real world of community health and human services delivery, the guidelines need to be founded on rigorous research and a wide evidence-base. With the aim of contributing to this evidence-base by identifying current priorities and challenges for health and human service management, we sought managers' perspectives on a range of areas, along with practice examples of management challenges and their resolution.

## Method

Previous Australian studies centering on organisational management workforce needs and issues in the community services sector have employed a variety of qualitative and quantitative methods in mixed-method designs. Wagner and Spence (2003) describe their use of questionnaires, interviews, focus groups and participant journals. The Victorian *Community Sector Workforce Capability Framework* drew on community consultation forums, face-to-face interviews and an online survey (Victorian Department of Health 2012). In seeking to identify management competencies for the community health sector, Liang *et al.* (2012) applied an exploratory, mixed methods approach involving document analysis, on-line surveying and focus group discussions. Consistent with this methodological trend we also elected a mixed methods design.

### *Tools*

Our study employed a survey and included supplementary case studies (not reported here), targeting services in Victoria, Australia. An on-line survey was developed on the basis of previous research that had informed the curriculum design for a postgraduate program in human services management (Gippsland Research and Information Service 2004). The original survey listed 16 subject areas relating to human services management, for example 'change management' and 'strategic planning'. These were derived from major texts on human services management and consultation with managers in the human services sector. Respondents were asked to rate whether the listed areas would meet their training needs and whether additional issues should be considered (D'Urbano 2004).

The survey employed in the current study incorporated the original 16 items, and took account of respondents' suggestions for seven additional core subjects. Further consultation with sector managers resulted in a final design that included 20 items, derived by rearranging items from the original version with some additions. For example, 'budgets/financial management' replaced 'budgeting and resources', while 'program planning' was listed separately from 'evaluation'. Additions reflected particular features of the funding environment, such as 'applications for funding/grant writing' and 'external policy requirements'. The full list of the 20 survey items is included in Table 1 below. There was also scope for participants to identify additional areas of management that they believed warranted inclusion.

A four-point Likert scale was used to obtain ratings on the level of importance and level of challenge attached to each management item. Categories ranged from 'not important' and 'not challenging' to 'extremely important' and 'extremely challenging'. Additional questions sought managers' views about areas where they believed their organisation was performing well. In particular, we sought information about factors impacting organisational success in relation to these items; and details of a management, planning or process issue and its resolution. Respondents were asked to identify whether the issue was 'effectively resolved', 'resolved but not effectively', or 'left unresolved'. Background information about respondents and their organisation was also collected. The survey included an invitation for respondents to nominate for a case study interview. Prior to commencement, five service providers completed a pilot version of the survey and minor changes were made. The study received approval from the Monash University Standing Committee on Ethics in Research Involving Humans.

### *Recruitment*

Potential respondents were selected from a public on-line directory of services (Serviceseeker) that is available at Infoxchange Australia. Infoxchange is a not-for-profit community organisation that facilitates information access and exchange ([www.infoxchange.net.au](http://www.infoxchange.net.au)). The directory can be searched by agency name and keyword, with refinement by geographic area (c.f., [www.serviceseeker.com.au](http://www.serviceseeker.com.au)).

Both health and human services organisations were included in the sample because complexities of service delivery and funding arrangements have resulted in cross-sector amalgamations across a range of service areas. For example, many community health services now provide both clinical and support services. We also wanted insight into how organisations delivering multiple service types were managing. However, because the potential scope of the sample was so extensive we elected to focus on just three service areas that targeted people facing substantial challenges to their well-being. The selected organisations provided services that addressed issues with substance misuse, physical/mental health disability, and/or homelessness. Because of the nature of the organisational structure, clients experiencing multiple problems were able to access services in more than one area, for example a client grappling with the effects of substance abuse could access clinical care, as well as housing services to address homelessness, and/or psychiatric support services to assist with mental health issues.

The search of Serviceseeker was conducted using the terms 'alcohol and drug treatment', 'disability', and 'housing and homelessness', with refinements to limit the search to Victoria and delete duplicate records (i.e. same auspice, geographical location, email address). Where no email address was listed, records were deleted. All remaining records were entered into a database showing email address, organisation name, contact person (where available), service name, suburb/town, and service category (i.e., alcohol and drug, disability, housing). The final database comprised 92 records: 27 alcohol and drug, 34 disability, 9 housing, 2 mental health, and 20 services that sat across more than one category (i.e., housing and/or disability and/or alcohol and drug).

### *Sample*

An invitation was sent to the 92 potential respondents via email, providing an outline of the study and a link to the survey. Agreement to be involved was shown by survey completion, which took an estimated 15-20 minutes. Thirty-three responses were received (35.9%) and 27 responses were complete, representing a 29.3% co-operation rate.

### *Analysis*

Responses to closed-item questions (e.g., role, organisation type) and information on the background of respondents were analysed to show frequencies and distributions. Text responses to questions about a management issue were combined and paraphrased to form concise descriptions of the issue and its resolution. These descriptive passages formed the coding units, to which descriptive coding was applied in the first stage. The units were separated according to three criteria relating to the level of resolution that had been attained; 'resolved effectively', 'resolved but not effectively', or 'not resolved'. The second stage involved focused coding (Saldana 2009) within and across the units, using terms from the literature as well as respondents' language. For example, the terms 'good communication' and 'competent leadership' were applied to classifying qualities important for resolution of a management issue.

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## Results

### *Respondent profile*

Almost all respondents (23) had one or more tertiary qualifications. These qualifications were generally in the social sciences, including social work/community development (11), management (9), and behavioural sciences/psychology (7).

All respondents indicated they were in management roles, ranging from Chief Executive Officer (6) and divisional/regional manager (5) to program level manager (6). Seven respondents classified their management role as 'other' and nothing at all was stated for 3 respondents. The survey included a set of categories for years of experience (e.g., less than 5, 10 or more). The average level of experience that respondents had in their current sector was 10 years. Twenty respondents had management responsibility for 20 or fewer staff. Seven respondents were responsible for 30 or more staff, of these four managers supervised 31–50 staff and three supervised 51 or more. Twenty respondents worked in organisations that delivered services in more than five program areas and three were at organisations that provided services in five or less program areas (detailed below). For four respondents, this information was unknown.

Respondents were generally employed in non-government (13) or public sector/state government (5) organisations. These organisations generally provided multiple program types and some organisations delivered services across regional and metropolitan locations. Specifically, the program types and the number of organisations providing these services comprised: alcohol and drugs (10); disability (9); housing and homelessness (7); allied health (7); mental health (6); and generalist social welfare (5). Respondents selected multiple terms to describe the location of their organisation, involving: rural (10); statewide (7); metropolitan (6); multi-site (6); community (4); national (2); and church-based (1).

### *Importance and challenge*

Table 1 shows the proportion of respondents that rated the 20 management items as important and challenging. Ratings are collapsed into two categories for each dimension; 'not important' ('not at all important' and 'slightly important') and 'important' ('important' and 'extremely important'), along with 'not challenging' ('not at all challenging' and 'slightly challenging') and 'challenging' ('challenging' and 'very challenging').

**Table 1. Health and human services managers' (n=27) perspectives on the level of importance and challenge attached to management, planning and process issues**

Management issue	Number and percentage of participants							
	Not important		Important		Not challenging		Challenging	
	#	%	#	%	#	%	#	%
Applications for funding/grant writing	3	11.1	24	88.9	13	48.1	14	51.9
Budgets/financial management	0	0.0	26	100.0	8	30.8	18	66.7
Business and operational planning	3	11.1	24	88.9	10	40.0	15	55.6
Change management	3	13.0	20	87.0	8	33.3	16	59.3
Community engagement	1	3.8	25	96.2	11	42.3	15	55.6
Evaluation	2	7.4	25	92.6	12	48.0	13	48.1
External policy requirements	1	3.8	25	96.2	11	44.0	14	51.9
Governance	2	8.3	22	91.7	14	58.3	10	37.0
Human resources management	5	18.5	22	81.5	11	42.3	15	55.6
Information management	4	14.8	23	85.2	9	34.6	17	63.0
New technologies	12	44.4	15	55.6	13	52.0	12	44.4
Organisational ethics	3	11.1	24	88.9	15	57.7	11	40.7
Organisational politics	8	30.8	18	69.2	12	48.0	13	48.1
Policy development	4	14.8	23	85.2	14	56.0	11	40.7
Professional development	4	14.8	23	85.2	15	57.7	11	40.7
Program planning	1	3.8	25	96.2	15	60.0	10	37.0
Project management	8	30.8	18	69.2	14	53.8	12	44.4
Service delivery	1	3.7	26	96.2	8	32.0	17	63.0
Social service planning	6	25.0	18	75.0	12	57.1	9	33.3
Strategic planning	2	7.4	25	92.6	8	30.8	18	66.7

Note. Some respondents did not rate every item so totals may not equal 27.

The majority rated all of the listed management items as important, involving an average (median) of 24 (88.9%) respondents. Examples include, 'community engagement', 'external policy requirements' and 'program planning', which were rated as important by 26 (96.2%) respondents. Notable exceptions were 'new technologies', which was rated as important by 15 (55.6%) respondents, along with 'organisational politics' and 'project management', which were both rated as important by 18 respondents (69.2%).

The proportion of respondents that thought the listed management items were challenging was lower, involving an average (median) of 14 respondents (51.9%). Some items were regarded as challenging by at least 16 (60%) of the respondents. For example, 18 respondents (66.7%) gave 'budgets and financial management' and 'strategic planning' a high ranking, and 'change management' was rated as challenging by 16 (59.3%). Items that were considered challenging by the fewest respondents included 'program planning' (10, 37.0%), 'governance' (10, 37.0%), and 'social service planning' (9, 33.3%).

Data were restricted to nine items that had been rated as both important and challenging by at least half the sample. The items ranged from 'applications for funding/grant writing' to 'change management' and 'external policy requirements' (see Table 2). The three items most often selected as important *and* challenging were 'budgets/financial management', 'strategic planning' and 'service delivery'. Each of these was considered important and challenging by more than 60% of respondents.

**Table 2. Management, planning and process issues rated as both important and challenging by at least half the respondents (n=27)**

	Number and percent of respondents			
	Important		Challenging	
	#	%	#	%
Applications for funding/grant writing	24	89	14	52
Budgets/financial management	26	100	18	69
Business and operational planning	24	89	15	56
Change management	18	78	14	61
Community engagement	24	92	14	54
External policy requirements	24	92	13	50
Information management	22	81	16	59
Service delivery	26	96	17	63
Strategic planning	25	93	18	67

Note. Some respondents did not rate every item so totals may not equal 27.

Respondents were asked whether there were any other management, planning or process issues currently important for their organisation. Four replied that there were, while three identified a number of items. Examples included accreditation and funding viability. Given that only seven respondents were involved, these data were not further analysed.

#### *Successful management approaches*

Eighteen respondents identified management, planning or processes that were functioning exceptionally well in their organisation. Their responses were organised into three themes: planning, people, and structures/systems. The most common theme involved different facets of planning; strategic and service planning, as well as the integration of planning into organisational functioning. This included the capacity to 'incorporate a diverse range of funding body expectations with best practice outcomes into a cohesive framework for planning' and a 'cascade of planning from the strategic plan to the executives' plan to the service area plans, to the program plans, to the individual workers' plans.'

Successful management approaches within the theme labelled 'people' were internally and externally focused. Some respondents commented on 'strong governance' and 'people management' as well as opportunities for professional development and good human relationship processes. There was also mention of including staff in planning and having an appropriate 'vision and culture'. Comments on structures or systems that were seen as contributing to their organisation's success related to budget/financial management and business systems, as well as monitoring performance against goals reflected in the strategic plan.

#### *Resolving a management challenge*

Nineteen respondents identified a recent management issue and the level of resolution attained. Explanations were offered using case descriptions and text illustrations. Nine respondents (47.4%) considered that their issue was effectively resolved, five (26.3%) believed the issue was resolved, but not effectively, and five (26.3%) felt that the issue was not resolved.

#### *Communication and planning*

Where the management issue had been resolved effectively, good communication between management and staff was considered to be a key strategy. Respondents often attached

'good communication' with a deliberate planning approach. For example, one respondent identified that staff support, 'with open communication' and the 'highest level of management support' facilitated the process of ending a partnership with a sub-contractor in a situation where funding could not be sustained. Another explained that good communication with staff and 'solution-oriented planning' enabled effective program development.

The absence of good communication was sometimes associated with a lack of effective resolution. An example provided by one respondent described the cause of their organisation's problem situation as arising from 'lack of communication' and decisions about major organisational change being made at board level 'without consultation with staff'.

#### *External consultation*

External consultation was clearly considered important for planning. In one example it was explained that consultation with stakeholders to inform the strategic plan meant the organisation was 'able to mesh stakeholder expectations with [an] effective service delivery model'. In another example, consulting with and listening to priorities of the community meant community needs could be factored into the program planning process.

On the other hand, external consultation was not always seen as successful. At one organisation, various strategies were used to obtain community support for a planning decision to locate a new program in the area. Engagement actions involved letter drops and community meetings, however ultimately 'council decided against the relocation'.

#### *'Strong' leadership, 'strong' management*

Respondents that reported on an issue they felt had been effectively resolved often identified strategies involving 'strong' leadership and 'strong' management. One respondent explained that 'strong' leadership enabled the development and implementation of a new program, despite opposition from some parts of the organisation. Another commented that a major change management process, which included management support and briefings for key stakeholders, as well as staff training and ongoing communication with staff, consequently resulted in major practice change. Where qualities of 'strong' leadership and 'strong' management were lacking, issues were often left unresolved. This was illustrated in various examples.

At one organisation, 'internal politics and bullying' were left unaddressed, as they were seen to be 'in the too hard basket – elephant in the room ... no one is game to point out the emperor has no clothes'. Another respondent explained that unsustainable services continued to be funded at their organisation as the 'commitment to staff and client services means management and the board are prepared to deficit fund' from reserves. They reflected that, 'while recognising this is not a long term option, the existence of healthy reserves diminishes the urgency to change practices'. In another instance, observations extended to naming management inadequacies as a causal factor; 'poor skills of senior management' were identified as having prompted complaints from service users and staff, as well as low morale and general dissatisfaction.

In summary, the 20 items in the survey were generally regarded as important, although fewer respondents found them challenging. Nine items were rated as important and challenging by at least half the sample, for example 'budgets/financial management', 'strategic planning', and 'service delivery'. Factors contributing to management success were grouped into three categories: planning; people, and structures/systems. Nineteen

respondents reported on a management issue and its resolution, with almost half noting that in their opinion the issue had been effectively resolved. Factors important for resolution included planning and communication, external consultation, and 'strong', or competent leadership and management.

## Discussion

Our findings illustrate the breadth of demand and complexity in the management of health and human service organisations, involving diverse areas and requiring planned, as well as flexible responses. While many of the management areas that we asked respondents to comment on, ranging from strategic planning and governance to community engagement, were regarded as important, managers were generally confident in their capacity to deal with these dimensions of their position, with few rating the items as challenging. The items that were considered important and challenging by the majority related to resourcing (budgets/financial management), future visions and directions (strategic planning), and core work (service delivery). In other words, how to provide and resource services in the present, while at the same time positioning the organisation for survival and growth in the future?

This perspective supports the observation of Wagner and Spence (2003) who note that, while managers' attention and energies are focused on the everyday practical tasks of running an organisation and delivering effective services, the issues of most concern are about attending to the 'paucity' of the present, while trying to ensure a viable, and possibly better resourced, future. The importance of maintaining a core vision while adapting to changing circumstances also appears to be crucial (Corrigan & Garman 1999; Dixon 1999).

We recognise that the low response rate is a significant limitation of our work, and this precludes data reduction of quantitative findings to domains such as those put forward by Packard (2010) or Moynihan and Pandey (2005). On the other hand, data reduction to core categories might usefully inform a study that involves a larger group of respondents. More research in this area is clearly and urgently needed, and future projects will benefit from giving consideration to strategies that may support a higher response rate, such as promotional campaigns and incentives, and qualitative and participatory action research methods.

Findings from this modest study indicate that good communication processes between management and staff, combined with a commitment to thorough planning can contribute to the resolution of diverse management issues. Strategies that were described as facilitating management success, such as competent, or 'good management' and 'good /strong leadership,' support previous research (e.g., Liebler *et al.* 2008 in Ray 2010; Liang *et al.* 2012; Menefee 2009). The importance of providing leadership support to staff when developing and implementing new strategies was highlighted, as was the need to balance 'strong' leadership, good management, and effective communication (Dixon 1999; Yukl 1999). Concomitantly, situations that were not successfully resolved were often perceived as suffering from a lack of competence in leadership and management skills.

Although conclusions must be tentative given the small sample size, our findings support previous research and literature discussed above, which suggest health and human services sector managers require a suite of skills and breadth of knowledge that may exceed and differ from that required of managers in the business sector. Health and human services managers need to be competent at budgeting and financial planning and they are required to have well-developed communication skills, together with leadership acumen and

strategic vision. In addition, they require an ever- expanding capacity for flexibility and adaptability to enable responsiveness to shifts in social policy, funding arrangements and accountability demands.

In order to address the urgent need to grow management capacity in this sector, it would seem that attention and resources need to be directed at the development of skills in problem solving, innovation and dealing with large scale complexity (Lawler & Bilson 2010; Reeve 2005). This is particularly the case in a fluid environment characterised by constant change, where integrated and cross sector service arrangements are being promoted (Berends & Crinall, 2014; Hughes & Wearing 2013; Wagner 2005; Wagner & Spence 2003), and multiple and competing funding streams are in place (Ray 2010). Attending to effective communication across all levels, internal operations, externally oriented strategies, and a capacity to plan and organise in the face of constant change were seen by the managers surveyed as essential to ensure alignment with, and responsiveness to community expectations and, most importantly, client needs.

Given this complex environment, and the substantial government and public investment in health and human services, targeted strategies for building and maintaining management and leadership capabilities and capacity are essential. Such initiatives must continue to be informed by a grounded understanding of 'what matters' to managers and leaders in the Australian health and human services practice environment. The health and human service managers in our survey identified budgets/financial management, service delivery, and strategic planning as the three areas of their work that were the most important, and the most challenging. In dealing with organisational issues, they believed that competent, or 'strong' leadership and management, and attention to planning, in combination with 'good' communication were essential for successful resolution. We propose that further research exploring managers' understandings of what constitutes 'strong' management and leadership and 'good' communication will provide much needed insight into the specific skills and knowledge required for the development of capable, competent and effective health and human services managers.

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