THEORISING WORKER-CLIENT RELATIONS IN FRONT-LINE SERVICE WORK: UNDERSTANDING THE EXPERIENCE OF NON-PROFESSIONALLY AFFILIATED WORKERS IN UK MENTAL HEALTH SERVICES

Abstract

This paper contributes to a deeper understanding of front-line service workers' experience of the worker-client relationship. It is based on a series of in-depth interviews with non-professionally affiliated workers in new front-line roles in UK mental health services. The findings cover three main areas: worker motivation and orientation; the nature of the worker-client relationship; and the role played in the relationship by the structure of work and relationships with colleagues. Evidence is found to support the use of the framework of Korczynski (2009), but the research also suggests ways in which each of the framework's elements might be developed. It is argued that the idea of 'caring' is in need of refinement; that worker-client relations should not be seen solely in terms of client sovereignty; and that a focus on the technical organization of work can only go some way towards providing an understanding of the worker experience.

Keywords

front-line service work; non-professionally affiliated workers; worker-client relations; health services; caring work; service triangle

INTRODUCTION

In Korczynski's (2009: 954) account of 'absences' in research into service work, the 'most notable vacuum' he identifies is 'sociologists' failure to properly consider the nature of the worker-customer relationship'. There has been, he says, 'no consideration of what the key abstract qualities of the worker-customer relationship might be across service work' (Korczynski, 2009: 955). There is one particular need that Korczynski (2009: 956) highlights: 'it is crucial,' he argues, 'to understand the *subjective* lived experience of service workers vis-à-vis the customer'. The present paper contributes to the development of this understanding and, in doing so, helps fill the vacuum that Korczynksi identifies.

The paper reports the findings of a research project which aims to understand the experiences of a group of workers in the UK's mental health services. These services are part of the UK's National Health Service (NHS), thus providing a potentially fruitful setting for an analysis of the Korczynksi framework. Korczynksi (2009: 952) defines front-line service work (FLSW) as 'work undertaken where the central job task involves interaction with a service-recipient and where the job status is below that of a professional'. The group of workers studied here fall squarely within Korczynski's parameters. Employed in newly established NPA (non-professionally affiliated) roles, a central feature of their work was the provision of mental healthcare through a direct, face-to-face relationship with clients or service users.

The overall question we address is the degree to which Korczynski's (2009) own framework helps us understand the worker-client relationship experienced by front-line service workers in mental health services. The framework has three dimensions: the worker's 'substantive emotional bearing' towards customers; the 'power relations' between workers and customers; and the 'degree of repeated interactions' between

the two groups. It will be seen that the framework proves useful as a basic structuring device. It will also be argued, however, that analysis would benefit from taking a broader approach in each of the areas that Korczynski identifies. The paper thus contributes to our understanding of the worker-client relationship through the provision of a more refined and more robust theoretical framework.

The paper divides conventionally into six main parts. Following this introduction, the second part of the paper uses Korczynski's framework to structure an examination of existing research on the worker-client relationship in FLSW. The third section describes the organizational setting of the research and outlines the methods employed in the collection and analysis of data. The research findings are presented in the fourth section of the paper, and, in the fifth, the findings are brought together with the conceptual background in the paper's discussion. The paper's conclusions are presented in the sixth and final section.

CONCEPTUAL BACKGROUND

Substantive Emotional Bearing': Worker Disposition

Korczynski's (2009) framework for the understanding of worker-client relations is made up of three dimensions. The first of these, the 'substantive emotional bearing of worker to customer,' can, he argues, range from the 'instrumental' to the 'caring' (Korczynski, 2009: 957). Those involved in healthcare work are likely to be found at the 'caring' end of the spectrum, and it is here, says Korczynski, that we will find workers with a more positive experience of work (see also Belanger and Edwards, 2013). The idea of substantive emotional bearing, however, has not been examined in any great depth, either in Korczynski's (2009) original framing or in subsequent work. An immediate issue is that

although ‘emotional bearing’ suggests that what is being looked at is the inherent disposition of workers, the idea is expressed in terms of the type of work they carry out. This then raises the question of the relationship between these two things. In other words, when the individual comes into the workplace, how is any accommodation reached with the demands made on their nature?

There is also the issue of why this first element of Korczynki’s framework is not considered in relation to emotional labour, the concept that has dominated discussion in this area since the publication of Hochschild’s (1983) book, *The Managed Heart*. Emotional labour, broadly speaking, involves workers managing their emotions in such a way as to comply with their employer’s requirements. Central to this is the process of ‘transmutation of an emotional system’ (Hochschild, 1983: 19): feelings that had belonged to the workers now belong to their employer. A rival view is presented by Bolton (2010). Bolton acknowledges that workers will often manage their emotions to develop good working relationships with colleagues, and also that these enhanced social relations might facilitate a commercially more successful organization. Such actions, however, are emotion *work*, argues Bolton (2010: 213), and, while they might support the emotional labour process, ‘[they] are not part of it’. Rather than managers being able to effect complete control, the terms on which the management-worker relationship is conducted are the result of the ‘emotional effort bargain’. Workers are thus ‘an active and controlling force in the service encounter’ (Bolton, 2010: 216).

In place of an exclusive focus on emotional labour, Bolton and Boyd (2003; see also Bolton, 2005; 2009) advance a framework based on the ‘4 Ps’. Emotional labour—now called *pecuniary* emotion management—is retained but is lined up alongside its *prescriptive*, *presentational* and *philanthropic* counterparts. The four types of emotion management are distinguished from each other according to the type of feeling rules

they follow, so that we have not just the commercial feeling rules of pecuniary emotion management, but also, for example, the organizational or professional feeling rules of prescriptive emotion management (Bolton and Boyd, 2003). Workers, it is argued, are undertaking all types of emotion management and are constantly moving between and combining them. In Hochschild's world, by contrast, there were no such 'unmanaged spaces' (Bolton, 2005: 102)—the result, Bolton and Boyd (2003: 304) argue, of her assuming, in the idea of transmutation, that management has succeeded in fully appropriating the feelings of their employees.

A defence of Hochschild is provided by Brook (2009a, 2009b). Brook's (2009a: 537) view is that Bolton's 'flawed critique' of Hochschild places an unwarranted restriction on the scope of emotional labour. Bolton, it is argued, 'mistakenly conflates the commodification of workers' emotions with their direct commercialization at the point of service production' (Brook, 2009a: 537). For Brook, the commodification is a process that operates irrespective of the distinctions that the 4Ps framework makes between the motivations that workers might have: what is key is not the intentions of the employee but the way in which the work is used by the employer. Moreover, he claims, Bolton's argument that Hochschild leaves no space for worker agency is one that cannot be sustained. Brook (2009a) concedes that Hochschild does leave herself open to this charge, but he argues that her position can be defended if transmutation is understood as 'an unstable condition' (Brook, 2009a: 542; 2009b: 23), with emotional labour being part of the labour power 'subject to the central, inherent antagonism within the wage-labour relationship' (Brook, 2009a: 542). From this point of view, the problem with Hochschild's work is not that it is too Marxist but that it is not Marxist enough (Brook, 2009b), and the real puzzle for Brook is why Hochschild did not do more to locate her analysis in 'the wider context of workplace class relations' (Brook, 2009b: 26). Bolton's (2009: 551) response is to express surprise at how Brook has 'miraculously

found [emphasis in original removed] a Marxian 'core' in Hochschild's [work]'. Hochschild's work, maintains Bolton (2009: 552), 'has only the loosest of connections to a Marxist analysis of the labour process', and, while the value of emotional labour needs to be recognised, it will, if stretched too far as a concept, become 'thin and weak' (Bolton, 2009: 554).

At a conceptual level the exchange between Bolton and Brook can be seen as a battle for the soul of labour process analysis, but our focus needs to be on what might offer most help in addressing our own research issues. Following Korczynksi, our concern is with the subjective experiences of the workers involved, and Brook's approach would not seem to offer much in this regard. Neither, too, however, would Korczynski's (2009) 'substantive emotional bearing', which seems to conflate a worker's personal disposition with the requirements of the role they occupy. Bolton's 4Ps approach seems to offer more, although, in trying to identify particular motives for particular actions, it would seem to set itself a high bar in terms of research operationalisation.

One way through some of these issues might be found in the work of Lopez (2006; see also Lopez, 2010), whose research focuses on care work in nursing homes. Lopez identifies two forms of emotion management: emotional labour and what he calls 'organized emotional care'. Like others, Lopez is sceptical of the idea of transmutation, and organized emotional care offers a more supportive alternative. Lopez contrasts the negative impact that emotional labour had on emotional care in one nursing home, with the situation in another home, where priority was given not to the specific emotions required but to the recognition of the basic humanity of the home's residents. Lopez identifies this not just as a diluted form of emotional labour but as a more 'authentic' (2006: 156) form of care, facilitated rather than controlled by organizational management.

‘Power relations’: the Worker-Client Relationship

Korczynski’s (2009: 959) second factor shaping the worker-customer relationship is the ‘power relations between the parties’. The starting point here is the question of the degree to which consumers exercise their power, or ‘sovereignty’, over those providing them with a service. For some, the idea of the sovereign consumer has become a central feature of organizational life. According to Du Gay and Salaman (1992), it is a key part of a ‘discourse of enterprise’ which has important negative consequences for individual employees.

As we shall see below, however, research in the mental health sector shows that it is not easy to identify the requirements of service users, and other research also suggests that there is a danger of exaggerating the degree of sovereignty that consumers can exercise. There are three reasons why this might be so. First, there are constraints from consumers themselves. Customers, argue Bolton and Houlihan (2010), might not act as sovereigns: they can also be either ‘functional transactants’, whose concern is simply the successful completion of an interaction, or ‘moral agents’, who see both themselves and workers as people amongst whom some agreed moral order can be established. Second, workers are unlikely to be completely powerless. Korczynski (2009) identified their potential bases of power, emphasising the pressure that workers were under to meet organizational requirements for the cost-efficient delivery of services.

Third, an unfettered consumer sovereignty will not always be in the interests of the employing organization. A positive view of service work is based on a ‘satisfaction mirror’: customers derive satisfaction from having their demands met, while workers derive satisfaction from

meeting these demands (Korczynski, 2001: 19). Organizations, in turn, benefit commercially. As Korczynski and Ott (2004) argue, however, consumers' and producers' demands are not always so easily reconciled. The rationalisation of production implied by the pursuit of cost-efficiency is likely to be at odds with meeting the specific requirements of individual consumers. The real issue is thus the terms on which '[the] dual logics of rationalization and customer-orientation co-exist' (Korczynski and Ott, 2004: 578).

Looking at things in this way—from the perspectives of the consumer, the worker and the employer respectively—shows that we need to locate the role of the front-line service worker within a three-way relationship: the so-called 'service triangle' (Bolton and Houlihan, 2010; Eddleston et al., 2002; Havard et al., 2009; Payne and Fisher, 2019a, 2019b). The idea of the triangle allows for the formation of alliances between any two of the parties against the third and, indeed, for the fact that different alliances might form and re-form over time. In studies informed by the emergence of consumer sovereignty, the emphasis has been on the ways that the interests of the employer and the consumer might reinforce each other at the expense of the worker (Du Gay and Salaman, 1992), but account also needs to be taken of the other two possible alliances: worker-customer and worker-employer. The situation becomes more complicated when we consider that any alliance might itself be of two types: an alliance able to exercise dominance over the third party, or an essentially defensive alliance acting more as a constraint. Havard et al. (2009) outline the six different configurations the triangular relationship might take. In three of the configurations it is one party that dominates; in the other three the dominance is exercised by one of the relationships. Most pertinent for our purposes is the case where the relationship between employee and client sits at the top of the triangle.

Havard et al.'s (2009) typology is used by Payne and Fisher (2019a; 2019b) in their examination of a shift from 'agency-directed' to 'consumer-directed' care in Australia's aged care sector. Their first study (Payne and Fisher, 2019a) looks at this from the point of view of the workers involved, with the focus on how they deal with the potentially competing demands of employer and client (Eddleston et al., 2002). The outcomes here are not clear-cut, but what appears to capture the situation best is a configuration in which the workers feel themselves subordinate to both their employer and their clients. A second study, however, revealed a more complex picture (Payne and Fisher, 2019b). Though formally the clients now had more power in their relationship with the workers, they were not able to make this power effective. Instead, the complexities of the new system meant that the workers found themselves adopting new roles as advisors to, and advocates for, their clients.

'Degree of Repeated Interactions': the Context of Work Organization and Work Relations

The third of Korczynski's (2009: 961) dimensions, 'degree of repeated interactions', expresses the extent to which worker-customer interactions constitute an ongoing social relationship rather than an accumulation of one-off encounters. The latter has been seen as characteristic of FLSW settings such as call centres (Taylor and Bain, 1999), the alienating effect of which, argues Korczynksi, stands in contrast to the more fulfilling opportunities that might exist in more personalized service settings such as small-scale restaurants or bars (see eg Seymour and Sandiford, 2005).

We can look at this issue in terms of Belanger and Edwards' (2013) account of the nature of FLSW, which attempts to locate its various forms within a classification of workplace regimes based on worker engagement and production rationalisation. Engagement represents the extent to which workers have 'positive relationships' with clients, and personal care workers are described as a 'classic case' in this regard (Belanger and Edwards, 2013: 441). Rationalisation echoes something of Korczynski's (2009) notion of repeated interactions, since a highly rationalised system is described as one in which 'the worker has little engagement with customers on a continuing basis' (Belanger and Edwards, 2013: 442). For Belanger and Edwards, care work thus finds itself scoring high on engagement and low on rationalisation.

But it is also the relationship between engagement and rationalisation that we need to consider. Belanger and Edwards (2013) consider the case of nursing work where they see both rationalisation and consumer sovereignty as having achieved significant purchase. In terms of the service triangle, the employer has combined with the customer to the detriment of the worker. Belanger and Edwards (2013) argue, however, that there are limits to the extent to which nursing work can be rationalised, with the implication that nurses' resistance allows them to retain a degree of 'customer' engagement.

Other work suggests that the real question might be how the impact of any rationalisation is distributed. Clark and Thompson's (2015) study of healthcare assistants (HCAs) shows how these workers feel the impact of rationalisation at one remove: it is the nurses who exercise control over the distribution of work between the two groups. The HCAs' reaction to this is to reduce the level of direct care they provide, which, in Belanger and Edwards' (2013) terms, is a reduction in their degree of engagement. In other words, the positive experience that nurses enjoy is achieved at the expense of their non-professional colleagues. Bolton and Wibberley (2014) cover another group of front-line employees

in the care sector: domiciliary care workers. Here, faced with the need to deliver on more exacting care-plans for their clients, the workers responded by maintaining or even increasing the quality of the personal care they offered. Engagement, in other words, is increased.

One issue is the extent to which rationalisation is associated with the implementation of new technologies. In setting out his framework, Korczynski conceded that consideration might also be given to 'whether the [service] encounter is face to face or is technologically mediated' (2009: 963). It might be argued that this is already captured by 'degree of repeated interaction', since, especially in areas such as call centres, the nature of the interaction was linked closely to advances in technology (Taylor and Bain, 1999). In the area of care work, Brown and Korczynski (2010) looked at technology more explicitly. They were concerned with how workers might be affected by their perceptions of management's motivation in the introduction of new monitoring technology. It was found that where workers saw the new system as an attempt to strengthen management control, organizational commitment was lower but discretionary work effort was actually higher. This showed, it was argued, the value of looking at the front-line worker as part of an explicitly triangular relationship. In line with Bolton and Wibberley's (2014) findings, workers could direct their discretionary work effort not only towards their employers but also towards strengthening their relationships with clients.

In addition, we can follow Bolton and Houlihan (2010) and Subramanian and Suquet (2018) in arguing that a major deficiency in research on the service triangle is that it fails adequately to consider what is going on *within* each of its three nodes. From the point of view of trying to understand the experiences of one group of employees, it seems plausible that their relationships with other groups might be significant. Bolton and Houlihan (2010: 382) criticise Korczynski's (2009) framework for its portrayal of the 'distant management figure' (2009: 956).

They argue that this remoteness does not apply to those in front-line management positions, who might be just as subject as the workers to the acute tensions between efficiency and flexibility. In a similar vein Subramanian and Suquet (2018) examine the relationships between two groups of workers involved in dealing with customer complaints in a large bank. Although one group had formal monitoring responsibility for the work of the other, this responsibility had to be exercised in such a way as to maintain good inter-group relations. What this showed, argue Subramanian and Suquet (2018: 76), is that workers can 'devise their own working arrangements that amend, or even improve, organizational prescription'.

Research Question

Two main conclusions can be drawn from our review of the literature relating to Korczynski's (2009) framework. First, the framework provides a useful starting point for an examination of front-line mental health service workers' experiences of their relationships with clients. Put simply, it deals with the following: what the workers bring to the relationship; the nature of the relationship itself; and a consideration of the contextual factors that might shape it. Second, however, the framework's elements do not seem adequate to allow for a full understanding of the worker experience. A consideration of the literature in each of the framework's three main areas indicates some of the ways in which these shortcomings might be addressed, and the issues raised in the review are investigated further in the remainder of the paper. Overall, we seek to address the following question: to what degree does Korczynski's framework help us understand the worker-client relationship experienced by front-line service workers in mental health services?

SETTING AND METHODS

The workers are located within what Korczynksi (2002: 96-101) calls 'health care work', being employed in mental health services within the UK's publicly funded National Health Service (NHS). To understand the context we need to look both at the client or service user and at the relationship between the front-line service worker and their professional colleagues. As part of the restructuring of public services in the UK, the service user has emerged as an important figure (Bach and Kessler, 2012). Research in the mental health sector, however, has shown that the service user's requirements can be difficult to identify and provide for. From the user's perspective, engagement with services has been seen as part of a process focused on such things as developing self-understanding and working towards both health outcomes and life-goals (Bacha et al., 2020; Biringer et al., 2017; Sweeney et al., 2012). Relationships with service workers are widely recognised as playing an important part in this (Bacha et al., 2020; Hopkins et al., 2009; Sweeney et al., 2012). In looking at how user requirements can be made effective, the focus has been on how workers might contribute to client outcomes (Huxley et al., 2005; Newman et al., 2015). Hopkins et al. (2009), however, argue that 'responsiveness' is something that those working within the systems are not always able or willing to provide. Turnbull et al.'s (2012) study of non-clinical NHS call-handlers, for example, shows how a new range of skills might have to be developed in order to deliver services that are more user-focused.

In terms of their relationship with professional colleagues, workers in front-line roles have traditionally been seen as 'support' or 'assistant' workers and, because of this, research has tended to focus on what these roles imply for the professionals involved. In the healthcare

setting, for example, there has been a longstanding research interest in healthcare assistants and their often fractious relationship with nurses (eg Baldwin et al., 2003; Clark and Thompson, 2015; Spilsbury and Meyer, 2004). More recently, attention has turned to understanding working relationships from the point of view of the front-line workers themselves. Kessler et al. (2007) argued that in addition to looking at them either as 'reliefs' or 'substitutes' for professionals, they could be looked at as 'co-producers' or 'apprentices'. As co-producers, they would work in parallel to their professional colleagues, and it is this more indirect relationship that seems to capture the situation in mental health services (Procter et al., 2016).

The research took place against the background of large-scale change in the mental health services workforce in the UK. A programme of service redesign, *New Ways of Working in Mental Health*, was triggered by concerns around excessive caseloads for psychiatrists (Department of Health, 2005, 2007). As part of the changes, a range of new roles were introduced, and these are set out in Figure 1.

FIGURE 1 about here

The roles have four things in common. First, they can all be classified as FLSW, being designed to work in a direct relationship with service users, carers or community groups. Second, the roles were filled by non-professionally affiliated (NPA) workers, a group whose experiences have tended to be under-researched. Third, rather than providing direct assistance to the existing professional workforce, the roles

were intended to operate in a discrete way, filling perceived service gaps. Fourth, in line with wider policy trends in the healthcare sector, the roles were designed to be part of community-based service provision.

At the same time, however, there were differences between the roles and the type of care they were designed to provide. Table 1 shows the basis on which three sub-groups can be identified. The first sub-group contains Support Workers and Carer Support Workers (CSWs), those closest to a traditional role in which support had strong personal elements and few time limits. Those in the second sub-group, Support, Time and Recovery Workers (STRWs) and Community Development Workers (CDWs), have more defined roles but were still able to offer flexible access to services, with interventions that were long-term and unstructured. The third sub-group includes roles that were designed to provide fast, open access to services, with interventions being correspondingly briefer and more tightly defined. This sub-group included the two types of Improving Access to Psychological Therapies (IAPT) Workers (see Figure 1) and Primary Care Graduate Mental Health Workers (GMHWs).

TABLE 1 about here

The findings reported here are drawn from a qualitative exploration of the experiences of workers in these new roles. Research participants were drawn from one UK NHS Mental Health Foundation Trust, which covers a large geographical area, much of it rural in nature. A purposive sampling strategy was undertaken, the inclusion criterion being employment in any non-professionally affiliated role within community mental health services. In all, 32 interviews with front-line service workers were undertaken. This included eight STRWs, four

CSWs, six GMHWs, five CDWs, five PWPs and two HIWs, as well as two support workers in more conventional roles. The sample consisted of 21 females and 11 males, with an estimated age-range from mid-twenties to late-fifties.

The research interviews were semi-structured in nature, based on a guide that covered the following topics: worker background and future career plans; tasks performed and any overlap with other workers; position and work relationships; and role preparation and supervision. An outline of the interview topic guide is presented in Figure 2. Most of the interviews lasted around one hour, with a range in duration from just over half-an-hour to over two-and-a-half hours. Use was also made of a range of documentary evidence. This included policy guidance, job descriptions, promotional information and service reports/updates. Numbers and descriptions of the documents are set out in Table 2.

FIGURE 2 about here

TABLE 2 about here

Data analysis was based on Ritchie and Spencer's (1994) framework of familiarisation, indexing, development, mapping and interpretation. Familiarisation involved the repeated rereading of transcripts and documents to get a feel for the data 'as a whole' (Ritchie and Spencer, 1994: 178). Eight transcripts were then chosen which exhibited wide variation in content, and from these an initial thematic framework

was drawn up. The codes recorded on the transcripts were grouped together into families of words which seemed to share a connection under a broad category heading. Similar codes were collapsed and alternative groupings considered. The resulting initial thematic framework is presented in Figure 3. It had been expected that the main focus of interest would be the relationship with professional workers, but in fact, despite not forming part of the original interview schedule (see Figure 2), the worker-client relationship also emerged as a central concern.

FIGURE 3 about here

Data analysis was then undertaken using the computer software package NVivo. The initial thematic framework was set up as a series of tree nodes, upon which all the interview transcripts were coded. It was also at this stage that most of the documentary analysis took place (see Table 2). The new patterns, emerging relationships and unanswered questions observed as a result of the descriptive writing and engagement with documents led back to the data in order to consider alternative, more useful ways of fitting the various pieces together (Taylor, 1999).

FINDINGS

Worker Disposition

The central feature of disposition amongst the front-line workers was, perhaps not surprisingly, concern for clients. When asked about their reasons for doing the job, worker responses related to making a difference to people's lives. For one Graduate Mental Health Worker (GMHW):

> … you really see yourself making a positive impact on someone's life, and how you can help ... that's what motivates me really ... being able to make a difference.

This concern was reflected in what the workers did on a day-to-day basis. The work they described was predominantly in the form of services provided direct to individual clients. These ranged from practical support to brief psychological therapies. Typical of the responses to questions about how working time was spent was the following from a Carer Support Worker (CSW):

> Most of it involves face-to-face contact with carers … I do run a support group which is once a month ... and the rest of the time ... most of it's one-to-one support, signposting them to any other agencies … and kind of listening to them.

A closer examination of worker responses reveals a more complex picture. There were two aspects to this. First, there were differences in how the workers saw themselves in relation to clients: a distinction emerged between support and facilitation. Acting as support is in line with a traditional understanding of how workers in these positions operated. It could thus include both practical elements, such as paying bills, and emotional ones, such as one-to-one visits. As one CSW described it:

> Some people I take them out for coffee and we just have a chat ... it's just a chance to get things off their chest; some people I'll go to their houses ... any problems that come up we'll deal with them ... helping people go to the doctors or just whatever comes up really ...

Increasingly, however, direct support was giving way to facilitation. This shift was embodied to some degree in the formal role design, being part of the Sub-group 2 roles and the prime function of the Sub-group 3 roles focused on time-limited interventions (see Table 1). With set goals and a defined endpoint to the intervention, the aim was to enable clients to do things for themselves. This can be seen in the following descriptions of daily tasks:

> It varies depending on the goals ... for one person it might be being able to get to the garden gate ... it's all about re-integrating into society ... [to] be able to move on just as everybody else does and have access to what everybody else does. (Support Time and Recovery Worker (STRW))

The second element of variation in workers' disposition was the long-term perspective they took on their current role. Three broad perspectives could be identified. In the first category were those who saw themselves as having a long-term career in care-work. They often had already had experience in mental health support work, and their move into community care was motivated either by practical advantage or by the desire for a new challenge. Members of the second category, those experiencing a more fundamental change in their lives, either had enjoyed success in a previous career or had had a varied employment background. The move into mental health work had its roots in some kind of life-change, and it was this group that were most likely to have had some personal experience of mental ill-health or caring. The third of the categories, those who saw their current role as a stepping-stone to future advancement, were younger on the whole than the other two groups and had the highest level of educational attainment. They saw their current role as the first step towards a career in mental health therapy or clinical psychology.

While there were significant numbers in each of these categories, they were not evenly distributed across the formal roles. For those experiencing life-change, for example, the new role could be seen as a step down from a professional career, a move made in order to undertake work that was more people-focused. Those with this background were more likely to be found in Sub-groups 1 and 2. On the other hand, those who might be categorised as regarding their current role as a stepping-stone were found disproportionately in such roles as GMHW in Sub-group 3.

The Worker-Client Relationship

Developing individual worker-client relations

The workers saw compatibility between themselves and their clients as being essential for a successful working relationship. According to one STRW:

> You have to click, you've got to be able to develop trust very quickly ... adapt yourself very quickly to different people and get to know their circumstances, their triggers, how their mental health affects them ...

More than this, many workers felt it was important that they were in some sense on the same level as their clients. In several cases workers pointed to the positive impact of having had personal experience of the issues that clients were facing. A Community Development Worker (CDW) expressed this:

> I understand very well from my own experience how difficult it is to arrive to a new country, not able to speak the language, have barriers to accessing information ... so I'm happy that I can contribute to ... breaking these barriers for people …

Especially for those in less time-limited roles, these considerations were sometimes applied to decisions on work allocation, with clients and workers being matched on the basis of perceived compatibility. In contrast, the system for time-limited Sub-group 3 roles (see Table 1) was based more on the 'cab-rank' principle, whereby available workers took the next client on the waiting list. This meant that clients were not dealing with a succession of different workers, but it did have a downside: 'if your style doesn't meet their style then … you're kind of stuck' (GMHW).

When interviewees talked about what they thought was important from a client's perspective, two main themes emerged. First, the motivation of the client to engage with the intervention was regarded as vital. For one STRW:

> You can get a referral which looks very, very complex on paper and it's actually ... great to work with ... I had one guy, came to us with psychosis [but] … he knew what he wanted and he was willing to work …

The second factor was client expectations. For those in time-limited roles, expectations were identified as an issue for clients who had become used to services being delivered by more traditional support workers. One STRW described cases where the client had previously accessed this kind of support:

> If they already had a support worker, it wasn't conflict, but things weren't working properly ... "Oh, I'm not going out with you today, I can go out with her instead, she'll ferry me around in the car ... "

Service accessibility

One concern that workers identified was to ensure that the service they offered was actually accessible to potential clients. Though this was key to those roles designed to provide fast, open-access interventions, it was felt that, in practice, constraints were placed by such factors as the lack of out-of-hours working. Interviewees also pointed to the difficulties faced by clients who, by virtue of their mental health issues, would not feel comfortable entering a forbidding clinical environment:

> I have had so many people come in here who can't stand the clinical-ness of the building … the whole purpose of IAPT [Improving Access to Psychological Therapies] is that we're more accessible to people … the effort you have got to make to get here, people just don't want to come … (Psychological Wellbeing Practitioner (PWP))

Access to the services offered by those in less time-limited term roles was controlled, in effect, by the workers' physical capacity. This meant that there were waiting lists of clients, and this created its own challenges, often requiring a flexible approach to individual cases:

> If a priority [referral] comes through where somebody is due to come out of hospital and they need help straight away ... it's not that they're queue jumping, but [the referrer] will prioritise somebody if they're desperate. (STRW)

Boundary management

Although the workers saw developing trust and facilitating access as important, this was tempered by a desire to retain some degree of distance in their relationships with clients. Variation existed in the degree of formality with which clients were treated, part of which lay in the differing emphases of the roles themselves. In contrast to what was required of those in Sub-group 3, those in Sub-groups 1 and 2, were able to develop a more informal client relationship:

> I've got an ID badge ... but we don't wear those because you don't want to be taking people out and advertising the fact that ... they're mentally unwell ... you don't want to be dressed differently 'cause you stand out ... (STRW)

There were risks, however, in having too informal a relationship. 'It is a fine line between being an STR worker and being someone's friend', said one STRW. One interviewee described a relationship with a client:

We had common interests ... and I think she felt because of that she had more claim on me as a friend than a worker, and at one point I had to ... be specific and say, “Look, we can’t be friends as best friends ... I’m here to support you to become independent and that means ... when my role finishes, that’s it”... she got very upset ... I said, “I’m not being horrible ... it’s not that sort of relationship, it’s a job ...” (STRW)

Systems were in place to monitor any more serious threat from clients, including regular risk assessments and lone-working policies such as phoning-in after appointments. One STRW provided this account:

I was out with a trainee psychologist and one of our clients was sort of threatening violence ... I suggested on the way back that we [do] a risk assessment: should we really be in that flat alone? ... you need to get access to the client to be able to help them, but you don’t want to put yourself in ... any danger if you can avoid it.

It was not just the risk of physical aggression. An STR worker, for example, raised questions over whether less clear-cut forms of risk, such as inappropriate advances from clients or verbal aggression, were taken seriously enough:

> I have worked with a person who was … very manipulative and dishonest… and I was in this very tricky situation where I wasn't going to be stabbed by a psychotic killer or a schizophrenic or anything of that stereotype, but there was risk there … I didn't want to be on my own with this person …

Work Organization and Work Relations

Provision of time

For many interviewees the most important aspect of the way their work was organized was the amount of time they could spend with a client. To some degree this was shaped by the formal requirements of the different roles, ranging from the fixed number of fixed-length sessions available to some in Sub-group 3 to the sometimes time-unlimited interventions of those in in Sub-group 1 (see Table 1). For the latter, high levels of contact time were linked to both worker satisfaction and value to the service user. One STRW described this: '… you've got as much time as you want to spend with somebody. That's the best part about the job ... the *time*.'

At the other end of the spectrum, workers consistently reported that the low frequency and brief nature of therapy sessions were key limitations of their roles. Provision could be inadequate from the client point of view, but it was also the workers themselves who could find it difficult:

> It is a little bit like conveyor-belt therapy. We are expected to have forty-five clients on our caseload, giving however many thirty-minute sessions a week… it's going to be a high burn-out rate for anyone who is trying to do that. (PWP)

As this suggests, what was important to workers was not so much the amount of time they were able to spend with clients, as the flexibility they were able to exercise in deciding how much that time should be. Workers facing fewer time constraints could base their decisions on client requirements. An STRW, asked whether there was a typical length for which a client accessed the service, responded: 'It depends on the client, it's how long they need ... some people take longer than others.'

Flexibility in service provision content

The value placed on flexibility also applied to how the time with a client was spent. One CDW explained how the challenges posed by community attitudes unsympathetic to mental health issues had led to workers finding indirect ways of providing services—for example, by setting up groups into which mental health issues could be introduced gradually as part of a wider concern with individual wellbeing. The use of discretion was also evident at the level of the individual client. In the words of one CSW:

> It depends on what's happening in the carer's life ... if they're having problems with the person they care for ... then they need to just sit and really talk and you just need to listen. Sometimes they're OK and you can go out for a coffee ... sometimes you need to signpost them to other places if they're having problems ...

Again, some variation existed between the different roles. Workers employed in the more time-limited Sub-group 3 roles reported fewer opportunities to exercise intervention-level flexibility. One issue was the requirement that any single intervention could only address one of a client's issues. Workers were required to 'stick to one thing', as one of them expressed it, even if they were aware of several different issues.

Relations with other workers

Although the front-line workers worked largely as individuals, they were, at least nominally, members of work teams. The teams were structured around professional workers, but the professional workers' relations with their NPA colleagues were limited and indirect in nature, mediated through the referral of clients. From the point of view of the NPAs, it was felt that some referrals were made as a way of making life easier for the professional worker involved rather than in response to client need.

There were two ways in which this was done. The first involved workers receiving referrals of clients whose needs had already been assessed as requiring a more complex service than they were able to offer. The perceived motivation for such referrals was, as one worker

expressed it, simply to ‘keep a lid on’ clients’ problems while they awaited an intervention from someone more highly qualified. Such cases could be highly demotivating for the workers involved. According to one STRW:

> … [the clients] are quite complicated and they’re quite fragile ... we’re having to contain their emotions … what I’m doing [is] keeping their hope alive for when the therapy comes ...

The second issue was what was described as the professionals’ ‘dumping’ of clients with whom they were having difficulty. One GMHW described how they felt that professionals could refer clients simply because they were unable to make progress with them themselves:

> The way they justify it is that we have more time ... but sometimes you do feel like, well, actually it’s because you’re stuck with this person that you’re giving them to me ... is that really our role?

There was some sympathy for the professionals doing the referring, which came with the recognition that they were faced with difficult decisions. While clients were supposed to be recovered from addiction problems before being referred into the STR service, for example, worker reports suggested that this was not always done:

> We'll get an assessment and it'll say, 'there may have been some alcohol problems in the past but we don't know'… and then it turns out that it is a bigger problem than we all thought … so, well, what do I do with them then? (STRW)

DISCUSSION

This paper addresses the question: to what degree does Korczynski's (2009) framework help us understand the worker-client relationship experienced by front-line service workers in mental health services? As was seen earlier in the paper, the three dimensions of Korczynski's framework are underpinned, respectively, by the following: what the workers bring to the relationship; the nature of the relationship itself; and a consideration of the contextual factors that might shape the nature of the relationship. To answer our research question, we shall look at each of these three areas in turn.

In the first area, what the workers bring to the client relationship, Korczynski's notion of 'substantive emotional bearing' seems difficult to apply. Not only does it conflate worker disposition with occupational role, but the evidence presented in this paper suggests three other ways in which it might be developed. First, the idea of 'care' is itself something that needs to be teased out. It appeared in different forms amongst the mental health service workers, with a distinction discernible between acting as a direct support and acting in a more facilitative way. Second, at the other end of Korczynski's range, an instrumental disposition might also take a variety of forms. As our 'stepping-stone' interviewees suggest, a role can be a means to an end other than immediate financial reward. Third, it would seem quite possible to have both a caring

disposition and an instrumental one. A single scale running from one to the other, as Korczynski proposes, is unable to capture the different ways in which they might be combined.

We also need to consider whether our findings are better understood in terms of other approaches to the study of emotion at work. Bolton's 4Ps (eg 2005) offer some purchase, but any conclusions can only be tentative. All the roles we looked at were based on explicit guidance regarding the way work was to be approached, and, to this extent, feeling rules might be said to exist. This was associated more with prescriptive than with pecuniary emotion management, although the workers were subject to little direct management control. In any case, it would seem difficult to separate the prescriptive from the philanthropic emotional management that is implied by the 'caring' disposition that we have just identified. In short, our case, although not conducted with the 4Ps framework explicitly in mind, illustrates some of the difficulties that any study might face in applying it. Lopez's (2006) concept of 'organized emotional care' fares a little better. On the one hand, the situation we observed was similar to what Lopez saw in one of the care homes he studied. The front-line workers operated independently for much of the time, and the way in which they approached clients was, for some, based on prior experience as either worker or service user. On the other hand, it is more difficult to argue that such a situation was itself the result of a 'strategic' management decision.

Our second main area of interest concerns the nature of the worker-client relationship itself. For Korczynski (2009) this is expressed in terms of power relations, the issue being the degree to which consumers exercise their sovereignty. A somewhat different picture, however, emerges from our research in mental health services. What comes out most strongly is the value that the workers placed on their relationships with clients. Contrary to what others see as a trend in healthcare work towards the greater exercise of sovereignty, the workers were not

constantly having to find ways to deal with client demands. Rather, they were trying to encourage clients to make use of services and, more importantly, attempting to build up trust as the basis for a relationship of equals. From the workers' point of view, the clients were thus seen more in terms of what Bolton and Houlihan (2015) described as moral agents or, where care was structured on a more time-limited basis, as functional transactants. The threat of 'customer abuse' (Korczynski and Evans, 2013) was not totally absent, however, and it was manifest most starkly in workers' attempts to manage the boundaries between themselves and certain clients.

Our earlier review of existing literature showed that the worker-customer relationship should not be seen in isolation. Expressed in terms of the service triangle, what we have is a situation similar to the one identified by Havard et al. (2009), where the worker-client relationship takes precedence, and where, from the worker's point of view, the employer finds themself in a more secondary position. Our findings are thus in line with Payne and Fisher (2019b), who also highlighted closer worker-client relations and a diminished role for the employer. While not arguing that there has any fundamental reversal of the balance of power in the employment relationship, our findings do accord with those suggesting that workers' client relationships need to take account of their relationships with the employer as well.

The third area of concern covered by Korczynski (2009) is the organization of work. Here we are concerned with the extent to which 'degree of repeated interactions' is the feature which shapes worker-client relations. We can look at this through the lens of Belanger and Edwards' (2013) two-dimensional approach. In terms of engagement, the workers studied here have, as we might expect, the 'positive relationships' associated with care work (Belanger and Edwards, 2013: 441). In terms of rationalisation, what was important for the workers was the degree of discretion they possessed, over both the length of time spent with clients and the way this time was used. Overall, the level of

rationalisation could thus be said to be low, and there was little evidence of new technology being used to monitor and enforce patterns of work (Brown and Korczynski, 2010).

The relationships that the front-line workers had with other groups were rather limited in nature. Unlike the healthcare assistants studied by Clark and Thompson (2015), they were not subject to direct control by a professional group. In trying to locate the NPAs, we have a diluted version of the situation identified by Subramanian and Suquet (2013). In our case we see accommodation reached between the front-line worker and the mental health professionals. Although inappropriate referrals and the dumping of clients were not positively received, neither were they seen as an overwhelming problem. Bolton and Houlihan (2010: 382) criticised Korczynski's framework for its portrayal of the 'distant management figure'. In our case, however, this would seem to be a fitting description. As is implicit in the discretion that the workers felt they had, there was, at the same time, no real equivalent of Bolton and Houlihan's (2010) front-line service sector manager.

While our discussion has looked at those in the new roles as a single group of front-line service workers, we have also seen that there was some variation between different sub-groups (see Table 1). First, in terms of worker disposition, while all sub-groups might be characterised as in some form and some degree 'caring', it was in Sub-groups 2 and 3 that we were more likely to see a facilitative approach, with the approach in Sub-group 1 being more the direct 'doing for' of the supporter role. Second, this was reflected in the more equal and more personal client relations that those in Sub-group 1 roles (and, to some extent, Sub-group 2) sought to develop. As a result, it was amongst these groups that issues of boundary management were more likely to arise. Third, in terms of work organization, it was those in Sub-group 3 who felt themselves most subject to the requirements of cost-efficiency. The restrictions on the frequency and length of client interactions were a source of

frustration; and, conversely, those in other sub-groups placed great value on the time they were able to spend with clients. Thus in all three aspects of FLSW, some degree of variation could be observed. At the same time, however, the differences between the sub-groups can be regarded as small in comparison to the difference between the mental health services workers as a whole and those working in other sectors. The pressures for cost-efficiency, for example, do not appear anything like as great as those experienced by those on other front lines, such as those employed in call centres (Taylor and Bain, 1999).

CONCLUSIONS

In conclusion, we can say that Korczynski's (2009) framework only takes so far in an understanding of the worker-client relationship experienced by front-line service workers in mental health services. A fuller understanding requires the adoption of a broader approach in each of the framework's three main areas. First, in terms of worker disposition, 'caring' in Korczynski's sense is inadequate as a means of describing what the workers bring to their client relationships. In turn, this calls into question the whole idea of 'substantive emotional bearing', suggesting that research might draw on other ways of looking at emotion at work. Second, as regards the worker-client relationship itself, there would seem to be a limit on what can be captured by looking at things in terms of sovereignty. Account needs to be taken of worker attitudes that go beyond the simple zero-sum notion of power that this implies; and this also needs to be seen in the context of a three-way relationship, involving employers as well as workers and clients. Third, in looking at the organization of front-line service work, the idea of 'degree of repeated interactions' covers something of the technical aspects of work organization, but it has less to say on the question of the degree of autonomy that

workers are able to exercise. Again, more account needs to be taken of the front-line workers' relationships, both with management and with other groups of workers. In this, as in the other aspects of Korczynski's model, the increasing importance of FLSW as a feature of contemporary employment makes it even more necessary that the worker's experience is explored and understood. This paper contributes to this through the development of a more refined and more robust theoretical framework for the understanding of the worker-client relationship in FLSW. Thus although our study took place within a particular sector, the insights it offers could well be applied to a range of settings in which workers and those they serve find themselves in direct contact with each other.

Data Availability Statement

Research data are not shared.

REFERENCES

Bach, S. and I. Kessler (2012) The Modernisation of the Public Services and Employee Relations, Basingstoke: Palgrave Macmillan.

Bacha, K., T. Hanley and L. Winter (2020) '"Like a human being, I was an equal, I wasn't just a patient"', Psychology and Psychotherapy, 93, 367-386.

Baldwin, J., J. Roberts, J. Fitzpatrick, A. While and D. Cowan (2003) 'The role of the support worker in nursing homes', Journal of Nursing Management, 11, 6, 410-420.

Belanger, J. and P. Edwards (2013) 'The nature of front-line service work', Work, Employment and Society, 27, 3, 433-450.

Biringer, E., L. Davidson, B. Sundfor, T. Ruud and M. Borg (2017) 'Service users' expectations of treatment and support at the community mental health centre in their recovery', Scandinavian Journal of Caring Sciences, 31, 505-513.

Bolton, S. (2005) Emotion Management in the Workplace, Basingstoke: Palgrave.

Bolton, S. (2009) 'Getting to the heart of the emotional labour process', Work, Employment and Society, 23, 3, 549-560.

Bolton, S. (2010) 'Old ambiguities and new developments', in P. Thompson and C. Smith (eds) *Working Life*, Palgrave Macmillan, 205-222.

Bolton, S. and C. Boyd (2003) 'Trolley dolly or skilled emotion manager?', Work, Employment and Society, 17, 2, 289-308.

Bolton, S. and M. Houlihan (2005) 'The (mis)representation of customer service', Work, Employment and Society, 19, 4, 685-703.

Bolton, S. and M. Houlihan (2010) 'Bermuda revisited?', Work and Occupations, 37, 3, 378-403.

Bolton, S. and G. Wibberley (2014) 'Domiciliary care', Sociology, 48, 4, 682-697.

Brook, P. (2009a) 'In critical defence of "emotional labour"', Work, Employment and Society, 23, 3, 531-548.

Brook, P. (2009b) 'The alienated heart', Capital and Class, 98, 7-31.

Brown, K. and M. Korczynski (2010) 'When caring and surveillance technology meet', Work and Occupations, 37, 3, 404-432.

Clark, I. and A. Thompson (2015) 'Healthcare assistants', New Technology, Work and Employment, 30, 3, 209-221.

Department of Health (2002) Developing Services for Carers and Families of People with Mental Illness, London: DoH.

Department of Health (2003a) Mental Health Policy Implementation Guide: Support, Time and Recovery (STR) Workers, London: DoH.

Department of Health (2003b) Fast-Forwarding Primary Care Mental Health: Graduate Primary Care Mental Health Workers, London: DoH.

Department of Health (2005) New Ways of Working for Psychiatrists, London: DoH.

Department of Health (2006) Mental Health Policy Implementation Guide: CDWs for Black and Minority Ethnic Communities, London: DoH.

Department of Health (2007) Mental Health: New Ways of Working for Everyone, London: DoH.

Department of Health (2011) IAPT national programme website (http://www.iapt.nhs.uk/).

Du Gay, P. and G. Salaman (1992) 'The cult[ure] of the customer', Journal of Management Studies, 29, 5, 615-633.

Eddleston, K., D. Kidder and B. Litzky (2002) 'Who's the boss?', Academy of Management Executive, 16, 4, 85-95.

Havard, C., B. Rorive and A. Sobczak (2009) 'Client, employer and employee', European Journal of Industrial Relations, 15, 3, 257-276.

Hochschild, A. (1983) The Managed Heart, London: University of California Press.

Hopkins, J., S. Loeb and D. Fick (2009) 'Beyond satisfaction, what service users expect of inpatient mental health care', Journal of Psychiatric and Mental Health Nursing, 16, 927-937

Huxley, P., S. King, S. Evans, P. Davidson and P. Beresford (2005) No Recovery without Time and Support, London: Kings College.

Kessler, I., S. Bach and P. Heron (2007) 'Comparing assistant roles in education and social care', International Journal of Human Resource Management, 18, 9, 1648-1665.

Korczynski, M. (2001) 'The contradictions of service work', in A. Sturdy, I. Grugulis and H. Willmott (eds) Customer Service, Basingstoke: Palgrave Macmillan.

Korczynski, M. (2002) Human Resource Management in Service Work, Basingstoke: Palgrave.

Korczynski, M. (2009) ‘The mystery customer’, Sociology, 43, 5, 952-967.

Korczynski, M. and C. Evans (2013) ‘Customer abuse to service workers’, Work, Employment and Society, 27, 5, 768-784.

Korczynski, M. and U. Ott (2004) ‘When production and consumption meet’, Journal of Management Studies, 41, 4, 575-599.

Lopez, S. (2006) 'Emotional labor and organized emotional care’, Work and Occupations, 33, 2, 133-160.

Lopez, S. (2010) ‘Workers, managers and customers’, Work and Occupations, 37, 3, 251-271.

Newman, D., P. O’Reilly, S. Lee and C. Kennedy (2015) ‘Mental health service users’ experiences of mental health care’, Journal of Psychiatric and Mental Health Nursing, 22, 171-182.

Payne, G. and G. Fisher (2019a) ‘Consumer-directed care and the relational triangle’, Employee Relations, 41, 3, 436-453.

Payne, G. and G. Fisher (2019b) ‘The service triangle and power’, Industrial Relations Journal, 50, 2, 197-213.

Procter, S., D. Harrison, P. Pearson, C. Dickinson and C. Lombardo (2016) ‘New ways of working in UK mental health services’, Journal of Mental Health, 25, 2, 126-130.

Ritchie, J. and L. Spencer (1994) ‘Qualitative data analysis for applied policy research’, in A. Bryman and R. Burgess (eds) Analysing Qualitative Data, London: Routledge.

Seymour, D. and P. Sandiford (2005) ‘Learning emotion rules in service organizations’, Work, Employment and Society, 19, 3, 547-564.

Spilsbury, K. and J. Meyer (2004) ‘Use, misuse and non-use of health care assistants’, Journal of Nursing Management, 12, 6, 411-418.

Subramanian, D. and J. Suquet (2018) ‘Unpacking the service triangle’, Work and Occupations, 45, 1, 38-81.

Sweeney, A., D. Rose, S. Clement, F. Jichi, I. Jones, T. Burns, J. Catty, S. Mclaren and T. Wykes (2012) ‘Understanding service user-defined continuity of care and its relationship to health and social measures’, BMC Health Services Research, 12, 145.

Taylor, P. and P. Bain (1999) ‘An assembly line in the head’, Industrial Relations Journal, 30, 2, 101-117.

Taylor, S. (1999) 'Leaving the field’, in A. Bryman and R. Burgess (eds) Qualitative Research, Vol. 4, London: Sage.

Turnbull, J., J. Pritchard, S. Halford, C. Pope and C. Salisbury (2012) ‘Reconfiguring the emergency and urgent care workforce’, Journal of Health Services Research and Policy, 17, 4, 233-240.

FIGURE 1

The Worker Roles

Carer Support Workers (CSWs) ‘…health or social care professionals who provide specialised support to carers of people with mental health problems.’ (DoH, 2002: 7)
Support, Time and Recovery Workers (STRWs) ‘…someone who works as part of a team that provides mental health services and focuses directly on the needs of service users, working across boundaries of care,

organisation and role. They will provide support, give time to the service user and thus promote their recovery.' (DoH, 2003a: 16)
Community Development Workers for Black and Minority Ethnic (BME) Communities (CDWs) '…work with and support communities including the black and minority ethnic (BME) voluntary sector, help build capacity within them, and ensure the views of the minority communities are taken into account by the statutory sector during planning and delivery of services.' (DoH, 2006: 1)
Primary Care Graduate Mental Health Workers (GMHWs) '…support the delivery of brief, evidence-based effective interventions and self-help for people with common mental disorders of all ages.' (DoH, 2003b: 12)
Improving Access to Psychological Therapies (IAPT) Workers **Psychological Wellbeing Practitioners (PWPs)** are '…trained in cognitive behavioural approaches for people with mild to moderate anxiety and depression.' (DoH, 2011) **High Intensity Workers (HIWs)** are '…trained in cognitive behavioural therapy for people with moderate and severe depression and anxiety disorders.' (DoH, 2011)

FIGURE 2

Outline Interview Topic Guide

Background and Role

Could you tell me a bit about your background and how you came to work as a [role name]?

Tell me a bit about what you do…

Have you received any support or preparation for the job?

Working Relationships

Do you work as part of a multidisciplinary team?

Tell me a bit about how the team works …

Do you think your role has changed the way other staff are working?

Do you think any parts of your role overlap with other types of worker?

How do you think other workers see your role?

Identity

How would you describe to someone what it 'means' to be a [role name]?

Do you think other people share your view?

Aspirations

Where do you see yourself in 5 years' time?

FIGURE 3 Initial Thematic Framework

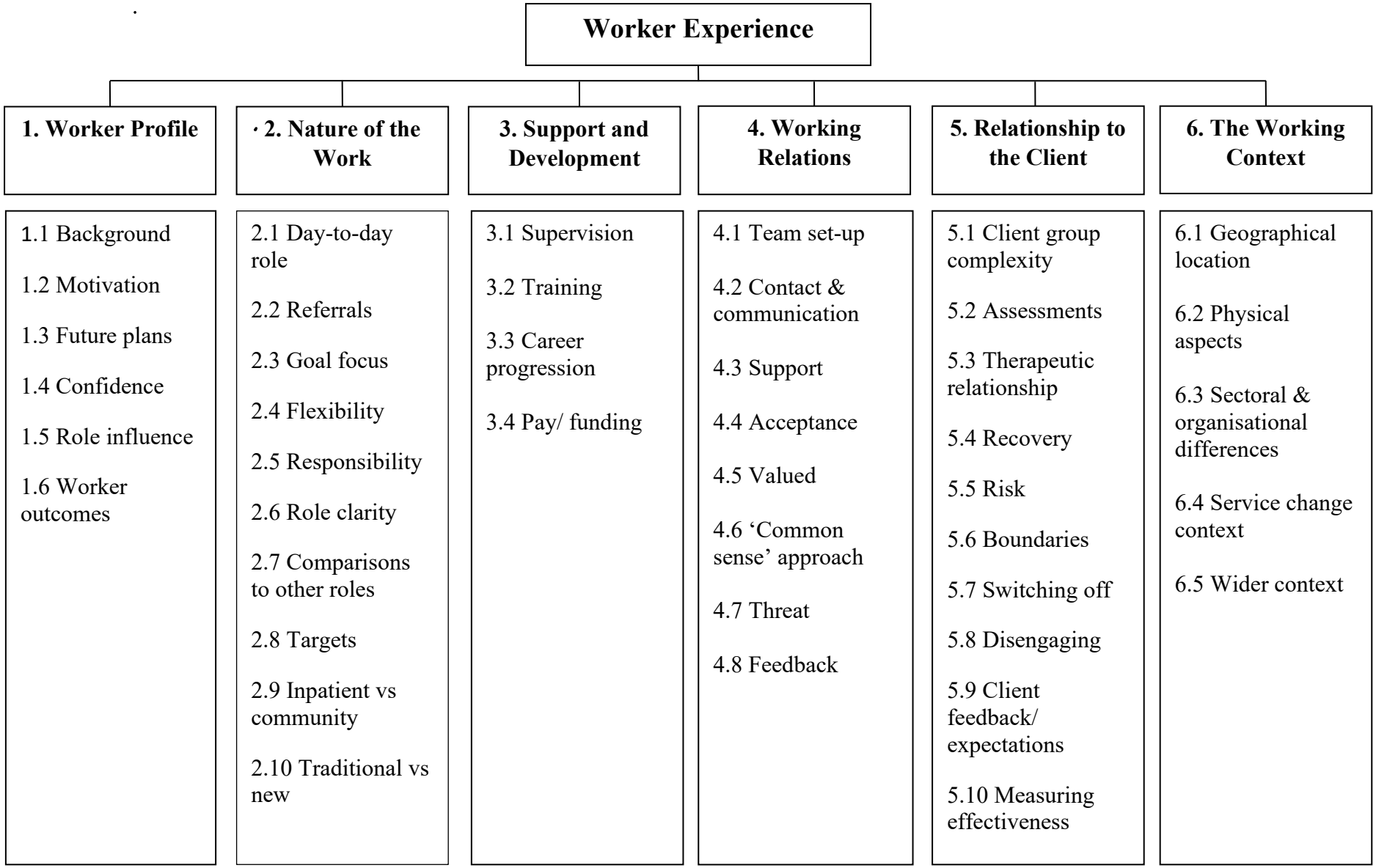
Worker Experience
1. Worker Profile
· 2. Nature of the Work
3. Support and Development
4. Working Relations
5. Relationship to the Client
6. The Working Context
1.1 Background
1.2 Motivation
1.3 Future plans
1.4 Confidence
1.5 Role influence
1.6 Worker outcomes
2.1 Day-to-day role
2.2 Referrals
2.3 Goal focus
2.4 Flexibility
2.5 Responsibility
2.6 Role clarity
2.7 Comparisons to other roles
2.8 Targets
2.9 Inpatient vs community
2.10 Traditional vs new
3.1 Supervision
3.2 Training
3.3 Career progression
3.4 Pay/ funding
4.1 Team set-up
4.2 Contact & communication
4.3 Support
4.4 Acceptance
4.5 Valued
4.6 'Common sense' approach
4.7 Threat
4.8 Feedback
5.1 Client group complexity
5.2 Assessments
5.3 Therapeutic relationship
5.4 Recovery
5.5 Risk
5.6 Boundaries
5.7 Switching off
5.8 Disengaging
5.9 Client feedback/ expectations
5.10 Measuring effectiveness
6.1 Geographical location
6.2 Physical aspects
6.3 Sectoral & organisational differences
6.4 Service change context
6.5 Wider context

TABLE 1

Worker Roles by Sub-group

	Sub-group 1	**Sub-group 2**	**Sub-group 3**
Roles	Support workers/ CSWs	STRWs/CDWs	GMHWs/IAPTs
Number of interviews	12	10	11
Emotional disposition	relational	more instrumental	most instrumental
Power relations with clients	balanced	more towards worker	most towards worker
Structure of client interactions	high frequency/ not time-limited	lower frequency/ more time-limited	lowest frequency/ most time-limited
Use of technology	minimal	minimal	some

TABLE 2

Overview of Collected Documents by Worker Role

Type of Document	**SW**	**CSW**	**STR**	**CDW**	**GMHW**	**IAPT**	**Total**
Policy guidance	-	1	3	2	1	3	10
Job descriptions	-	-	3	2	2	2	9
Promotional information	-	1	2	3	-	2	8
Team or service reports/updates	-	3	1	-	-	-	4
Other	5	2	4	1	3	1	16
Total	5	7	13	8	6	8	**47**