

Accreditation and Government Contracted Social Service Delivery in British Columbia:
A Reorganization of Frontline Social Service Work

By

Shauna Louise Janz
B.A., University of British Columbia, 2004

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ABSTRACT

This thesis explores the process of accreditation within a government contracted social service agency in British Columbia, Canada. The agency is seeking accreditation from the Commission on Accreditation for Rehabilitation Facilities (CARF). Institutional ethnography is used to explicate the social relations of CARF - how it organizes frontline work with clients and how it re-organizes an agency's relations to government funding and service delivery. Data include the author's frontline work accounts, interviews with frontline workers and the Director, and textual documents used within frontline work. The research process traces specific reporting documents that connect frontline work to the agency's funders, Community Living B.C. and the Regional Health Authority, and to CARF. This thesis makes visible how the accreditation discourse of measurement and continuous quality improvement shifts how frontline workers think about and do their work with clients in ways that align their priorities with those of government contract management.

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~In gratitude~

Chapter 1 - Introduction

An Entry

For a year and a half before entering graduate school I worked as a community support worker, employed by a small B.C. social service agency that offered different support programs for individuals with disabilities. After re-evaluating my career path as an archaeologist, I had realized that my passions lie in a social service context. I entered the social services sector with an inexperienced, albeit enthusiastic, determination. My work in the social service agency consisted mainly of providing one-on-one support to individuals with various acquired physical and mental disabilities. This challenging work, paired with my lack of experience in this particular field, left me questioning at times my position, and the expectations of me, as a frontline support worker. I was thrown into the work and paired up with different individuals to gain insight into their lives, needs and required supports. I struggled, clinging to my enthusiasm and my adeptness at sharp learning curves, in a sink or swim fashion. My days were filled with extended one-on-one interactions, as I rotated time with different clients throughout each week. Although my rapport with clients grew strong and bloomed into healthy and trustworthy relations, the demands of reporting kept me constantly questioning my position as a support worker vis-à-vis my clients. I felt acutely frustrated at the tension I experienced between working so intimately with individuals and building trusting relationships with them while imposing on them the terms of reporting required by my agency. These sentiments were shared among a few of my co-workers, although we had difficulties articulating exactly why these tensions were arising in our experiences. I learned quickly, although at times

the hard way, the boundaries and tensions that existed when working in my position and how to circumnavigate the dual demands of both my clients and the agency. I worked with many unique and multi-faceted clients who faced of a wide array of barriers, from major health concerns, to social behavioral problems, addictions, homelessness, unemployment, lack of adequate benefits assistance, and legal issues. Everyday I learned something new and coped with new situations, interventions, problems, and relationships. Often I blamed myself for inadequacies in support, breakdowns in client rapport, or not having the resources to promote the best options for my clients. I blamed this “failure” on what I perceived as my lack of knowledge and know-how in this new field of work I was in. Despite being overwhelmed, I stuck through and became a valued and respected support for those individuals that I worked so closely with. The lessons learned within my relationships with clients were always reciprocal in nature, and the hardships and benefits memorable. I concluded that my support work was a challenging learning experience due to being in a new work environment. I experienced hardships and setbacks as my own personal responsibility and/or fault as I struggled to define and learn what it meant to be a frontline support worker for individuals with acquired disabilities in a community social service agency.

My thoughts about and perceptions of my frontline work have changed upon gaining a more critical insight into the context and factors that influenced my position as a support worker. Upon enrolling in Dorothy Smith’s class on institutional ethnography, and after having read extensively in the literatures on changing policies and practices within the Canadian health and social service sectors, I realized my own work experiences were not as isolated or individualistic as I had once believed. As de

Montigny (1995) so eloquently writes of his social work experiences, “[o]ur pain and confusion and the questions that emerge from our daily lives are not merely idiosyncratic, but are socially located and socially organized [...] [T]hrough our unending contact with this institutional apparatus, both our own and clients’ realities become reportable, accountable, and visible in [institutional] terms” (p. 15).

My Thesis Research

My research stemmed from a growing understanding of my own experiences as a frontline community support worker. Throughout my frontline experience, I was led to question the larger processes that informed my work. A major recurring insight into my frontline support work was the realization that the social service agency I had worked for was, and is still, undergoing the process of accreditation. As a result of class readings, teachings, personal reflections, and discussing accreditation informally with others, I was compelled to further discover the work processes and social relations that make up accreditation. Many changes happened within the agency while I worked there which were initiated by the accreditation process - many of which I had not been aware of while I was doing my work, but that I have discovered throughout my research exploration. My frontline experience is written into this thesis research, although the scope of this thesis extends beyond my own work experience to that of other frontline support workers, and the extended social relations that organize frontline work in this particular agency. Individuals in different social locations (such as the clients) may experience the work of accreditation differently. For the purpose and scope of this M.A. thesis however, I have taken the standpoint of frontline worker.

Accreditation is the process an organization undergoes to meet certain criteria determined by an external, independent board of an accrediting body. Accreditation is valued by government and funding authorities as a mechanism to ensure that quality services are being delivered under best practices and continuous quality improvement measures (Ministry of Children and Family Development, retrieved August, 2009). Upon being certified through accreditation, an agency is considered credible for funding by government and capable of monitoring and delivering quality service. The agency I worked for initiated the process of accreditation through the Commission on Accreditation for Rehabilitation Facilities (CARF). CARF is an independent, non-profit, accrediting body that was established in 1966 in the United States (CARF*a*, retrieved June, 2008). CARF Canada was established in 2002 as a private, non-profit organization serving Canadian providers. It is an internationally recognized body with internationally recognized and “rigorous” program standards, boasting a mandate that centers on “enhancing the lives of persons served” (CARF*a*, retrieved June, 2008).

Taking an institutional ethnographic (IE) approach, I explore the process of accreditation within this social service agency, examining how CARF accreditation organizes frontline worker’s work and interactions with the individuals they support, and how it reorganizes an agency’s work and relations to government funding and service delivery. My particular focus is how, in producing standardized and verifiable evaluations of the quality of service, accreditation procedures displace frontline worker and client/service interests. The actual work and reporting that frontline workers do will be described to explicate how their work, through ruling discourses and textual practices, becomes aligned with priorities other than meeting the needs of the people being served.

My research surfaces the social organization of frontline practice as the workers start implementing new ways of working to meet accreditation standards and practicing new ways of deciding what quality service delivery work entails. I argue that the implementation of accreditation standards aligns frontline service delivery work with ruling priorities of government contract management practices, through a discourse of measurement and continuous quality improvement. I articulate the social relations linking changes in frontline work to how accreditation is operating to manage and regulate government contracted service delivery.

Why Explore Accreditation?

There is an absence of academic literature examining the impacts of accreditation procedures on frontline service delivery (see Bates, 2005). Accrediting bodies promote their own internal self-surveys with respect to how they accredit an agency and to evaluate the standards that they require of agencies, yet little *external* research has been undertaken to look critically at the work organization required by accreditation at the frontline level. It is important to determine whether there are any unintended consequences from the process of accreditation that agencies and accrediting bodies may want to be aware of. An understanding of changes taking place at the frontline level of service delivery is valuable when regulation of services and best practices are becoming connected to new public management strategies and performance-based criteria (Borins, 2002; Brodie, 1999; Aucoin, 1995). Accreditation, and the textual practices it introduces into an agency, may be a procedure for both managing social service delivery and exercising organizational power. Accreditation reporting measures may initiate “the introduction of standardizing textual technologies that displace professional decision-

procedures and enhance managerial controls” (Smith, 2007, unpublished, p.19). Although new types of quantified reporting measures become valued by the agency, its workers, and the accreditation body as the best way to assess quality service, they may detract from the actual delivery of quality client service (Campbell & Gregor, 2002).

This IE inquiry explicates how the work of frontline workers within a particular social service provider is organized and guided by accreditation processes and funding guidelines without the worker’s explicit awareness, although with their active involvement. My research explores how frontline worker’s work shifts in focus from client needs towards the textual “working-up” of their work with clients to meet changing values in quality of service provision and performance evaluation determined by factors outside their local work site and interactions with clients. Although this research was carried out at one particular setting, it is anticipated that the findings will be relevant and applicable across community service providers more generally. Accreditation is becoming more prevalent in B.C. within the health and social service sector. As this study is rooted in everyday frontline workers’ work, it will have the potential to resonate with other individuals’ experiences doing frontline work within the health and social service sector.

It is important to note that this research is an exploration of the accreditation process to surface how it organizes frontline work within the context of contract funding arrangements and management strategies. It is *not* an inquiry to place blame on any individual or organization. My research focuses on social relations rather than individual actions and competence. My thesis provides an analysis of how accreditation and funding standards and the implementation of ongoing reporting procedures actually

engages/changes the everyday work of the frontline workers, their interaction with clients, and their delivered service based in those changes. It examines the relations of accountability that frontline work is shaped by and which pulls their work into processes of standardization guided by the larger political context of public management strategies.

Preview of Thesis Chapters

For clarity, I provide a brief preview of what the reader of this thesis can expect in the upcoming chapters.

In *Chapter Two*, I give the reader a brief summary of the development of IE as method of sociological inquiry in general and as a chosen method for investigating the social organization of accreditation in particular. I explain the analytic usefulness of seeing the world as socially organized and establishing a research problematic based on this ontological viewpoint. I then give a description of what a typical work week and work day of community support work with a client entails, drawing upon my own experiences, to familiarize the reader with the work of the frontline that I refer to throughout my thesis. I introduce a pivotal moment of disjuncture that I experienced between my support work as I envisioned it and my support work as it was actually taking shape with a client. This point of disjuncture allows me to detail the problematic of my research which guided how my research developed and what lines of inquiry I sought to explicate. From this chapter the reader gains insight into not only IE as a way of critically reflecting on the social organization of accreditation, but also insight into the standpoint of frontline support work from which my research stems.

In *Chapter Three* I give an overview of CARF, the accrediting body in research focus, to familiarize the reader with its process and origins. I then contextualize my research within the literature, commenting on the lack of critical academic engagement with accreditation, specifically as it relates to frontline social service delivery within a Canadian context. I introduce one study that does reflect on frontline work and the process of accreditation in a substantial way, however not using an institutional ethnographic approach. I use this particular study to instantiate the difference between viewing accreditation as a socially organized institution, such as I have done, versus viewing it as a causal or subjective phenomenon. This comparison allows the reader to understand the analytic importance of seeing my research setting and the informants working within it as socially organized. I conclude this chapter by reviewing a sample of studies on various governance and management strategies in the health and social service sector that have informed my work and thinking about accreditation, contract management and frontline social service delivery.

Chapter Four takes a more specific look at the methods I used to collect data and how I traced the social relations of accreditation using an IE approach that looks at the textually mediated relations and discursive organization of accreditation as they operate in this particular agency. My research is described as it progressed from how I approached my entry into the field and the types of questions and knowledge I had before arriving at the agency, to the interviews with informants, the reading of certain texts and the ongoing discoveries and confusions I came across as I worked with the material in a discursive fashion. I reflect on my location as a researcher who has had previous employment with the agency and I explore possible limitations and barriers as an IE

researcher in this study. This chapter offers context to the collected data and the building of the analysis that is explicated in the following chapters, offers insight into my own experiences of the research process, and establishes my presence as a researcher in the agency.

Chapter Five starts with introducing the frontline workers that acted as informants for my research and outlining the common reporting documents that are used in their work. My frontline work analysis begins in the *measurement discourse* that surfaced in the excerpts taken directly from frontline informant interviews. I show how this discourse of measurement organizes new ways of thinking about and doing the work that frontline workers do and how it directs the introduction of a particular text to assist in this new way of working with clients. Building on this frontline discourse data, I move into analytic discussion about the Director's talk and work of ensuring the *making of a good report* as it relates to frontline work. I explicate a disjuncture between the discourse of measurement that arises in his talk about report writing and the actual work of report writing at the frontline level. This leads to the initial tracing of agency documents into the social organization of funding. This chapter provides the entry point into the data, upon which my following lines of research inquiry and my analytic arguments are based.

Chapter Six moves beyond the agency and into the ruling relations of accreditation and contract funding. Changes with accreditation at the provincial level suggest the breadth of the social relations that are organizing this agency and its workers. The Director's decisions to become accredited, and how his work and the changes in his agency's work are reorganized to align with ruling priorities of contract management are shown to be made without his being aware of the ruling priorities that accreditation

imports. I then focus on the frontline individual who is working to implement accreditation in this agency. This discussion links the discourse of measurement and reporting procedures delineated in Chapter Five to the actual CARF accreditation manual that the frontline informant is actively working with and on which changes in agency reporting are being based. I argue that frontline workers become preoccupied with being evaluated by the agency's funders leading to self-policing practices and reporting at the expense of meeting actual clients' needs.

Chapter Seven offers a conclusion to my research, and describes how it contributes to other IE research on governance and frontline work within the larger social context of changing managerial practices, also referred to as New Public Management. I link my analytic arguments to certain IE conceptual tools that clarify how aspects of this agency's frontline work are rendered institutionally actionable. I describe how the introduction of the CARF manual creates an intertextual hierarchy making possible the coordination of frontline action and textual representation in both this particular agency and in social service agencies across the province. I argue that accreditation and the business practices it imports make visible the outcomes needed for government to measure and evaluate its contracted services, aligning social service delivery with contract management priorities. I conclude that the discourse of measurement and the quantifiable reporting that it initiates reifies an ideological account of "quality" assurance and service that is not grounded in the actualities of frontline work with clients.

Chapter 2 - Institutional Ethnography and Identifying the Problematic

Institutional Ethnography

Institutional ethnography was developed from a feminist critique of sociological inquiry by Dorothy E. Smith (1987, 1990a, 2005, 2006a). Smith details how the concepts frequently used in sociological study create a disjuncture between how women experience the world and how the concepts and theoretical schemes then inscribe those experiences in a male dominant discourse. “Thus the institutions that lock sociology into the structures occupied by men are the same institutions that lock women into the situations in which we have found ourselves oppressed” (Smith, 1990a, p. 14). From her feminist roots, Smith aims at creating an alternative sociology that explores the social relations that reach beyond an individual’s direct embodied experience into the broader structures and discourses that shape local experience - whether this standpoint be a woman in academia, a nurse in a hospital, a student in grad school, a frontline worker in the social service sector, or any other person acting and doing in the world. The term social relations “orients the researcher to viewing people’s doings in particular local settings as articulated to sequences of action that hook them up to what others are or have been doing elsewhere and elsewhen” (Smith, 2005, p. 228). As such, institutional ethnographers view the world as socially organized, understanding that people’s activities are coordinated and that texts and discourse orchestrate this coordination of people’s doings across space and time. This ontology of the social provides a conceptual framework that gives agency and legitimacy to individuals and their actual “doings” while broadening the empirical scope of ethnographic inquiry into the extended social

relations which coordinate people's activities in the local (Smith, 2005). It is the IE researchers' job to surface how these "forms of coordinating activities 'produce' institutional processes" (Smith, 1990b, p.60). Keeping in mind that people's doings are coordinated, I see the everyday work practices of frontline workers as problematic. Our frontline work and "doings" are implicated within a complex network of social relations that extend beyond the local particulars of our everyday activities with clients and, in this case, into the extra-local sites of accreditation and government funding authorities. These extra-local sites coordinate frontline work through importing accreditation texts, discourse and contract reporting requirements into the local agency setting.

Giving Legitimacy to the Work of the Individual

IE offers a position from which an individual can know, become aware of, and make explicit her experienced world as different from the way knowledge claims it (Smith, 1990b). In this particular research, IE offers an opening for frontline workers such as myself, to become aware of our own experiences of social service work with clients as different from how accreditation and its discourse claims to know how client services are being rendered in a given agency. We can start to understand how our own work becomes implicated in priorities that extend beyond our local setting and interactions with clients, despite our well-meaning intentions. "Work" in the IE sense is anything people do that is intended, and that takes time, effort and knowing how to do it. This generous conception of work allows the IE researcher to analytically get close to *how* people are actually putting their work, speech and textual practices together, becoming part of a larger organizing context. Learning from Dorothy Smith's work and teachings, I explore the frontline level of work to access how we, as frontline workers,

work up our clients into textual representations and how this textual work up reorganizes the thinking and doing of our frontline work. We come to see how the very work and reporting that we partake in may act to perpetuate particular practices, discourses and dominant ways of knowing/doing that may jeopardize the heart of our caring support work with individuals who need our support, trust, and relationship.

Relations of Ruling

IE is inherently a political endeavor through critical inquiry of text-based discourses and forms of knowledge to explicate how texts (i.e. institutional documents) serve as a medium to dominate, objectify, and subordinate local practices to promote systematic principles of policy, accountability, and organizational power. The idea that institutional texts and documents become text-mediated “relations of ruling” (Smith, 1990b; 2005) is the guiding analytic frame for IE study. The researcher engages with organizational texts/discourses, that are otherwise taken for granted as a routine competence in everyday work, and delineates how they become purposeful co-coordinating tools of individual’s activities.

The phrase “relations of ruling” designates the complex of extra-local relations that provide in contemporary societies the specialization of organization, control, and initiative. They are those forms that we know as bureaucracy, administration, management, professional organization, and the media. They include also the complex of discourses, scientific, technical, and cultural, that intersect, interpenetrate, and coordinate the multiple sites of ruling. (Smith, 1990b, p. 6)

Two aims characterize IE's ontology of the social: one, to produce for people “maps” of the ruling relations and institutional complexes in which they participate, and two, to build knowledge and methods of discovering the institutions and ruling relations

of contemporary Western society (Smith, 2005, p. 51). Institutional ethnography discovers how the documents, reporting work, and discourses associated with accreditation that frontline workers engage with in their social service work organize and dominate how they do their work and how they set their priorities when interacting with clients. I start to uncover the ruling relations of accreditation as they align frontline work with contract management priorities that may be detrimental to frontline worker-client relationships. IE provides a powerful tool for revealing the politics of power and knowledge, and how one's knowing is organized in the everyday world through institutional and text-mediated relations.

Identifying the Problematic

Within institutional ethnography the concept of *problematic* is used as an analytic tool that directs attention to people's everyday lived experiences. The problematic may include sets of questions, inquiries and issues that the researcher uses to develop a research inquiry (Smith, 1987, p. 91). The research problematic orients the researcher's focus on how people participate in institutional relations and initiates the researcher's exploration into the social organization of the particular everyday experience under focus to investigate how things actually happen as they do (Campbell & Gregor, 2002). The everyday world is made up of people who are "located knowers in actual lived situations" (Smith, 1987, p. 91). In order to identify the problematic taken up by my research, I will start by familiarizing the reader with the everyday world that I was embedded in as a frontline support worker. Detail of some of my work provides a window into what a typical week and a typical day of support work entailed. I include a pivotal example of an experience of tension that I faced within one of my work interactions with an individual I

was supporting. This specific interaction was, in IE terms, a point of disjuncture in my work experience that compelled my curiosity and exploration into the social relations of accreditation organizing frontline experience. A disjuncture happens in the local setting when two different versions of reality meet – that of knowing from a ruling perspective versus knowing from an experiential one (Campbell & Gregor, 2002). The disjuncture between my caring intentions/interactions with clients and my reporting practices about my clients created an embodied dissonance within me which offers the empirical window into the conceptual thinking from which I explicate the problematic that guides my research. For the purposes of this thesis and in maintaining client anonymity and confidentiality, I have not referred to any specific individual client or any situation as it actually happened. I have used composite accounts taken from my experiences with many different clients and situations, so that my descriptions of work with clients are only expressions of typical support work practice (de Montigny, 1995). The following account provides the details and intricacies within the work that I did and the types of observations I made while working, while not being specifically tied to any one specific individual or actuality.

Frontline Support Work

My work week was divided among five different clients, all of whom had a diverse set of needs and support concerns. My time was mainly spent either in the households of my clients helping with physical rehabilitation, medications, reading and writing skills, cooking, and other activities of daily living, or out in the community doing various activities, such as banking, errands, grocery shopping, swimming and exercising at the local fitness center, visiting parks, walking, attending tai chi classes, providing

work support at various job sites in the city, providing support throughout negotiations with the Ministry of Housing and Social Development (formerly Employment and Income Assistance), providing informal counseling, connecting with appropriate detox centers and health information sessions, having lunch or coffee, providing transportation to various doctors appointments, speech classes, dentists, specialists, food banks and providing access to any other opportunities that my clients expressed interest in. My time was also consumed in the office filling out daily progress notes, filling in time, mileage and expense sheets, creating various behavioral and fitness charts to measure client progress and goals, writing *Quarterly Reports*, writing out *Individual Program Plans (IPPs)* and, when required, legal requests for conditional sentences so as to not disrupt a particular client's support program.

A Day with Ted

I arrive at the agency office at 8:30 am, and spend an hour catching up with coworkers (both work-related talk and personal chat) while filling in progress reports for the clients I had supported the day before, and planning the day's activities. At 9:30 I call Ted to remind him that I will be arriving at his place in the next half hour and to ensure that he has showered, put on deodorant, had some breakfast, received assistance from his caregiver in taking his insulin and has relieved himself if necessary. I drive to Ted's residence at a care-giver home across town; his second placement in a different home in the past three months - the previous caregiver had failed to give him adequate dietary care to help him control his diabetes. Ted is waiting outside sitting on his walker smoking a cigarette. I ensure that when I approach him that I do not smell any evidence of dope smoking, as has happened in the past, and in which case I then have to cease my

interactions and support with him for that day. As support workers we were informed by the Director not to support any client that was under the influence of drugs or alcohol during their support hours, as it demonstrated their own lack of commitment and responsibility to their program and jeopardized the agency's work and workers' commitments to delivering healthy programs. Today it is just the smell of cigarettes and old spice. I assist him around and into my car, putting his walker in the trunk.

We head to the bank for him to deposit his bi-monthly assistance cheque from the Ministry of Housing and Social Development. On the way, after some friendly chatter, I reiterate what types of behaviors are deemed appropriate in the bank and in his interactions with the bank teller, and what behaviors would be inappropriate. Two months ago he had been doing really well in his interactions with the bank tellers. He had achieved mostly "ones" and "twos" on his behavioral scale that I created to track his behaviors ("one's" being very appropriate behavior, and "five's" being very *inappropriate* behavior), almost allowing me to leave him totally independent in his banking errands. I created this scale not only to better track Ted's behaviors but also to have a mechanism to measure his program progress in order to report it consistently regardless of which support worker spends time with Ted. However, in the last month Ted has been declining in his progress and reverting back to old patterns of using inappropriate language in his interactions (he returned to mostly "threes", "fours" and the occasional "five" on his behavioral tracking chart). I had decided on a set of particular behavioral variables a few months ago after watching Ted in his interactions and judging which ones seemed more observable to track (such as his use of titles when referring to someone, or his type of eye contact/staring, yelling out, and comments on looks). I give

him examples, taken from the behavioral variables I had chosen to track in his charts; “Ted, if the teller is a woman, staring at her chest, asking her out, commenting on her looks and calling her ‘my lady’, is not suitable”. I ask him to repeat what behaviors are suitable and remind him of the big colorful chart we had made months ago that listed all the appropriate types of behaviors for him to engage in when going to the bank.

We arrive at the bank and I assist Ted in getting his walker out of the trunk of my car. I am hoping that he doesn’t get an attractive female teller who is wearing anything that hints at cleavage or curvaciousness. I am wondering if I should be alongside him in the cue and when at the teller or if I can stand back and just observe (sitting in a waiting chair, where I can still see his interactions with the teller and the teller’s facial expressions so that I can be aware if anything looks as though it is going downhill). I decide to stand alongside him. I stand in line with him and become vigilant as he starts up conversation with a woman in front of him, but he is doing well and although he asks questions that are not wholly socially acceptable, I decide that they are not rude, nor warrant any written comment or “rating”. Or, should this count as a “one” on his chart? I find it difficult to decide if I am tracking the degree of a particular behavior in a moment, or tracking the number of times a particular behavior happens. Honestly, I have not come up with a consistent solution to this, and would rather not concern myself with the idea of confounding variables. The teller who calls our attention is a man, and I let out an inaudible sigh of relief. The bank interaction goes well, and Ted and I review why this is so once back in the car. I mentally make a note that when I return to the office I can add “ones” to his behavioral chart, acknowledging though that a large part was due to the teller being male. Again, who wants to concern themselves with the confounding

variables impacting Ted's behaviors? It is hard enough to tease out and choose a handful of variables that he does regularly and that are easy to observe and track in a consistent way.

We then head to the recreation center for our regular twice a week gym/fitness routine. I notice that Ted is getting really fidgety and anxious, and then suddenly quiet. After some coaxing he admits that he did not take his insulin this morning, because he "didn't feel like it" and he "doesn't really need it anyway". We rush to the nearest fast food outlet and order him a bowl of chili and an orange juice in hopes of leveling out his sugar levels before we get him home to his insulin. I wonder what percentage of times he has forgotten to take his insulin this month compared to the previous month? I will calculate this from his insulin tracking chart when I return to the office. Ted displays his "empty" wallet for me, explaining that the \$10 he does have is for his pack of cigarettes and therefore he does not have enough for his food. I am not in the mental frame to try and convince Ted of the importance of food over cigarettes, especially for a diabetic, so I let it slide this time. I note that "responsible decision-making about health" could be added as a variable to track on his chart for next month. I dole out the money for his meal justifying it as a health emergency. The agency receives Ted's contract through the Regional Health Authority, and his particular arrangements do not allow for spending money on food or entertainment (because he receives government assistance cheques for his daily living). This will either be coming out of my pocket or I will have to try and be creative in my expense sheets, perhaps adding extra kilometers to my mileage report? Ted requests that we go eat in the nearby parking lot downtown that overlooks the ocean and marina where he can watch the boats; he finds it peaceful.

We spend an hour on the picnic bench, overlooking the harbor, enjoying the relative quietness that the grey day brought, and talking - Ted getting lost in stories about his upbringing and his passion for music which used to be a significant part of his life. At one point his frustration visibly grows and becomes quite poignant as he speaks about no longer having the ability to play the cello. I gently attempt to redirect the conversation to lessen his visible agitation. He starts cursing as he attempts mimicking the finger positions on his “air cello”. Suddenly he is up, grabbing his walker and heading towards the nearby parking cement partition. Before I realize what this is all about, he starts to relieve himself. I avert my eyes and quickly scan the parking lot, relieved that I cannot see anyone in the vicinity, and also understanding that he has more difficulty than most at registering his bladder content. I reflect on what “rating” this behavior should score on the five point scale of in/appropriate behaviors. This is difficult for me. I understand that Ted relieving himself in public is definitely inappropriate, yet I feel compassion for any person who cannot control that aspect of their bodily functioning anymore. It is not as though I believe he does it on “purpose” or thinks that it is a humorous situation. How would I feel in the same situation? I would want someone to be supportive and understanding, and not make a big deal out of my own decreasing ability to control my bladder. Regardless, I will make note of it in his chart as an inappropriate behavior that will need improving. We head back to Ted’s home to rectify his insulin dose before heading to the gym, behind schedule.

We arrive at the recreation center, and Ted chats with the receptionist, a long time friend of his family, as he shows his pass and holds up the line for slightly longer than most would in the same situation. I wait patiently, smiling at the few impatient faces in

line. I ponder the social norms and cues that we become socialized within, and how slight variances from these “unspoken agreements” become more pronounced when working with individuals who may be lacking in the “accepted” skills of social adeptness. How is this taught and even more, how is social awareness tracked to show that improvement is being made? In the gym, Ted refuses to rely on his walker, but I explain that I cannot support his weight to assist him without his walker – I end up with bruises on my forearm from his grip. I explain his option of either being independent and using the walker, or not using it and risk falling and injury, like happened three weeks ago when we had this same conversation. My mind thinks, “yes, that could have been charted under the ‘responsible decision-making about health’ variable.” I help Ted into the recumbent bike, and I do some light exercises for the 40 minutes that he warms up on the bike. I assist him in his weight training program that he and I, with the suggestions of another support worker with a background in fitness, have designed, filling out the exercise chart I had created to track his reps, weight and exercise machine rotation. On the lat pull, he gets distracted between reps by the mirror reflection of a woman in the stretching area and starts yelling at her from across the gym. I quickly intervene and we review expectations and appropriate behaviors in hushed conversation in between the lat pull reps and shoulder press reps. I make a mental note to mark it in his behavioral chart as either a “four” or “five” under the variable “comments on looks”. Many of the people in the gym are regulars, and they give me knowing smiles when they catch my eye; they are familiar with Ted and display a caring curiosity towards him and myself as his support worker. It makes me wonder from what perspective I should rate his behaviors – from my own perception and judgment of their inappropriateness, or from gauging others’ degree of

reaction to his behaviors? We spend just over an hour and a half in the fitness room. Ted shows great concentration and determination in the gym doing his fitness routine and we leave in high spirits, talking about his health and ambitions.

We drive back to Ted's home, all the while he tries to convince me to buy him a slurpee. I refuse, reminding him that he cannot drink soda with his diabetes, and thinking that I will definitely add that new health decisions variable to his chart for next month's tracking. As he sits on his walker at the front door and lights a cigarette, I remind him that I will be back in two days for our regular weekly tai chi class. I head back to the office. I spend half an hour filling out the progress notes, a blank space taking up 1/3 of a page, to describe what we did that day and any information or details that are relevant to the supports needed around his behavior. I file away the exercise chart into his fitness file, and spend 15 minutes filling out his *behavioral tracking chart* for that day, commenting on the inappropriate behaviors that happened during our time together and rating the degree of their inappropriateness.

Experience of Disjuncture

A few weeks later, Ted's behaviors are still sliding, as could be seen in his *tracking chart*. All of the different behavioral variables that I tracked with him to record his progress are consistently rated at "four" or "five" on the sliding scale. Every interaction with him in the past two weeks has ended in some outburst that warrants my ending our day together and the support that I provide for him. I had been spending up to three days a week with Ted in the months previous, until his behaviors starting deteriorating. I cut back on his hours. The Director of the agency and I thought that maybe this would provide Ted with a "reality check", since he always expressed wanting

to receive support, and yet was not treating me, or others in public, respectfully. I dread today, as I have the past few weeks working with him. Our rapport has been sliding tremendously, and I am feeling more confused and impatient, wondering how our relationship has changed and why he is acting out so much, after showing such improvement in the weeks before. Ted's inappropriate behaviors have increased in frequency, specifically in relation to his comments to others in public, yelling out, and in his actions and words towards me as his support worker. There is discussion between me, my coworkers and the Director of the agency of possibly trying a new support worker with Ted for a while to see if that will improve his behaviors and hence, program progress.

I approach Ted as he is sitting on the bus stop bench a few houses down from his home. He enjoys sitting on the bench and watching pedestrians, occasionally yelling out a startling "hello" from across the street. I start to explain to him why our time together has dwindled and why I will be replaced by another support worker for awhile, when he abruptly starts furiously yelling at me, "Stop treating me like a kid!" I have never seen Ted so angry or emotion-filled in all my months of working with him. I am startled and my stomach turns as yet again I apologize and walk away from supporting him due to his yelling. I take a deep breath as anger, sadness, and confusion wash through my body. It was agreed upon with my Director that I should cease my support for the day if Ted's behaviors do not change. The Director insists that my own safety and well-being are first priority and that I do not deserve to be disrespected or mistreated by any client. But, why do I feel so horrible at walking away from Ted as he sits fuming on the bus stop bench? How is this supporting him? What has happened in the past few weeks? Why have I

failed so miserably at relating to Ted and providing him with a space of support, patience and understanding? These qualities I pride myself in and perceive as the strengths that I bring with me when I interact with individuals, whether it is at work or in my personal interactions and relationships. From this experience I feel internal dissonance between what I want my support work to be about with Ted, and how my support work is actually happening with Ted.

Research Problematic

DeVault (2008) writes about the tension that is encountered by frontline workers when they have to use textual modes of categorization with the individuals they work with. The disjuncture in my experience between how I intended my work with a client to be and how my work was actually happening with this particular client is an example of the kinds of dilemmas “that often leave front-line workers feeling puzzled and demoralized as they observe their well-intentioned efforts leading in directions that they did not intend.” (p. 21). From my experiences as a frontline community support worker, I have recognized something troubling. A tension is articulated between working so intimately with individuals while imposing on them the terms of reporting and evaluation. My disrupted work with Ted has compelled me to further explore the social organization of frontline work within this agency that has recently initiated the process of accreditation. My personal experience is used to substantiate and complement informant interviews and observations, helping to illuminate the reorganization of frontline work through accreditation. By including my work experience in this research I initiated a reflexive process that acted discursively with the information I gathered through interviews and observations with other frontline workers to help build a strong analysis of

the social organization of frontline work activities and experiences that happen through the ruling relations of accreditation. My research problematic focuses on the rupture between how to do frontline work and how to do the change in work that is required by accreditation. My experiences offered an “opening” into the social relations that extend beyond my own and other frontline workers’ accounts of work. By formulating my work experience as a problematic, I have established it as something that can be researched - how is frontline work being connected to and organized by accreditation priorities and its ability to verify quality recognition in service provision?

Chapter 3 - Joining the Conversation

Overview of CARF Accreditation

Accrediting bodies, such as the Commission on Accreditation of Rehabilitation Facilities (CARF), purport to increase the quality of service delivery in a social service agency by emphasizing measurement and outcomes, by using various assessment technologies to gather and analyze results, and by using indicators to monitor performance (Walshe & Walsh, 2000; Young et al. 1983). CARF reviews and grants accredited status both nationally and internationally on request by individual facilities and organizations. “The CARF family of organizations currently accredits more than 5,000 providers at more than 18,000 locations in the United States, Canada, Western Europe, and South America. More than 6.5 million persons of all ages are served annually by CARF-accredited providers” (CARF*b*, retrieved June, 2008). CARF claims that its services are impartial, external, transparent, consultative and accountable. CARF purports to enable service providers to implement and conform to CARF quality improvement mechanisms to increase service efficiency, fiscal health and service delivery. The focus of CARF accreditation is mainly to ensure that providers are meeting their clients’ unique needs, but also includes meeting the needs and risk assessments of third-party payers and government regulators. (CARF*c*, retrieved June, 2008).

The CARF accrediting process includes four components. First, the agency requesting accreditation conducts an internal self study and evaluation of its work practices to best align them with the standards outlined in the CARF manual. Once satisfied that their policies and practices conform to CARF standards, the agency submits

an *Intent to Survey*, a detailed document about the programs and services it wants accredited. Second, a team of professional peers do an onsite CARF survey and consultation of the agency to evaluate the agency's conformance to CARF standards. These peer reviewers then produce a report based on the survey to evaluate the strengths and weaknesses of the agency in comparison with the accrediting standards and guidelines. The third component involves CARF rendering the accreditation decision. The agency may be granted an accreditation term of one, three or five years based on their demonstration of "conformance" with the CARF standards. Finally, within ninety days of being awarded accreditation, the agency submits a *Quality Improvement Plan* outlining the actions that will be taken in response to the recommendations given within the peer review survey. This is followed up by an *Annual Conformance to Quality Report* (if awarded a three or five year term) to reaffirm that the agency has ongoing conformance to CARF standards. In my particular research, the agency in focus is in stage one of the CARF accrediting process; getting acquainted with the CARF standards, evaluating its present practices, and implementing change in order to show how it plans to meet those standards to the peer reviewers.

Accreditation and the Frontline: A Lack of Critical Engagement

Studies on accreditation are prevalent within the contexts of higher education (Schwarz & Westerheijden, 2004; Harvey, 2004; Haug, 2003) and primary healthcare settings (Buetow & Wellingham, 2003; Schyve, 2000; Bohigas, Brooks, et al., 1998). However, within the social services context academic literature on accreditation is minimal and Canadian content is lacking. The few studies available provide reviews of the merits, costs, and relevance of behavioral health and child welfare accreditation

(Naughton-Travers, 2002; Pollack, 2005), descriptions and criteria on how to decide if accreditation is desirable and appropriate for a social service organization (Bender, 2007; Stoparic, 2005), studies on the managerial aspects of accreditation within social work practices (Neuman & Ptak, 2003), and general information on understanding accreditation (Young et al., 1983). There is a dearth of literature that critically examines accreditation specifically at the local agency and frontline level.

The most thorough academic study on the process of accreditation vis-à-vis frontline workers in the Canadian social service context is a Master's thesis by Bates (2005). Using phenomenological and narrative inquiry, he explores frontline workers' positive and negative perceptions of organizational change and personal transitions through the process of a B.C. Child and Family Services accreditation. He acknowledges in his literature review that front line voice is lacking within research on organizational change (p. 18). Although Bates provides an interesting empirical study of the impacts of accreditation of frontline staff, his study consists only of the subjective experiences and impressions of workers towards the accreditation processes taking place; he states, "I was more interested in the quality of participant's experience of accreditation" (p.34). The scope of his study does not include the broader factors that played into the agency's decision to undergo accreditation, nor the actual changes in practices and work that the frontline workers implemented to meet the standards required by accreditation. Consequently, his examination of accreditation does not escape or question the dominant discourse of quality improvement and best practice that organizes the work of frontline staff. Bates does not make visible the social organization of accreditation nor the extended relations that organize frontline local practice. I draw on his study as a way to

demonstrate the power and importance of looking at local experiences as socially organized.

Participant quotes in Bates' study reflect how the dominant discourse of accreditation and quality service delivery is taken up unquestioned by him and the frontline workers throughout the study. For example, one participant exclaimed "I think there's a lot more attention paid to the way that files are maintained in a professional standard [...] files contain only what is necessary" (p. 48). To take an IE lens to this study to explicate the social relations organizing this discourse and experience, a researcher would ask: *Who is deciding what is deemed necessary to be in these files? What categories of information are deemed professional and relevant? Where do the files go and how are they read? How does this organize worker interactions with clients? Whose ends do these files meet?* These questions and concerns are not reflected upon within the scope of Bates' study. The data that Bates relies on are based solely on the perceptions that frontline workers have, which have become part of the ruling discourse. Therefore, the study fails to get at *how* accreditation comes to reorganize local work sites and workers' perception. His analysis remains in the discourse of "efficient service delivery" without unpacking what it actually looks like on the ground in frontline workers' actions and talk.

Bates concludes from his interviews with participants that "[accreditation] standards become specific enough so that the clarity of what each standard requires ensures a careful examination of how and why [the frontline worker] does their work" (p. 46). This statement represents how ruling intentions come to inhabit, presuppose and regulate how frontline workers perceive and write up their clients. Yes, clarity of

standards and of what is required of the frontline worker to meet these standards may ensue – but this research conclusion only explains how frontline workers gather the information that is already set out in the documentation to gather, making visible some aspects of the frontline work with clients, while making invisible other aspects. Only that work frontline staff do which can fit into the categories given within the standards documentation is given institutional relevance, displacing other forms of work experience and knowing that frontline workers engage in to make up the actualities of their work. This is an example of what Smith describes as an “ideological circle” (Smith, 1990a, p. 94). Categories given within texts, in this case specific standards associated with accreditation, structure the types of information collected at the local frontline level, which produces and reinforces the reality of the categories (standards) within the text. The same “schema” that created these texts and categories is that which interprets the information collected, creating an ideological circularity that reinforces a particular textual framework of reality giving agency only to certain types of knowing and legitimacy to only certain types of decision-making.

In prefacing his research, Bates states “the process of accreditation is becoming more common for human service organizations and, again, little is known about the impact of accreditation on both organizations and workers” (p. 4). When discussing performance based contract models, Bates acknowledges that there is an increasing interest in “outcome measurements, along with outputs, as a requirement in the awarding of contracts to the community sector” (p. 6). He reviews the reasons why accreditation is sought after: due diligence and risk management, organizational accountability, production of outcomes, and allowing government to feel confident in its awarding of

contract of services. My study aims to complement, and take a step further, Bates' research by looking at the actual textual and discursive processes that guide frontline work, keeping at the forefront of my research the ontological perspective that frontline work is socially organized. It is important to take a critical look into accreditation requirements and how they guide frontline workers to behave and act in certain ways that align them with intentions and criteria that extend beyond their work with clients.

Studies on Governance and New Management Strategies

Despite a lack of critical engagement with social service accreditation, the literature is replete with critical studies on organizational change, shifting governance relations, and human service evaluation (Ng et al., 1990; Aucoin, 1995; Brodie, 1999; Rose, 1999; Broadbent and Laughlin, 2002; Dahler-Larsen, 2007; DeVault, 2008). Baines (2004a) looks at increases in unwaged social service work operating under performance-based models of public management and limited funding. Her aim is to understand the experience of frontline social service workers within the context of Canadian social service restructuring. Baines argues that labor strategies compatible with public management strategies eliminate the caring work content within the social service sector. Caring work is replaced with flexible, routinized and standardized models of work organization making it easier for unwaged laborers to assume work and for managers to supervise it (p. 267). Restructuring, she argues, permits the increasingly deskilled and exploited nature of caring labor. Baines also acknowledges that “the non-profit sector has been fairly unregulated although new accreditation standards are soon to be introduced at the federal and provincial levels to remedy a purported and real lack of consistency in service provision, staff training and credentials[...]” (p. 272). Reading Baines enriched

my reflections on my own working experiences in the context of increasing standardization in the public and non-profit sector. I had found myself frustrated at the disorganization of this *particular* agency. I did not realize how its internal work was organized by textual relations and the broader ruling interests of accreditation, accountability and funding requirements. Accreditation requires not only an influx of administrative duties that are time-consuming, but also an actual reorganization of reporting procedures which framed my work and client interactions. The new reporting procedures, guidelines and standards outlined in the CARF accreditation manual that the agency receives at the onset of the accrediting process becomes an organizing tool to which all changes in frontline reporting and work defer. As I will explicate in later chapters, the CARF manual operates as a textually-mediated ruling relation catalyzing standardized contract management and evaluation practices at the frontline level of social service delivery.

Rankin and Campbell (2006) investigate health care reform and restructuring in hospital nursing work using institutional ethnography. They link the disruption of caring nursing work with the logics of efficiency and accountability that are imported by new management practices, such as through new computer software patient allocation tools that create information for the purposes of managing the hospital. They explicate the tensions that develop within frontline nursing between the standardization of information management and the maintenance of flexibility and situated patient needs. Their research links how the expertise of healthcare professionals is being taken over by the expertise of information professionals, auditors and managers, aligning organizational changes with

“accounting logic”. This accounting logic promotes practices that produce outputs and outcomes linked to financial inputs.

The changing accountability in healthcare that Rankin and Campbell’s research aptly makes visible in the actual work of nursing resonates with the types of changes I am seeing in the frontline work process of an agency preparing for accreditation. In common is a ruling ideological discourse that regulates work through conceptual frames of increased efficiency and quality of service while decreasing costs and direct government involvement in the management of healthcare and social services. This ideological discourse, that both Baines and Rankin and Campbell discuss, is commonly known as New Public Management (NPM), which promotes specific doctrines such as explicit standards and measures of performance, increased emphasis on output control, increased contracting out of services, ongoing evaluation, private style management practices and increased competition in the public sector (Hood, 1991; Baines 2004a). It is important to know *how* these doctrines and discourses are *becoming* enacted in the embodied world by looking at the actualities of people’s doings who participate in the building of these new ruling management relations. Rankin and Campbell predict that “constructing how the setting is to be known, reconstructs how it will be, and what it can become” (2006, p. 9). It is important to study how wide-scale management practices are actually changing the work of social service delivery across diverse agencies, and how standardized measures are experienced differently across socially-located standpoints. Looking at the intersection where frontline worker meets accreditation is one such area that will add to the project of mapping and discovering of the institutions and ruling relations of contemporary Western society.

There are a number of other researchers who have also undertaken institutional ethnographic examinations of new management and restructuring practices organizing frontline work in various health and social service settings. Some particular IE studies have been crucial to my developing understanding and insight into my research. These studies inform and provide background for how I locate my research and how I think about the problematic that guides my investigation. Campbell (2001) analyzes the relationship between local “nursing knowledge-based action” (p.231) and Canadian health and economic policy, within the context of text-mediated forms of control and power. She uncovers how a community nurse practitioner is forced away from her client-centered values by the activation, or use, of a Long-Term Care assessment form which shapes and guides her interview with a client applying for long-term care assistance. The assessment form acts as a controlling mechanism to ensure that the means-testing and systematic eligibility requirements being implemented by the nurse are in alignment with the larger Canadian political health context of resource allocation and diminishing funding for long term subsidized health assistance programs. The nurse practitioner becomes a participant in a much larger context of organizational power and ruling relations. It is apparent that “the power associated with decision-making is not hers to exercise personally on the basis of her professional judgment” (Campbell, 2001, p. 249), thereby negating her care-oriented values, interpersonal rapport, and knowledge as a community nurse practitioner. Campbell’s delineation of an assessment form being “organizationally relevant” (p.242) rather than relevant to the clients’ particular health needs is a useful reflection. Although the types of texts used by the frontline workers in my research focus are not (yet) as standardized, they nevertheless redirect how the

workers are interacting and working with their clients for purposes of meeting measurable standards that accreditation requires. From my own working experience, I was not cognizant of the larger context of mediating knowledge and organizational structure informing my work when I was with the agency and supporting various clients - the “routineness [made] it invisible and thus taken for granted” (Campbell, 2001, p.243).

de Montigny (1995, 1996) both explores frontline social work practice in relation to professional and organizational discourses and critiques the Ontario Risk Assessment Model impacting frontline social work practice in relation to child welfare and diminishing “helping relations”. He frames his critique within the increasing development and adoption of standardized documents within social work and welfare. He likens new human service management models as just a minor elaboration of the business model (p.34) and argues for workers to insist on “policies that recognize the indeterminate, contradictory, unfolding, and uncertain dynamic of people in interaction” (p.35). Policy and procedures must be relevant to the lives of clients and frontline workers, and not just from a standpoint of administrators and government ministers. In these two ethnographic studies, de Montigny underscores the disconnect between actual client needs and policies of standardization, demonstrating that direct client interactions and service are becoming second to documentation activities in order to meet accountability, funding agendas and legal requirements. From Smith’s (2007, unpublished) own work, she concludes that:

technologies built in textual forms ... operate to *manage and make accountable* people’s work in institutional settings and, most notably, to supersede the discretionary and trained judgment of professionals... (p. 17).

The critical reflections by both de Montigny and Smith further prompted me to question the ways in which I, and the other frontline workers, textually “work up” our clients. My job was to connect individuals with the diverse resources that they needed in the community. The complexity of support needs that occupied my involvement with individual clients made the act of measuring their progress an arduous and frustrating task. It was not easy trying to tease out behavioral variables that could be objectively measured and indicative of the client’s overall well-being and program improvement. In actuality, some clients were never expected to make progress in their abilities but rather were supported by myself solely to maintain their current level of functioning. Regardless, clients’ contract continuation was determined by their assessed needs for support and their measured improvement because of this support, as written up and reflected in the agency’s reports. On one hand I had to prove that the supports we were providing to a certain individual were indeed improving their situation and independence in living. On the other hand, I had to show that this individual still needed our supports and hence the continuation of their contract and funding.

Ng (1996) takes a critical look at the internal transformations initiated by state funding protocols within a community employment agency for immigrant women. She traces the tensions and contradictions that played out within the agency between provision of services to clients and the rising demand for producing documentary materials required by the funding arrangements. The tensions she observed are linked to the broader work processes and organizational context that this particular agency was pulled into when accepting state funding and requirements. These funding relations not only decreased the agency’s advocacy role, but also re-organized the work in a way that

promoted the very social construction of immigrant woman that the agency had advocated against. She writes, “without an analysis that makes the link between the agency and the constraints imposed from without, these tensions and contradictions could be (and indeed were) interpreted as personality conflicts and problems of individuals involved, rather than structural features of the organization” (p. 11). This statement resonates strongly with my own earlier understandings of my frontline work and how I understood the agency and my director. I clearly had developed explanations based on my own personal faults or personal attributes of my coworkers and the agency, rather than being aware of the larger ruling priorities that shaped all of our work. Ng’s research offers a substantive empirical study of how a community agency, while trying to attain viability, becomes an extension of the ruling relations of the state through funding arrangements. These reflections helped me to problematize accreditation vis-à-vis contract funding arrangements and to discover how the two were related organizationally.

The above studies have all directed my reflections to the tensions I experienced as I navigated my work with clients within the broader social complexes that my agency was being pulled into. The contradictions that I had felt and took personal responsibility for were largely directed by processes that were outside my present situation with clients. My own actions and decision-making processes were being transformed as I became active in working up clients into the categories and terms of reference that were organized by accreditation priorities, without my explicit awareness. By looking at my experience as socially organized, and by reflecting on various research that has started the work of mapping new management strategies in other contexts, I was able to better

appreciate how accreditation is operating within this ruling new managerial apparatus, or NPM.

Chapter 4 - Method: Frontline Work Experience and Textually-Mediated Relations

IE as Research

An IE researcher starts within the local setting where work is lived and experienced by individuals. The local experience acts as an entry point for the researcher to then discover the social relations that extend beyond the local experience to the structures and discourses that dominate and guide those local, everyday behaviors and actions in focus. As an IE researcher, I was vigilant to the tensions and disjunctures that existed between the local embodied experiences of frontline workers, including myself, and the extra-local priorities of accreditation and contract funding requirements. As I mentioned in identifying my problematic, I experienced discomfort and tension in my daily interaction with Ted. Seeing my work setting as socially organized allows me as a researcher to see as problematic everyday frontline support work, and to then take a standpoint from which to open up inquiry into the agency's setting and its work. This standpoint establishes a particular orientation and direction to explore how frontline work with clients is being organized, the types of questions to ask, and where to look for answers (Smith, 2005). Within this approach, the frontline worker is the experiential expert of their support work.

Texts and Discourse

Institutional ethnography treats texts not as prescribing action but as establishing the concepts and categories in terms of which what is done can be recognized as an instance or expression of the textually authorized procedure.[...] It is the recognizability of what is done or being done as an instance or expression of the regulatory text (rather than rationality)

that accomplishes an institutional process or procedure. (Smith, 2006b, p. 83)

Texts and discourse become the functional means to illuminate broader socially- and politically-organized determinants of action, known as text-mediated ruling relations. Texts are the medium through which extra-local priorities come to infiltrate local work and intentions. Local frontline work and extra-local sites of accreditation and funding are connected through what institutional ethnographers describe as the activation of texts in a ruling practice (Campbell & Gregor, 2002): “the capacity to rule depends upon carrying messages across sites, coordinating someone’s actions *here* with someone else’s *there*” (p. 33, emphasis in original). As the researcher I engaged with organizational texts and discourses that I discovered to be associated with accreditation, surfacing them as purposeful coordinating tools controlling frontline worker’s activities. Texts are integral in courses of action if they are “activated,” or used, as an organizer of action and information by people in different settings. In this sense, people can then become “hooked” into the relations of ruling by their use of certain texts and their subsequent participation in particular actions that the texts initiate. When analyzing the texts and reports that were discussed in the work of the frontline, I kept an analytic eye on where they came from, how they were put together, how they were taken up, and how they projected organization into the work actions that followed (Smith, 2006b).

Texts can function as ruling relations in two ways. First, a single text may coordinate many specific work sequences to produce institutional realities as it gets taken up and read by different individuals in different social locations. An example would be sending a package in the mail. The mailing of a package work sequence starts off with one individual placing the correct postage stamp and address on the package. This

package then gets passed along to the postal worker within a local office, who files it in the correct outbox for the specific location, ensuring the proper postage has been affixed, and possibly assigns it a tracking number, and inputs other relevant information into the computer if the sender requested the package be insured. A delivery person then transports this package to the destination, by a number of different possible means (air, sea, land), which entails a large complex of coordinated actions, which I will not delve into here. Finally, the recipient receives the package, either having it directly delivered or picking it up at their local post office. None of these coordinated work sequences would be possible without the presence of a postage stamp and mailing address, the text that “activates” or allows the package to be sent successfully to its recipient through multiple coordinated actions and processes. This work sequence coordinates part of the institution called Canada Post.

Secondly, a text may act as a primary coordinator establishing dominant frames and concepts which then guide the actions and production of other texts to produce institutional realities. This type of textual mediation is termed an *intertextual hierarchy* - certain higher level texts provide the regulatory frame for how other texts are to be read in the local setting to produce the realities that are necessary for creating institutional knowledge from the actualities of people’s lives (Smith, 2005, p. 186). Institutional ethnographers recognize that reading a text is an actual interchange in which the reader activates the text and responds to it. This reading interchange is termed a *text-reader conversation* in IE, and allows researchers to see texts as in action and in and of social relations. My research offers an example of this. As I will show in subsequent analysis, the CARF accreditation manual is an example of a higher level regulatory text. It

coordinates and establishes how other texts are created and read, and hence how an agency and its workers do their work in particular ways to create a particular institutional reality from their actual work.

Discourse is used in the Foucauldian sense as an analytic tool by institutional ethnographers to “identify conventionally regulated practices of using language that formulate and recognize certain objects of knowledge in distinctive ways” (Smith, 1990a, p. 224). Discourse is an active conduit of ruling relations carried in texts and activated through text-reader conversations and through people’s activities as they use texts, produce them, and take up the regulatory frames that the texts circulate. Dominant discourses get carried in textual material, such as accreditation manuals, organizing and coordinating how an individual thinks and does her/his activities, constraining what can be said and done within the confines of the knowledge that is legitimated within the texts. Individuals become implicated through their own participation in a web of social relations that discursively coordinate their doings with other people, events, organizations and priorities elsewhere (Campbell and Gregor, 2002). As I will show, frontline workers become conversant within the dominant discourse of measurement and continuous quality improvement, which implicates their work and actions with priorities of contract management, changing how they interact and work with clients.

The Research Process

My IE research process was *emergent* in nature, guided by a sequential exploration of frontline experience which is in constant recursive process with my former work experience, informants accounts, reporting texts, and analysis of the everyday actualities that I studied and explicated within the agency (Campbell & Gregor, 2002). I

knew what I wanted to explain when I initiated my research exploration, however it was only as I proceeded through it that I discovered whom I needed to interview and what texts and discourses I needed to examine (DeVault & McCoy, 2006). As I stated in Chapter Two, the problematic of my study was what guided who to talk to, what types of questions to ask, and what to observe. The process was a discursive discovery - my own frontline work experience within the agency acted as the entry point into the investigation of CARF accreditation, followed by interviews with frontline workers, the Director of the agency, and a critical analysis of the agency's reporting documents as they related to funding and CARF accreditation. My own work experiences provided a frontline standpoint from which the exploration of accreditation began and to which it eventually returned. It was from the location of frontline support worker that particular reporting work was experienced and hence explicated. In this section I give a brief account on how my research process developed and proceeded. I do not provide detailed accounts of the different reports or analytic points that I discovered; the building of the data and analysis will be explicated in Chapter Five and Six.

Research Access and Understanding

From my standpoint as a former support worker I had good access to the research site – a government contracted B.C. social service agency providing several programs for individuals with disabilities. The agency's Director (my former employer) agreed to participate in the project and offered to share information on the process of accreditation that the agency is undergoing. He extended an open invitation for me to observe the work of consenting staff implementing accreditation standards. I made three visits to the agency over three consecutive months to conduct interviews, to make observations of

frontline report-making, and to casually converse with frontline workers about their work. My observations were an open-ended undertaking; a cumulative collection of insights and ponderings gained throughout the research process. After each visit to the agency, I journalled my observations and insights from the information I had gathered that day, and I listened to any recordings of conversations to glean what types of questions and inquiries I should follow up with next.

I entered into my field research at the outset with general ideas, stemming from my own work experience and problematic, that guided my initial observations, questions, and curiosities. These included: frontline worker's first introduction to accreditation; new or changing work responsibilities; work actions in a day; agency reorganization; and, writing up reports and using documents and guidelines (related to accreditation or other). This provided me with a general framework to initiate my discussions with the other workers and Director, rather than having the interviews guided under a preplanned question structure (Seidman, 1998). With my observations, and with each new interview, the information gathered guided my decisions on who to interview next and the types of questions needing to be explored further. I interviewed two frontline staff to elicit talk about particular work practices that had come up in casual conversation or observations previously, specifically about reporting procedures and details on how to fill out a particular report.

Throughout my research process, I engaged with organizational texts as they were introduced in discussion with the frontline workers and Director. I incorporated texts/documents and discourse into my observations of frontline experiential accounts by engaging in casual conversation with frontline staff. I asked *what* these documents were,

how they were written, *how* the worker knew what to put in to the report, and *who* the report was written to, in order to delineate how the texts became purposeful coordinating tools of frontline work activities. From my own work experience and disjuncture, I knew upon my arrival in the agency, that I would be asking questions regarding particular reports (*Quarterly* and *Biannual* Reports, further described in Chapter Five). I had prepared a preliminary mapping of the reports and texts that I understood to be involved in frontline work, based in my work experiences. The CARF manual was a significant textual resource that I became familiar with at the outset of my visits to the agency. I critically analyzed the discourse and standards within the manual alongside the texts and reports that guided the frontline workers to behave, interact and deliver services to clients in particular ways. I schematically mapped textual and discursive connections that became apparent in the interviews as important organizers and guiding principles of work within the accreditation process to make visible the work and individuals that are organized by its use. By analyzing texts and reports I was able to discover how frontline workers, and the Director, are being coordinated by the discourse carried in them. The research process was itself the process of analysis.

First Visit to the Agency

To ensure the anonymity of the workers and agency, I have used pseudonyms for the workers, and simply used the terms “Director” and “agency” throughout my writing. For my first visit to the agency, I spent a few hours in the agency each day for three days talking with the frontline worker, Elle, who has been put in charge of implementing accreditation. I had knowledge going into the setting that she worked with the CARF manual containing all the materials and guidelines that the agency must attend to and

consider for the reorganization of their work place to align with CARF standards. The first day of this first visit I focused on informal conversation with Elle so I could become grounded both in her work as frontline worker with clients and in her engagement with the CARF manual and implementing its standards. I asked Elle to describe the manual to me and how she read it. I then reviewed the manual that evening and familiarized myself with its standards and process. To give some insight into the complexity of this manual, it took me five hours to figure out how to “read” the manual and follow its guidelines, in order to better understand the type of work that Elle was engaging with. The work of reading this manual and deciphering its guidelines was immense and much preparatory work was needed beforehand in order to implement the necessary changes it required in the agency. From what I knew at this point, observing how Elle took up and interpreted the CARF manual was important. What work processes were initiated and put into action from her reading of this *text* and what were the changes that took place stemming from these initiated work processes? What other texts and reporting measures were then created and how did they link up frontline client interaction with the agency and CARF standards?

The second day I had the opportunity to introduce myself and my research at the staff meeting, in which several other frontline workers expressed that they would be open to being interviewed. The remainder of the day was assisting Elle in coming up with a “plan” of how to best approach the changes required by accreditation in a consistent and thorough manner. It was then that I realized fully how overwhelming and daunting a task was placed on Elle, and how much stress it generated for her in her work as she struggled to understand the accreditation process, and to familiarize herself with its standards

alongside learning all of the agency's existing policies and documents. To add to the stress, Elle had entered into an agreement with the Director, before understanding the process of accreditation fully herself, to have the agency ready for an *Intent to Survey* by a certain date that was fast approaching. Upon successful survey and award of accreditation she would receive a substantial one time bonus for her work. She was now struggling to reconcile how "far behind" she was in the process as compared to what had been outlined in this agreement. The third day of this visit, I digitally recorded a more formal interview with Elle, focusing on her work as a frontline worker with clients (rather than her implementation of accreditation within the agency) and the types of documenting and reporting that she engaged with in this work.

Second Visit to the Agency

My next visit to the site was three and a half weeks later. In the meantime I had transcribed Elle's interview and reflected on it and the reporting work that she had described. This led me to interview Nadine, another frontline worker who had just recently been hired, to gain further insight into the work of reporting at the frontline level. Fortuitously when I arrived to interview her, she was working on a writing a *Quarterly Report*, and I was able to question her about the specific process of writing it and how she knew what to put into it. At this point, I was still rather muddled in my own understanding about how these particular frontline work processes that were being described to me in the two interviews were connected and organized by accreditation. However, upon transcribing Nadine's interview and reading it alongside Elle's interview, interesting linkages and disconnects surfaced in each of their work, and talk about their work, compared to one another.

Final Visit to the Agency

Many “unknowns” had left me with questions which brought me back to the agency one month later to interview the Director. Although I held space in this interview for free flowing conversation, I also had more of an idea about the social relations that I wanted to further surface in frontline work and organization. I asked specific questions regarding particular reports and funding bodies to trace where documents went after the frontline worker had submitted them and to gain an understanding of how the Director’s own work was being organized vis-à-vis the textual documents.

Reflexivity: My Location as Researcher and Former Employee

Rather than treating a knower’s location as a problem of bias, we believe that it reveals something about whose interests are served. And that is an issue of power. (Campbell & Gregor, 2002, p. 15)

My location as a researcher who had previously been immersed in frontline service delivery within the agency under focus could be perceived as a possible research bias. My experience designates me as part of the institution I am exploring, alongside its language, concepts and types of expertise. The problem of bias extends to any qualitative research method, and calls for researcher reflexivity - the researcher engages in constant critical reflection of their own subjectivity to bring awareness to their position in relation to the informants. Walby (2007) argues that a hermeneutic exchange happens between a researcher and informant during the interview process which invariably may affect the interpretation of texts and speech acts. However, as an institutional ethnographer I am looking at actual activities of informants (including myself), rather than their personal feelings and attitudes, and my analytic goal is not one of interpretation but rather of “building” and surfacing the social relations that organize people’s doings. Therefore

specific limitations regarding bias greatly diminish. IE begins with personal experience and views informants as experts of their activities, therefore my own work experience is equally as valid an entry point as the other frontline informants' work to uncover the institutional relations that guide frontline action within this particular agency undergoing accreditation.

I did have to be mindful of my own presuppositions and conceptual currency about frontline work as I entered my fieldwork. During the interviews, and as I took up the interview transcripts afterwards, I was alert for institutional language that the frontline workers and Director were using. It was important as a researcher to be aware of informants' use of institutional language and discourse to explain their activities, while also being aware of my own prior knowledge about the particular setting. As Campbell and Gregor (2002) point out, sometimes "informants submerge what they actually do by glossing it over, speaking of it in terms given in policy or in rules", or in professional language, referencing the discourse rather than what is actually being done (p. 71). I identified and further questioned the actual "doings" and "knowings" of the frontline workers' activities. For example, often I had to ask specifically for an example of what would be *put* into a report, and *how* the worker knew what to put into it, rather than being content with a general descriptors of "writing a report" and "tracking client progress". The goal in IE is to break down institutional language into the actual actions that define the institutional categories. Being familiar with the work and the agency myself, it was especially important for me to be aware of *institutional capture* (Smith, 2005, p. 155) – when informants and the researcher can get caught conversing within the institutional discourse which subsumes the work knowledge that is based in experience rather than

surfacing a rich description of actual work processes. It is crucial to be critically reflective of terminology and its referents in the real world to explain/describe actual people, what they are doing, and how they are knowing what to do. When interviewing Elle, Nadine and the Director I was vigilant with myself to “think like an institutional ethnographer” seeing things as socially organized, and to not get caught up in the discursive knowing of the work that was being talked about. I was cognizant of my own location, being a former frontline employee at this agency reflecting on my own practices, while also suspending my own interpretations and understandings of these practices to get at how Elle and Nadine’s experiences were being organized. I was careful not to take Elle and Nadine’s accounts for granted and rather to ask questions that probed deeper into *how* they were working and doing reports, even when it may have seemed like the information I was asking for should be “obvious” with my own frontline background.

I must admit, it was difficult at times to set my own understanding of frontline work aside when I knew, and I assumed the frontline worker I was interviewing was also thinking, that I had formerly worked at this agency and most likely had done some of these very same reports and work processes that I was now asking such detailed questions about. However, this practice allowed for very concrete discussion of frontline work to emerge within my interviews with Elle and Nadine. I found it more difficult getting past institutional capture in my interview with the Director, as his social location as the Director of the agency made him more conversant in its ruling discourse of management. I tackled this issue by spending more time on each of my inquiries I had regarding frontline work and the making of reports. I asked the Director similar questions in

different ways about the same reporting procedures, in order to help ensure I was capturing actual work practices rather than just concepts of the work. Paradoxically, this insistent thoroughness on my part as the interviewer also made very clear the dominant discourse that the Director was immersed within and being organized by, which furthered my analysis of frontline work organization.

When analyzing the interviews I caught myself at times in *unintended analytic drift* where my focus shifted from the institution to the individual interviewed (McCoy, 2006, p. 109). I would become deflated in thinking that the information that I had gathered didn't "give me anything", when really, I had become too focused on the individual's subjective understandings about the accreditation process, rather than how those understandings were being organized. My analytic drift towards analyzing specific individuals, rather than the larger institution from which they were located, was a product of my knowing the informants prior to interviewing them, and being unclear in my own developing understanding of what was happening in the agency. I coined this phase in my research process "mid-analysis paralysis". Thankfully it didn't last long - after a step away from the interview transcripts, discussions with my committee supervisor, and critical reflection on my own thinking process, I returned to the data with the institution and its organization at the forefront of my analytic gaze.

Chapter 5 - Explicating the Social Organization of Frontline Work and Reporting

The Context of Frontline Work

Frontline interview data came from Elle, who has been working in the agency for over four years and is in charge of implementing accreditation, and Nadine, who was recently hired and had been working for only a few months at the time of the interview (“E”lle for “E”xperienced worker, “N”adine for “N”ew worker). In speaking about their work and reporting, a few specific documents surfaced that both Elle and Nadine use (represented in Figure 1, p. 59). *Individual Program Plans*, or *IPPs*, are detailed documents filled out by the frontline worker with the client regarding the client’s goals, areas of independence, strengths and weaknesses within areas of communication, transportation, mobility/health and social skills, and resources needed to support the attainment of the client’s goals. The *IPP* acts as a guiding document to the client’s program and how the frontline worker is to support them. The *IPP* is reviewed yearly by the client, support worker, Director and funders. Each new yearly *IPP* reviews the previous year’s goals set by the client and his or her support worker, and comments on its status and asks for further recommendations. Then, areas of independence are re-evaluated by the support worker and a new long term goal is devised with the client, supported by the creation of short term goals and the acknowledgement of the resources required to meet the long term goal. *IPPs* are created by the client and support worker to implement a program and act to guide how the client and support worker will then follow through with the program (hence, the two way arrows between the *IPP* and the client and support workers in Figure 1). *Progress notes* are daily journals that frontline workers

must write after each time they spend with a client. They are a short description of the activities that were done that day, any incidents, problems or positive experiences, and the number of hours spent with the particular client. Progress notes are solely for the agency's own documentation and records. They are filed and stay within the agency, although they may be referred to by the support workers to inform the writing of the *IPP* and other reports (hence, they appear to be “floating” between the other documentation depicted in Figure 1). Depending on which program the client is being supported under, there is a *Quarterly Report*, or a *Biannual Report*, in which frontline workers document each individual's client program progress to date, including achievement of goals, behavioral issues and the work that is being done by the worker to support the client. These two reports are handed in to either Community Living BC (CLBC) or the Regional Health Authority (RHA) depending on the client's program, and act as an update on how the frontline staff are working with the client to meet the client's *IPP* goals.

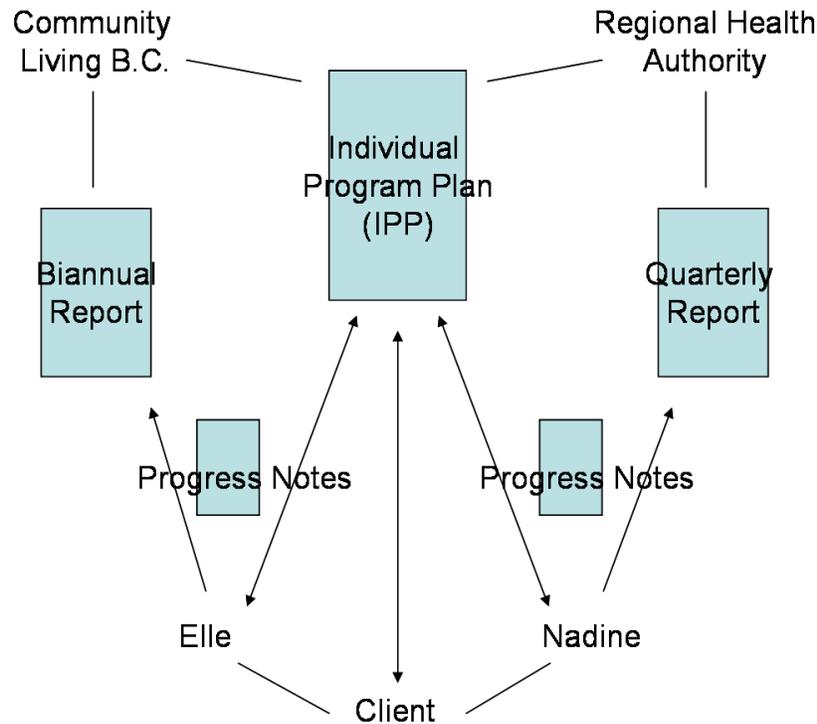


Figure 1: Frontline reporting documents

Measurement Discourse

In talking with Elle and Nadine about their work and interactions with their clients vis-à-vis the reporting documentation, I noticed a difference in the language used by each in their descriptions of reporting work and supporting client goals. Elle’s talk is immersed within language of “quantitative” and “measurable”. For example, when talking about reporting on the progress of a client’s goals, both within the *progress notes* and within the *IPPs*, Elle emphasizes –

When? How often? How many? To get you thinking - can I measure this? Can I measure if there is going to be change? What I am writing now, can I compare to something else? This is really the question you need to ask yourself [...] Then you are measuring: is he [client] digressing? or is he progressing? [...] So everything is just very concrete, um, its not wishy washy, you know exactly what the goal is [...] I track that.

Conversely when Nadine is talking about her work with clients, there is an absence of measurement language. When asked how she knows that a client's goal has been met, she replies with an example –

One of the goals was to get involved in more physical activities and you could say, ok well, yeah he has signed up tai chi, and he is doing therapeutic riding and he's you know, going swimming and he's going to the library every two weeks, and everything, then you would obviously move on.

Noticing the stark absence of notions of measurement in Nadine's talk about her work compared with Elle's talk, I finally asked Nadine about measurement as a tool for tracking client goals; she agrees that it may be important but ultimately the “*evidence comes from your contact with the client.*”

The different use of measurement discourse observed in Elle and Nadine's talk organizes the judgments made by each worker differently. As seen in Nadine's comments above, she is relying on her common sense and her own judgments based on her interactions with her clients to know if their goals have been successfully attained. In contrast, Elle's judgments are informed not by her direct experience with her clients, but by a discourse of measurement:

*All our goals have to be measurable, because[if] you make a goal that isn't measurable, how do you know when it has been attained?[...] and if you don't have IPPs and you don't have progress notes and you don't have a way of tracking their goals then **you would have no idea** if their goals are being met. (Emphasis added)*

This quote surfaces how Elle's judgment about her clients and their program and goals is disconnected from her own experiential knowing of her work with clients. Despite working with her clients closely, and on a consistent basis for three years, her experience-based judgments are stripped from her, as her work knowledge is organized by a

discourse of measurement. Measurement becomes the authoritative way of knowing what is happening within Elle's work experience and interaction with her clients.

The reliance on measurement not only organizes Elle's judgments, but also her decisions and hence the actual work that she is doing with her clients. For example, Elle creates *behavioral tracking charts* in order to better track and measure client goals and behaviors associated with their goal attainment. Tracking becomes the primary way for Elle to know if her clients' goals are being met as outlined in their *IPP* and as logged in the *progress notes*. The *tracking chart* mediates how Elle works with her clients – it guides and shapes how she approaches her interactions with clients. With the introduction of the *tracking charts*, created by Elle to better measure client *IPP* goals and progress, Elle becomes increasingly focused on the problematic behaviors of her clients that are in need of improving.

I find that sometimes it [client behavior] will go on an upslant so I won't track it, and then it will fall down so I start tracking again with him [...] As soon as he starts to slide again, I start to notice the behaviors come back into play, we track again.

Tracking charts are used to measure behaviors displayed by the client that Elle understands to be inappropriate, shifting Elle's way of relating with her client towards a focus on characteristics that are problematic within the client. The focus on measurement organizes her need to create *tracking charts* for purposes of gathering quantifiable, measurable data that can be used to prove that *IPP* goals are in fact being met. The client disappears from the working relationship as numbers and objective measurement take her or his place.

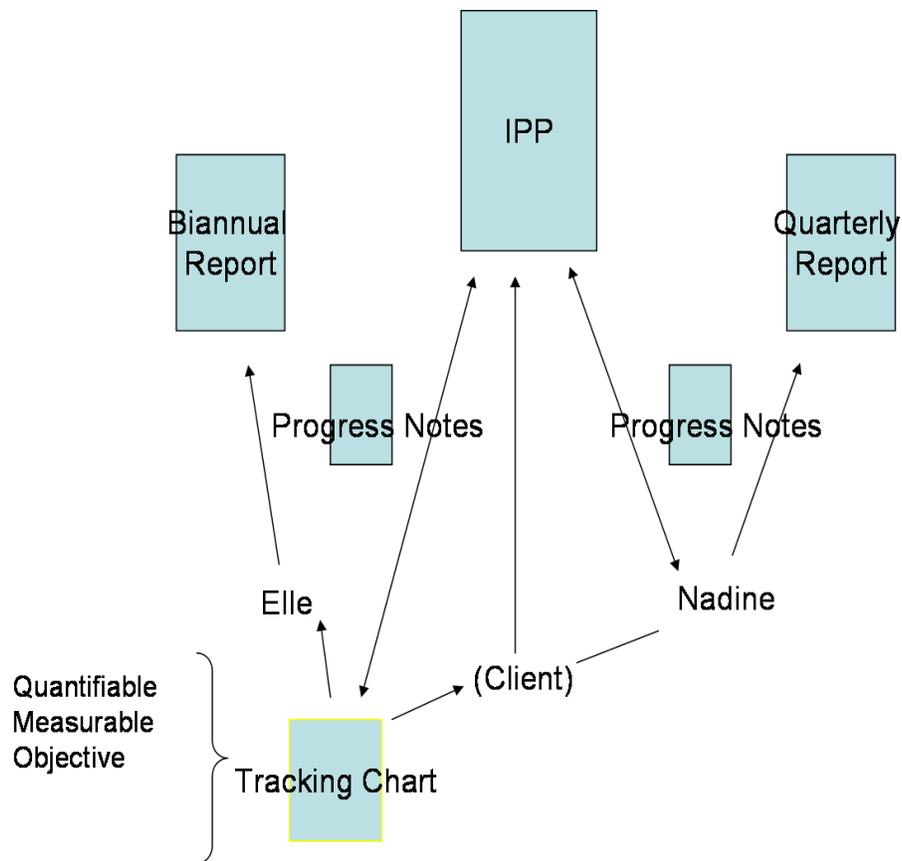


Figure 2: Introduction of tracking charts

Why is this happening? Why does Elle view measuring her clients, and specifically measuring only the problematic characteristics of her clients' behaviors and actions as central? As Elle states, *"You need to document, measure, 'are they progressing?' because what happens - it is **improvement of service to clients** [...]"* (Emphasis added). By focusing on problematic behaviors in her client, Elle has a variable to report measurable progress on. Measuring clients' problematic characteristics and their improvement is a way for Elle to show progress in the client's program and hence in the quality of the support work that she is providing. Measurable tracking and reporting is here synonymous with quality service provision. Approaching clients as measurable is a

way that Elle can know, and show, whether she is providing adequate support or not. Her interactions with clients become focused on the qualities of the client that can be measured to show improvement and to substantiate her good work.

From Elle's discussion, and from my own frontline support work experience using *tracking charts*, the focus on measurement of clients' behaviors, specifically inappropriate ones which have the potential to improve, leads to an increasing need to control client outcomes, hence behaviors, because measuring "improvement" in client behaviors is a reflection of good frontline work. An increasing propensity for frontline worker's to take client's behaviors and (inappropriate) actions personally surfaces as the client's behaviors and the worker's ability to track those behaviors is here reflective of how well the frontline worker is doing her job. For example, Elle describes how she tracks and reviews a client's behavior, "*I definitely make sure that I go over it (tracking chart) with them very promptly so that he (client) can see why I am angry or why that it is inappropriate and then I just make him aware.*" To do a good job is to master the task of measuring and tracking client behaviors and doings. The focus on "inappropriate" behaviors in clients can have disruptive consequences to client/worker relations. The personal attachment to, and need for control of, the clients actions and "progress" changes the working relationships at the frontline level. My experience with Ted is an example of this, as my rapport with him greatly diminished during the times that I was most focused on tracking his behaviors. The discourse of measurement guided how I interacted with Ted, and is guiding Elle to interact with her clients in measurable ways, which "*is better for us, it looks better on us*".

The Making of a Good Report

With the discourse of measurement, as seen in Elle's talk and lacking in Nadine's talk, percolating in my thoughts I approached the Director of the agency to talk specifically about reports, their content, and how they are taken up after the frontline workers have completed them. The most prominent analytic point that surfaced from our discussion was the work of making a good report. A good report, whether it is a *Quarterly Report* or a *Biannual Report*, addresses “*the needs as identified in the program [IPP]*”. The *IPP* is the document that describes “*what you are supposed to be doing*”, while the report “*would be reporting on how that process is going*”. In other words, “*a good report would really give you the information you need in relation to that [IPP]*”. When I further prompted the Director to discuss what goes into a good report in order to contain the relevant information that is needed in relation to the *IPP*, he responds:

Quantitative and measurable [...] One of the things that I say all the time when people are doing reports – ‘how many, how often, how long?’. If you have those things you can measure whether you have successes or not. [...] That is hard to do with some of our folks when you are talking about behaviors. But if you look harder you can, you can usually find a way to sort of make them quantitative and measurable. And if they are quantitative and measurable they are a good report.

As this comment shows, the director's work is also being organized by the discourse of measurement, despite his acknowledgment that the act of measuring clients isn't always easy and involves “looking harder”. The *IPP* is a central document that contains the clients' goals and program with which all subsequent frontline measurement of client progress and report writing corresponds. Measuring clients' progress and using quantifiable evidence to write the reports verifies that the agency and its workers are meeting the clients' program. The *IPP* displaces the actualities of the client that it refers

to, and “quantitative and measurable” becomes the required way of knowing the work done at the frontline level in relation to the client’s goals and program outlined in the *IPP*. The reality of the lives of people with disabilities being supported who have a wide array of different needs is erased unless they can be made quantitative and measurable. Only those “inappropriate” behaviors associated with the goals that are outlined in the *IPP* are those that are tracked, measured, recorded and reported. The numbers that are attached to the work that frontline staff do with clients become most important, despite the difficulty in *how* to do the work of measuring clients’ multifaceted behaviors and lives, and the repercussions of objectifying client lives and personhoods. Frontline workers, such as Elle, track and measure in order to write a good report. The Director confirms this -

If you look, you can find a way to make almost every, anything quantitative and measurable when you are providing supports [...] When it actually comes to what is really important [...] which is the work that you are doing [...] well the best way of measuring the work that you are doing is looking at a good report and seeing that that report provides you the information according to what the program plan is, the IPP. So, you need a really good report.

In the above quote, a good report is synonymous with good frontline work. Further,

If you are not doing a good job and you are struggling with the report, or you are struggling with the report, it may indicate that you are not, er, that you don’t know what you are doing when it comes to providing support, because you cannot write the report, because you don’t have any stuff to report on!

If the report provides quantifiable and measurable proof of goal attainment as outlined in the *IPP*, then good work is being done.

However, a disjuncture surfaces in the Director's talk about the actualities of frontline report making. Good work does not necessarily lead to a good report. On one hand, *"If you are doing a good job, the report writing shouldn't be difficult [...] you should have the information at the ready because you know that you are doing a good job"*. On the other, the Director goes on to explain how many frontline workers struggle with writing a good report, and yet do "awesome" work in the field.

Some staff do excellent reports and some [...] they struggle through it, and so [...] they spend as much time as they can to get those reports to provide the information that is really needed. Report writing is not an easy thing for a lot of people, you know, it is really tough.

A good report does not necessarily reflect the actual embodied interactions and work being done between the client and worker. A good report is therefore not about the actualities of the worker's support work with the client. Rather, a good report is about providing measurable and quantifiable evidence to substantiate the *IPP*. The Director's own work is being organized to promote good report writing as good work, making invisible the actual work and disjunctures that arise for him and his staff in the doing of "good report writing". As the agency Director, he has to ensure that the reports contain the relevant information that is "really needed" while his frontline staff struggle to re-configure their work and their account of their work in the relevant terms organized by the measurable reporting discourse. Not only do clients' lives disappear in relation to the *IPP* as mentioned above, but now we see the frontline worker being removed from her own work experience as measurable reporting requirements rule what is known and how, rather than her first-hand support work and client interactions. Very simply, here a good report *is* good work (see Figure 3. p. 67). Both Elle's work of writing reports and the Director's work of ensuring that good reports are produced are being regulated by a

discourse of measurement made visible and tangible through frontline reporting work. The work of the frontline is being reorganized as, for example, Elle creates *tracking charts* in an attempt to make her client's lives and the work she does with them visible and relevant within the terms given by this discourse – quantitative and measurable. Why is this happening and what are the social relations that are hooking the work being done in this agency into priorities set elsewhere and elsewhere?

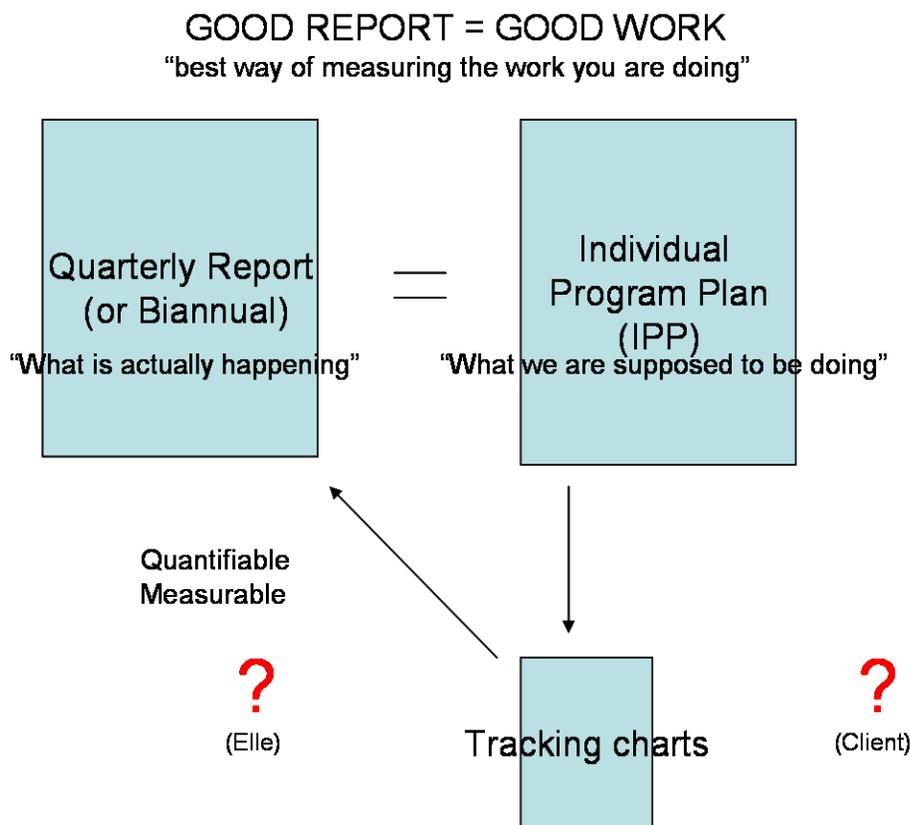


Figure 3: Disappearing client and frontline worker

The IPP and Contract Funding

In the past, the Director would meet quarterly with his funders, either CLBC or the RHA, and with the other community service agencies that received contracts from

those particular funders. They would discuss their clients, and present and share their reports at a roundtable. Often, different service providers would “share” clients, and this quarterly meeting offered a chance to discuss client services and needs. This practice changed approximately four to five years ago, according to the Director. Now, every year a meeting is held with representatives from the RHA or CLBC funding body (depending on the client’s program), the individual agency, and the client. The meeting is centered on the client’s *IPP* bringing together the client, any of their family/friends who are involved in their support, the client’s support worker(s), the Director of the agency, and any social workers the client may have. **The *IPP* becomes a contract** between the funder, service agency and client delineating what is expected to take place over the next year in the provision of services to the client.

The *IPP* is a direct textually-mediating ruling relation between frontline workers’ work and interactions with their clients and the funder making decisions about contract awards and renewals. The *IPP* is activated at the yearly meeting and becomes the touchstone for decision-making, both at the frontline level and the contract management level. It was the most referred to of the agency’s report documents in my conversations with frontline workers and the Director of the agency, regardless of the specific report that was the focus of my questions and conversation, such as the *Quarterly Reports* or *tracking charts*. The *IPP* and the goals and program set out within it, is a central text in organizing the production of good reports. The *Quarterly* and *Biannual Reports* are submitted directly to either the RHA or CLBC, respectively, to provide evidence of the progress being made within the agency’s contracts as signified in the *IPPs*. A good report becomes an indicator showing the funders how the agency is fulfilling the client’s *IPP*

goals and hence, delivering quality service. Whereas in the past, dialogue was shared about the experiential knowledge and work practices of the managers and staff working within different social service agencies providing different programs to clients, reporting has now replaced this networking and sharing. In order to maintain his contracts and services, the Director is guided to align the agency's reporting to its funders with the goals outlined in the *IPP* reviewed annually with the funders. The need for frontline workers to provide measures of how the work they are doing meets the expectations laid out within the *IPP* is of paramount importance to the continuing viability of the agency, which depends on retaining contracts from the funders. In other words, the reports act as a way for funders to evaluate the work being done by frontline support staff. Elle is working with her clients in a particular way in order to write a good report which will reflect "accurately" what is relevant, in measurable terms, in the *IPP*. If she can do this, she is doing good work and delivering quality service – as determined by the ruling perspective of the funders. The *IPP* and the writing of reports are the textual representations of frontline workers' work, making invisible embodied experience. As I have explicated, the focus on quantitative measures in order to write an adequate report changes the work and focus at the frontline level of interaction with the client.

Chapter 6 - The Ruling Relations of Accreditation

I mean it is fine to be accountable and responsible, I mean we absolutely need that and we need some um, you know, people who are watching the program and watching the service - how they are being delivered. But at the same time we can't forget about the clients' needs. That is the only problem I have with accreditation. (Frontline support worker)

...The organization and the organizing of the organization is important, and that is what accreditation does. You know, it makes sure that you have all your ducks lined up, but I am still looking for where the accreditation impacts those people that we are providing support for. (Agency Director)

From Voluntary to Mandated

Looking up from the position of frontline worker and beyond the agency, the ruling relations of accreditation become visible. In 1999 the B.C. Ministry of Children and Family Development (MCFD) mandated accreditation for all of its contracted service providers receiving total annual contracts of at least \$500,000, stipulating that "service provider organizations who fail to earn or maintain accreditation may not be eligible for funding for any additional services and may be subject to contract termination" (MCFD Policy, 2006). Accreditation, once a voluntary process directed through an external and independent board, is now operating as a mechanism to help ensure efficient and accountable government contract management and service delivery. Not only is the Ministry mandating accreditation, but it is also researching ways to combine government accountability strategies with that of accreditation reporting and standards. For example, currently there is no communication between the Ministry and CARF - MCFD can only assume that if an agency is accredited by CARF that it is accountable and delivering quality services. However, CARF and MCFD are partnering to form a *Joint Outcomes*

Project to research how to best align accreditation and MCFD standards and reporting requirements. The following excerpt is from a Ministry information update in December, 2008:

The Joint Outcomes Project is an MCFD/CARF initiative to identify outcome measures being used by CARF-accredited service providers. The Joint Outcomes Project Committee is studying the feasibility of identifying common outcome measures or indicators being used by CARF-accredited services providers. If common measures and/or indicators can be identified, streamlined reporting requirements may be achieved. (MCFD/CARF, 2008).

This joint venture increases the capacity of government to evaluate and govern its contracted services with accreditation acting as a mechanism to gather outcomes and comparative data on service delivery. Accreditation is operating to do the work of contract management between social service providers and government funding bodies.

To Be Accredited or Not To Be Accredited?

Accreditation is a standardization of services [...] it provides a level of professionalism in what you do and it meets a pre-established standard of services so that similar places do a similar type of thing in similar ways, and yeah, it's a good thing. (Agency Director)

The Director of this particular agency receives below \$500,000 in annual contracts and therefore has a choice about whether to become accredited. However looking at the social organization that the agency is embedded within, a different picture appears. Both of the agency's funding bodies, the RHA (which is a contracted government body of the Ministry of Health Services) and CLBC (which is a provincial crown corporation that shares mandates with the MCFD), provide mandates and funding for many of the social services that are delivered in the province, including a network of clinics, centers, programs and residential services and a vast array of community living services for

individuals with developmental disabilities. The RHA became accredited in 2005 and CLBC is preparing to be accredited by 2010. In speaking with the Director, a tension appears between his talk of “volunteering” his agency to be accredited because it is “a good thing” and “I am doing this because I want to” on the one hand, and the obligation he feels because his funders are accredited, or are preparing to become accredited, on the other. This becomes visible as the Director describes what his reasons were for choosing to become accredited.

CLBC the funding source was looking for agencies to be accredited so they had suggested some years ago that those agencies that could, that were contracted with them, become accredited. Also, I wanted it because I think it is a good thing. It puts you up a notch to say that, you know, you are an accredited agency. Most of the larger CLBC agencies are now accredited [...] You know, so if they are accredited, my funding source is accredited, then it stands me in a better stead if we are accredited as well.

Despite not being required to become accredited, the provincial accreditation mandate for social service contracts acts to regulate the choice to become accredited made by smaller contracted agencies, such as this one. Accreditation has become synonymous with quality service delivery – and hence a way for government funding bodies to evaluate services and make contract decisions. Accreditation and its discourse of quality service assurance is organizing the Director’s decision to become accredited to stay competitive and “up a notch” in order to successfully receive funding through continued contracts.

The Ministry of Children and Family Development only subsidizes the accrediting process for those agencies receiving over \$500,000 in annual contracts. In deciding to accredit his agency which receives below this value, the Director must absorb all the costs associated with the accreditation process (upwards of \$14,000 per agency). Although the Director is not formally required to become accredited, accreditation has

become a ruling priority, which is being taken up by his funders and by other social service agencies in the community and province.

That was one of my issues too, is there is not funding available, so the time that staff put on towards accreditation had to come out of their existing time frame and work with clients [...] because it takes time, that is a really challenging this to do, you know! It is expensive.

As the Director of an agency with only a handful of staff, this marks his fourth attempt in preparing for accreditation since 2004. The agency and its workers struggle to build the capacity to implement successfully the organizational changes demanded by the accrediting process and evaluated by the accrediting surveyors. The time and work it takes workers to make these changes is time taken away from their work with clients. Small agencies, such as this one, may not have the capacity or financial means to undertake accreditation which has become synonymous with quality service delivery, therefore losing the competitive edge they need to remain funded and viable. And, more disturbing, they may lose the opportunity to provide unique services for those that are in need, as they either are forced to amalgamate with larger corporations or simply to cease delivering their services.

A Change for the Better? The Organization of the Director's Standpoint

Implementing accreditation and the reorganization of policies and reporting that it requires of an agency (or funding body) is a lengthy and gradual process. With this particular agency undergoing several attempts in its own accreditation process and with its funders also being/becoming accredited, the changes in reporting and organizational procedures have taken place gradually over a few years. The gradual shift toward more measurable reporting however is not perceived by the Director as directly related to

accreditation, but rather as necessary adaptations of his services and reporting that have been needed over time, as discussed with his funders.

Some of the changes that we have done in reports and documents have been gradual as we go. And for me, what I have done is that I have changed things as I have seen the need to change. If I didn't like how things were done I would change along the way, liaising with the funder of course [...] So to pinpoint when those changes happened and whether they were related directly to accreditation through (RHA) or through us, I really can't answer that. [...] It has just been a gradual change for the better.

Paradoxically, he does acknowledge earlier in our interview that, “*when [the RHA] did their accrediting, they sent us some documents saying that they would like their reports in such a way*” - specifically in a standardized format, organizing what type of information content is relevant to put in the *Quarterly Report* (quantifiable and measurable). Whereas in the past, the Director explains:

I used to say to staff “just write the report how you feel comfortable as long as you are addressing the needs and the progress of the clients” [...] I wasn't really too specific on how [their] reports were done – didn't care about the format and stuff like that [...]

When asked further about changes in documentation, the Director cannot pinpoint when exactly changes in reporting happened nor specifically what changed in the content of the reports – the entire process of change is indeterminate. Nevertheless, change is perceived by the Director as “for the better”, and relatively independent of accreditation.

The changes in reporting, initiated by the ruling discourse of measurement that the process of accreditation relies upon, are not tangible changes that can be captured in a specific moment of time. Changes in reporting are gradual, influenced by the requests from funders and by the agency's own preparation at the frontline to meet accreditation standards (Elle's work implementing the CARF manual is discussed in the following

section). Gradual changes in documentation and reporting, in turn, inform changes in the work and thinking of the Director in the managing of his agency. He has “changed things as [he has] seen the need to change”, liaising with his funders and making choices that have not explicitly been tied with his or his funders’ process of accreditation. The changes in documentation and reporting content are not easily connected by the Director to the ruling priorities of accreditation.

*If accreditation says that your reports need to be measurable and quantitative then, you know, that is great. That is a good thing – that is impacting the supports for the client and if you can see that in the accreditation process then you would absolutely have to say that accreditation is a positive thing for the service receiver, for the clients. I **have not seen that** (emphasis added).*

Another example will help illuminate how changes within the agency are organized so that they can be regarded by the Director as disconnected from accreditation. The creation of *tracking charts* by frontline support workers, such as Elle and myself, were suggested as a way to better report on the progress of clients by a former manager who was hired to implement accreditation (who had since left the agency, leaving Elle in charge of the fourth attempt at implementing accreditation). When I asked the Director to speak about the *tracking charts*, he was not fully familiar with what I was referring to and responded “*Who is using [them]? Can you think of someone using tracking charts?*” Despite not recognizing *tracking charts* and their use in his agency when first brought up in our discussion, after I described what they were and gave examples from my own and Elle’s work, the Director quickly picked up on their usefulness in the context of his frontline staff’s work alongside reporting and client *IPPs*. He went on to explain:

Well that (tracking chart) is usually related to the IPP. So if you got a behavior, lets say an inappropriate [...] behavior that a client is exhibiting, and you have been asked, or, you are suppose to be addressing

it to modify it, or assist the client to modify his own behavior then it is sometimes a lot easier to do that if you can track how often, how many, what are the antecedents and so forth. They just relate to doing what you are supposed to be doing as far as the plan (IPP) is concerned and also makes it easier when you write the report.

Upon gaining insight into what *tracking charts* are, the Director does not consider the creation and use of a *tracking chart* to be directly related to accreditation and the standards set out in the CARF manual. The Director concludes that *tracking charts* are a logical way to measure what you are supposed to be doing (as outlined in the *IPP*). “*If you got the information on a [tracking] chart where you can refer to it, it makes report writing so much easier.*” Although the practice of using *tracking charts* is not yet “standardized” within the agency, its use is in the process of becoming a consistent practice for frontline workers. From the Director’s standpoint, *tracking charts* are accepted as another necessary and helpful adaptation to meet the reporting needs within the agency and to do good work, independent of accreditation. The gradual change and introduction of accreditation, at both the agency level and at the funding level, and the discourse accreditation imports, can be seen in this example to organize the changes experienced in this agency by the Director as necessary and logical steps towards providing quality service, disconnected from the particulars of accreditation requirements. This example reflects how the Director is embedded within a web of social relations and ruling priorities, and how it is that he becomes a participant in the ruling relations of accreditation without his knowing. Changes in reporting and how to do the work of supporting clients are left unquestioned and taken for granted as for the best.

Elle's Work Implementing CARF Accreditation

Elle is in charge of implementing accreditation within the agency. As the primary reader of the CARF manual, she works with all the required standards outlined in it to be met by each specific service the agency delivers. In doing the work that is required to read, make sense of, and implement the standards outlined in the CARF manual, Elle is immersed within the discourse of “quality” service which embraces outcomes measurement and continuous improvement. A few examples taken from the CARF binder help to illuminate the pervasive measurement discourse that Elle is becoming entrenched within (CARF Employment and Community Services Standards Manual, 2008):

1) In the Leadership section promoting the importance of standards to ensure the agency is striving for “business excellence”:

To be relevant and responsive in a rapidly changing environment, the organization must be vigilant in the context in which it conducts its business affairs. (p. 41)

Leadership works together to achieve and improve identified outcomes. Their efforts and achievements are documented. The outcomes performance report is used to guide these efforts [...] (p. 42)

Social service delivery is referred to as a business affair, introducing implicit concepts of competition and business sector style management practices which require the agency and its staff to remain vigilant in how it conducts its service delivery. The focus on outcomes performance as guiding all of the agency’s efforts to attain and improve its service delivery acts as a conceptual and discursive tool of ruling. The agency is given autonomy in deciphering how it will identify outcomes and what its performance report will look like. In this case, the *IPP* and the *Quarterly Report* and *Biannual Report* fulfill this obligation. The *IPP* identifies the clients’ goals and needed outcomes, while the

reports measure the performance of the frontline workers' delivery of the program to the clients. These report documents, regulated by the requirement of outcomes performance, represent the agency's "efforts and achievements" in delivering "business excellence." As a ruling relation, the discourse found within the CARF manual does not prescribe action, but rather provides a framework and guides what work actions in the agency will be fitted into its terms of "quality service" as made evident in the reports.

2) In the Information Measurement and Management section stressing the importance of demonstrating data reliability, validity and accuracy:

Accurate and consistent data will be the deciding factor in the success of an organization moving to or maintaining a fact-based, decision-making model[...]. There are a variety of ways an organization can demonstrate that it addresses the integrity of the data it used for outcomes assessment, performance improvement, and management of decision making. These approaches can range from simple to sophisticated [...] (p. 106)

In order to be "fact-based" within the social service "business", data have to be collected in a consistent and accurate fashion. Data, in this case, are the clients' lives and support needs made objective, measurable and quantifiable by the frontline support workers. It is only those behaviors exhibited by clients that can be measured and quantified that are considered by accreditation standards as having enough integrity and legitimacy to inform outcomes assessment and performance improvement. Outcomes assessment and performance improvement data then inform decision-making, at both the agency service level and the funding level.

Further, regarding service delivery improvement and what the agency's data collection should include:

c. Measures the indicators in each of the following areas:
1. the effectiveness of services

2. *the efficiency of services*
3. *service access...*

Evidence that an organization does make a difference comes from information about the outcomes achieved, the efficiency of the organization [...] Data collection should be tied to performance improvement.” (p. 109)

Evidence that the agency is in fact meeting its clients’ support needs “efficiently” does not come from the clients themselves, but from the data collected by frontline workers that can be made measurable and quantifiable. This measurable data then inform the outcomes written in the reports to meet *IPP* goals, which textually represent the client. Data collection must be tied to performance improvement, hence the need for frontline workers to continuously show “improvement” in their clients’ programs regardless of the actualities of clients’ needs and goals.

3) In the Individual-Centered Service Planning, Design, and Delivery section:

10. A coordinated individualized service plan:

a. Is developed with the input of the person served.

b. Identifies:

1. Overall goals

2. Specific measurable objectives

3. Methods/techniques to be used to achieve the objectives

4. Those responsible for implementation

c. Is reviewed on a regular basis with respect to expected outcomes

d. Is revised, as appropriate:

1. Based on the satisfaction of the person served

2. To remain meaningful to the person served

3. Based in the changing needs of the person served

The plan focuses on outcomes and results, and regular review is essential to ensure goals are achievable and remain meaningful to the person served [...] The individual plan can be the source for measuring individuals outcomes satisfaction. (p. 127)

This section reiterates the importance of the individualized plan, which for this agency is the *IPP*. The *IPP* is reviewed annually with the funding body, the agency and the individual client, as explained previously. The *IPP* is the document from which performance is measured and decisions are made about both the client's program and support and the agency's client contract with either the *RHA* or *CLBC*.

Elle is continuously absorbed in messages of how to attain "business excellence" through continuous achievement and improvement of outcomes. Outcomes are to be reported and used as a guide in measuring the agency and its workers' ongoing performance in the delivery of quality service. However, the discourse of measurement and continuous quality improvement found in the accreditation manual contains contradictions in the demands that have to be met in the reporting of frontline work. Elle works to interpret and implement accreditation standards that contain two conflicting messages - that of standardization ensuring, as Elle states, that "*every person that you serve is served to the same standard that everyone else is*" and that of "individualized planning" to meet the individual needs of each of her clients. On one hand, the manual requires standardized and consistent data collection for measuring the performance of the agency's business – including the frontline work with clients to identify "specific measurable objectives" (as seen in the last CARF manual excerpt listed above). On the other, the manual requires "individual-centered service planning" to ensure outcomes stay "meaningful to the persons served". In other words, Elle works to meet the demands of individualized service planning within a framework of standardizing measurement procedures. This tension can be seen to play out as frontline workers, such as myself and Elle, work to create tracking charts that contain variables (behavioral, task-oriented, or

otherwise) that are reflective of the particular client's individual support needs and, at the same time, that are conducive to being measured and quantified. For example, creating Ted's behavioral chart and deciding what variables I would "police" to measure Ted's progress was in an effort to provide the relevant "data" required of me by the accrediting body and funders, and an attempt to resolve the contradiction between "individualized planning" and the "standardization" of measurement. Any frontline worker within this agency, as they approach report writing about their work with clients to fulfill the requirements of "measurable and objective data", will find themselves working to resolve this tension.

The CARF manual includes a *Guidance* section that gives examples of the types of questions that CARF surveyors may ask in relation to the standards outlined in each section. For example, questions that may be asked of the agency workers to prove they have met the standards within the Information Measurement and Management section, and the Performance Improvement section include:

- *What is your system of tracking the results of your services in the lives of persons served?*
- *How are you tracking the changing characteristics of the persons you are serving?*
- *For each service to be accredited in your system, can you show elements of:*
 - efficiency?*
 - effectiveness?*
 - [...]*
- *How do the data you collect allow for comparative analysis?*
- *How will the surveyors know that the data collected:*
 - are able to be reproduced?*
 - measure what they are supposed to measure?*

Elle is actively re-assessing, changing and re-valuing the agency's reporting documents and procedures in order to provide the evidence of outcomes management that is outlined

in the CARF manual, and that will be asked of the agency by CARF surveyors. She summarizes her work and thinking in relation to accreditation thus far:

*All of the IPPs, quarterly reports and behavioral tracking absolutely relate to accreditation. To be accredited, its all about documentation, but not only that, it is also the outcomes that go along with these reports, so they [accreditation surveyors] will be looking for not only the documentation of goals etc, they will also be looking for the outcomes of goals that are set within the reports. I believe all will be useful when it comes to accreditation[...] **I am pretty sure we will need to get more forms and tracking in place in a more consistent way and really keep track to make sure goals are being met and things within the IPPs, etc are being reviewed and updated on a regular basis.** This all boils down to outcomes management; can we provide services that not only goal set, but also goal achieve? CARF wants to see the outcomes of the tracking. (Emphasis added).*

Elle's judgments about how work needs to be done with clients, such as the creation of more *behavioral tracking charts*, is ruled by the discourse of outcomes measurement and continuous improvement that the CARF binder sets forth.

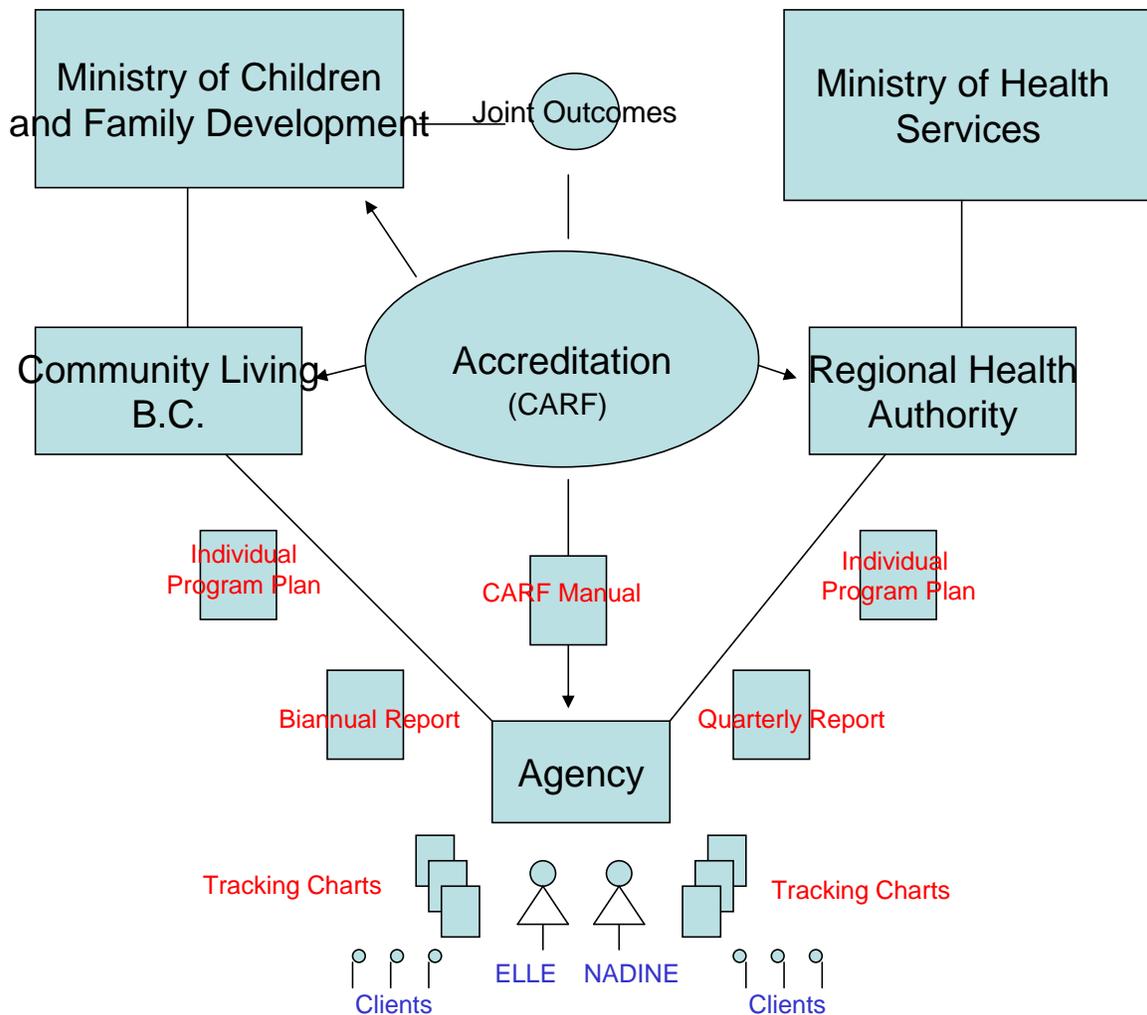


Figure 4: Looking up from Elle and Nadine’s standpoint into the ruling apparatus

Referring to Figure 4 we see that Elle and Nadine are frontline support workers within the agency, working with a variety of different individuals that present an array of multifaceted support needs. The introduction of accreditation, made tangible through Elle’s reading of the CARF manual and doing the work of implementing its standards, guides the introduction of *tracking charts* that mediate the relationship between worker and client, changing how the work is being done. The *tracking charts* then inform how to write the *Quarterly Report* and the *Biannual Report* in order to verify the information within the *Individual Program Plan*. These reports are directly handed in to the funding

bodies who manage the contracts for the agency and who are themselves accredited or are becoming accredited. Under the new provincial policy that the Ministry of Children and Family Development created, CLBC and its contracted services reaching over \$500,000 annually must become accredited. The mandating of accreditation for contracted social services has organized new direct relations between the MCFD and accrediting bodies, such as the Joint Outcomes project with CARF. The RHA is governed through the Ministry of Health Services and although is not mandated by its Ministry to be accredited, has nonetheless become accredited (by a body other than CARF). The RHA therefore also contributes to the organizing of work done at the agency's frontline level.

It is important to note that CARF is the accrediting body that this particular agency is going through (and therefore the focus of my research), although it is not the only accrediting body that an agency contracted by government can choose. MCFD has approved two other accrediting bodies that are appropriate for the programs it and CLBC provide. These include COA (Council on Accreditation), and CQL Canada (Council on Quality and Leadership Canada). Similarly, the RHA has many different departments and programs that can choose to be accredited by various bodies that pertain specifically to their services, such as for example the CCHSA (Canadian Council of Health Services Accreditation). I use the general term "accreditation" in Figure 4, and put CARF in brackets, to acknowledge that other accrediting bodies are in play. However, I do not delve into this level of the social organization of accreditation, as it is beyond the scope of this Master's thesis.

The Social Organization of Frontline Support Work

Within the discourse of measurement Elle and Nadine are required to provide quantitative evidence of their work with clients. They are directed to see their clients through a perspective ruled by considerations of measurement and evaluation for contract management. The organization of reporting (i.e. making a good report) to substantiate the *IPP* with quantifiable and measurable results makes invisible their actual work with clients. A good report becomes synonymous with good work, producing frontline workers to either fail or succeed in providing quality service (i.e. writing a good report) independent of the work they are actually doing with the client (this finding parallels with discoveries in Baines, 2004a). As Rankin and Campbell (2006) succinctly write, and which I adapt to my research focus, “even those [frontline workers] who have not yet adopted the imperative for [measurement] as their own are still captured within the practices that the imperative organizes” (p. 164). At the time of interviewing, Nadine had only completed one *Quarterly Report*, which was returned to her by the Director with a request to make it more “concrete.” Although quantitative and measurable language has not yet defined how Nadine approaches her work with clients or how she approaches her report writing, she nevertheless will have to write more reports which require quantifiable measures of her work with clients. She recognizes that accreditation will require her work to be “more detailed” and that there will be a “significant amount more paperwork expected” and “more accountability.” Nadine affirms the disjuncture that surfaces in the Director’s talk about good report writing - between the actual work of the frontline and the work of writing a report about the work of the frontline:

Some people are report writers by, you know, ability and some people need a lot of guidance, so you know, I am thinking that a lot of times there will be more um, guidelines that will lead you through the process instead of leaving it up to you.

Good work does not necessarily lead to a good report. Regardless, measurable reporting on clients' programs and progress represents the "quality" work that both Elle and Nadine are doing, and hence how well the agency can be evaluated by funders and accrediting surveyors in its delivery of "quality" service to clients.

Embodied Relationships as Measurable Phenomena

Elle and Nadine reorganize their work and interactions with clients to meet the measurable requirements for writing a good report. In their talk about their work and reporting, a palpable tension surfaces in their descriptions of reading the report back to the client. Every report that is written requires the signature of the client – providing the evidence of "client-centered planning" that accreditation demands. Both workers talk about the fear of hurting the client's feelings when reviewing certain behavioral measures that they have tracked for the report that they have to write and subsequently share. This tension plays out in the work of reporting as workers struggle to reconcile meeting the quantitative and measurable expectations for good report writing while keeping in mind that their client will also be reading this report to provide their signature. I experienced this tension - I dreaded reading to clients the reports focused on quantifiable measurable outcomes which I feared made my clients seem like widgets, when I had worked so hard to gain a trusting relationship with them. I would often re-interpret and paraphrase the report in more friendly language, rather than let the client read it or have me read it verbatim. For example, rather than tell Ted that he had declined in his appropriate

behaviors by 70% from the last reporting period because he rated mostly “fours” and “fives” on his tracking chart, I would reflect back to specific interactions we had and review which behaviors needed more work and learning in his social interactions. Regardless, I left from these interactions with clients feeling disheartened, confused and internally conflicted in my work and relations with the people I supported. Accreditation standards and measurement discourse organize frontline workers to report their work in ways that make invisible the actualities of the work they do to support their clients, the challenges they face in making their clients’ lives measurable, and the repercussions their measurable reporting can have on their relationships with clients.

The Work of Being Evaluated

New work practices and ways of thinking about frontline work signal a transition that is taking place in the agency and in the workers towards accomplishing new accreditation standards. This is made particularly evident in conversation with Elle and her talk about what should be done with reporting versus what is actually being done with reporting currently. In Elle’s talk about reporting and the files to be kept, she often uses the expression “we are supposed to be [...]” or, “the report is supposed to be [...]” A disjuncture appears between what she knows should be happening with reports (and presumably will be happening when accreditation is attained) and the actual reporting that is being done in the agency that has not yet been re-assessed and changed to meet the outcomes and reporting management that CARF standards require. The agency has been in this transition for upwards of four years as it struggles to successfully prepare to be accredited. Elle and Nadine are becoming entrenched both in the discourse of measurement that accreditation imports and in new ways of thinking about their work

with clients, changing how they do that work. The discourse of measurement will be further ingrained as the agency progresses in its implementation of accreditation, as seen in Elle's work of producing and creating the texts (i.e. behavioral tracking charts) to meet accreditation standards. This type of knowing based in measurement is coming to dominate the thinking of the frontline workers and their actions.

In making clients' lives measurable, here frontline workers are guided to provide client program outcomes and evidence of continual service improvement so that their work can be evaluated by the funders and accrediting surveyors. Frontline work with clients and the reporting of that work is being reorganized by how Elle and Nadine believe the reports are being taken up (or will be taken up) and used to continuously evaluate the agency and their work within it. Both Elle and Nadine refer often to the RHA and CLBC as "watching" how the agency is "doing the job that [it is] mandated to do". In their talk of reporting, a developing awareness of being constantly evaluated surfaces, despite their present uncertainty of how the various reports and documents are actually taken up or read by the particular funding body. Nadine refers to the IPP - *"it is pretty detailed, and then from that, the reader [funding body] can determine whether the service, being [this agency], is actually providing this person with what they need to be as healthy and independent as possible in their living situation."* From both workers a perception surfaces that *all* written documents are used in some way to evaluate the agency and its workers, even when in actuality, many documents only get filed or do not actually get taken up in ways anticipated by the workers (such as the progress notes and *tracking charts*). For example, when I asked Elle what happens to the report that gets sent to CLBC, she replies *"I have no idea, like who knows if they are even being read to be*

totally honest". She follows with a story about how CLBC contacted her to follow up on a client's living situation six months after Elle had submitted the report. By that time, the issue had long been resolved by Elle with the co-operation of the other workers and community agencies that the client receives support from. "*So, maybe they do read them but I don't think promptly enough for them to really be making a difference because then another three months after that, I am writing reports again!*" Even when there is evidence that frontline reporting is most likely not being taken up to evaluate the agency, as shown above with CLBC getting in contact with Elle in such an untimely manner, a shifting awareness towards feeling constantly evaluated and "policed" by another body is present in Elle and Nadine's talk of reporting. Elle continues to ponder how it is that they are being evaluated,

One thing that I would want to know is when they (CLBC) get a bad report, do they send it back saying this isn't enough information, this isn't what we are looking for? And I don't think that they do. And, so really, how are they measuring how we are doing, if they aren't doing that?

The ambiguity of how documentation and reporting are taken up, or should be taken up, and possibly used by other bodies (i.e. funders, accrediting surveyors), to evaluate the work of the agency and its frontline staff, co-ordinates self-policing and self-monitoring practices in frontline work. Elle and Nadine approach their reporting work with the awareness that a specific audience will be reading it with the possible intention to evaluate and monitor their work. Both Elle and Nadine talk about their work as though all their reporting and documentation are taken up as a tool to evaluate the agency and their work with clients, even if they do not know how, or if, particular reports are taken up by the Director or funder in a particular way. Frontline workers' accounts of their

work and reporting are surfacing the coordination of their work to meet the pervasive ruling priorities of measurable and continuous improvement that CARF demands, and hence that funders demand. Nadine confirms her belief that her work with the agency is being evaluated, and that she thinks this is a good thing: *“I mean it is fine to be accountable and responsible, I mean we absolutely need that and we need some um, you know, people who are watching the program and watching the service - how they are being delivered.”* Self-policing and self-monitoring in measurable frontline work and report writing becomes associated with being accountable for delivering “quality” services. Client progress is being conceptualized in terms that are appropriate to the ruling discourse of measurement and continuous quality improvement making frontline work commensurable with accreditation standards and contract management. Frontline workers’ work and the Director’s work are being organized to participate in the building of the social relations that accreditation requires within the agency and that operate to displace client/worker interactions for evaluation and “efficient” management of the agency’s contracted services by its government funders and accrediting surveyors.

Chapter 7 – Conclusion: Coordinating the Institution of Accreditation and Beyond

Ideological Accounts

If we start at the standpoint of frontline worker Elle, we see that she is coming into contact with a ruling institutional discourse of measurement and continuous quality improvement that is expounded in the CARF manual. As Smith (2005) delineates, institutional discourse does not prescribe action, but rather it provides the terms “under which what people do becomes institutionally actionable” (p. 113). In other words, the institutional discourse of measurement and continuous quality improvement found in the CARF manual provides a particular frame that determines those aspects of frontline work which are relevant to its ruling priorities and that are taken into consideration for assessing the “quality and efficiency” of service delivery by funding authorities and accrediting surveyors. This creates an ideological circle. Measurable evidence is collected by frontline workers within the agency’s reports and client *IPPs* to show client program improvement as guided by accreditation standards. Only these collected measurable aspects of a client’s program are made institutionally actionable in that they inform funders’ contract decisions. Funders’ decisions based on this measurable evidence reifies “quality” service delivery into an abstracted process that does not connect to actual frontline work with clients, yet nevertheless represents what is being done at the frontline level of work with clients. Only frontline work with clients that is quantitative and measurable provides the evidence of outcomes and continual improvement and become visible and accountable to the ruling relations of accreditation and contract management.

Clients' lives become subordinated to the accountability of service delivery management and contract funding.

Intertextual Hierarchy

Elle enters into a text-reader conversation with the CARF manual, reading and taking up its concepts and activating its regulatory potential in her subsequent actions and interactions with clients (i.e. creating the *IPPs* and *tracking charts*). The CARF manual is a higher level text which can be seen here to establish the concepts of measurement that control and shape how lower level texts, such as the *IPPs* and *tracking charts*, are created, made sense of, and used in the work that Elle does with her clients. In other words, the CARF manual is activated by Elle as a “boss text” establishing the regulatory frame from which the creation and use of other subordinate texts makes sense to frontline workers and the Director. As an institutional text carrying a dominant discourse of measurement and continuous quality improvement, the CARF manual makes possible the coordination of standardized action and textual production across diverse settings of social service delivery. It has “the capacity to carry a particular idea or meaning across sites and perpetuate it” (Campbell & Gregor, 2002, p. 36). The discourse of measurement and continuous quality improvement outlined in the CARF manual orients the frontline workers to produce a “good report” in a very particular way and orients the Director to regard good frontline work in a very particular way as substantiated by a good report. Subordinate texts are used by frontline workers to gather the measurable data needed to meet accreditation standards and reporting requirements, reifying a particular concept of “quality” service delivery as instantiated by a good report containing quantifiable measurable data. Elle, Nadine and I become participants in the creation of reporting

procedures that will transpose our actual work activities into instances of measurable and quantitative phenomena, detached from the realities of our work with clients and rendering invisible the disjuncture in making our clients' lives measurable.

Frontline reports are socially-organized in their construction by ruling priorities – as such, an ideological account is produced (Smith, 1990a). The reports become representative of an actual client and carry the ruling conceptual discourse of measurement that make the reports amenable to decision making about “quality” service delivery by funders and accrediting surveyors.¹ Only certain actualities of the client's life and the work that frontline support workers do, those which can be incorporated into the categories of measurement that the discourse frames, are made to be relevant and institutionally actionable within the ruling relations of accreditation and contract management. The actual work of the frontline is reorganized to meet ruling priorities of contract management and evaluation while making invisible all other work that is not relevant to the ruling regulatory frame of accreditation and its discourse. Smith writes that “the circularity of intertextual hierarchies is integral to the organization of the contemporary ruling relations in general, including large-scale organization and those functional complexes that we have called *institutions*” (2006b, p. 83). Here, the CARF manual organizes how the texts and documents, and hence frontline work within the agency, are to be interpreted and taken up by the workers in the mediation of their work with clients.

¹ An example of an ideological account that informed my own understanding and analysis is described in Rankin & Campbell, 2002, pp. 36-40.

CARF Accreditation and Contract Management

Accreditation imports business style practices into the frontline setting that steer workers away from their embodied work with clients towards a focus on how to make their clients measurable and visible in terms suitable for government contract management. The empirical linkages in frontline work that I have delineated in this thesis signal the “building” of the ruling relations that the regime of accreditation and its measurement discourse catalyzes within the agency. The ruling relation of accreditation becomes visible in the measurable reporting accreditation requires and in how the frontline workers’ (and the Director’s) work are being regulated by its priorities. Despite individual intentions, frontline workers have little control of the social course of action into which their activities enter (Ng, 1996). I have argued that the accreditation discourse of measurement and continuous quality improvement imports priorities of contract management into frontline work. New ways of thinking about how to do work that will produce what accreditation demands are observable in frontline workers’ talk about their work and reporting in relation to their clients. The tension that exists between accreditation as supporting quality service delivery and the actualities of the work that it organizes within the agency becomes visible.

As accreditation, by certain accrediting bodies such as CARF, is taken up and mandated by the BC Ministry of Children and Family Development it operates to manage and regulate the local work of the frontline in government contracted service delivery. Government is becoming a mediator between social service agencies and accreditation standards. Accreditation makes visible the measurable outcomes needed to control

contracted service agencies by government through evaluation within and between service agencies across the province. This again, resonates with findings in Rankin and Campbell (2006) as they describe how nurses' knowledge-based decisions are becoming based on textual representations and statistical findings gathered through the new computer management systems - information which is then used by the BC Ministry of Health to evaluate and compare hospitals' efficiency and "quality" service delivery. We are seeing across different research and practice settings the transformation of health and social services so that quality service delivery becomes about producing information for its management and evaluation (Campbell, 2006), rather than for ensuring that client/patient needs are being met as determined by experiential knowing. As an example of how ubiquitous technologies of quality management are within health and social services are, I paraphrase Campbell's insight into her health care management research to fit my present research findings – my research shows how a strategy of "quality improvement" works to transform institutional governance, making frontline workers' actions accountable to a set of goals and objectives formulated externally to it (2006, p. 104).

Contract management is not new. However, accreditation operates to standardize how contract management is done by promoting similar standards and "business excellence" practices across a wide array of community and social services that offer different programs. The demise of small non-profits has been predicted by Canadian social welfare analysts as competition for funding increases through such mechanisms as accreditation, forcing smaller agencies to merge with more financially viable ones if they cannot successfully compete for contracts (Richmond and Shields, 2003, as cited in

Baines, 2004a). Quality assurance promoted by government through social service accreditation, such as CARF, aligns explicit standards and measures of performance with business sector style accountability and evaluation practices associated with New Public Management (Hood, 1991; Aucoin, 1995; Rose, 1999; Broadbent and Laughlin, 2002; Baines 2004b). Accreditation carries the capacity to change frontline-client relationships in ways that deflect trusting rapport and interpersonal relations towards ideological accomplishments of quality assurance. Objectified knowing is implanted at the intersection where frontline worker interacts with clients. Standardization and competition are injected into contracted social service delivery province-wide through the process of accreditation, offering a way for government to better govern and control contracted service delivery from a distance. I see accreditation as operationalizing the orientations and practices of the New Public Management.

The lack of Canadian literature about accreditation is worrisome, let alone the lack of research on accreditation specifically within the health and social service field. By providing my own work account and the problematic that arose from it and guided my discussions with Elle, Nadine and the Director, I have contributed to the understanding of frontline social service work in B.C. vis-à-vis accreditation. It is important and relevant at this time to continue this dialogue on accreditation, as we see it in the act of “becoming” a pervasive institutional strategy of “quality” improvement management in B.C., and across Canada. Accreditation, and the fact that it is becoming valued and made mandatory by provincial and federal government bodies (Baines, 2004a), have the potential to greatly change the Canadian social services sector in ways that have yet to be made visible, but that will undoubtedly have lasting impacts, especially for those smaller

agencies that struggle within the terms of competition for funding that accreditation is becoming connected to. The impacts of these changes can be made tangible by continuing research with those people who inhabit this struggle in their everyday frontline experiences.

Embodied Work and the Delivery of Social Services

The work and thinking that I have put in to writing this M.A. thesis have brought more clarity and some resolve to the embodied tensions I felt while supporting individuals such as Ted. However, I doubt the very visceral experience of these memories will fade completely, even as I speak of and share my work with others more and more. I have provided a glimpse into what my embodied work entailed while doing community support work. In my work with Ted, we can see how the need for measurement infiltrated my thoughts while working with him, creating in me a constant need to calculate how to measure and evaluate his behaviors. I was torn between my empathic responses to his support needs and the institutionally-induced surveillance of his “continuous improvement” in order to meet reporting requirements. My consciousness was bifurcated between my embodied knowing and understanding of Ted as a person in need of support, and my institutional and objectified knowing of a client making program progress, and hence showing continuous improvement of quality service delivery. The need to closely observe clients’ lives in a particular way was connected to the need to write a report that contained objective and measurable data.

My work account has made visible the disjuncture between the system of measuring/evaluating client services and what is actually going on with the frontline worker and client. We can see how this disjuncture comes into being by looking at the

experiences that Elle and Nadine offer in their accounts of their work and reporting. There is a tension that is created when we, as frontline workers, have to mold our work that is not easily quantifiable or measurable into a format that is, for reporting requirements and accreditation standards. This is not an experience that is isolated to me or a few particular individuals – it is an experience of many individuals having to act within institutional processes that organize their work, across many social locations, from a ruling institutional perspective. It has been important for me to understand how it is that I became involved in and contributed to the institutional complexes and ruling priorities of accreditation and contract management despite my good intentions. The next step is to support this growing awareness in myself and others who work in the social services sector and to collaborate for possible solutions, resistances and changes that make visible and heard the people whose lives are impacted by the institutional priorities of accreditation and management that purport to ensure “quality” service delivery.

It is my hope and intention that this research will initiate more engagement with not only the social organization of accreditation as an institution of quality service improvement in Canada, but also with frontline work experience as expressed through the voices of frontline workers. In fact, we have much to learn and to gain from knowing the actualities of all those individuals who are located within the social services sector, working and providing services and programs for vulnerable populations, who are impacted by decisions made beyond the lived contexts of their daily work and embodied interactions. Whether this be learning the experiences of those individuals receiving services, the frontline workers delivering the services, or the managers and directors of the agencies that deliver the services – all experience, and are influenced and organized

by, the demands, changing values, and priorities of the ruling apparatus we may refer to as New Public Management. My research offers a modest contribution to this developing conversation on governance and frontline work.

References

- Aucoin, P. (1995). *The new public management: Canada in comparative perspective*. Quebec: IRPP
- Baines, D. (2004a). Caring for nothing: Work organization and unwaged labour in social services. *Work, Employment and Society*, 18 (2), 267-295.
- Baines, D. (2004b). Pro-market, non-market: The dual nature of organizational change in social services delivery. *Critical Social Policy*, 24 (1), 5-29.
- Bates, R.M. (2005). *Reframing the 'A' word: Frontline worker perceptions of organizational change and personal transition through the process of child and family service accreditation*. Master's thesis, University of Victoria.
- Bender, K. (2007). Recommendations from exploring accreditation for state and local health departments: Do we have the political will? *Public Health Nursing*, 24(5), 465-471.
- Bohigas, L., Brooks, T., Donahue, T., Donaldson, B., Heidemann, E., Shaw, C., & Smith, D. (1998). A comparative analysis of surveyors from six hospital accreditation programmes and a consideration of the related management issues. *International Journal for Quality in Health Care*, 10, 7-13.
- Borins, S. (2002). New public management, North American style. In K. McLaughlin, S.P. Osborne and E. Ferlie (Eds.), *New public management: Current trends and future prospects*, (181-194). New York: Routledge.
- Broadbent, J. & Laughlin, R. (2002). Public service professionals and the new public management: Control of the professions in the public services. In K. McLaughlin,

S.P. Osborne, & E. Ferlie (Eds.), *New public management: Current trends and future prospects*, (95-108). London: Routledge.

Brodie, J. (1999). The politics of social policy in the twenty-first century. In W.A. Antony (Ed.), *Citizen or consumer: Social policy in a market society*, (37-45). Halifax: Fernwood.

Buetow, S.A., & Wellingham, J. (2003). Accreditation of general practices: Challenges and lessons. *Quality and Safety in Healthcare*, 12, 129-135.

Campbell, M. (2001). Textual accounts, ruling action: The intersection of knowledge and power in the routine conduct of community nursing work. *Studies In Cultures, Organizations & Societies*, 7 (2), 213-250.

Campbell, M. (2006). Institutional ethnography and experience as data. In Smith, D.E. (Ed.), *Institutional ethnography as practice*, (91-107). Maryland, USA: Rowman & Littlefield.

Campbell, M., & Gregor, F. (2002). *A primer in doing institutional ethnography*. Ontario: Garamond.

CARFa . <http://www.carf.org/> . Retrieved June, 2008.

CARFb

<http://www.carf.org/consumer.aspx?content=content/About/News/boilerplate.htm>

Retrieved June, 2008.

CARFc <http://www.carf.org/Providers.aspx?content=/content/about/moviescript.htm>

Retrieved June, 2008.

- CARF (2008). Employment and community services standards manual.
http://bookstore.carf.org/miva/merchant.mvc?Screen=PROD&Store_Code=CB&Product_Code=9608.11&Category_Code=2008-Employment-Community-Services-Publications
- Dahler-Larsen, P. (2007). Constitutive effects of performance indicator systems. In S. Kushner & N. Norris (Eds.), *Dilemmas of engagement: Evaluation and the new public management*, (17-35). Oxford: Elsevier.
- de Montigny, A.J. (1995). *Social working: An ethnography of front-line practice*. Toronto: University of Toronto Press.
- de Montigny, A.J. (1996). Textual regulation of child welfare: A critique of the Ontario risk assessment model. *Canadian Review of Social Policy*, 52, 33-50.
- Devault, M.L., Ed. (2008). *People at work: Life, power, and social inclusion in the new economy*. New York: New York University Press.
- DeVault, M.L. & McCoy, L. (2006). Institutional ethnography: Using interviews to investigate ruling relations. In Smith, D.E. (Ed.), *Institutional ethnography as practice*, (15-44). Maryland, USA: Rowman & Littlefield.
- Harvey, L. (2004). The power of accreditation: Views of academics. *Journal of Higher Education Policy and Management*, 26 (2), 207-223.
- Haug, G. (2003). Quality assurance/accreditation in the emerging European higher education area: A possible scenario for the future. *European Journal of Education*, 38 (3), 229-240.
- Hood, C. (1991). A new public management for all seasons? *Public Administration*, 69 (1), 3-19.

- McCoy, L. (2006). Keeping the institution in view: Working with interview accounts of everyday experience. In Smith, D.E. (Ed.), *Institutional ethnography as practice*, (109 - 125). Maryland, USA: Rowman & Littlefield.
- MCFD (2009). <http://www.mcf.gov.bc.ca/accreditation/index.htm>. Retrieved August, 2009.
- MCFD/CARF (2008). http://www.mcf.gov.bc.ca/accreditation/pdf/jop_update.pdf. Retrieved May, 2009.
- MCFD Policy (2006). <http://www.mcf.gov.bc.ca/accreditation/contractors.htm>. Retrieved May, 2009.
- Naughton-Travers, J.P. (2002). Accreditation: necessary or optional? Four key questions help define its relevance to your organization. *Behavioral Health Management*, 22(4), 32-36.
- Neuman, K.M. & Ptak, M. (2003). Managing managed care through accreditation standards. *Social Work*, 48(3), 384-391.
- Ng, R. (1996). *The politics of community services: Immigrant women, class and state* (2nd ed.). Halifax: Fernwood.
- Ng, R., Walker, J., & Muller, J. (1990). *Community organization and the Canadian state*. Toronto: Garamond Press.
- Pollack, D. (2005). Does accreditation lead to best practice? Maybe. *Policy and Practice of Public Human Services*, 63(1), 26.

- Rankin, J.M. & Campbell, M.L. (2006). *Managing to nurse: Inside Canada's health care reform*. Toronto: University of Toronto Press.
- Rose, N. (1999). *Powers of freedom – Reframing political thought*. Cambridge: Cambridge University Press.
- Schwarz, S., & Westerheijden, D.F., Eds. (2004). *Accreditation and evaluation in the European higher education area*. Netherlands: Kluwer Academic Press.
- Schyve, P.M. (2000). The evolution of external quality evaluation: Observations from the joint commission on accreditation of health care organizations. *International Journal for Quality in Health Care*, 12 (3), 255-258.
- Seidman, I. (1998). *Interviewing as qualitative research*. New York: Teacher's College Press.
- Smith, D.E. (1987). *The everyday world as problematic: A feminist sociology*. Toronto: University of Toronto Press.
- Smith, D.E. (1990a). *The conceptual practices of power: A feminist sociology of knowledge*. Michigan: Northeastern University Press.
- Smith, D.E. (1990b). *Texts, facts and femininity: Exploring the relations of ruling*. London: Routledge.
- Smith, D.E. (2005). *Institutional ethnography: A sociology for people*. Oxford, UK: AltaMira.

- Smith, D.E., Ed. (2006a). *Institutional ethnography as practice*. Toronto: Rowman & Littlefield.
- Smith, D.E. (2006b). Incorporating texts into ethnographic practice. In Smith, D.E. (Ed.), *Institutional ethnography as practice*, (65-88). Oxford, UK: Rowman & Littlefield.
- Smith, D.E. (2007). *Making change from below*. Unpublished manuscript.
- Stoparic, B. (2005). Agencies look to accreditation for accountability and change. *Policy & Practice of Public Human Services*, 63(1), 24-27.
- Walby, K. (2007). On the social relations of research: A critical assessment of institutional ethnography. *Qualitative Inquiry*, 13 (7), 1008-1030.
- Walshe, K. & Walsh, N. (2000). Evaluating accreditation programmes in healthcare. In K. Walshe, N Walsh, T. Schofield, & C. Blakeway-Phillips (Eds.), *Accreditation in primary care: Towards clinical governance*, (17-29). Oxon: Radcliffe Medical Press.
- Young, K.E., Chambers, C.M., & Kells, H.R. (1983). *Understanding accreditation*. London: Jossey-Bass