

**SMALL BUSINESS ENTERPRISE AND DEVELOPMENT:
CONSULTATION MODES**

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ABSTRACT

By means of four illustrative case studies, consultation interventions in small and medium sized (SMEs) enterprises are explored. Recognized consultation intervention modes of 'expert', 'doctor-patient' and 'process consultation' are found to fluctuate rapidly within each case study, making apparent the need for consultants to be flexible and adopt an appropriate stance for client and contingencies of the situation. The permeability of the boundaries between content and process issues, with diagnosis and intervention inter-woven, is also apparent. The article concludes with a consideration of the conditions for success for different consultation modes with small businesses and implications for small businesses and enterprise development in their use of consultants.

INTRODUCTION

The recent growth in small businesses coincides with a period of rapid technological advancement, increased competition and heightened customer expectations for service and quality. A growing number of small businesses now seek the help of consultants. This paper endeavours to establish conditions under which different consultation modes are appropriate for small business development. Through a qualitative study of 34 consultation assignments, we question and challenge the appropriateness of the descriptors of 'cyclical' and 'sequential' regarding consultation activities. Similarly, the debate regarding content versus process issues is challenged as being over simplistic. A case study approach is used to explore these emergent issues and the way in which they manifest themselves.

The article unfolds with an exploration of key features of the consultation process commonly found in the academic literature. The research design is outlined and the key features of the consultation process are explored in detail by four illustrative case studies. The eclectic nature of facilitative consultation interventions with diagnosis and intervention interweaved rather than distinct cycles becomes apparent. We conclude with a consideration of the implications

for small business and enterprise development in both their use of consultants and the conditions when different approaches may be appropriate.

CONSULTATION - CYCLICAL VERSUS LINEAR MODELS

Consultation is a term used to describe a wide variety of purposeful interventions in which some combination of problem-solving, decision-making, and meaningful organizational development takes place (Jamieson, 1997; McLarty & Robinson, 1998; Sadler, 1998). Consultation activity is still widely perceived as a series of relatively simple sequential steps concerning content, process and procedure as developed by Kolb and Frohman (1970), while others examine in more depth interpersonal approaches and responses to the intervention process (Beckhard, 1997; Harrison, 1995; Shaw, 1997).

The typical consultation model presents a flat, two-dimensional linear representation of what is in reality a messy, highly complex picture (Old, 1995). This model outlines linear progressive stages such as gaining entry, data collection and diagnosis, feedback to clients, implementation of actions and evaluation of outcomes. An agreed end point between client and consultant drives the inquiry. Planned and managed interventions achieve specific ends. Rather than an awareness of all activities as interventions, only data gathering and agreed actions are perceived as interventions. Managed change is driven towards a future state that would not otherwise have happened (Kolb & Frohman, 1970).

By contrast, process consultation regards activities as cyclical and more messy (Schein, 1995, 1997, 1999). In line with systems theory, the universe is seen as interconnected and part of continuous cycles of change. Everything constantly changes and all interventions impact on the overall system. Process consultation is analogous to a journey with the voyage itself as, if not more important, than the end. Some change is anticipated; others emerge or are opportunity based. The process consultation model resembles overlapping simultaneous activities with all the phases themselves understood as significant interventions in an evolving developmental process (Beckhard, 1997). It is client centered and appropriate for surfacing complex or sensitive issues. Figure 1 provides a contrast of the two perspectives.

Figure 1: Linear versus Process Consultation

'Linear' consultation	Process consultation
<i>Linear</i> : progressive, logical stages	<i>Cyclical</i> : processional
<i>Destination</i> : Moving towards specific end	<i>Journey</i> : constant cyclical change
<i>Creating dis-equilibrium</i> : altering current state	<i>Maintaining/restoring equilibrium</i> : acting to restore balance
<i>Planned & managed</i> : achieve ends	<i>Maintaining harmony</i> : with existing order
<i>Unusual</i> : without intervention everything stays the same	<i>Usual</i> : everything constantly changes and nothing stays the same

Source: Schein (1999)

Most organizational change resulting from consultation is at the transactional level of observable work or the systemic level of strategy, structure or technology information systems (Old, 1995). However, for true transformational change to occur, underlying patterns and structures determining thinking, behavior and action must be challenged. This is required in addition to transactional and systemic change. Simultaneously working with all three levels in an intervention - transactional; systemic; values - whether it be in either cyclical or linear model, provides an opening for the process of transformational change.

APPROACHES TO CONSULTATION

Three prevalent approaches to consultation can be discerned: expert model; doctor-patient model and process consultation (Schein, 1999). When explored in depth, both the expert and doctor-patient model exhibits many similar features. The conventional notion of an 'expert' external consultant who provides special advice on contract for a specific time to clients is familiar and well established. Such advice tends to be of a technical rather than of a process nature. It denotes a linear approach by which the consultant works largely independently of the data and makes final recommendations to the client. This approach rests on the assumption that the client has identified the problem correctly and wishes to find a solution. Should the client be unable to accurately describe the issues or chose to withhold certain information, the consultant will be ill prepared. It also rests on the assumption that the consultant is qualified and capable of providing appropriate advice. Once the problem is empowered to the consultant, the client is freed to attend to other tasks.

The doctor-patient model is a technically and interpersonally driven diagnostic approach requiring interaction between consultant and client. The model differs from that of the 'expert' in that clients are more prone to reserve the right to take advice. The patient is unlikely to empower the doctor unreservedly. Following the analogy of a medical scenario, the patient is inextricably part of the situation and has a vested interest in it. Similar, the type of message the 'doctor' conveys and way it is conveyed will influence the acceptability of the message. Messages calling for an unwelcome change or ones that patients considered to be unreasonable are likely to be rejected. Finally, as in doctor-patient medical relationships, the accuracy of the diagnosis or treatment may be questioned and alternative options deemed more palatable sought. In this approach clients are helped, from the information provided, to see their options and make informed decisions. However, as with any doctor-patient relationship, the client may choose not to take the advice.

Figure 2 explores these tensions and captures the different consultation modes and conditions for success with small business interventions. As can be seen from Figure 2, descriptors for 'expert' and 'doctor-patient' share similar shading and are separated by a diagonal shaded column. This is to signify that while both are conceptually distinct approaches, they do share more features in common with each other than they do with process consultation. Process consultation is an interpersonally driven, cyclical approach that requires interdependence among client members. In this approach the consultant facilitates client independence of the consultant. Organizations willing to empower consultants unreservedly tend to be one of two extremes - mature and confident in their diagnosis and choice of expert or immature and trusting of professional knowledge. Organizations adopting a 'doctor-patient' model are more suspicious of professional knowledge per se and unwilling to totally empower an outsider. The 'expert' and 'doctor-patient' modes are also used for different purposes. Management may empower the 'expert' safe in the knowledge that if the solution fails, the 'expert' is responsible not them.

The 'expert' and 'doctor-patient' models both differ from the 'process' model in the manner in which the intervention is handled. With process consultation, the intervention is cyclical with awareness on the part of both the client and consultant that all activities are interventions impacting on the case. 'Expert' and 'doctor-patient' interventions are normally linear, with a perception that only the data gathering and agreed actions are interventions. The expectation of the client is more focused and close-ended in expert consultation models. With process consultation, there is a realization from all stakeholders that issues will emerge from iterations of action. Learning through transformational change, reflection and intervention are integral parts of process consultation.

Figure 2: Consultation Modes and Conditions for Success with Small Businesses

	Expert	Doctor-patient	Process
S tage of Development	<ul style="list-style-type: none"> - mature/confident to empower consultant - young or start-up seeking help 	<ul style="list-style-type: none"> - immature & initially cautious of consultant - owner reluctant to delegate or empower 	<ul style="list-style-type: none"> - mature & confident to involve employees - entrepreneurial or adventurous
M anagement purpose	<ul style="list-style-type: none"> - solving specific pre-identified problems - 'one-off' consultant involvement 	<ul style="list-style-type: none"> - to take advice when it suits - power and 'answers' stays with management 	<ul style="list-style-type: none"> - issues emerge from iterations of action - to build and develop a process for change
E xpectation of Client	<ul style="list-style-type: none"> - task centered & focused on issue - 'closed' revealing only certain information 	<ul style="list-style-type: none"> - correct diagnosis will be given - given symptoms are correct 	<ul style="list-style-type: none"> - reflection and conjoint intervention - 'open' keeping no information back
S kill base	<ul style="list-style-type: none"> - limited or specialized skill base - able to integrate & learn from special help 	<ul style="list-style-type: none"> - expertise resting in hands of a few - learning through incremental change 	<ul style="list-style-type: none"> - extensive range of skills & adaptability - transformational change and development

Source: Authors

RESEARCH DESIGN

Since 1994, thirty-four consultation assignments have been undertaken with businesses in the Southern/South West Region of the UK. While the dimensions used to define the size of a business vary, the Department of Trade and Industry identifies a micro firm as having up to nine employees; a small firm as having between ten and 49; and a medium firm as having between 50 and 249 employees. All thirty-four assignments were with small or medium sized enterprises (SMEs), with twenty-six firms employing less than 50 people and the remainder employing 51-249 people. The high number of small business assignments undertaken can be attributed to the following. First, the regional economy is one where small businesses predominate. Secondly, small businesses approach us due to our reputation and ability to provide services they value. Thirdly, the growth in small business start-ups and enterprise development in the region has resulted in a growing number of such enterprises seeking guidance.

Case studies provide a mechanism for empirical investigation of particular phenomenon within its real life context using multiple sources of evidence. They provide a rich description from which to formulate exploratory relationships. Choosing a case study methodology facilitated the integration of different types of data. The development of tentative exploratory evidence guided the choice of subsequent cases in order to provide intelligent insights into the data. As mentioned earlier, all companies in this study are based in Southern/South West Region of the UK. As the research is qualitative, exploratory and case based, we make no claims for generalizations to other regions in the UK or elsewhere. Nonetheless, we expect that many of our exploratory findings are common to small business and enterprise development in Western Europe and the USA.

The thirty-four small businesses may be grouped under the following sectors, with actual numbers shown in brackets: Service (13); Manufacturing (6); 'Not for Profit' (9); Professional Practice (6). The 'Not for Profit' sector included charities and those working with volunteer staff. The growing presence of 'Not for Profit' organizations, combined with challenging organizational issues of managing volunteers, made this an interesting sector for inclusion. To portray a full appreciation of the realities of consulting with small business, one illustrative company has been selected from each of the four business sectors. Purposive sampling, with companies being deliberately selected to illustrate and explore issues was used to select illustrative cases (Holloway, 1997). Purposive sampling is designed to enhance understanding of issues, concepts and processes rather than demonstrate generalizations. Brief vignettes of the companies are provided in Figure 3, followed by case studies of respective business consultation interventions. Intervention and diagnosis can be seen to permeate all interventions rather than being discrete stages. Some interventions also include diagnosis and vice versa.

Figure 3: Brief descriptions of Four Small Businesses Cases

<p>Case A - Architectural practice</p> <p><i>Sector:</i> Professional Practice <i>Size:</i> 2 partners employing 18 people <i>Issue:</i> No time to see if there is an issue</p>	<p>Case B - Unisex hairdressers</p> <p><i>Sector:</i> Service <i>Size:</i> Owner-manager employing 5 people <i>Issue:</i> Survival</p>
<p>Case C - Manufacturing company</p> <p><i>Sector:</i> Manufacturing <i>Size:</i> 127 employees <i>Issue:</i> Communication</p>	<p>Case D - Municipal golf club</p> <p><i>Sector:</i> 'Not for Profit' <i>Size:</i> Run entirely by volunteers with 224 club members <i>Issue:</i> Catering loss</p>

Source: Authors' data

For each Case, the consultation commenced in a slightly different way. Two of the companies made a direct approach to us as consultants - manufacturing company (Case C) and the hairdressers (Case B). Their initial drive to bring in consultants was for 'expert' advice to solve a perceived problem. The manufacturing company had an issue to resolve and was looking for 'expert' help. Communication within the manufacturing company was perceived to be a problem and they wanted a questionnaire designed and executed for them. The owner-manager of the hairdressers was all too aware of his financial situation. He sought our help on the basis that were 'the experts' and could 'solve his problem'.

With Cases A and D our initial involvement came through personal contacts. In neither case were we seen as 'experts', but as individuals who might be able to help. The architectural practice (Case A) had been 'thinking about getting in consultants' as it 'seemed like a good idea'. They were not looking for expert advice in the technical sense but felt the process 'might be useful'. The municipal golf club (Case D) is an example of a 'Not For Profit' organization. The Club had been in existence for 11 years but had only had a Clubhouse for 5 years. Since acquiring the Clubhouse, catering operations had caused financial problems. Our help was sought by Committee members to bring credibility to a solution they had already determined (Chapman, 1998).

THE CASES: LINEAR OR CYCLICAL INTERVENTION

The intervention process with each of the illustrative small businesses will now be described.

Case A - Architectural Practice. The architectural practice had been in existence 10 years and consisted of two partners and 18 employees. A couple of the employees had been with the partners since its inception with the remainder being recruited as the business expanded. At the time of our intervention, the business was flourishing. A range of building contractors used the practice consistently and contracts sometimes had to be declined. At our first meeting the two partners articulated the view that strategic management issues needed to be addressed in the practice. However, when pressed for details they were unable to articulate precisely what they understood by strategic issues.

The intervention commenced in process consultation mode. By listening to and talking with the two partners a cyclical journey commenced. Individual discussions were held with each of the 18 employees and time spent observing the practice and immersing and unraveling the culture. Full access was given to all business and financial information. In the ten-year lifetime of their business, the partners had never articulated to themselves or others the purpose or mission of their practice. They had never reflected on issues of the direction of the business or their future visions for the business. Taking time with us to think through underlying patterns and structures in their work was a revelation to all concerned. They started to think through the reasons why certain clients used their services. Moreover, they began to think about the direction which they wished the business to take and how they might achieve their visions.

Openness, trust and willingness to engage with us and reflect on behavior, thinking and action provided the opportunity for transformational change. The partners had no secret agenda. They were not anxious about what we might find or suggest. The purpose of the practice started to be defined, redefined and re-evaluated. Issues for the partners crystallized around exit strategies for the two partners in the future. A distinctive characteristics of knowledge based organizations such as architectural practices, is that they have only the expertise of their staff as assets with which to trade (Winch & Schneider, 1993). What is passed on is knowledge, expertise and client goodwill. The partners did not just change the way in which they acted and behaved but called into question and re-evaluated their values. Before the intervention, what the partners said they valued, or their 'espoused' theories, bore little resemblance to the values suggested by their actual actions and behavior. The process consultation caused them to become aware of their 'espoused' values and how it differed from values demonstrated by their 'actual' behavior. The outcome was a re-evaluation of and change to both espoused and actual values. Espoused and actual values and behaviors were brought into harmony by transformational change and learning (Argyris, 1999). Transformational change occurs when both underlying values and the manner in which they manifest themselves alter in harmony.

Case B - Unisex Hairdressers. Typical of many small businesses, the owner-manager was in control and extremely reluctant to delegate. The perilous state of the business finances, coupled with the eagerness of the owner to grasp at any idea underscores a further aspect of consultation for small businesses. Aside from any legal liabilities, moral and ethical issues in consultation rest heavy when dealing with small businesses who are struggling to make a living with the family home as collateral. The owner manager had gathered no data on his competitors or the potential market for hairdressing services. He had not sought the views of his existing customers regarding his services or their needs or expectations. Undertaking a simple competitor analysis provided data on pricing structures, services offered and location of competitors. Similarly, a questionnaire survey of existing customers explored their views

of services and areas for improvement. Starting from basics, a workable business plan emerged. Inexpensive but effective advertising, re-evaluation of pricing structures and minor adjustments to opening hours and lines of business to meet customers' needs and preferences, proved successful. However, none of these activities would succeed in the long term without improving the client's ability to anticipate and solve both similar and novel problems in the future. This involved more than developing technical expertise. It required a transition from linear to process consultation with the owner-manager being willing to trust his staff and delegate.

Some weeks into the consultation, an episode brought the matter of delegation to a head. In an open discussion with the owner-manager and his staff, a junior assistant brought up the issue of involvement. Denial of a problem, rejection of the implications behind it, acrimonious language and telling 'closed' body language on the part of the owner was the instant reaction. By careful diffusion of the immediate episode and gaining agreement to return to the issue the following week, the intervention was managed successfully. The episode proved a vital turning point for the owner-manager to reflect in calmer mode on his role. Over a period of weeks he became less defensive about what he had perceived initially to be attacks on his leadership style and personal ability. A gradual change of attitude and ultimately behaviour was noticeable to his staff and us. He became more aware of and responsive to the view of his staff. Gradually, ideas and suggestions of staff started to be accepted or at least considered.

Case C - Manufacturing Company. This intervention commenced in a linear fashion with logical stages. The company knew what they wanted and would pay for. We were approached to undertake a specific employee attitude survey with the delivery of the analyses on a certain date. The company was keen to maximize on their strengths by offering service quality in customers. Managing service quality is an acknowledged means of small firms gaining competitive advantage vis-à-vis large enterprises (Maclaran & McGowan, 1999). Employee attitudes were seen as an integral part of quality service. The employee attitude survey was the end as far as the company was concerned. They saw the intervention as technical help in carrying out a survey, the results of which they would action if they wished. Our services were employed towards a clear-cut goal. There was always the intention on the part of management to have feedback presentations to staff. But it was only part way through the linear intervention that they started to warm to the idea that staff might like to take on board the resolution of issues arising from the survey. Management started to see that the survey was only the beginning not the end and that actions were needed. They realized ownership of the issues was not their sole prerogative but shared by their employees. Albeit in a small way, groups of employees formed working parties and were empowered to redress issues. Most importantly, management came to appreciate the continuing journey and importance of the process in addressing change and developing their staff.

With the manufacturing company, there was no diagnostic period by the consultants regarding the issues or how data was to be gathered. Management had prejudged the issues and the manner in which they were to be explored. By so doing, management felt more in control of the intervention and final outcome. Areas to be explored in the survey were specified by management with only a very limited input from other levels of staff. In this intervention, we raised issues of who should see the data and agreement reached prior to undertaking the survey. All levels of employees would have feedback presentations and access to the full and complete report. To inculcate a more open and trusting environment for the feedback presentations, management had no prior copy of the report or the presentation. The first time they saw the report and presentation of findings was in open sessions with all employees. While management was initially uneasy about what might be in the report or presentation findings, their fears were unfounded. To allow us to proceed in this manner did indicate

confidence in our intervention and style as well as in their employees. In this illustrative case, the needs of management were served. However, if a diagnosis period had been agreed prior to intervention, it is quite likely that different issues would have surfaced from those given. Moreover, a questionnaire survey may not have been used. Methods of gathering information influence the intervention and its findings.

Case D - Municipal Golf Club. The Municipal Golf Course was owned and maintained by the District Council. Around 300 members of the public who used the course paid a small annual fee to join the Golf Club. For the first six years of its operation, the Club had no Clubhouse. Once funds were sufficiently buoyant, a small Clubhouse including catering facilities had been purchased. Since buying the Clubhouse five years ago, annual deficits had occurred from catering, placing the long-term survival of the golf club in jeopardy. At the 1998 Annual General Meeting (AGM), a vote took place to empower the Main Committee to investigate potential solutions to the catering deficit. One potential solution suggested at the AGM was contracting out the catering. Another suggestion involved passing control of the catering to the District Council. We were invited in by the Main Committee to explore potential solutions to the catering deficit.

Usually, when a consultant helps a client, he or she is allying themselves with the goals and values they represent (Schein, 1997). Constituents of the Main Committee felt neither of the solutions proffered at the AGM were in the long term interests of the Club. Colluding with the option not to contract out catering was no problem. From an 'expert,' stance it was not a viable option. Neither was the option of passing over control of the Clubhouse to the District Council financially prudent. What was problematic was handling the clients so that they came to own the problem and to see the need for constant cyclical change. While the intervention started in a linear way, we were able to quickly influence the direction towards process consultation. The intervention resulted in a complete re-examination of Clubhouse and its potential. Break-even analysis on usage and income in relation to opening hours made apparent the sense of closing the clubhouse for two days each week and thereby saving on catering wages. Better marketing of the Clubhouse and the introduction of non-golfing social activities also improved turnover. Finally, plans were offered for long-term sustainable growth over a five-year period.

The above reflections on the four Cases (A to D) have illustrated considerable movement and interchange between models of 'linear' and 'process' consultation within the same intervention. They reveal, too, how particular episodes may cause directional changes. Using the same four small business Cases, we now turn to approaches to consultation.

APPROACHES TO CONSULTATION IN THE CASES

It is possible to see the manner in which these different approaches to consultation manifested themselves in the cases presented. In reality, during the life cycle of any consultation intervention, consultants employ different modes, much of which is unplanned and emergent, as the nature of the intervention unfolds. Moreover, both the content and process of an intervention needs to be appropriate to the needs of the client and the case in hand (McLarty & Robinson, 1998). The expert model was the starting premise of the manufacturing company (Case C) and for the hairdressers (Case B). The architectural practice (Case A) made no specific request for expert help and this is not a mode in which we commenced working. Nonetheless, we moved into expert mode in Case A. We introduced and installed a sophisticated spreadsheet for tracking accounts and progress monitoring which considerably improved the existing systems. Expert mode raises an interesting issue. If clients accept

'expert' advice they may solve immediate problems - as instanced in Case B - but clients' may not learn how to solve problems of this nature, or how to solve related problems in the future.

In the latter stages of the intervention with Cases B and C elements of process consultation emerged as management came to see the wisdom of involving their staff in resolving issues. The owner-manager of the hairdressers approached us in 'expert' mode and willingly took advice until it touched on his style of leadership and control. His approach then moved to a classic 'doctor-patient' model with the communication being unwelcome. Managing client relationships and interpersonal behavior are prerequisite skills to effect desired outcomes and achieve improved action. Luckily we were able to meet this challenge in a sensitive way. By the time we withdrew from the intervention, we were confident that the owner-manager of the hairdressers had not only accepted technical help but was well on the way to appreciating and capitalizing on his staff. What had started as an 'expert' mode had fluctuated to 'doctor-patient' model and finally transformed into process consultation.

Process consultation emphasizes helping clients and stakeholders to help themselves. It is a developmental activity to facilitate intervention to accomplish agreed goals. In the process of managing complex relationships with the client there is mutual respect for each other's skills and knowledge. It does not assume that the manager, client or the organization knows what is wrong, what is needed or what the consultant should do. All that is required for the process to begin constructively is intent on the part to improve matters. The client owns the problem and continues to own it throughout. The process is directed not only at solving the client's immediate problem, but also improving the client's ability to anticipate and solve both similar and novel problems in the future.

Out of the four small business examples, only the architectural practice commenced in process consultation mode. By natural osmosis, intervention and diagnosis digressed briefly into expert mode as discussed. However, the potential for double-loop learning (Argyris, 1999) and transformational change remained throughout. For the golf club (Case D), the path to process consultation could only be joined once internal politics were understood, enabling us to influence networks to achieve improved action. Out of the four Case interventions discussed, the Golf Club proved to be the most difficult to steer to process consultation due to the transient and voluntary nature of the Committee positions. Our challenge was to develop committee members so they could develop their successors. The end points for three out of the four small business interventions were incremental shifts in behavior and work patterns rather than transformational change. The hairdressers, manufacturing company and golf club all showed incremental change while the architectural practice showed transformational change. To a degree, the starting point in terms of developmental awareness and state of readiness influences the end point that can initially be achieved.

The cases have shown that even within relatively simple consultation interventions, the approach taken fluctuated between the prevalent modes of expert, doctor-patient and process. Interventions fluctuated within the same intervention cycle according to the contingencies of the situation. Initial intervention modes were driven predominantly by the expectation of the client. Once the intervention is underway, the stage of development of the firm and skill base of client(s) and employees comes into play by making apparent what is acceptable and/or feasible for the client.

IMPLICATIONS FOR SMALL BUSINESSES & CONSULTING INTERVENTIONS

The case studies have demonstrated that with small business interventions, modes of working fluctuate rapidly between different recognizable consultation models of 'expert', 'doctor-

patient' and that of 'process' consultation. While expert modes tend to offer linear intervention and to be content driven, process consultation is likely to be cyclical and open-ended. Consultants working with small and medium sized enterprises need to be perceptive regarding the appropriate stance to take and sufficiently flexible to change direction according to the clients' needs or contingencies of the situation. They cannot embark on an intervention assuming it will remain in one consultation mode throughout. Regardless of the size of the firm, all consultants are likely to be concerned with both technical dimension and human dimension regarding consulting-client relationships (Kubr, 1996). Consultation interventions in small businesses also require clients to be open and receptive to direction changes without feeling any threat or loss of control of the intervention process. The skill of the consultant will largely determine whether or not this is achieved.

The four Cases illustrate that the boundaries between different intervention models and consultants are permeable. Both clients and consultant must be prepared to move between models within the same intervention. Regardless of the entry mode and starting point, the mode of consultation intervention in each of the four Cases changed several times during the life span of the intervention. With the architectural practice (Case A), the movement was from process consultation to expert and finally to process. Commencing with process intervention in small business is unusual. As can be seen from Figure 2, such an approach requires the business to have characteristics of maturity, confidence and openness. Initial intervention modes of 'expert' or 'doctor-patient' are far more common as illustrated by the cases of the hairdressers (Case B), the manufacturing company (Case C) and municipal golf club (Case D). The Cases show the importance of adopting an appropriate stance for the client, intervention and intervention phase. No particular intervention model is better than another. What is required is an awareness of the appropriateness of different approaches for the specific situation at that time.

It is easy to assume clients are easy to identify, particularly in small or medium sized enterprises. But as Schein (1997) acknowledges, the question of who actually is the client is in itself ambiguous and problematic. All businesses have different levels of client and stakeholders and the raw nerves consultation touches are very apparent in small businesses. In each of the four cases explored, the *primary clients* were easy to identify. They invited us in, authorized us to proceed and 'owned' the situation and ensuing problems and opportunities. However, in each illustrative case, intermediate clients and stakeholders and ultimate clients were readily apparent. Dealing with 'not for profit' organizations and those run by volunteers raises further interesting issues as illustrated by the case of the municipal golf club. Here, multiple stakeholders and different levels of clients were readily apparent, with different levels of client having contrasting expectations and skill bases. Managing multiple relationships and intervening in complex systems call for high levels of interpersonal skills.

Content and process issues merge and blend in most small business interventions. Primary clients in small businesses must be mindful that any consultant intervention will be clearly visible for all levels of client and stakeholder. Inevitably, visibility raises expectations of action. The architectural practice had no difficulty with this while the manufacturing organization wished to keep a strong control on the intervention and ensuing expectations. Management at the manufacturing company made it clear that the consultation was solely to develop a questionnaire survey and receive and analyze returned questionnaires. They did not wish the consultation to concern itself with any other aspect outside of that given area.

Process issues influence the diagnosis and content of the intervention. This is demonstrated in the hairdressers when discussions raised the issue of the owner and delegation. Open discussion brought to the fore a suspected issue but one which had been hidden from us. In

the end, open and honest discussion resulted in this issue being resolved satisfactorily. While excellent interpersonal skills are prerequisites for any consultant, with small businesses and where the main client is the owner, demands on interpersonal skills are very high. Perceptions of the business on the part of the primary client are far more likely to be intermeshed with self-perceptions and ingrained values and culture. If the owner needs to re-adjust perceptions of the business or personal style, extreme tact is required as demonstrated in the intervention with the hairdresser. Employees, too, tend to be visible and emotionally involved with running and survival of an SME.

Clients in SMEs need to remember that they are the ultimate owners of any problem and as such must be convinced by any suggested solution. While consultants may show them choices and new paths, the clients have final say. In the case of the municipal golf club, many options were highlighted but the client body needed to be convinced that the options would lead them in the right future direction. Consultants are fallible and the appropriateness of any intervention activity has to be set in the context of the business culture, needs and wishes of the client. The architectural practice could have expanded and become far more profitable if it so wished. But this was not the ultimate goal of the partners. The manufacturing organization was only touching on the surface of real issue with their questionnaire but this is all they wished to do. They were unprepared and unwilling to embark on anything that would involve major change or transformational learning. Finally, in dealing with small businesses, consultants are dealing with individual livelihoods in a very direct, transparent way. This places a considerable emotional and moral burden on consultants and their interventions.

Consultants working in small businesses need to be mindful of the conditions under which the three main approaches to consultation are likely to succeed as illustrated by Figure 2. Firstly, the *stage of development* of the business impacts considerably on their state of readiness for a particular approach. Expert advice is more readily sought by those small business enterprises at both ends of the spectrum - companies who are established, mature and confident to empower consultants and those who are newly established. By contrast the doctor-patient mode of intervention is more likely to be sought by a small business in which an owner manager is reluctant to delegate.

Secondly, the *management purpose* in bringing in consultants influences the required approach. Where a business sees advantages in a continual change and development, process consultation is ideal. The solving of specific or unique problems, on the other hand, calls for expert intervention. Thirdly, the *expectations of the client* will have a considerable impact on the way in which a consultant is advised to proceed. Clients who have reached a level of maturity and self-belief, combined with a willingness to be open-minded and reflective are ripe for process consultation. Those who wish for only the specific issue that they have identified to be addressed will be happier with expert or doctor-patient modes of intervention.

Finally, the *skill base* of the SME will influence the approach consultants are advised to take. Where those in the business are able to learn from specialized help and draw on that learning for tackling future problems, the expert mode or that of the doctor-patient is appropriate. However, in cases where transformational changes are required, process consultation is the only suitable way forward. By taking each of the four conditions - stage of development, management purpose, expectations of the client, skill base - into consideration, consultants will be able to steer an appropriate path to meet the needs of the small business enterprise and development.

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