

The Use of Detention as a Defence Against Intolerable Social Anxiety Towards Asylum Seekers

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The movements of peoples across the world are causing grave concern for politicians, government agencies, humanitarian organisations and individual citizens. The immigrants fleeing poverty, war and tyrannical regimes are seen every day on our televisions. We see immigrants crossing the Mediterranean in broken-down boats. In South East Asia Thailand, Malaysia and Indonesia are turning back boatloads of refugees fleeing Burma, leaving 6,000 people stranded at sea. At Calais thousands of people are living in destitute conditions whilst risking their lives to stow away in lorries. In London a man fell to his death onto a roof being stowed away in an aircraft from South Africa. These scenes of human desperation are now every day occurrences. At the same time more overt political conflict is emerging from the European countries that take in the immigrants. Italy and Greece want a sharing out of the migrants known as ‘compulsory burden sharing’ but other European countries are not willing to participate. This paper focuses on an aspect of the immigration crisis namely the asylum seeking and detention centers of the UK. The Tavistock Institute of Human Relations was commissioned to review the mental health care of detainees in Immigration Removal Centers. This paper makes use of the concepts of system psychodynamics, open systems and boundary management, and social systems as a defence against anxiety. We examine the organisational culture of IRCs where people are detained. Our paper focuses on how asylum seekers are treated in removal centres, particularly in relation to their mental health needs. We suggest that there is confusion in the conscious and unconscious understanding of the primary task. We propose that there is a task conflict that manifests in the socio-technical system itself in the organisation of the centres. At the same time we examine the casework system that is engaged in processing asylum applications.

Key words: Asylum seekers, social defences, socio-technical systems, mental health

Introduction

This paper describes a consultancy project with the Immigration and Border Directorate of the United Kingdom Home Office. The Tavistock Institute of Human Relations (TIHR) conducted a review of how detainees’ mental health was managed within their Immigration Removal Centers (IRC). UK Immigration Removal Centres are:

...” holding centres for foreign nationals awaiting decisions on their asylum claims or awaiting deportation following a failed application. Previously known as ‘detention centres’, the name was formally changed to ‘removal centres’ under the Nationality, Immigration and Asylum Act 2002 to “reflect the part played by detention in the removal of failed asylum-seekers and others”. (Politics.co.uk)

In our review we met with senior management, caseworkers, health care staff and detention staff as well as detainees. Senior management includes staff based centrally at the Home Office and staff that work and manage the individual IRCs. Caseworkers have responsibility for managing the individual asylum claims. Health care staff is comprised of doctors and nurses who see detainees in the IRCs. Detention staff is similar to prison wardens.

Conceptual Framework: Socio-Technical Systems Theory

The concept of the socio-technical system (Emery & Trist, 1990) is meant to optimise all the variables and sub-systems in the organisation and increase the possibility of choice. However, in an environment of ‘no choice’, staff is constantly confronted by contradictions and impossible dilemmas, because the exercise of restrictive powers of detention and removal are the main objectives. There is tension between waiting for a decision to stay and waiting to be removed, having failed to be allowed to stay; this is central to our analysis. We found Lawrence’s (1977) analysis of the primary task a useful way of thinking about the work of IRCs and illuminated the tension between ‘detention’ and ‘care’. We posit two groups which require care in detention - one group sustaining hope of resettlement and the other with dashed hope. This distinction makes much clearer the degree of emotional containment required by detainer and detainee alike. It also begs the question of why both groups are held in the same centre and at what level lies the responsibility for this decision. (We are grateful to our reviewer for this idea of the IRCs holding two distinct groups).

These dilemmas affect staff morale, efficiency and effectiveness of the detention and removal system. Ultimately, all results – removal or permission to stay – satisfy one group and not another. Socio-technical systems theory emphasises the inter-relatedness of technical and socio-psychological factors in work alongside political and economic factors. In the detention-removal scenario individual wishes and State policies are in permanent conflict with each other. The workforce is caught between implementing State decisions (the phenomenal primary task) and their personal sense of compassion and humanity for the detainees (the existential primary task). In order to protect themselves from unbearable conflicts, individual and institutional defences are employed: indifference towards suffering, lumping everyone together, denial, disbelief and repression of feeling, and blaming others for the problems or lack of solution to problems. This is an example of an impasse, created by unconscious mutually-reinforcing gridlock of projective identification and introjective identification. The forms of work organisation in the IRCs do not optimise a good fit of social, psychological, technical, political and economic factors.

In IRCs individuals, detainees and workers, cannot take up their roles easily and they cannot manage themselves in role. Incidents of dislocation, breakage of rules, misconduct and neglect occur. In relation to mental health issues in IRCs, socio-technical systems theory

can be used to understand how integrated in practice are the different departments, units and sections of the Home Office Immigration Service, and how coordinated these units are with its partner organisations like health, the justice systems and out-sourced commercial companies that provide services for the Home Office. We asked ourselves and the clients how collaborative were the different professions that provide psychiatric and physical health services for detainees on behalf of the Home Office? How well were the causes and effects of mental ill-health understood and practiced by the staff in the IRCs, the Home Office, the solicitors and the courts? Mental illness in our view cannot only be 'located' in individuals, but can also be 'caused' and 'spread' by the social situations people are in.

Socio-technical systems and the concept of *social systems as a defence against anxiety*

The concept of *social systems as a defence against anxiety* (Menzie Lyth, 1960) postulates that in order to avoid the anxieties aroused by the work of the organisation, people develop defences to avoid psychological involvement with the people in their charge.

These defences include:

1. The idea that professionals are interchangeable – all should look the same (wearing uniforms to avoid personal elements of appearance) and should be willing to move to different workplaces at short notice.
2. Breaking down tasks into a series of mundane routines that can be repeated with many people (e.g. one professional performing the same task on different people, another professional performing a different task with the same people) rather than each professional extending in-depth care with one person.
3. Avoiding expression of individual initiative or decision-making by making all professional and/or administrative tasks prescribed from above
4. Discouraging expressions of emotion or interest in individuals.

These defences are aimed at reducing the anxiety aroused by intimate physical and emotional involvement with detainees. These social defences are embedded in the culture and routines of the organisation and woven into the identity and practices of the staff in their training programmes. These defences are ineffective because the staff is still subject to the difficult emotional demands of the work and they become disengaged from the detainees. This means that they are not able to effectively engage with the causes of their anxiety. By not being able to think and acknowledge the impact of their work, they are not able to learn from their experiences or to work through feelings of loss, helplessness or guilt. This results in workers not engaging emotionally with their charges and thus unconsciously allowing less effective methods of work to prevail.

Systems psychodynamics

The TIHR team was faced by walls of resistance by the various groups, centres, sub-divisions and categories within the Home Office, the various stakeholders outside the Home Office, within the UK and internationally, making the team wonder how well they understand the meaning of immigration for immigrants and the host public. We wondered how well integrated were the efforts of the state institutions to address the problems of illegal immigrants. There did not seem to be much understanding of the construct of “crossing psychological boundaries” in the relationship between mental illness and mental health. In “crossing organisational boundaries” in inter-departmental relationships; in “crossing sector boundaries” between the Home Office and its out-sourced providers, political dogma triumphed over humanitarian concerns and this influenced staff in the IRCs.

Containment

Management is expected to ‘contain’ aspects of the workforce that it is unable to contain by itself, for example, its vision of fairness and equity, to ensure collectively a good in-flow of work and outcomes and a fair distribution of the rewards. Managers and staff in systems and groups find themselves in interactions with one another in order to find ways of giving meaning to their work experiences. They also look for mechanisms that defend themselves against uncertainty and anxiety and against the destructive prospects of change. An important aspect of the role of management is to serve as a ‘container’ during the ‘working through’ of any change. The need for ‘working through’ occurs when intense feelings that threaten relationships (inter-personal, inter-group, international) develop between people or groups of people, as between the detainees and the workforce and between the workforce and management. The emotions that characterise these relationships include rejection, damage, hurt, loss, unfairness, blame, frustration, anger, fear, distress, shame and guilt, etc. These feelings need a safe containing space to be worked through so that they could be traced and accepted, whatever their cause, and faced one by one, over and over again, to the point at which they are sufficiently weakened to lose their effect. This ‘working through’ happens by talking, dialogue, discussion, conversation, debate and argument. There was not much evidence of this facility in the IRCs.

Findings and analysis

The Immigration and Border Policy Directorate of the the UK Home Office claimed that they had well developed policy and procedures but they also asserted that they did not work very well in practice. Decisions against individual detainees are balanced against policy, yet cases continue to be brought before court for illegal detention. The reasons for this are complex and were reviewed during the course of the project from organisational, systemic and socio-dynamic perspectives.

A tentative conclusion is that problems surrounding mental health issues of detainees in the IRCs are linked to the complexity inherent in a system whose working task is predicated upon multiple and contradictory tasks. The task comprises the primary task of detention and removal from the UK; which often conflicts with the second task of a duty of care towards detainees and respecting their dignity and human rights. Lawrence (1977) developed the idea of the primary task as a tool for examining organisational behaviour by proposing that people within an enterprise pursue different kinds of primary task. The *normative primary task* is the formal or official task, the operationalisation of the broad aims of the organisation, and is usually defined by the chief stakeholders. The *existential primary task* is the task the people within the enterprise believe they are carrying out, the meaning or interpretations they put on their roles and activities. The *phenomenal primary task* is the task that can be inferred from people's behaviour, and of which they may not be consciously aware.

This contradiction and conflict in the different kinds of primary task is demonstrated by the following statements:

From the point of view of **senior management** (normative primary task):

'We have a duty of care, but mental health issues are secondary to our primary task. We are in control of our entry and exit points of our own systems when the detainees are our own cases. In many instances, we are able to identify mental health issues early and clearly. Our job is detention and removal, but there is a group of people in the middle that are not so ill as to be sectioned, and it is with this group that we have often lost our cases in court.'

From the **caseworkers'** point of view (existential primary task):

'Reasons for detention are not well defined. We pay special attention where there is high risk of harm to the public. The spectrum of risk makes it difficult to arrive at satisfactory decisions. Sometimes, there are conflicting positions that complicate matters for caseworkers. We have to be risk-averse when it comes to public safety.'

From the interviews with **detainees** point of view (phenomenal primary task):

'Staff needs to recognise what people tell them regardless of whether it is true or false. We are locked up and this is difficult for vulnerable people. It is like a prison here. Either we have served our sentences or we should be sent to a real prison. Why are all people here? Everyone here has their stories, but what bring us together are our experiences that this feels like a prison. We are treated as prisoners, but we are not prisoners. Staff backs each other up instead of providing care. As prisoners, we are helpless and vulnerable.'

Analysis of the primary task in these terms can highlight discrepancies between what an organisational group says it sets out to do and what is actually happening. This analysis helped us to clarify and understand how the activities, roles and experiences of the individuals and sub-systems relate to each other and to the enterprise as a whole. (Obholzer and Roberts, 1994). Confusion in helping institutions and in the society they serve about what their primary task is (or should be), often results in inadequate task definitions, which provide little guidance to staff or managers about what they should be doing, or how to do it, or whether they are doing it effectively (Menzies Lyth, 1979). Although the contradictory nature of the interpretation

of the primary task was not immediately evident, the fragmented task was projected into the internal sub-systems and into the wider network of agencies. The different interpretations of the task were acted out through the conscious and unconscious pressures on the Home Office - to speed up the removal processes and to relax them. The immigration removal system comprises a number of sub-tasks that require collaboration with public protection agencies, like the police, courts and prisons; and with care agencies like the NHS, local authorities and voluntary organisations. These organisations then take up different interpretations of the task, i.e. police, courts and prisons focus on removal, and health, local government and voluntary organisations focus on the care task. This can lead to contradictory communications and decision-making conflicts.

Examples:

1. Confusion regarding the working arrangements of the immigration system.
2. Either excessively porous or excessively rigid internal boundaries between IRC custody staff, caseworkers and health care staff; as well as those with external caseworkers, senior managers and policy-makers.
3. Flawed external boundaries between the Home Office Immigration Service and the other key agencies, such as the NHS and the legal system and
4. The extraordinary large number of transactions required to assess individual detainee's needs, reach a decision, and develop and enforce care plans and/or removal.

The relationships between policy makers, managers, detention centre staff, healthcare staff and caseworkers can be characterised by intense processes of mutual blame and defensiveness. The two groups 'use' each other to 'export' and 'import' 'wrong-doing' and 'failure' into the other. By this we mean that each group 'carries' the one element of the contradictory task. Detention worker staff works at keeping people in the IRCs and removing them, whereas healthcare staff members are focussed on the overall physical and psychological needs of the detainees. This distinction of function may be sensible but it also serves as a basis for inter-staff group conflict.

This 'splitting' of the task is detrimental to the efficiency of the immigration service. It results in mutual blaming processes and collusive relationships in which the different parts of the total system engage adversely with each other. The beneath-the-surface reason for this split is to protect staff from the potentially overwhelming psychologically and emotionally distressing traumas of the detainees. Groups can be under pressure and they may use these defensive mechanisms to protect themselves from feelings of helplessness and hopelessness by placing responsibilities onto the other groups.

These dynamic processes of blame and recrimination are replicated throughout the whole system. The most obvious examples are between IRCs' staff members, who are essentially 'information gatherers', and the central office case workers who are charged with decision-making responsibilities for removal. Likewise, there are similar systemic dynamics operating in the relationship of the Home Office with the NGO sector: with mutual projections of hostility and mistrust between voluntary organisations, special interest groups, and charities on one hand, and the Home Office on the other hand. Responsibility for resolving these complex inter-organisational difficulties may be left to the private sector. The unspoken wish/hope is that sub-contractors and private sector agencies, through commercial contracts, would more easily resolve these dynamic tensions.

The situation of the detainees being removed creates powerful anxieties both for the detainees and for the staff who is looking after them. Those detainees who are already vulnerable are likely to deteriorate. The complex system around them of caseworkers, sub-contractors, solicitors and external agencies, which are often in conflict with one another feeds into a sense of powerlessness, hopeless and fear of the future. Issues of accountability and how the various sub-systems relate with each other, raise questions about the management of transactions at crossover points (Miller, 1993). Tensions and difficulties in decision-making could be examined, discussed, monitored and remedied. However, the system is mostly fragmented, confused and when under stress, falls back on exchanges of blame, denunciation and culpability.

Our findings

Impacts that affect the work

Outside influences can impact negatively on the work, such as competition between targets and deadlines; therefore, some cases do not go the way the Home Office would have thought appropriate. The Home Office takes this seriously because litigation may result.

Resources

The question of resources is an issue. There are not enough psychiatric nurses and there is no available internal Home Office psychiatric opinion. Adjudicating conflicting medical opinions is left to non-medical caseworkers. More training is needed, more input to sensitise staff at all levels to mental health issues.

Culture

All agreed that the current 'culture' (Schein, 1992) in the IRCs will continue and will override any new resources inputs, such as training, more staff and different providers. New

and more staff do not necessarily change things. There is a definite ‘detainee culture’ that promotes all levels of expectation. It is a convoluted and illogical position as detainees prolong their detention about which they complain. They are encouraged by external groups and their own peer groups. ‘Detainee cultures’ mutually reinforce one another, supported by their legal representatives and other external bodies. The cultural dynamic has become entrenched. All felt that the descriptions of ‘detainee cultures’ rang true creating a sense of hopelessness about the situation.

The Tavistock Institute team spoke about ways of introducing culture change. The starting place was to clearly state the task of the IRC. It could simply be stated that all activity in the IRCs is *about preparing people to leave for their countries of origin or to be released in the UK*. This would mean a realignment of the staff culture and the working relationships within the IRCs. There is the challenge of achieving leaving targets and removing people who wish to remain in the UK. This is not to deny that there are detainees who are appealing against removal and may have a legitimate right to stay and maybe successful in their appeal. These are the complexities of the system.

Task

At meetings we discussed the concept of the task, in relation to: (i) the main task of detention and removal and (ii) a secondary task of health and care of detainees at the same standard of the NHS. Staff who is responsible for carrying out the ‘detention and removal’ task are set up in opposition to detainees who are resisting removal. This process and dynamics then negatively impact on the mental health of the detainees. In order to be re-positioned around the task of helping detainees accept the reality of removal, the staff culture needs to move to being an institution that helps detainees to accept the facts of removal. This does not deny people’s rights of appeal. They run in parallel. The task of detention and removal should not be privileged over the task of welfare, they need to run in tandem. The image of IRCs that came to mind was one of a ‘waiting room’, but in the current culture, the only task is one of opposition and resistance on both sides, staff and detainees, leading, in a worst scenario, to a general state of paralysis. The effect on individuals is to exacerbate their mental health problems. The longer they stay in limbo the increased chances of their mental health deteriorating leading to appeals in the courts.

Major Complexity in the System

The high numbers of migrants with problematic immigration status affect capacity issues. But, it emerged that the state of mind of the staff also proved to be problematic, which is illustrated by the following vignette:

N., a detention staff member, says that this is a sad place, but he tries to keep himself happy. He also explains that a significant number of detained people have mental health problems. N. warns me about the lying - paedophiles saying they had been in prison for hitting someone. It is a problem, he says, sorting out the truth from lies. N. has a degree but cannot find work in his field, so this job has to do.

Detainees claimed they need more support from the officers:

'They try to take the piss out of us and cause problems. Officers back each other... Some are good, but some of the staff do bad things, e.g. looking for arguments, causing problems, i.e. racism. But nothing can be done...the staff just do their job by the book. Treatment by the staff should be non-judgemental'.

Staff confirmed that the state of the whole IRC system was very troubled: detainees are generally unwell because of their situation, detention staff is challenged, and the health care staff is overwhelmed and exhausted. There are limited resources that often lead to mistakes with medication, etc. Adding to the complexities is the profile of the detainees, the wide variety of cultures, disadvantaged backgrounds in their home countries and in the UK and diverse vulnerabilities.

F. says that he is kept in his room and not allowed out. He says he isn't eating and is on hunger strike. He doesn't talk to anyone. He says that he had mental health problems before he was detained. His medication doesn't help and that being detained makes him ill. He says the medication should be better, but no one is helping him. Others in the Centre are doing better than him. He has not been offered any counselling. He has no visitors as his family refuses to visit him. His mood is low and he speaks slowly. He seems resigned and helpless. Both arms are covered in cuts. Some of the scars look fairly new.

The staff in IRCs faces a difficult task; they work in a difficult arena and the task is complicated by immigration legislation and by working with an unsettled population. Administrative processes are complicated and detainees live in a limbo world unable to influence their futures. Detainees have different types of mental health problems, for instance, people with histories of torture, human trafficking and other causes of post-traumatic stress disorder, which deteriorate rapidly while in detention. The situation, was described by a central office policy-maker, 'as a mess':

'We are paying out millions in compensation for wrongful detention and our policy is about getting value for money! That is not happening. We need proper guidance in mental health. If we argued on the grounds of efficiency savings, that would be welcomed, but the risk to our reputation is huge. If we could accurately identify the severity of mental health cases, that would improve things. There are 1,400 beds in 11 centres. We simply don't know how many illegal immigrants there are'.

Fragmentation

There are faulty boundaries at all levels between sub-systems within the IRCs, between IRCs and other Home Office departments and between Home Office departments and other external agencies. This was exemplified by health care arrangements with the NHS who said:

'We are the middle people trying to sort out huge bureaucratic problems between the Home Office and the NHS systems.'

Detention staff also acknowledged disconnection between themselves:

'We don't normally see each other. More meetings like this would be welcome. We work independently and only communicate via email or phone.'

IRC caseworkers said that they are disconnected from the health care workers and other agencies with which they need to work on a daily basis, e.g. solicitors act independently and against the system, deportation flights are cancelled, vehicles delayed, flights are missed, etc.

Further evidence of systemic fragmentation was provided by the IRCs management who reported difficulties with external agencies, and pointed out inconsistencies between the IRCs themselves with different ethos, arrangements and treatments in the different IRCs. They complained about a lack of knowledge about the different parts of the organisational system, and urged better communications between the different structures. They feel unable to achieve good inter-agency cooperation or to improve the relationship with health care staff and cooperation with other internal immigration staff.

Confusion in the System

Assessing mental health of detainees was an altogether confusing process. Seriously mentally ill detainees are managed, but the information required in their management is often 'inadequate'. Complications occur when solicitors demand and get independent mental health assessments and unqualified IRC staff are expected to compare the different assessments and make judgements. IRC Staff undertaking mental health assessments are frequently not given information by the detainees, by other staff, or by other involved agencies. The confusion is often present in the detainees themselves. They may not know or understand how the system works and their mental state can add to their confusion.

Staff would like to see proper risk assessments for all detainees. They are often not kept informed of detainee's conditions, situations, and statuses; scheduled interviews, flow of information, reviews and final decision-making on individual cases.

Complexity, fragmentation and confusion often result from detainees falling between structures and systems. Detainees falling between structures are a concern because of fears that errors may result in, for example, offenders of serious offences being released. Delays in decision-making can exacerbate individual mental health situations.

Recommendations

1. The TIHR team proposed that the Joint Steering Group (JSG was the main group that TIHR related to as the group managing and overseeing the project) becoming a 'Futures Group' that could create a design for future structures and procedures. Change management is a complex yet very efficient process if determined by a dedicated group with appropriate power, authority and understanding of the issues.
2. The Home Office and IRCs needed to move from a culture of 'prison' towards IRCs being re-constituted as 'temporary transitional institutions' whose primary task is aiding, helping and preparing detainees to leave the UK or to be released in the community. The concept of a 'temporary transitional institution' is a useful set of ideas to help staff organise around the new task. The implications of moving to the new task are that staff would have to think about their roles and their tasks in a fundamentally different way.
3. We recommended that the approach to solving the problem of increasing mental health problems among detainees needed to be a 'whole-system' one. 'Organisation for removal' lay with the casework staff; 'detention' lay with detention staff and 'care' lay with healthcare staff. This separation of tasks led to the development of different and competing cultures that ultimately sabotage the main task of removal.
4. Our findings suggest that it is not lack of knowledge on the challenges and issues that prevents the Immigration Directorate from working more efficiently. Rather, it is the conflict caused by the task confusion that leads detainees to fall between organisational systems and cultures.

Conclusion

As one would expect in vast systems of different State institutions authority is dispersed among the various groups in the Immigration Directorate. The levels of authority derived from legislation and the policies and procedures that interpret the legislation are seldom coherent. The large numbers of different groups working with detainees have different interpretations of the policies and procedures leading to arbitrary decision-making in relation to detainees and their mental welfare.

Managing care for detainees' mental well-being is regarded as 'non-core' and the Home Office's duty of care towards vulnerable people is out-sourced, sub-optimising safeguards that provide for detainees' mental health. The Home Office seems unaware or unable to ensure psychological ownership of the detention and removal task between the numerous contractors providing services for the Home Office, leading to instances of gridlock, moral hazard, obfuscations of accountability and potentially wasting money in relation to the removal and detention of illegal immigrants. Undeniably, organisational behaviour impacts on the welfare of detainees.

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Relying on a total systems approach of open systems thinking, socio-technical systems theory and systems psychodynamics, integrated with action learning, group relations and traditional organisational and culture change methods, Mannie has delivered successful change programmes to many private and public sector organisations in the UK and internationally.