



# **Time To Change – Getting Better Value From Your Consultant**

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## INTRODUCTION

Have you ever commissioned a piece of change consulting for your organisation with a great deal of enthusiasm, but then found yourself utterly frustrated by the relationship with your consultant, and deeply disappointed by the poor results at the end of the contract? Organisations don't always get the best value from their consultants, so **in the current climate of austerity it is essential to rethink the way organisations contract with consultants to support their programmes of change.**

Among other services, I run consultancy skills master classes, and I provide coaching supervision to other consultants. I also find myself coaching clients who have had bad experiences with other consultants - I support them in analysing what went wrong and to identify how they could work differently with consultants in the future. Based on these experiences, here are my thoughts about how organisations can invest their limited resources most effectively, so clients and consultants can enjoy a richer, more stimulating, and ultimately more effective working relationship.

## THE PROBLEM

There are two related reasons for consultancy being less effective than it could be. Firstly, clients and consultants can have different unspoken assumptions about **which model of consulting they think they are working to.** So they have different expectations about how they should relate to each other, pull in opposite directions, and land up frustrating each other's efforts. This is easily avoided if you clarify the terms of engagement from the start.

Secondly, at a deeper level, consulting programmes don't always deliver the desired results because clients and consultants haven't reached agreement about **which model of consulting is needed for the programme to be effective.** They often default to a classic "expert consultant" model which assumes that the consultant will produce a perfect solution for the organisation with little input from the client. This is a seductive idea for both parties - because it paints a picture of minimum effort for the client organisation, and superior insight on the part of the consultant. But **in this period of dramatic funding cuts, organisational life has become even more turbulent, so the task of achieving sustainable organisational change is more complex than it ever was. It is increasingly unlikely that expert consulting alone will deliver results.**

This means it is essential for the client and consultant to negotiate thoroughly at the start so they both have a clear understanding of what outcomes are required, and how the consultancy intervention will deliver these. They need to establish how they will work together and sustain meaningful dialogue throughout the contract. **If consultant and client can line up in equal partnership and set aside time to think creatively together, it's possible to arrive at solutions that fit the organisational context well and ensure that change is sustainable well beyond the consultant's involvement.**

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## ORGANISATIONAL CHANGE SEQUENCE

To understand the different consulting models, it helps to bear in mind that consulting clients are usually leaders who are seeking to introduce change in their organisations in order to solve a perceived problem: a sense of frustration; an unmet need; gaps in the organisation's capacity; or an issue that has to be tackled. And at its most basic, change then follows this sequence:

Step 1 - There is a **diagnosis** to explain the cause of the problem.

Step 2 - A **solution** is produced to resolve the problem.

Step 3 - There is a period of **implementation** when the solution beds down inside the organisation.

This sequence sounds dead simple in theory, but in reality organisational life is highly complex so it is difficult for leaders to formulate their **problem > diagnosis > solution** sequence accurately each time. They sometimes misdiagnose the cause of the "pain" or prescribe the wrong solution. As a result they may invest massive amounts of emotional, financial and reputational energy in pursuing "solutions" that may actually reinforce the problem that they are trying hard to fix. ([I've blogged about it in detail here in with my example of the mental health service that wasted thousands of pounds trying to force patients to go to sleep at a fixed time.](#))

This is often the point where frustrated leaders call in consultants to see if they can deliver the "solution" more effectively. Unwary consultants who don't test whether the **problem > diagnosis > solution** formula lines up, can find themselves being held responsible when the consulting fails to produce the required outcomes.

**There is an even greater risk of this sort of confusion arising now because of the radical upheavals taking place across civil society.** The current climate of cuts is generating such a sense of urgency for leaders to take action and implement changes, and is eradicating any time for measured reflection about what actions do or don't work. At the same time consultants who are worried about their cash flow may leap to accept contracts to deliver "solutions" that just don't stack up. And as more people face redundancy, more are entering the consultancy field. They may be brimming with technical expertise but if they are unfamiliar with consulting models they risk doing unintended harm to their client organisations.

With all this in mind, I will use the change sequence above to explain the 4 main types of consulting models available and their implications for client-consultant relations (adapted from Edgar Schein, 1999<sup>1</sup>).

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[1 Schein E H Process Consulting Revisited – building the helping Relationship Addison Wesley Harlow England 1999](#)

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## 1. DOCTOR-PATIENT CONSULTANT

**Approach:** At step 1 in the change sequence, the client experiences "pain", and the consultant diagnoses the problem and prescribes a solution. (*"This is a specialist problem, we are out of our depth. We need you to tell us what is wrong, and what to do about it."*)

**Example:** A failing social enterprise calls in a consultant to conduct a review. The consultant identifies flaws in the business model, and recommends a programme of action for attracting new investors.

**The consultant is valued for:** rigorous analysis, resolving confusion, and defining a clear course of action.

**Consultant – client leader relationship:** The consultant takes charge of the programme - and the leader steps back to wait for recommendations.

There are situations when a specialist consultant is needed to cut through the confusion, isolate the problem, and home in on a single solution. But when it comes to complex organisational change the risks with this model are similar to the problems experienced with traditional medical doctors:

- The consultant may fix the symptom but not uncover the underlying cause.
- The consultant may not get access to sensitive diagnostic information.
- The consultant may prescribe a solution that doesn't fit the organisational context.

There are several extremely bad examples of this approach from global consultancy firms taking cookie-cutter solutions from the corporate private sector, and trying to force these onto the NHS with little regard for their relevance.

## 2. EXPERT CONSULTANT

**Approach:** At step 2 in the change sequence, the client diagnoses a problem and the consultant develops a solution. (*"This is a specialist field so we need your advice. Your expertise is too specialist, and is changing too rapidly, for us to acquire it internally."*)

**Examples:** An employment specialist is paid to draft new HR policies. Or a computing expert designs a new client database.

**The consultant is valued for:** unique technical expertise and the talent to get across complex knowledge in lay terms.

**Consultant - client leader relationship:** The consultant takes charge of the project and the client leader steps aside to focus on other activities.

**This is the model that organisations are most familiar with, and tend to default to.** It works well for projects that really do need specialist input, but for complex change programmes it carries a number of risks:

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- The client may commission the wrong "solution" to the problem.
- The client may also not have the technical expertise to specify exactly what is required or to assess the consultant's competence.
- The consultant may not understand the organisational context well enough to find a solution that fits.
- If people in the organisation are not signed up to the solution, they may resist the change.

### 3. SPARE PAIR OF HANDS CONSULTANT

**Approach:** At step 3 in the change sequence the client has diagnosed the problem and identified the solution but does not have the capacity and delegates the task of implementation to a jobbing consultant. (*"We could do this ourselves if only we had the time. We need a temp to cover this busy period."*)

**Examples:** Writing a funding bid, project managing a specific programme of work, interim management, or temping.

**The consultant is valued for:** Getting on with the task independently, efficiently and effectively.

**Consultant – client leader relationship:** The consultant defers to the client leader and blends into the client system.

This form of consulting is effective where the task is clearly defined and straightforward to delegate, the organisation is signed up and ready to support the implementation, and there is a clear schedule of works. The model tends not to be effective for complex change programmes because:

- The consultant doesn't normally have the organisational authority to introduce the changes.
- The consultant doesn't usually understand the context sufficiently to be effective.

### 4. SYSTEMIC CONSULTANT<sup>2</sup>

**Approach:** The consultant supports the client to diagnose the problem and formulate their own "best fit" solution from a range of options. Of all the models, Systemic Consulting places greatest emphasis on lining up all 3 steps in the change sequence. (*"This problem is too complex for us to solve alone. No consultant would understand our organisation quickly enough to find the right solution, so we need to work together closely on this."*)

**Example:** The consultant supports a charity director to devise and implement a major change programme, and build consensus with senior managers who hold strongly divergent opinions about how the change should happen.

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<sup>2</sup> Sometimes know as an "OD Consultant", "Process Consultant", "Facilitator Consultant", "Coach-Consultant" or "Trusted Adviser".

**The consultant is valued for:** Understanding the human and system-wide dimensions of change. The consultant: helps to unpack the way the problem is formulated and resolved; tests for organisational commitment to change; builds meaningful relationships, and engages stakeholders in finding a solution.

**Consultant – client leader relationship:** The consultant works alongside the client leader, and both collaborate as equals.

This is the best model for sustainable organisational change. It is most applicable where context is key, there are complex variables, buy-in from stakeholders is essential, and ultimately the client is the only one who knows what would work. However:

- It is not necessary for simple problems with single solutions.
- The consultant may focus too much on process and may not understand some technical aspects of the client's sector.
- The consulting process is emergent, so the consulting task has to be reviewed frequently to make sure it is still relevant.
- The client has to stay involved and invest time in the programme.

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## ROLE CONFUSION

With these options in mind it's easy to see how tensions can arise between client and consultant if they are following different models, because each model brings such a different set of expectations about the way they should relate to each other. Clients who are working to a Doctor-Patient or Expert model expect the consultant to provide an independent specialist opinion. They want the consultant to take charge and lead the way without making demands on the client's time. (*"Here we are paying him all this money and he keeps asking us for the answers!!"*) Alternatively, clients who are working to a Spare Pair of Hands model expect the consultant to get on and implement a programme of work without questioning the rationale for doing so. (*"We bought her in to give us extra support and all she does is question every single thing we ask her to do!!"*) In both examples the client expects to set the consultancy contract in motion and then step back to concentrate on other matters, whereas a client working to a Systemic Consulting model will try to engage the consultant and draw him into collaboration. (*"This consultant is taking over like he's the Chief Executive! Why doesn't he run his ideas past me to see if they will fit our organisation??"*)

## ROLE AUTHORITY

This confusion about consulting models and leadership roles has deeper significance when it comes to change programmes. For change to be effective it's very important that a leader provides a solid anchor for her staff by holding her "positive authority": maintaining credibility; enforcing those core values, rules and procedures that protect the organisation from harm; and having the courage to implement difficult unpopular decisions where necessary.

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This means that a leader needs to take an active role in managing relationships with consultants, and needs to think carefully about how much authority is appropriate to give over to them. Both the Expert and the Doctor-Patient models invest a great deal of power in the consultant. Poor consultants can inadvertently undermine the authority of the client by stepping out of their consulting roles - taking decisions that ought to be made by the leader, or siding with groups of staff who are critical of the leader rather than holding a neutral space. So when the consultant withdraws at the end of the contract it can leave a power vacuum – and it can be difficult for the leader to regain her status after that.

## KEY QUESTIONS TO ASK YOURSELF

In reality consultants will use blends of various models rather than a pure version of any one approach, so it is essential to check out the terms of engagement and to be clear about what mix you are working with. (eg. what is the balance of autonomy vs collaboration, or expert advice vs process facilitation.) You stand to gain a great deal more for your organisation if you can pay attention to these issues:

**1. Can the consultant actually consult well? What skills, knowledge and experience do you need your consultant to have?** Often organisations emphasise an expert technical match with the organisation - at the expense of testing a good consulting match. Do they really need to have a detailed understanding of your organisation and sector or would a working knowledge be enough? Have you considered other qualities that are essential: trustworthy, has presence, establishes rapport, able to challenge constructively, able to facilitate dialogue and find common ground, intelligent and analytic, and able to "hold" the organisation through turbulence.

**2. What outcomes do you want from the consulting?** Rather than prescribe the methods to be used by the consultant, could you specify the outcomes you require and ask the consultant to explain what methods she would use, and how these would deliver the desired outcome? Use the consultant as a sounding board, a trusted adviser, to check that you have formulated the problem > diagnosis > solution effectively, to make sure that the different stages of the change sequence stack up.

**3. What outputs do you require?** Organisations frequently commission outputs rather than outcomes, and will request formal written reports or "reviews" from consultants, when what they really want is a cultural change, or to have a conflict resolved. Are you sure you want to spend your scarce resources on outputs like a formal report or a written review? Who will read it? Would a quick "working note" be sufficient to capture the key points?

**4. How will you and your consultant line up and think together about the organisation?** It is impossible for a consultant to have full insight about a new client system, so there is great value in you and the consultant reflecting together and pooling your impressions. There will be issues that you take for granted that an external consultant will see with fresh eyes, but equally, the consultant may not understand the full significance of what is seen and will need your insider knowledge to decode it.

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**5. Who needs to participate in the consultancy process?** How would you define the "system" that the consultant needs to work within? Which people in what roles should be engaged in the consulting? Who is most likely to have valuable insights into the best way to introduce the changes you require? Who should stay out of the consulting process? eg. Organisations sometimes include staff or service users out of general sense of 'democracy' without being clear about why they should be involved. There needs to be a clear rationale for each of the participants to be there in their organisational "roles", and they need to be given the means of participation.

**6. How will you engage your stakeholders in the change process?** Think through with the consultant to identify what methods of engagement will unlock stuck bits of your system, allow you to access the knowledge already within the system, and enable safe resolution of difficulties.

**7. Are you clear yet about the full course of action that you want to commission?** Don't be bounced into commissioning a complete programme of consulting if you don't know what outcomes you are after. You don't have to commission your solutions all in one go. Instead you can take the change process one step at a time, using:

- Coaching sessions for yourself to clarify the issue in your own mind, and to map out your dilemma clearly.
- An initial consultation with your senior team or governing board to engage them in defining and refining the problem, establish the common ground, and identify what expertise you already have in the organisation that might help to find a solution.
- A change programme based on systemic consulting methods, with specialist expertise bought in where necessary for specific elements of the programme (eg. specialist legal advice).

**8. How much time are you prepared to contribute?** If the diagnosis of the problem, the development of the solution and the implementation require a collaborative approach to ensure that the most appropriate course of action is taken, are you prepared to find the time to be available to work with the consultant? A good consultant will understand how to make best use of your time and to ask for contributions appropriately but will be frustrated if you are not able to be reasonably available.

**9. How will you hold your positive authority and stay in role as leader throughout the change process?** Can you entrust the consultant with generous access to your trustee board and staff, knowing that she will respect your leadership role? Is the consultant skilled and courageous enough to challenge you constructively when necessary – building rather than undermining you as a leader?

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If you have any comments, or would like to let me know how you have used this guidance, please get in touch – all constructive feedback is appreciated.

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