research in practice

A brighter social care future:
Co-producing the evidence to make five key changes

Sharing power as equals

Power has many faces

What this means

There is no one way of thinking about power. It can look and feel different, according to the situation. Even thinking about the phrase 'sharing power as equals' isn't straightforward; power can imply that someone has a hold on you, and it can also imply that everyone has power to share (when this is not necessarily the case). It is equally helpful to think about 'shared responsibility' and how we can achieve this – for example, through co-production or person-led assessment.

> "Sharing power is an involved process and involves trust and sharing information - giving people the knowledge to make decisions for themselves, with support where needed. It's about being listened to, being taken seriously, having accountability and the ability to positively challenge things that impact on our lives."

Group member Dean Thomas shares his thoughts:

Sharing power "…means having a fair and equal say in everything that impacts on my life, "Nothing about us without us… things like what social care support I receive, how it's provided and by whom, are very important to me as someone with relatively high support needs. The same goes for what and how health treatments are dealt with, I would like to, and expect to, have input into these things."

The research

Back in 1959, French and Raven described five bases of power. These were:

1. **Legitimate**
   The belief that a person has a formal right to make demands.

2. **Reward**
   When someone is able to reward someone else for their compliance.

3. **Expert**
   Power based on someone's skills and knowledge.

4. **Referent**
   When a person is perceived as attractive or worthy.

5. **Coercive**
   The belief that a person can punish others for non-compliance.

Six years later, Raven added another:

6. **Informational**
   The ability of someone to control the information that others need to accomplish something.

(French & Raven, 1959; Raven, 1992).

Informational power is very important in social care. For instance, people who work in social care might know that a budget reduction is coming up, and that someone's current care package may be cut, but choose not to share this with the adult in question. **Referent power**, or as the Sharing Power As Equals group more simply put it, charisma and contacts, can also have a disproportionate influence - who people know, their connections, and how willing people are to help them.

People may also be cowed by **expert power** – believing that professionals will know better than they do. Furthermore, the Social GGRRAAACCEEESSS is an acronym that describes aspects of personal and social identity which affords people different levels of power and privilege (Burnham, 2012; Partridge, 2019). It can help identify power and its effects, enabling people to be more aware of how power can be present and expressed.

It's been argued that there is an in-built power imbalance in any contact between those who work in social care and those who need to draw on it (Bell & Hafford-Letchfield, 2015). This can be thought of as an intrinsic asymmetry – for example, the professional asks someone questions, the person responds, and then the professional decides whether the answer needs further development. This can be compounded by physical and organisational aspects of the relationship, such as the professional deciding the time and place of the meeting, and how long it will take. This power can even extend to what is defined as 'wellbeing'; Lelkes et al. (2021) found that there was a risk that a professional view of wellbeing informs the assessment, rather than the person's own view of what wellbeing means to them.

Supported self-assessment, sometimes called user or person-led assessment, can be one way of rebalancing power [insert Iggy Patel clip 5.]. Enabling supported self-assessment is included in the *Care and support statutory guidance* (particularly in Section 6.44, where it states 'Local authorities can offer individuals a supported self-assessment, and must do so if the adult or carer is able, willing, and has the capacity to undertake it.').

Supported self-assessment doesn't always mean that the person is completely left alone to do their own assessment, as many will still need support to identify their needs; but, crucially, people should be **given the choice** as to what stage to have professional involvement (Qureshi, 2006). This rebalances power away from the person being seen as a mere source of information about their own life, and towards a true conversation about the wellbeing principle (as set out in the *Care Act 2014*) and how best to achieve it (Slasberg, 2017).

What you can do

If you are in direct practice: Reflect on the different ways your power may be present in your work. For instance:

> Is arranging assessments and other appointments with people a process of negotiation to suit both you and the person with care and support needs, or is it led by you?

> What do you understand by the wellbeing principle? How do you ensure you capture the **person's** view of wellbeing rather than imposing your own?

> How can you share the i**nformational** and **referent** power you hold in your practice?

> What positive role does your **expert** power play in your relationships with people? How do you respect and use their **expert** power?

> Think about the Social GGRRAAACCEEESSS and how they can impact your work.

> Explicitly consider preferences and needs around communication – do they serve professional needs, or a person's needs? Is there an assumption that people can 'get by' with written information, or without an interpreter, for example?

Most importantly, how can you change these things in order to share power with people with care and support needs?

If you are in senior management: Look at the questions asked above of those in direct practice. Is there anything that **you** can do to enhance this power sharing? For example, can you:

> Promote the creativity of assessments - thinking about person-led times, locations and questioning?

> Co-produce the assessment process itself, including its forms?

> Use your **referent** power to argue for increased supported self-assessment?

> Start from the assumption that a self-assessment has been conducted honestly?

> Set a timeline for when these things will be done by, and get colleagues to hold you to account?

You may also consider the strategic decision-making you undertake, including on the development of organisational policies that affect the lives of people with care and support needs – and consider how you can share the power that exists in this decision-making. How can co-production work towards shared power?

Further information

Watch

'**Strength-based practice**', a short film from Research in Practice that considers various aspects of how the person-professional relationship can be rebalanced.

Engage

SCIE has a **practice example of supported self-assessment** available, with accompanying reflective questions.

Use

The Social GGRRAAACCEEESSS and the LUUUT model, thinking not only about power in relationships between social care practitioners and people with care and support needs, but also power structures within professional relationships.

What this means

Exclusion is hugely disempowering. There are all sorts of processes within health and social care that can exclude, from centralised decision-making that ignores or tokenises the voices of people with care and support needs, to physical buildings that sideline the needs of people with care and support needs. These issues can be further compounded by other structural inequalities, such as racism, ageism, sexism, homophobia and ableism. In order to share power, people need to be included. Looking at how and why people are excluded from power is the important step in sharing power as equals.

> "A lot of our discussions seem to boil down to *exclusion*. How people are excluded, and drawing up an action plan, or a routemap, to change this."

> *"Not being given clear and explained options, so denying people the 'right' to make informed choices/decisions. Information communicated in a way that makes little or no sense to people… Not being person-centred."*
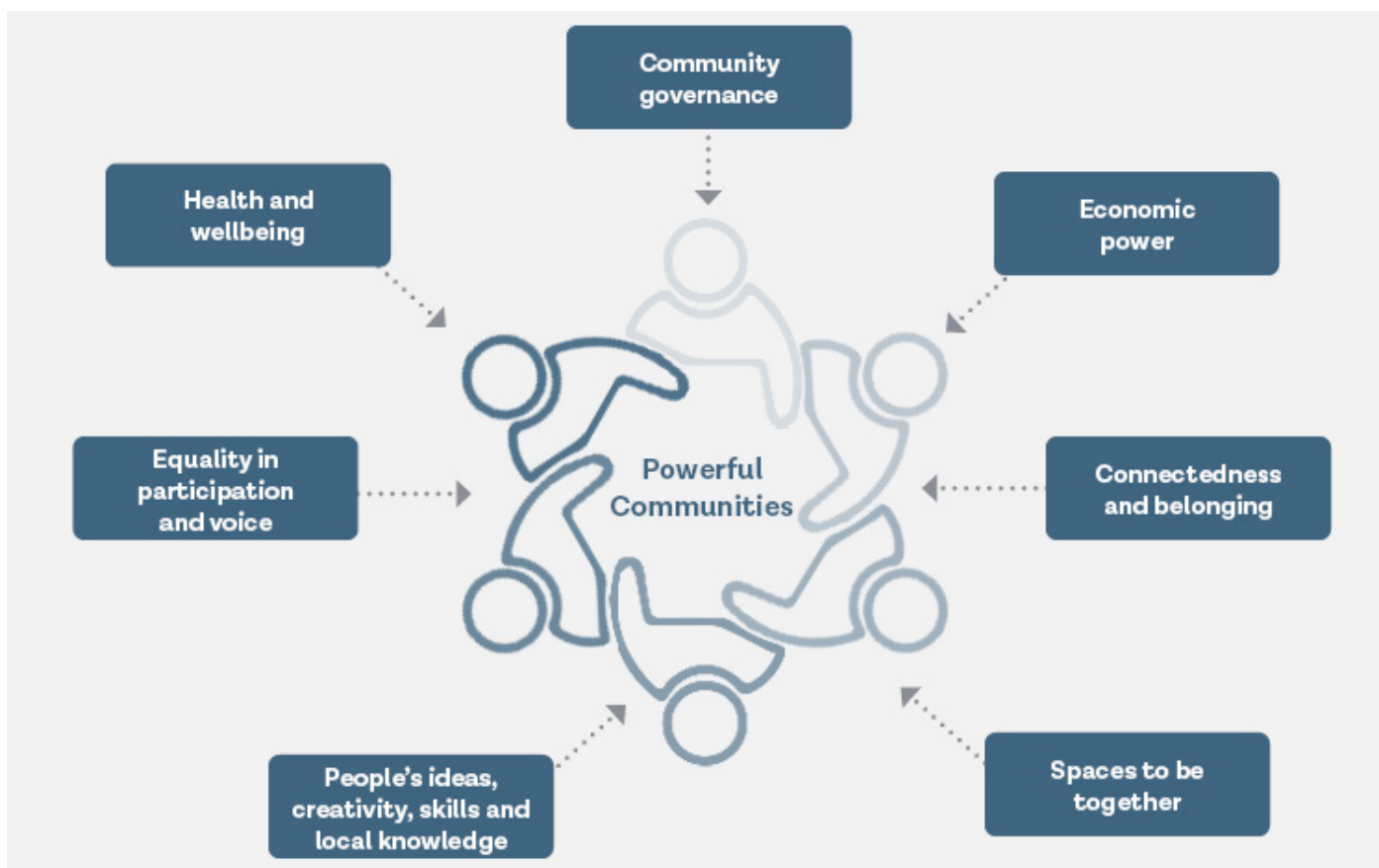
> (Dean Thomas)

The research

When 'exclusion' is considered in the research, it's most often accompanied by the word 'social'. The focus of the existing research, therefore, is often on those who are excluded from infrastructure, communities, digital access, services, transport and so on; there is much less focus on exclusion from services' own power structures and what services can do to address this.

However, the research on centralised and devolved decision-making structures, particularly when thinking about 'localism', is helpful. Localism is about giving voice, choice, and power to local communities – sharing power as equals with them – as distinct from a centralised, top-down model imposing decision-making from above.

The Commission on the Future of Localism (2018) found that the 'fundamental shift of power' outlined in the *Localism Act 2011* has not yet been achieved. It found that simply asking politicians and centralised bodies to give power away hasn't worked. Instead, those currently in power need to support, harness and reflect the power of local communities in order to foster true inclusion. The diagram below breaks this down into all the different factors that need to be strengthened in local communities for true power-sharing to happen.

The figure shows "Powerful Communities" at the centre, surrounded by eight sources of community power: Community governance, Economic power, Connectedness and belonging, Spaces to be together, People's ideas, creativity, skills and local knowledge, Equality in participation and voice, Health and wellbeing.

(Commission on the Future of Localism, 2018, p8: 'What are the sources of community power?')

When thinking about the commissioning of public services, Hitchcock et al. (2017) gathered evidence that 'one-sized-fits-all services fail to respond to different needs, outcomes are not rewarded and services are sometimes duplicated or missing' (p.5). This makes the point that when some people are excluded from power – in this case, commissioning decisions – it means those decisions are not likely to support equitable and cost-effective decision-making, and result in more fragmented services.

It's important, when considering greater power-sharing with communities, to pay attention to structural factors. Structural discrimination refers to macro-level exclusions that limit the opportunities, resources, power and wellbeing of individuals – this can be related to race, ethnicity, gender, disability, nationality, and other protected characteristics. Considering race and ethnicity, for example, there is increasing evidence that services need to go beyond a 'colour-blind' approach to one that embeds anti-racism over a more generalised cultural competence in order to foster greater inclusion (Chipawe Cane & Tedam, 2022; Tedam, 2022).

The Sharing Power as Equals group also wished to emphasise that carers, including young people who held caring responsibilities, were often excluded from discussions. There is more information on this in the More Resources, Better Used section on Valuing Family and Unpaid Carers.

What you can do

If you are in senior management: The Sharing Power as Equals group agreed that (to paraphrase George Bernard Shaw) "...all progress is through unreasonable people." This means that things change when people make a fuss, speak up, and say things that people may not want to hear. Therefore, actively seeking out opinions from those currently excluded from power, taking them seriously, even – and perhaps especially – if they feel uncomfortable hearing the opinions, is vital. Otherwise effective change will be less likely.

"Devolve power to the lowest point where the issue can be solved," the group said, "because so many resources are wasted by not having faith in people." Ask yourself:

> What decisions are already devolved or co-produced? What made this a success, and what were the challenges? How were those challenges addressed, and what can be learned?

> What decisions can you **immediately** devolve to (or, at least, co-produce with) people who have care and support needs?

> What decisions are left – and how can you work towards devolving or co-producing these, too?

How can you create an action plan, with clear routemaps and timescales, to increase the delegation and devolution of decision-making? You may find it helpful to consider the diagram above, thinking about how each of these aspects of community power can be strengthened.

If you are in direct practice: You can consider similar questions in terms of the work you do with people. Ask yourself:

> How do you practice the principle **'Nothing about us, without us'** in the work you do with people?

> What gets in the way of this principle in practice – and who can you challenge about this?

> How can you share successes in practising this principle, and support others?

You may find the **publication** and **podcast** *Risk, rights, values and ethics*, and the section 'The social model of disability in Leading The Lives We Want To Live', useful as you consider these questions.

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Further information

▶ **Watch**

Wayne Reid, BASW England's Professional Officer, shares his work on anti-racism in social work in this **video**.

🎙 **Listen**

Wayne Reid, BASW England's Professional Officer, shares his work on anti-racism in social work in this **podcast**.

👤 **Read**

The **'Plain English' guide** to *the Localism Act 2011*.

Equality of respect, recognition, reward, and representation

What this means

The Sharing Power As Equals group were clear that there were 4 'Rs' that underpinned work to reduce power imbalances.

If there is not mutual **respect** between services and people with care and support needs, there is no effective basis for sharing power. It is a prerequisite for effective work in this area.

If there is not **recognition** of the strengths, intelligence, opinions and experiences of people with care and support needs, there will be no change to the current power structures.

If people are not **rewarded** fairly for their contributions (both in terms of money and in terms of credit), then it is a sign that those contributions are not valued as highly as professional contributions.

If there is not fair **representation**, this can lead to tokenism, and it means that the rich diversity of identities and opinions among people with care and support needs will be excluded from contributing to change.

> "It can feel that our contributions are valued as long as it is a limited challenge to the current system, rather than something more wide-reaching and critical."

The research

People with care and support needs are often highly motivated to make things better for others in a similar position (Weaver, 2019; Poland et al., 2019). According to research, for people to share their own experiences in order to improve services – just as everyone in this project did – is a common impulse. In one recent survey, 93% of people in the UK who access services would be interested in opportunities to get involved in making services better (Batty et al., 2022).

Having something to give can powerfully lift a person's sense of self. Feeling that your own experience can make it better for others in the future can make a difficult process feel more worthwhile (McMillan, 2019). This positive intent from people can be further enhanced by equal recognition, reward, and representation. Fair payment in exchange for expertise, along with prompt payment of the full costs incurred, is cited by Batty et al. (2022) as vital for this equality to happen.

In order to avoid tokenism and increase the recognition and representation of people with care and support needs, there is learning that can be taken from the academic world and its experiences of co-research and applied to co-production more broadly. Embregts et al. (2018) considered how tokenism can be avoided when collaborating with people with learning disabilities. The following was found to be important:

> **Building a mutual relationship**
> This included establishing trust, stressing equality of opinion, and avoiding paternalism. For example, highlighting the equal need for everyone to commit, whether they have learning disabilities or not – but ensuring help is available to help this happen in practice.

> **Communicating**
> Listening, meeting the communication needs and preferences of the person with learning disabilities, and paying attention to non-verbal cues. For people in the project without learning disabilities, not being defensive when receiving feedback was essential.

> **Achieving a collaboration in which everyone can contribute**
> Being aware of different lengths of time needed for preparation, practicing, planning, adjusting the working pace, and, for those in the project without learning disabilities, to consciously resist 'taking over the lead'.

> **Being aware of skills and developmental needs**
> Recognising and valuing the skills of people with learning disabilities and supporting the growth of other skills (such as reflective capacity).

> **Being aware of impact**
> For all in the project to be aware of emotional and practical impacts, including that people may find the experience intimidating.

What you can do

If you are working on (or about to start) a participation or co-production project: Consider how equal it is in terms of respect, reward, representation and recognition.

Respect. Consider the relationships that underpin the project:

> Have you spent some time talking with people before the project formally begins? This is not only to find out about them, but to give them the opportunity to find out about you and your experience in co-production.

> Have you enabled people to co-produce the project's proposed outcomes, as well as contributing to its process? (You may find the section on Pre-produce, co-produce, evaluate helpful to refer to here.)

> Have you collectively set ground rules together, rather than imposing a 'professional' set of ground rules?

Reward. Consider the payment terms you offer for people's work on the project.

> Who set the payment rates? Did they have lived experience?

> Are they equal to (or more than) those you offer to professionals?

> Do you have a set amount of money for expenses, or do you check with people individually about the expenses they incur?

Reward isn't only about money. Do you support reward in other ways, such as skill development? Do you provide continuous feedback as to how people's work will be used, and gain their ideas for how the work can maximise its impact?

Representation. Consider the breadth and depth of experience on the project:

> What is the ratio of people with lived experience to professionals on the project? If fewer than half of the people on the project have lived experience, this may not adequately avoid tokenism.

> Does the co-production group represent the local population in terms of its diversity? Are a variety of identities, needs, experiences and opinions represented?

> Are you sensitive to different communication needs, styles and preferences, so people can contribute in a range of ways?

> Do you invest time in relationship-building throughout, and truly welcome challenging feedback?

Recognition. Consider how people's contribution is recognised:

> Are people fully credited (unless they wish to remain anonymous) in any published material, on an equal par to professional contributions?

> Do they have opportunities to promote the work?

> Can everyone celebrate and document the project via blogs and social media? Can you offer people with lived experience the opportunity to write blogs and create audio/visual material to support the work?

Finally, do not underestimate the intense, and sometimes emotional nature of co-production for everyone involved. You might consider, as a group, how difficult and emotional issues may be tackled, and – if you are a professional – reach out to your own organisation to understand what support may be available for the citizens and professionals who form the co-production project.

Further information

Read

It's important to be clear with people that payment for co-production or any form of service improvement may affect any state benefits they receive. SCIE has a guide on the rules around this:

www.scie.org.uk/files/co-production/supporting/aag50/ataglance50.pdf

Learn

As part of this project, there are some reflections on the process from everyone involved. You can watch, read and consider how you can learn from our experiences for your own project.

"Be open to suggestions for change and do not be defensive."

What this means

The people who are best placed to offer suggestions for change in services are those who are directly affected by those services. As a group member said: "If someone is asking a question, or making a suggestion, they are usually doing it on behalf not only of themselves, but also for others who don't feel able to."

It's important to take these suggestions in the spirit they are often meant - as a way to improve. Think about reframing complaints as opportunities to change things for the better; recognise that people with care and support needs wish to reduce waste and inefficiency as much as the people who work in them.

Don't forget to celebrate when things go well, when people are happy, and when positive change happens.

> "I write twice as many thank you letters as complaints – there are good people, working hard."

The research

The *Local Authority Social Services and National Health Service Complaints (England) Regulations 2009* require local authorities to create an annual report on complaints about adult social care, and make it available to the public. While many local authorities publish this report on their website, others only make it available on request.

There is some evidence that these local authority complaints reports are becoming less accessible to the public - in 2017, half of local authorities published a complaint report on their website, whereas in 2019 only a third did. In addition, half of the published complaints reports were difficult to find, often hidden in the appendices of committee papers or agendas (Healthwatch, 2019).

Making information on complaints unavailable or hard to locate suggests a defensive culture. For local authorities, having an increasing number of complaints is frequently seen as 'worse performance' (Healthwatch, 2019). However, Gallagher et al. (2020) made it clear why social care should expect and welcome all kinds of feedback, including complaints:

> **Social care evolves and changes**
> This is often a strength within social care. However, change can also involve challenging old expectations, teething problems with new approaches, and change not happening uniformly across the organisation.

> **The work involves challenging practice**
> This can involve frank discussions about risk, about the limits of services, and about a person's behaviour.

> **The work takes place in a pressurised environment**
> There is uncertainty and complexity in much of the work, and it often takes place against a fraught backdrop of time pressures and organisational expectations.

> **Public perceptions of social care are often negative and unrealistic**
> There may be inaccurate expectations of what social care can do, and emotions may be heightened at times of social care involvement.

None of these reasons mean that complaints should be taken less seriously (Gallagher et al., 2020; SCIE, 2020) – they highlight just **why** complaints should be expected and how important a non-defensive approach is.

It's also important to remember that complaints are relatively rare. People frequently don't complain about poor service. For example, Citizens Advice found, in 2016, that, while 45% of people had experienced poor public service, only 22% had made a formal complaint. In addition, younger people, older people, and those on lower incomes, may find it more difficult to make a formal complaint. A defensive approach to complaints, and a reactive approach to gathering feedback, misses valuable opportunities for input from these groups (Citizens Advice, 2016).

SWORD (The **Social Work Organisational Resilience Diagnostic**) is an evidence-informed project that aims to improve emotional resilience in social care. Two of its key foundational principles relate to a 'sense of appreciation' and being a 'learning organisation'. Recognising and celebrating achievements, while seeking out areas for improvement, can therefore contribute to a culture of staff and organisational emotional resilience as well (Grant et al., 2020).

What you can do

If you are in direct practice: Ask for feedback! Ask for informal feedback; ask for people to put things in writing.

Clearly explain how feedback will be used – as a way to improve things in the future. Let people know they won't be getting people into trouble if they've had a difficult time; and that, if things went well, that the feedback will be used to learn from that too.

You can learn from it in your practice, too. If you are a social worker, seeking feedback is a key part of meeting professional standards: **Standard 4.1 of the Social Work England CPD standard** states 'As a social worker, I will incorporate feedback from a range of sources, including from people with lived experience of my social work practice.'

Challenge yourself to seek feedback every day. Discuss with your supervisor how the feedback can be shared and acted upon – and don't forget to tell people how their feedback has been used.

If you are in senior management: Look at how you use informal and formal feedback, both positive and negative, that you get.

> Consider the Legal Ombudsman's **top tips for responding to complaints**. In particular, pay attention to tip five, 'don't be afraid to apologise', and tip 6, 'appreciate feedback'. Does your organisation practice these tips in response to feedback, or is the response more defensive?

> Reflect on feedback and how it can be used. For example, does feedback seem to relate to a **process**, which suggests improvements need to be made to systems, administration, timescales or paperwork? Or are there themes that seem more **relationship-based**, suggesting improvements might focus on individuals and/or team cultures? Or is it a mix of the two – for instance, practitioners who are difficult to get hold of may have structural factors impeding their ability to respond to people promptly, as well as work to be done on their own relationship-based approaches.

> You may consider some awareness-training throughout the organisation on reframing complaints as suggestions for improvement.

> Critically reflect on if, and how, you publish an annual report on complaints and compliments.

  - If you do, does it clearly state the learning that will be taken forward, with a timescale for when this will happen? Is it downloadable as a PDF document? Is it public-focused and attractive to read?

  - If you don't, how can you change this?

> **Always share** positive feedback with individuals, teams, and the wider organisation!

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Further information

Read

SCIE has a guide on *Dealing with concerns from people who use care services*. This is a comprehensive guide that includes the duty of candour and social care complaints regulations. Note: on the very first page, the heading is 'Complaints are a good thing'!

The **SWORD tool and workbook**, helping link feedback with improving emotional resilience.

Pre-produce, co-produce, evaluate

What this means

Often, people are 'invited' to a co-production project after agendas are set and boundaries are put in place. Think about co-production from the very earliest ideas stage – something the group members defined as 'pre-production'. Co-create outcomes to provide transparency. One group member, Iggy Patel, has written about pre-production **here**.

Co-production isn't only about a process. There should be a **product** at the end of it, otherwise it's just a series of meetings. What comes out of a co-production process should be evaluated and reviewed. Setting outcomes and evaluating how far they have been reached is basic business sense, because, without them, change is limited.

> "I can feel like I'm social Elastoplast - power is still held by those who set the questions and the scope."

The research

Co-production is discussed extensively in this evidence review. However, when it comes to sharing power as equals, who sets the parameters of co-production is itself an expression of power.

Co-production involves a shift of power. Trust in people is fundamental, with leaders and practitioners – who may be used to holding power and directing discussions, creating agendas and guiding actions – consciously taking a hands-off approach (Weaver, 2019; Flemig & Osborne, 2019). Investing in co-production as a long-term goal, rather than a one-off project, can really help shift traditional power structures – with senior leaders using their existing power to build the power of others (Rosen & Painter, 2019).

This also includes a commitment to building capacity for co-production, rather than concentrating on co-producing with citizens who are already experienced or confident in co-production. Research suggests that, without capacity-building, diversity can be limited, and can particularly exclude people from Black and ethnic minoritised communities (Rose & Kalathil, 2019), or people with different communication needs. It can also result in one-off projects, rather than having co-production embedded as a way of working throughout the system.

Finding out the issues that matter to people in the pre-production stage, rather than assuming what those issues are, involves creative thinking and knowing your local community. For instance, one study found that consultations held outside, in a public space such as a park, had a much higher attendance than meetings held in civic buildings (Buddery et al., 2016). Such initiatives also address head-on a weakness of many co-production projects, which is to arrange co-production sessions in times and locations convenient for professionals rather than people (Pieroudis et al., 2019). The group related similar experiences of this, of imposing town halls, difficulty securing accessible parking spaces or passes to buildings, or a lack of awareness of public transport links to meetings.

> "This sends a message, that it's meeting with professionals on their own home turf".

At the other end of the co-production process, it's important to review and evaluate what emerges alongside the people involved in the project. The research suggests that doing this may involve measurements that look different from established ways of evaluation and quality assurance (Donetto et al., 2014; Martikke et al., 2018). The outcomes that will be measured, and how this will be done, is also a question for the whole co-production group rather than something decided on by professionals.

What you can do

> "Truly listen to people. Keep open minds and be open to new ways of thinking, seeing, acting and working. Accept they're not always right, often they're not. Demolishing and changing cultural behaviour forever!" (Group member Dean Thomas)

If you are a senior leader: Co-production projects, often unconsciously, ask the question that a system wants the answer to, and this is an expression of a power imbalance. Instead, what issues do people with care and support needs want addressed?

You might consider the previous section in *Sharing Power as Equals*, 'Be open to suggestions for change and do not be defensive', where analysis and responses to feedback were considered. What does this feedback tell you about the issues people want addressed? How can you find out more – perhaps by following up these issues directly with the people who have given the feedback, and working with them to co-produce solutions?

Think about how you gather your intelligence for the pre-production stage. One group member spoke for many when he said: "Get out of your office. Go speak to people - no surveys, no written forms." Are you only finding out about issues in traditional ways (which will also exclude people in traditional ways)?

When it comes to the early stages of co-production, make sure you think critically about how you involve people. Are you using terminology such as 'Invite people to meetings', and holding these meetings without consulting everyone, as equals, about time and place? Do you gather ideas for meeting agendas and co-produce these, rather than sending out an agenda created by professionals? Do you ask whether people with lived experience would like to chair meetings or write minutes?

Do you review the project after a set amount of time – for example, after a year – and measure its success? Who decides what success looks like?

Further information

Listen

Think Local Act Personal has a podcast on **creating the right conditions for co-production**.

Read

The London School of Economics has a blog on **evaluating co-production**, looking at four factors that can be considered in any evaluation. Please note: this blog, while useful, doesn't have anyone with lived experience listed among its authors.

What this means

When people have to repeat themselves, when they have to chase services, when information is missing – although it may not be intentional, it does express to people with care and support needs that their time is worth less than professional time. These aspects, and many more, are symptomatic of fragmented or siloed services. The group wanted to make the point clear that they experienced not one coherent system, but fragmented provision, with a mix of public sector and private interests often not acting to the same ends.

There are particular points when services splinter – notably in transitions between services. Who decides when transitions happen, and whether they are 'smooth'?

> "Resist the temptation to put everything into little boxes.
> Instead, embrace complexity."

The research

There is more detail about service and system-level issues in the *More Resources, Better Used* section, but fragmented provision has been an issue for many years in the health and social care sectors (Mullard, 2016; Carey, 2015). Carey (2015) proposes that fragmentation has '…promoted inconsistent and unreliable services, the development of superficial relationships with users and carers, and the loss of belonging and fractured identities of social care employees' (p.2406).

When people have to repeat themselves – in effect, bridging the gap themselves between fragmented services - as well as being frustrating in itself, it can lead to bigger issues. Healthwatch (2015) found issues including having to repeat several times about the distressing death of a loved one; that people missed out information when asked questions again, because they became disorientated at repeating themselves so much; and that vital information about communication or personal needs had not been recorded, leading to inappropriate or distressing situations, with people having to explain themselves all over again.

Thinking about particular stress points, one in particular is noted by the research, as between children and adult services. There are many different transitions, but one that everyone goes through is becoming an adult, and it is something that every young person will experience differently. It's also something that's different for parents, caregivers and families. For instance, Codd and Hewitt (2021) focused on transitions for young people with a learning disability to adulthood. They found that there was extra stress on families as a result of the transition from children's to adult services (Codd & Hewitt, 2021).

Transitional safeguarding, too, is about taking into account the wide range of issues that affect a young person's safety and wellbeing. Keeping young people safer as they approach adulthood is a systems change that requires coordinated input from all services that work with young people (Office of the Chief Social Worker for Adults et al., 2021).

Systems leadership is a response to fragmented services and the challenges of integrated service provision. It has been described as '…leadership across organisational and geopolitical boundaries, beyond individual professional disciplines, within a range of organisational and stakeholder cultures, **often without direct managerial control**' (Ghate et al., 2013). It's about developing constructive relationships across professional boundaries – including with citizens – and using leadership that shares power with others and facilitates involvement, rather than closely directing a process (Miller, 2020).

The research suggests that systems leadership may involve 'sacrifice' – recognising and accepting that acting to obtain shared or community-focused goals may not always be in the sole interest of the leader's own organisation (Miller, 2020). This is a good example of how sharing power as equals is likely to involve cost to those who already have power, something that those individuals and organisations must be prepared to accept.

What you can do

If you are a senior leader: There is a **self-assessment tool** for leaders in social care in relation to systems leadership. As you reflect and note down actions you can take to improve systems leadership and increase integration, think explicitly about power in this context:

> How can you distribute power to where it has the greatest benefit to citizens – including sharing power directly with them – to improve joined-up responses?

> How can you listen to where people who have care and support needs find the cracks in the system – rather than only focusing on professional gaps and frustrations?

> How can you be a positive influence on senior leaders in partner organisations, encouraging them to share power as equals too?

If you are in direct practice: Take some time to understand how fragmented services can feel to the people with care and support needs you work with. Note down these emotions, and recall any specific examples in your practice where you have noticed poor collaboration or a lack of a joined-up response. What can you personally do to address this?

> Are there any multi-agency relationships you could develop, so that increased joint working can help plug existing gaps?

> Are there actions you can take on behalf of, or in partnership with, people, for example agreeing to chase up a particular professional they are having trouble contacting?

> Are there ways to support people's confidence in challenging professionals, encourage awareness of their rights, and to make it easy to provide feedback to services (including your own)?

Further information

Watch

Donna Hall and Phil Livingstone talk about **the wraparound service that citizens should rightly expect from services**, when thinking about integrated care boards.

Read

The Research in Practice Strategic Briefing *Systems leadership - enhancing the role of social care*.

A **short blog** on moving beyond technical integration and towards thinking about relationships as fundamental to better integration.

What this means

Many people do not have the 'know-how' or confidence to challenge power or stand up for their rights. Building people's confidence, sharing information, and practising transparency is one of the most effective ways to share power as equals. Part of this is empowering staff in direct work to be legally literate so they, in turn, can be clear on people's rights and advocate for them.

It's also worth remembering that there is a legal obligation in sharing power as equals - it's there in the law, in **Section 149 of the** *Equality Act 2010*, by advancing '...equality of opportunity between persons who share a protected characteristic and persons who do not share it'. **Protected characteristics** include disability and age alongside race, gender identity, religion, marital status, religion, and sexual orientation.

It's also vital to make it crystal clear that there will be no penalties for people who speak out, stand up for their rights, or challenge power.

> "People may be reluctant to take action even when they have information and advice – this can be linked to the real fear that people will lose what they already have."

The research

All practitioners in adult social care require legal literacy in order to know and engage in social care legal rules (Braye & Preston-Shoot, 2021). Legal literacy is not simply about knowing what the law says - it's about integrating the law, ethics, and human rights, into everyday practice. It looks like this:

Law — Doing things right

Doing right things — Ethics

Human rights — Rights thinking

Filtered through discretion
informed by knowledge and values
skillfully applied to the circumstances
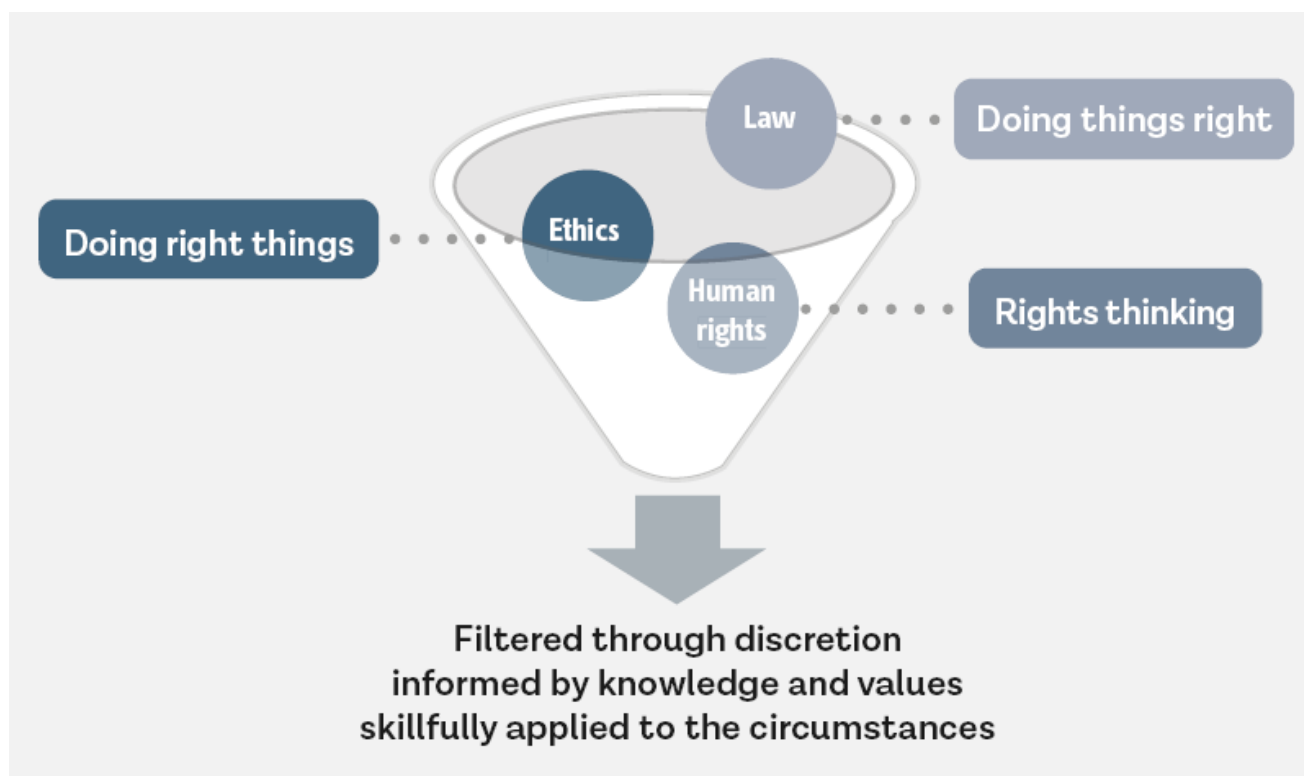
(Braye & Preston-Shoot, 2021)

However, current legal literacy in the social care workforce is variable - with the law seen as 'a hurdle to be overcome', and a stress factor in people's work, rather than as something to be used constructively (Braye & Preston-Shoot, 2021). This can lead to avoidance in considering the law, a lack of challenge to organisational procedures and decisions (particularly important when considering sharing power and supporting people's rights) and, potentially, unlawful practice (Braye & Preston-Shoot, 2021).

Advocacy can be defined as a way to support people to understand their rights, assert them, and to strengthen people's personal autonomy (Flynn, 2013). However, like legal literacy, current access to advocacy differs across England (Newbigging et al., 2021). There are also two different understandings of what advocacy is:

1. 'Law-based advocacy' - a narrow definition, based on statutory obligations, and relating to relatively small numbers of people.
2. 'Value-based advocacy' - a broad definition, and relating to most (if not all) people who access social care. Advocacy is more likely to be offered if this view is taken.

(Newbigging et al., 2021)

There is more information on advocacy in the *Leading The Lives We Want To Live* section.

What you can do

If you are in direct practice: Think about transparency and legal literacy in the work you do. Are you confident in explaining the legal basis for your work – for instance, the *Care Act 2014*, the *Mental Capacity Act 2005*, the **Human Rights Act 1998**? Think how you would explain these laws to the people you work with – people with care and support needs and their carers and families. Research in Practice has a series of **brief guides** that you may find helpful when talking to people about their rights in, for example, assessment under the **Care Act 2014** or the **Mental Health Act 1983**.

Part of legal literacy and rights-based thinking is making it clear that there is a legal basis from which people are entitled to support. As the research shows, people may be afraid of losing the support they have if they challenge things they are unhappy with (Equality and Human Rights Commission, 2023). Making it very clear that they have a *legal entitlement* to the support they receive can help allay these fears. You may find it useful to share SCIE's **Quick guide to eligibility outcomes under the Care Act 2014**, for example.

It's important to always consider the transparency of the decisions you make, to enable people to understand them and to challenge them if they disagree with them. You can use the tool **Show your workings: Making good decisions** to help you apply a clear decision-making model to your work.

Reflect on the role of advocacy in the work you do. Is your understanding of it 'value-based', where you appreciate its wide use, rather than something seen as a purely legal requirement? Do you know who to contact, locally, to support people to access advocacy? What are your, and your team's, relationships with local advocacy services? How can they be strengthened?

If you are a supervisor or manager: Consider how you can improve your team's legal literacy and understanding of advocacy, and how you can promote exploration, discussion and reflection on the law and people's rights. You can use the resource *Law Talk: Putting law on the supervision and team development agenda* in order to open discussions and track progress.

Further information

Explore

Research in Practice has a **series of resources** on legal literacy in adult social care. These support practitioners and organisations to better use and promote legal rules in their work with adults.

Read

BASW has created a guide, *Homes not Hospitals: The role of the social worker and legal literacy,* which will be particularly helpful for those working with a learning disability and/or autism.

Engage

Every month, Research in Practice publishes **case law and legal summaries** which will help you keep up with the latest developments in adult social care's legal contexts. There is also an **archive**.

Rightsnet offers a broader daily news and case law update across welfare benefits, debt, housing, employment and community care.

Connect

The national charity **VoiceAbility** has several resources on advocacy and an instant chat messaging service available that enables you to connect with an advocate.

Power can be subtle and unspoken

What this means

Behaviour and non-verbal cues can carry as much weight as words do (and sometimes more). This doesn't mean that words are unimportant – but it does mean that, if only words are considered, many of the power dynamics will be missed.

The Evidence Review group enjoyed lively debates on the power of language. While there was agreement that labelling should be respectful to how people wished to describe or identify themselves, and that using jargon was often an expression of professional power, other debates – such as whether someone should be called a 'service user' – generated some frustration. It was sometimes seen as an example of the system talking to itself about minutiae, and sucking oxygen from other important issues. "I hate discussions on language," as one group member said, "Call me what you like, do the job you're supposed to do and make the service you're offering better."

Overall, it was considered that words were only one part of the overall attitude someone displays. Indirect power dynamics - such as through body language, spending limited time with people, and power over where to hold meetings - make themselves known, even if careful language is used.

> "I don't speak acronym!"

The research

There is much literature on 'correct' or preferred ways to describe people who draw on social care – which has been co-developed by people with care and support needs. This can help with the baseline respectful attitude that the group found to be important. For example, the Alzheimer's Society has a guide to **talking about dementia** (co-created with people living with dementia); and the Mental Health Foundation has some considered work on words and phrases used in **mental health**.

Mehrabian and Ferris (1967) wrote of how, in situations dealing with feelings and attitudes, facial expression was the most significant factor in how people understood what was said, followed by tone of voice. The actual words someone said came last. Yet, in social care research, far less is written about the implicit power of body language and behaviour in social care than is written about written and spoken language. Nevertheless, there are some small-scale studies that indicate its importance.

Mandal (2014) argues that non-verbal signs are often directly related to power, because they are about '…hierarchy and priority among communicators' (p.418). Wright (2012) found that non-verbal communication was highly valued by social workers, but that confidence in it was 'lukewarm'; however, this confidence improved when workers were given specific training in it. Walter and Shenaar-Golan (2018) found that including non-verbal communication and body language in social work education enhanced students' empathy, and helped their awareness of this type of communication in their own practice.

The value of paying attention to this is clear from a study by Osterholm and Samuelsson (2015). This research looked at how people with dementia were assessed. It found that the most common response was to talk over the person's head, and to ignore conversational initiatives from them. This could sometimes take place alongside other ways to demonstrate power - such as implying lack of competence, or neglecting to investigate anything about their life beyond dementia.

In the field of learning disability, particularly when thinking about people with severe or multiple learning disabilities, there has been more focus on how non-verbal communication (facial expressions, gestures, eye contact, for example) is used. Phelvin (2013) found practice to be variable, with intuition and individual relationships valued alongside more formal communication aids and techniques. While this was seen as largely positive, there could be inadvertent effects, such as practitioners projecting their own agendas on to a person with learning disabilities – a form of confirmation bias, where a professional filters only the information that supports a pre-existing view.

What you can do

If you are in direct practice: Whatever the situation, body language and non-verbal communication is important in social care. Mirroring a person's pose, nodding and smiling can enhance rapport, while defensive postures like folded arms (or confrontational gestures like pointing) can all hamper relationship-building. In addition, reflect on how these non-verbal cues might come across to people who primarily use non-verbal communication.

Ask someone you trust to give you honest feedback on what they think your body language conveys. Think about this specifically in terms of power. Does this reflect an existing power imbalance - for instance, that you are the 'busy professional' and someone must fit in around you? Or, that you are distracted by other things in your workload?

Now you are aware of it, how can you change this?

If you are a senior leader: Issues around language, body language and non-verbal communication don't always relate to individual workers. Are there systemic issues at play? Is language that expresses power part of a team or organisational culture that, therefore, requires an organisational response?

Speaking to your citizens will help you notice patterns of positive (or otherwise) methods of communication. What is valued? Where are the difficulties? Do they indicate action at an individual practitioner level, or something more organisational?

What (if any) training do you offer on non-verbal forms of communication? How can you encourage practitioners to continually reflect on, and 'drain the power from', body language and behavioural cues?

Further information

Guide

Mencap has a **guide and video** about communicating with people with a learning disability, including the use of Makaton (a language using signs, symbols and speech).

Simplify!

What this means

The health and social care systems are labyrinthine. Anything to help counter this – from clear explanations, to advocacy, to taking action to simplify forms and processes – is an important part of sharing power as equals. Create a variety of ways that people can access services and information, and always check understanding.

> "Don't just create an Easy Read version of something and think, 'job done.'"

The research

In 2015, it was found that 42% of working-age adults in England are unable to make use of everyday health information (Public Health England, 2015). This rises to 61% when numeracy skills are also required in order to understand the information. This demonstrates the obvious importance of making every effort to simplify.

This theme is found in many of the key changes – for instance, in the 'confidence and communication' theme in Leading The Lives We Want To Live, and 'The importance of accurate and reliable information' in Living In The Place We Call Home. However, in this key change, the idea of clear explanations was explicitly linked to the sharing of power. Beadle-Brown et al. (2012) found that this power is deep-rooted and goes back to how research which forms the basis of policy is conducted. The study found this research privileges the viewpoints of those who are able to respond to standardised questionnaires that have been developed by the researchers – and excludes others who may have alternative communication needs or preferences.

It's important to co-produce, or at least road-test, Easy Read information with its target audience (Chinn & Homeyard, 2017; Turnpenny et al., 2018). For example, when piloting an Easy Read of the Adult Social Care Outcomes Toolkit (ASCOT), researchers found that their original version was too open to different interpretations, that the black and white line drawings caused confusion, and that the scales involved in the questions presented difficulties (Turnpenny et al., 2018). As a result of the input from people with learning disabilities, the questionnaire was substantially changed, including by using pictures that people found relevant and attractive.

This example from the research illustrates how a paternalistic approach to providing information will often miss the mark. This is the case not only in learning disabilities, but in all aspects of health and social care. It is also true when thinking about co-production - information presented in simple ways, that in itself has been co-produced, can support inclusive and diverse projects, particularly for people with different communication needs.

Co-production, and organisations accepting that they don't know it all, can lead to not only simplifying existing information, but can also be transformational in the types of knowledge produced - reflecting what people really want and need to know (Filipe, Renedo, & Marston, 2017).

What you can do

If you are in senior management: Think about the information, guidance, and methods of delivery that your organisation provides. Consider the variety of alternative formats - British Sign Language, written information in languages other than English, Easy Read, etc. Are these provided and, most importantly, are they co-produced and road-tested with the target audience?

You might also consider how language and information can be understood in different communities. Culturally sensitive information isn't simply about providing translation and interpretation services – have you co-produced information with different community groups, understanding how different cultural identities may impact on how information is heard and interpreted?

However, accessibility around language is not only for people who communicate in other ways than written or spoken English. **Everyone will benefit** from clear and concise information, backed up with accessible phone and email contact options to check understanding. A simple way to evaluate the clarity of your information is to consult the **Accessible Information Standard** and **Plain English Campaign's free guides** – particularly the *A–Z of alternative words*. How many of the complicated words are in your communication? How can you co-produce clearer versions?

You may also find the section on digital access in the Communities Where Everyone Belongs key change helpful when thinking about digital communication.

If you are in direct practice: Part of your role is to help people understand what is being asked of them, what decisions affect their lives, and what rights they have. Invite questions and check understanding - not only once, but more than once! Don't wait for someone to tell you that they don't understand.

. . . .

Further information

Watch

Dean Thomas, a member of the Sharing Power As Equals group, starred in a **video with Nottinghamshire County Council** explaining how jargon and over-complicated language can be tackled via co-production.

Read

The **Patient Information Forum** has practical support for **co-producing health information**, much of which can also be used by social care organisations.

Although there is no consistent standard for creating Easy Read information, NHS England has produced a guide, *Make it easy!*, with examples and pictures. You can also find an example of co-produced Easy Read information with the *Digital inclusion. Using digital technology positively and safely: Practice Tool* from Research in Practice – in which all the images and words are from people with a learning disability, a learning difficulty, and/or autism.

Reflect on your own power

What this means

Reflect on the professional and personal power you hold. Understand that, for you, working in care and support is a job; for people who rely on those services, it is their life. Power won't be truly shared until those who currently hold it reflect on the full responsibility their current power gives to them.

> "Walk a mile in people's shoes."

The research

Bell and Hafford-Letchfield (2015) argue that '…demands about how to effectively share and distribute power […] necessitate that social workers develop both insight and a better understanding of discourse about power in order to engage with it effectively' (p.2). What this means is that, in order to share power, it's firstly necessary for practitioners to understand the type of power they hold, and how it is viewed by others. The section 'Power has many faces' sets out types of power in more detail.

'Empowering' or 'empowerment' are words often used in social care (Bell & Hafford-Letchfield, 2015). For example, this can be seen in the *2022 Impact Statement* from the Department of Health and Social Care, setting out adult social care system reform. Chapter three is entitled 'Empowering those who draw on care, unpaid carers, and families' (Department of Health and Social Care, 2021). However, empowering people is not something that can be 'done to' others. Instead, it requires an appropriate climate, relationships and resources where people can reflect on and confidently share their power (Bell & Hafford-Letchfield, 2015). Therefore, it's important to think carefully about using the word 'empowering' – who decides whether this course of action is empowering? Is the word being used about something that should be standard good practice, such as providing clear information?

For instance, Rabiee (2013) has unpicked the concepts of 'choice' and 'independence' in services for older and disabled people (which are, often, uncritically considered to be 'empowering'). While professionals would often equate independence and empowerment with a person living aspects of their lives unaided by services, for people themselves it had a far greater variety of meanings – and could feel negative if this definition of 'independence' meant there was a greater reliance on close family members, causing tension in relationships (Rabiee, 2013). This is closely related to valuing and promoting the Social Model of Disability (something explored more in the Leading The Lives We Want To Live key change).

Therefore, although it's important that senior leaders reflect on the power they hold over resources, service design and commissioning, every professional in direct work can reflect on their power as well. This involves thinking about how choices are presented, giving time to talk through possible short and long-term consequences, and understanding what independence and empowerment mean to every person they work with (Rabiee, 2013). It also involves thinking about intersectional issues of power and privilege, via the Social GGRRAAACCEEESSS model (Burnham, 2012; Partridge, 2019).

When people are employed by the state or local authorities, they are being paid to carry out its policy, but they will often still have room to manoeuvre in their role (Taylor, 2022). In fact, it's an important part of person-centred working generally that organisations will put more trust in frontline staff, empower them to spend time with people, and encourage staff to see things from their perspective (Health Foundation, 2016; Innes et al., 2006).

What you can do

For everyone: While acknowledging that power isn't evenly distributed, the group had some particular recommendations for all professionals, no matter their job title or seniority. Everyone should reflect on the power they hold as a first step in sharing it more equitably.

How can professionals reflect on their own power?

Group member Dean Thomas

"Truly listen to people. Keep open minds and be open to new ways of thinking, seeing, acting and working. Accept their (sic) not always right, often their (sic) not. Demolishing and changing cultural behaviour forever! Understand and empathise with the fact that often other people/individuals know what is best for them."

1. "Think about the decisions you make every single day, and then think about how they impact on others."
2. "Make time, take an interest." **Don't** see reflecting on your own power as something to do when you have time. See it as intrinsic to your professional role.
3. "Share your knowledge, because the more knowledge I have on legislation and processes, the more I am able to stand at your level."
4. "Ask yourself: what stops you from doing the job you want to do." And how can you change this?
5. Pay attention to the details. Make sure appointments are made at mutually convenient times and places; keep lines of communication open and reply to messages promptly; if you need to change anything about an appointment, make sure you get back to people in good time. These details really matter to people.

If you are in senior management and/or workforce development: Consider how you can include reflecting on power as part of ongoing training opportunities and Continuing Professional Development. Commission training from people with lived experience. Develop training sessions on **perspective** – where professionals directly experience the form-filling and hope-jumping that services can ask.

You may also consider whether to set standards for communication in your organisation – setting out when you expect practitioners to respond to messages, alongside the statutory requirements for timescales around assessment and review. Making this publicly available would also help people to know what they can expect from their practitioners.

Further information

Explore

The national **Supervisor Development Programme** contains several resources that help you think about power in your work. These include tools on **anti-oppressive practice** and **effective use of power and authority**. Although these have been designed to explore power in a supervisory relationship, they are also useful for wider reflective work.

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Authors: Bob Jones, Iggy Patel, Jeanette Sutton and Dean Thomas

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