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Caring at the Edge: A Synthesis of New Paradigm Insights and a Case Study of Care for Older People

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Abstract

Modernity has brought many benefits (e.g. technological advances, material comfort, longer life expectancy and improved health). However, it is argued that we are now experiencing 'diminishing returns' from and 'adverse effects' of a Modernist worldview (Hanlon et al 2011; 2012a; 2012b). Evolutionary theories and models of paradigm change (e.g. Beck and Cowan 2006; Senge et al 2005; Scharmer 2009; Wilber 2001) offer a way of thinking about how our worldviews emerge and shift in response to existential challenges and so called 'wicked problems' (Rittel and Webber 1973). This study aimed to explore people's experiences of co-production and wicked problems in the context of care for older people in light of theoretical perspectives of evolutionary paradigm change.

Method: This study adopted a parallel process of a) an instrumental case study to explore the substantive topics of co-production and wicked problems in the context of care for older people and b) the development of an analytical lens informed by concepts associated with evolutionary theories of paradigm change, through which empirical case study findings were re-interpreted. The case was an older people's residential care service within a Scottish Local Authority. This encompassed 11 care homes for older people. 30 in-depth qualitative semi-structured interviews were undertaken with frontline Care Workers, Care Home Unit Managers, Senior Managers and Key Theoretical informants. A constructivist-grounded theory approach was taken to data analysis to produce narratives around care, change and problems. These narratives were then re-interpreted through an evolutionary paradigm change lens.

Findings: Using an evolutionary paradigm lens enabled an exploration of the underpinning worldview that is giving rise to patterns of activity and way of organising care observed in the case study. It also led to a reframing of care for older people as an existential issue rather than a conventional wicked problem. Co-production was reinterpreted as a yearning for connection, humanity and aliveness within our health and social care services in response to the dehumanising tendencies and effects of the Modernist paradigm. However, it

was found that the organisational response to this yearning was rooted in a dominant Modernist way of thinking, being and doing. Instances of so-called 'horizon capture' (Sharpe 2013) were witnessed, suggesting that the spirit of co-production could become thwarted and subsumed within mechanistic approaches.

Conclusion: An evolutionary paradigm change lens yields ideas and novel perspectives which may be of use to those in the public sector who are seeking to navigate the uncharted territories inherent to being at the edge of an emerging paradigm.

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Author's Declaration

I declare that, except where explicit reference is made to the contribution of others, that this thesis is the result of my own work and has not been submitted for any other degree at the University of Glasgow or any other institution.

Sarah Taylor

Abbreviations

The following abbreviations are used in this thesis:

APSC	Australian Public Services Commission
CAS	Complex Adaptive System
GRR	Generalised Resistance Resources
HLE	Healthy Life Expectancy
IFF	International Futures Forum
KTI	Key Theoretical Informant
SCIE	Social Care Institute for Excellence
SOC	Sense of Coherence
SDS	Self-Directed Support
SVQ	Scottish Vocational Qualification
WTTAEC	Working Together to Achieve Excellent Care (project)

1 Introduction

1.1 Purpose of chapter

The purpose of this chapter is to place the origins of the thesis and the nature of the inquiry within the context of personal experience and motivation.

1.2 My story and motivations

The idea for this thesis, and the overall research problem it seeks to explore, has evolved from my academic background in philosophy and my personal experience of working in health and social care. Whilst the research questions were not finally decided upon until a year into the PhD, the deep concerns which informed them were the result of experiences and reflections which accumulated over a decade before the research began. In this chapter, I will attempt to trace the origins and development of my particular philosophical perspective and describe how this has informed my experience of the challenges I have encountered within a professional capacity.

1.2.1 Philosophical perspective on paradigm change

For over a decade, I have been motivated by a deep concern for the state of the planet and by a belief that a profound shift in consciousness may be important to achieving a more sustainable way of living. I share the view of those who suggest that our individual and collective worldviews have led to ways of organising and conducting ourselves that are contributing to environmental, financial and social crises. LaLoux (2014) warns that:

It is probably no exaggeration, but sad reality, that the very survival of many species, ecosystems, and perhaps the human race itself hinges on our ability to move to higher forms of consciousness (p.5).

Whilst this fundamental concern has consistently informed my sense of core purpose, my theoretical perspective has evolved and shifted over time.

Studying philosophy at undergraduate level from 2002 to 2005 was a formative experience in terms of my interests in paradigm change. What emerged and crystallised during this period was a deep appreciation for the relationship

between our maps of reality (paradigms) and the material conditions of society. I became particularly interested in the period of history known as the Enlightenment, which saw the birth of Modern science and the belief in the liberation of humans through the application of instrumental rationality. I became critical of what I understood to be the Enlightenment attitude towards the environment, which saw humans as separate from nature and each other, and which laid the foundations for the Modern subject who could observe, measure, abstract and quantify as a means to understand reality. During my studies I was introduced to the problems of Late Modernity through an examination of the implications of the dominant scientific rationalist paradigm and its manifestation in social and cultural contexts. I became concerned for the so-called disenchantment of Modern society and an associated loss of wellbeing and alienation. I concluded that our current ways of 'being in the world' may no longer be serving us to live meaningful, fulfilled lives in ways that are sustainable in the long term. In retrospect, some of these conclusions seem somewhat dualistic and oversimplified and have since been modified. However, they give an accurate indication of my initial interests and motivations relating to the topic of this thesis.

After graduating, my critique of Late Modernity became influenced by what may be termed 'new paradigm' thinkers (e.g. Berman 1981, Cotgrove 1982, Milbrath 1989, Capra 1996, Elgin 1993, Woodhouse 1995; Elgin and LeDrew 1997). These thinkers argue that we are experiencing a global shift in consciousness towards a more holistic paradigm and that a more complete shift is required if we are to avert environmental, social and economic disaster. Common to these authors is a comparison between the old and new paradigm. The old paradigm is said to be reductionist, atomistic and mechanistic and most of the planet's ills are ascribed to this way of thinking (Woodhouse 1995). By contrast, the new paradigm is said to be holistic, creative, organic and dynamic. It is based on a systems view of life which suggests that wholes have irreducible properties that are more than the sum of their parts (Capra 1996). The implication assumed is that the ontological belief in unity should lead to a new and more sustainable relationship between people and nature.

A dualistic view of paradigm change (grounded in the Kuhnian view of scientific revolutions) suggests that paradigms are radically incommensurable with one

another. I began my doctoral studies with this perspective. A dualistic view of paradigms also strongly informed how I framed the challenges I was encountering in the workplace and the types of responses I believed were required. However, as I began my research, I encountered more emergent and evolutionary views of paradigm change that recognise the partial validity of multiple preceding views. The insights gained from evolutionary views of paradigm change will be described in chapter 6 and will be used to form a theoretical lens through which to interpret empirical case study findings in my thesis.

1.2.2 Motivation from professional practice

At the time of deciding to undertake doctoral studies, I was working for a Local Authority Health and Social Care department having recently graduated from the NHS Scotland Management Training Scheme. I had been drawn to the health and social care sector due to an underlying interest in human wellbeing and flourishing and the ways in which society helps or hinders these. Perhaps naively, I had thought that following this interest and working within organisations that were focused on health and wellbeing would enable me to avoid the disillusionment that I perceived as being prevalent in purely profit-driven industries or for those for whom a job was simply a means to a monetary end. Essentially, I had hoped that working in health and social care, full of people with a sense of vocation and calling, would offer some immunity against the disenchantment of Modernity of which I had become familiar.

This proved to be a false hope. Like other organisations, the world of health and social care was also struggling with feelings of disillusionment, meaninglessness, exhaustion and burn-out. I encountered many colleagues, in management and on the frontline, who had begun their careers with a sense of passion and purpose but had been stretched to their limits or become jaded through increasingly routinised and mechanised ways of working that squeezed out spontaneity and deeper human ways of being. Our way of organising health and social care (as in other settings, such as education) seemed to be having a deadening, stifling effect on consciousness. Moreover, this experience of suffering seemed largely unarticulated beyond generalised statements of being too busy. However, there were times when people shared a more fundamental sense of emptiness and a

yearning to be more authentic, more alive and more human. I was no dispassionate observer at this point. I too shared these existential frustrations and found myself burnt-out at times. I was also becoming increasingly sceptical about the latest so-called transformational change. Although I was relatively new in my career, I had witnessed rounds of change programmes, strategies and workshops that had apparently been built on the need to do things differently but resulted in only minor modifications to the status quo.

Although this time of life was challenging, it led me to ask questions such as ‘why do we keep getting stuck in limiting patterns when we say we want to do things differently?’ and ‘what would more profound transformational change look like?’. I saw the opportunity to do a PhD as a way of exploring these questions and a means to identify alternative perspectives that might be relevant to the complex realities in which I worked. In this sense, the PhD was triggered by a desire to undertake an inquiry in response to what O’Brien and Mount (2016) call ‘great questions’ - questions which refuse to be answered and instead lead us into deeper connections and deeper thinking. However, I wanted to ground my theoretical explorations within an empirical case study. The background to the case study selected will be provided in chapter 2.

2 Background

2.1 Purpose of chapter

The previous chapter placed the origins of the thesis within the context of personal interests and motivations. The present chapter builds on this by describing how a particular case study was selected as a means of grounding my theoretical explorations.

2.2 Caring for an ageing population – a wicked problem?

At the time of formulating the research proposal, the need to provide care for an increasingly older population was discussed as being a particularly pressing organisational and systemic challenge. Scotland's population, like other nations in the developed world, is ageing. According to the Scottish Parliament (2013), between 2010 and 2035, those of pensionable age in Scotland are projected to increase by 26%, whereas the number of births is expected to rise slowly from its current level of around 58,900 before falling to 56,500 by 2035. This decline in the number of births will contribute to overall population ageing. Audit Scotland (2014) adds that in the same period, the percentage of the population aged 75 or over is projected to increase from 8% to 13% and the number of people aged 100 years or older is projected to increase by 827%.

An ageing population is thought to have a broad impact on the economy and wider society. However, the challenges that are most relevant to health and social care systems in Scotland are linked to Healthy Life Expectancy (HLE) - the length of time an individual can expect to live free of chronic or debilitating disease (World Health Organisation 2007). At present, HLE is not increasing in line with life expectancy and this means that more people are living longer with multiple and long-term health problems, such as diabetes and heart disease (Audit Scotland 2014). Additionally, pressures on systems are said to arise from the number of health conditions that occur as we age, such as impaired cognitive functioning, hearing and sight loss and osteoporosis/fragility fractures (Scottish Parliament 2013).

The increase in the numbers of older people requiring health and social care support is seen in the context of increasing demand on public systems which are experiencing financial pressures. Audit Scotland (2014) describes this ‘perfect storm’:

The overall annual Scottish Government budget will continue to decline until 2015/16 and is not expected to return to 2009/10 levels until 2025/26.15 The Scottish Government predicts that spending on health and social care for older people will need to rise from approximately £4.5 billion in 2011/12, to nearly £8 billion by 2031 (p.9)

It is claimed that responding effectively to the care needs of older people ‘represents the greatest future challenge to health and social care systems globally’ (Nolan et al 2006 p.7). However, as Conrad (1998) points out, population ageing does not have an automatic, direct or linear impact on society and its implications need to be considered in terms of the institutions, systems and cultures through which its effects are mediated. Nor is there certainty about what an ideal solution would look like. Beresford (2008) reminds us that care for older people:

Is at a time of fundamental change. Social, cultural, economic and demographic pressures all highlight the need to re-examine it. There is no agreement about the form it should take, the conceptual basis on which it should rest or how it is to be funded (p.1).

The lack of a conceptual basis for care for older people was of particular interest for this research project.

For Ferlie et al (2013), the multifarious and major issues associated with older people’s care renders it ‘a really wicked problem’ (p.1). The term ‘wicked problem’ originated in urban planning and refers to a complex issue that is difficult to define and solve (Rittel and Webber 1973). In this sense, the use of the word ‘wicked’ relates to the difficulty involved in resolving a problem rather than immorality. This term was being used at a management level in Health and Social Care at the time of beginning doctoral research and I felt that using the context of care for older people would provide a strong empirical grounding for the exploration of theoretical perspectives on paradigm change.

2.3 Co-production in care

At the time of formulating the research proposal, co-production was being increasingly spoken of as a radically different policy direction in health and social care and as a means of addressing wicked problems. Co-production seeks to deliver public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours (Boyle and Harris 2010). Arguably, it represents a shift away from viewing citizens as passive recipients of services who are dependent on help from professionals, towards seeing them as active partners with assets and strengths which can be mobilised to achieve the outcomes that are important to them (Boyle and Harris 2010). Within the local authority of focus in this PhD, a programme was established to embed a co-productive approach and ethos across the whole of the Health and Social Care sector. Such a move provided an opportunity to observe the way in which a transformational idea at the level of policy was being put into practice. There was excitement about the new direction that co-production appeared to be signalling. From a personal perspective, this triggered hope that co-production might represent a shift towards a new paradigm and a move away from more traditional, Modernist ways of thinking, being and doing. However, it also prompted a wariness that co-production could become subsumed within the prevailing ethos and used as a means to prop up a struggling system.

Given my background and the context set out above, it seemed logical that an approach which would enable the questioning of underlying beliefs and assumptions about co-production would be useful. At the same time, there was a desire to link this with empirical data derived from a relevant 'real life' setting. Co-production in the context of care for older people was being spoken about in a range of settings (e.g. care in people's own homes, rehabilitation and preventive initiatives in the community), and I was particularly involved in a project which was seeking to embed co-productive approaches in residential care homes for older people and so this setting was selected for an empirical case study. This will be described in more detail in chapters 4 and 9.

2.4 Chapter summary

This chapter has provided the rationale for exploring co-production as a response to the so-called wicked problem of providing care for an increasingly older population. The case study was designed to ground theoretical explorations in paradigm change and provide a vehicle to tell a different story about care for older people and the extent to which co-production contributed to this new 'story'. In this way, this thesis proceeds along a dual track which culminates in a single synthesis of both theory and practice. The aims and nature of this particular approach will be described in chapter 3.

3 Nature of the inquiry and research objectives

3.1 Purpose of chapter

The purpose of this chapter is to:

- a) Set out the research objectives of the study within the context of a wider inquiry
- b) Provide a diagram which summarises the structure of the thesis and acts a navigational tool
- c) Provide a summary of the chapters contained within the thesis

3.2 Nature of the inquiry

The inquiry this research study follows is wide-reaching and broad. It seeks to weave together theoretical explorations relating to paradigm change within a case study approach relating to care for older people, wicked problems and co-production. The inquiry will involve immersion in the day-to-day reality of care for older people within a Local Authority setting in order to learn about empirical happenings - what we see in terms of practices and patterns of activity. However, exploring underpinning structures, mental models and paradigms informing these practices and patterns requires looking beyond the researcher's immediate professional territory. To explore these deeper levels, the inquiry looks to the larger field of debate and movement taking place amongst a small (but seemingly increasing) number of commentators concerned by global conditions of unsustainability, inequality, ill health and ecological destruction who argue that these issues can only be adequately addressed through a profound shift of consciousness - new ways of thinking, being and doing (e.g. LaLoux 2014; Senge et al 2005; Beck and Cowan 2006; Wilber 2001).

The inquiry described above requires a creative and coherent synthesis and entails certain methodological challenges. The methodological approach taken is informed by the perspective of those that believe so-called wicked problems cannot be addressed using reductionist methods (e.g. isolating one component part of a wider complex issue and focusing on this in-depth). Therefore, unlike

more traditional theses which define and examine a particular problem before making reasoned conclusions, this thesis will focus on one case study (care for older people in care homes) only to move out again and re-frame the findings within a bigger picture perspective and broader framework. Furthermore, the thesis does not attempt to provide definitive or final answers (again this would be counter to the very perspective by which the thesis is informed), but will seek to bring together a range of concepts and arguments in new and creative ways to contribute to novel ways of thinking, being and doing in health and social care and potentially other contexts. In doing so, a plurality of perspectives will be accommodated rather than drawing from one in isolation. Rather than seeking to review or critique a particular theory in depth, the thesis aims to take a philosophically-oriented perspective to synthesise ideas from a range of theories. In this way, it is intended that the thesis will add a quality of connection in conceptual thinking and offer a more expansive perception through which to understand current societal challenges and ways of responding.

3.3 Research aims and objectives

3.3.1 Aim

To explore people's experiences of co-production and wicked problems in the context of care for older people in light of theoretical perspectives of evolutionary paradigm change.

3.3.2 Objectives

1. Provide a synthesis of insights relating to paradigm change.
2. Define and describe wicked problems and explore the extent to which the organisation of care for older people is a wicked problem.
3. Define the concept of co-production and explore through a literature review the extent to which the current conceptualisation of co-production fits with ideas about effective ways of responding to wicked problems.
4. Within a defined setting, explore people's experiences of working in the context of care for older people and describe the way in which co-

production is being expressed in terms of policy, practice and patterns of activity.

5. Provide a synthesis of theoretical perspectives on paradigm change and empirical case study findings.
6. Reflect upon what has been learned from a philosophically-oriented and wide-reaching thesis.

3.3.3 Research questions

1. How is paradigm change conceptualised in the literature and by key theoretical informants?
2. What is known about wicked problems and ways of responding effectively to them?
3. To what extent could care for older people be regarded as a wicked problem?
4. How is co-production conceptualised in existing literature?
5. To what extent does the concept of co-production fit with ideas about ways of responding effectively to wicked problems?
6. How do care workers, care home managers and senior managers experience co-production and wicked problems within care home settings?
7. How can the experiences of case study participants and the concepts of co-production and wicked problems be re-interpreted through an evolutionary paradigm change lens?
8. How might an evolutionary paradigm change lens be modified in light of case study findings?
9. What unique contributions to knowledge have been achieved through a synthesis of paradigm change insights and case study findings?

3.4 Structure of the thesis

The production of this thesis has followed a dual track of exploring theoretical perspectives on paradigm change alongside research into a case study of wicked problems and co-production in the context of care for older people. These tracks have been undertaken in parallel. The diagram below illustrates this approach:

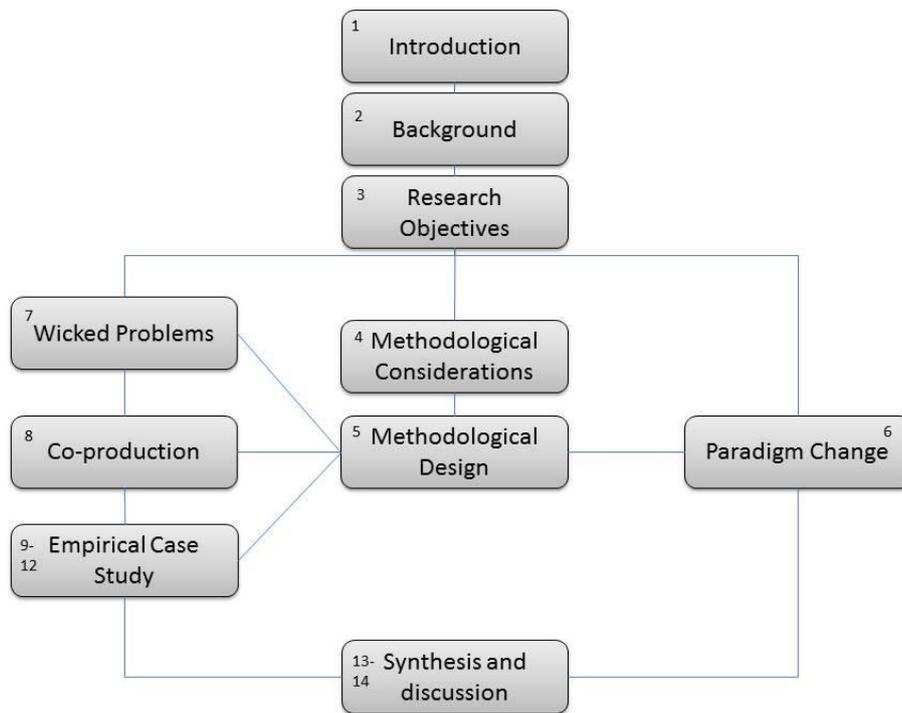


Figure 1 - Thesis Structure

The figure above shows that chapter 6 was undertaken in parallel to chapters 7-12. However, for the sake of clarity and ease of reading, the thesis will be presented in a linear fashion, with theoretical perspectives on paradigm change (chapter 6) being summarised in their entirety before proceeding to present material relating to the case study (chapters 7-12) and then finally providing a synthesis of both theoretical and empirical findings (chapter 13).

3.5 Outline of chapters

Chapters 4 and 5 describe the methodological considerations which enabled the selection of an appropriate research strategy, namely constructivist grounded theory, which reflected the epistemological and ontological assumptions of the

study. The research design and associated methods for the study are then described.

Chapter 6 explores the ideas associated with paradigm change, using both findings from Key Theoretical Informants and grey literature. Two concepts of paradigm change - revolutionary and evolutionary - are presented. Insights relating to the evolutionary model of paradigm change are used to build an analytical lens.

Chapter 7 brings the evolutionary paradigm change lens to bear in the context of the wicked problem of care for older people. Wicked problems are defined and it is argued that 'wickedness' is not a quality solely of a problem, but of the dynamic space between the existence of a problem and the cognitive tools at our disposal to address it. This perspective is used to explore the extent to which the organisation of care for older people can be seen as a wicked problem or whether it is our traditional ways of responding that are in fact problematic.

Chapter 8 presents the idea of co-production being a potentially effective response to wicked problems. Through a scoping review of the literature, co-production is defined in broad terms as well as in the context of care homes for older people. The co-production literature is critiqued from the perspective of insights gained from evolutionary theories of paradigm change.

Chapter 9 provides a brief account of events and developments which took place during 2012 and 2014 relating to co-production in the Local Authority owned and managed care homes within the case study. This provides the context and scaffold for the findings of the case study.

Chapters 10-12 summarise the findings from participants in the case study involved in the developments described above. Findings are presented as a set of narratives on care, problems and change.

Chapter 13 provides a synthesis of theoretical and empirical findings in order to generate unique insights and new understanding.

Chapter 14 summarises the key findings of the research and provides a reflexive account of the personal journey of undertaking the study. The main contributions of the thesis are outlined along with limitations of the study design and recommendations for further research.

4 Methodological considerations

4.1 Introduction

This chapter aims to describe the methodological considerations for the study which enabled the selection of an appropriate research strategy. It will summarise the various research approaches available before positioning and defending the selection of grounded theory from a constructivist orientation (Charmaz 2000, 2005, 2006) for the work. It will be shown that this strategy reflects the research objectives and the epistemological and ontological assumptions of the study and is a pragmatic fit with the type of research design required. It will also be shown that a constructivist approach to grounded theory addresses the issue associated with combining qualitative research with existing theory, as this study seeks to do. The research design and associated methods for the study will be described in detail in the next chapter on methodological design.

4.2 A qualitative research study

This thesis aims to explore people's experiences of co-production and wicked problems in the context of care for older people. It seeks to do so using theoretical perspectives of evolutionary paradigm change. Therefore, an approach is required to enable access to the rich, lived experience of individuals as well as shedding light on potential underlying processes and patterns of ideas, thoughts and beliefs informing this experience. A qualitative approach is deemed suitable to achieve these ends. Qualitative approaches to research cover an array of techniques which seek to explore the meaning rather than the quantity or frequency of phenomena in the social world (Van Maanen 1983). They focus on how social experience is generated, experienced and given meaning rather than on measurement and analysis of causal relationships between variables (Denzin and Lincoln 2005). Qualitative researchers 'study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them' (Denzin and Lincoln 2005 p.3). Qualitative research approaches can provide complex and detailed insights into how individuals experience a given research area and phenomena in a way that quantitative methods cannot. In this study, insights are required into the

experiences of those working in the context of care for older people and the way in which they are experiencing a shift to more co-productive forms of care in response to wicked problems. However, there is also a need to interpret these experiences in the context of ideas about evolutionary paradigm change. A qualitative approach is aligned with this end. However, adopting a qualitative approach does not imply a particular philosophical perspective. In fact, qualitative research covers several research paradigms, as will now be described.

4.3 Research paradigm

4.3.1 Initial considerations

A research paradigm, or interpretative framework, is ‘a basic set of beliefs that guides action’ (Guba 1990 p.17). According to Wahyuni (2012), research paradigms address the philosophical dimensions of research and provide fundamental ontological and epistemological assumptions which, taken together, act as a framework to guide the behaviour of the researcher. Put simply, ontology is the nature of ‘the real’, and epistemology is the way in which we can know ‘the real’ (Sobh and Perry 2005). Whilst it could be argued that placing complex abstractions into distinct paradigms underplays variations and overlaps, it nevertheless provides a pragmatic means for clarifying the researcher’s underpinning beliefs and logic. Without doing so, these beliefs and assumptions and any problematic implications may remain as taken for granted or invisible. Denzin and Lincoln (2005) state that there are four major interpretive paradigms within qualitative research: positivist and post-positivist, constructivist-interpretive, critical (Marxist, emancipatory), and feminist-post-structural. Each of these paradigms is composed of ontological and epistemological assumptions with associated methodological implications.

Maxwell (2012) and Mills et al (2006) state that a research paradigm should be selected based on alignment with the researcher’s own ontological and epistemological persuasions. This presented a challenge at the outset for the present study due the author’s affinity with the metaphysical assumptions contained within the literature on evolutionary paradigm change. These will be described in chapter 6 but, in brief, the body of literature associated with

evolutionary paradigm change contains several implicit ontological and epistemological assumptions (Hedlund-de Witt 2013):

- Consciousness evolves throughout history towards ever increasing complexity. Emerging forms of consciousness are integral in the sense that they incorporate multiple ways of knowing.
- We encounter and know the world through our particular developmental level of complexity and consciousness.
- If there is an a priori reality in the external world, it is stratified. Reality shifts over time based on the particular developmental structure that is being enacted and constructed at that point in history. In that sense, it is co-created with the subjectivity of individuals. Reality is also pluralistic with overlapping forms of reality being enacted at the same time. There is no single reality.

In terms of epistemology, evolutionary paradigm thinkers would aspire to adopt a methodology which enables them to explore a phenomenon through a multiplicity of lenses. They would reject the notion of having to select a single epistemological standpoint.

In terms of ontology, evolutionary paradigm theorists appear to view the ontological status of a phenomenon as dependent upon, and co-created through, the epistemology of individuals via their particular level of developmental complexity. However, it would seem that an a priori reality is not denied completely. Rather, an agnostic stance is taken that recognises that even if there is an external a priori reality, we can only have knowledge of it as it is experienced by individuals.

4.3.2 An interpretative - constructivist paradigm

Due to the issues presented by the particular beliefs inherent to the theories to which the author was drawn, a significant amount of time was spent attempting to find a research paradigm which was most aligned to the epistemology and ontology of evolutionary paradigm perspectives. A final decision was taken to

adopt an interpretive-constructivist paradigm based on the fit with the ontological assumptions described above as well as based on a pragmatic consideration of epistemology. The interpretive-constructivist paradigm assumes a relativist ontology (there are multiple realities), a subjectivist epistemology (researcher and researched co-create understandings), and a naturalistic set of methodological procedures (Denzin and Lincoln 2005). Guba and Lincoln (1989) state that constructivism views realities as 'social constructions of the mind, and that there exist as many such constructions as there are individuals' (p.43). Constructivism also emphasises the subjective interrelationship between the researcher, researched and the construction of meaning (Mills et al 2006). In relation to ontology, an interpretive-constructivist perspective is aligned to the belief that reality is created through the dynamic interplay of structures, systems and subjectivity and that the form reality takes shifts over time. However, the author also takes an agnostic stance towards the existence of a priori categories and objects and hence a weak form of constructivism is adopted.

In relation to epistemology, a pragmatic choice was made. Rather than attempting to incorporate multiple research paradigms to analyse the same phenomenon in the study, it was felt that the research aim would be best addressed through a constructivist paradigm. According to Silverman (2005), adopting methodologies based on their suitability in answering the research question is a valid way to identify a research paradigm, as opposed to being tied to methodologies due to the prior selection of a research paradigm. It was felt that an interpretive-constructivist epistemology accords with the way in which the research question would be addressed, as the final product would be the result of the interaction between the researcher and the researched. The data of focus are not self-evident truths waiting to be discovered. Rather, data will be generated (constructed) through the research process with the author's beliefs and ideas playing a key role. It is recognised that concepts such as co-production, wicked problems and paradigm change are unlikely to arise through the narratives of individuals working in care for older people. They will require analysis in light of other perspectives (constructs). Furthermore, despite an interest in theories about evolutionary paradigm change, this study will not attempt to empirically prove whether these theories are true or false. Rather,

the perspectives will be used to tell a new story about co-production and wicked problems. This re-telling will be judged in terms of its utility rather than its truth or falsehood.

4.4 Research strategy

The epistemological and ontological assumptions made at the level of the research paradigm determine the type of knowledge that is possible to obtain and the methods appropriate to access it (Burrell and Morgan 1979). If a positivist research paradigm had been selected for the research study, quantitative methods may have been employed which mirror the natural sciences in order to identify, isolate and measure variables which exist within an observable, concrete reality. However, an interpretivist paradigm, which views the social world as being the product of subjective experience, requires methods which focus on accessing what participants think and feel. Denzin and Lincoln (2005) state that the main strategies associated with the interpretative-constructionist paradigm include phenomenology, ethnography, grounded theory and biographical or discourse analysis. For the present study, a number of strategies were considered. Phenomenology is concerned with lived experience rather than abstract interpretations and therefore would have reduced the topic of interest to solely that of participants' experience and would not allow for more abstract interpretations (Starks and Brown 2007). Discourse analysis was ruled out since the aim of the research was not to explore the negotiation and construction of meaning through language specifically. When considering ethnography and grounded theory, the view of Field and Morse (1985) was adopted; this suggests that grounded theory is a form of ethnographic data analysis rather than a distinct and separate qualitative methodology.

This study adopts a grounded theory research strategy which employs interviews as a primary means of data generation. Grounded theory is seen as being particularly useful in situations where little is known about a topic or when a new perspective is required. Given that the aim of this research study is to move beyond simple description to explore new outlooks on co-production and wicked problems, grounded theory was seen as being appropriate. Nevertheless, whilst

providing a useful overall framework, this study does not set out to follow a pure or classical grounded theory approach.

4.5 Grounded theory

4.5.1 Origins of grounded theory

Grounded theory is an approach for conducting inquiry for the purpose of constructing theory (Charmaz 1996). The classical or pure form of grounded theory was developed in collaboration by two sociologists, Barney Glaser and Anselm Strauss (Glaser 1978, 1992; Glaser and Strauss 1967; Strauss 1987). The goal of grounded theory was to provide a rigorous basis for producing conceptual insights and to offer an explanatory theory of social processes (Starks and Brown 2007). This goal should be seen in the context of the dominance of sophisticated quantitative methods during the 1960's. Associated with this was a focus on scientific logic and objectivity in research which risked reducing the richness of human experience to measurable variables (Charmaz 1996). In developing grounded theory at this time, Glaser and Strauss challenged dominant methodological beliefs and enabled researchers to adopt systematic approaches to qualitative research which reflected and respected the experience of those being researched (Charmaz 1996; Glaser 1992).

The theoretical base for grounded theory is derived from sociology, particularly symbolic interactionism (Gardner et al 2012; Starks and Brown 2007). Symbolic interactionism is interpretivist in that it claims meaning is negotiated and understood through social interaction (Starks and Brown 2007). The symbolic interactionist roots of grounded theory stem from Strauss's training in the Chicago school of pragmatism. Pragmatism, as a philosophical tradition, informed symbolic interactionism (Charmaz 2006). However, grounded theory also has origins in positivism, stemming from Glaser's quantitative training and field research at Columbia University (Charmaz 2006). The traditions embraced by Glaser are reflected in the rigorous and systematic approaches used in grounded theory.

4.5.2 Key features

For Glaser and Strauss (1967; Glaser 1978; Strauss 1987), the key features of grounded theory include:

- Simultaneous and iterative data collection and analysis using the constant comparative method (making comparisons and advancing theory at each stage of data collection and analysis).
- Developing analytic codes from data and direct engagement with a research area rather than from preconceived ideas or hypotheses.
- Memo-writing as a research tool to aid the development of codes and categories.
- Theoretical rather than representative sampling.
- Conducting a literature review *after* empirical data collection.

4.5.3 Strengths and limitations

Whilst grounded theory has intuitive appeal and offers a systematic way to develop new theories and understanding through the gathering of rich data, it has been criticised for its potential for methodological errors, exhaustive process, multiple interpretations, limited generalisability and the questionable role of prior theory in the research process (Hussein et al 2014). However, it has been argued by Charmaz (1995) and Bryant (2009) that a constructivist form of grounded theory can address many of the limitations associated with its original formulation. The developments of grounded theory towards a constructivist approach will now be summarised along with a more detailed account of how this addresses concerns associated with the role of theory.

4.5.4 Developments in grounded theory towards a constructivist approach

Since its original formulation, grounded theory has adapted over the decades as shifts in epistemological standpoints have evolved in the minds of theorists and

researchers (Gardner et al 2012). Whilst Glaser remained consistent with the classical approach to grounded theory, emphasising the emergent discovery of data, Strauss (1987) and Strauss and Corbin (1998) moved the method toward verification and a more interpretive approach to developing theory. Bryant (2009) and Charmaz (2006) furthered this development and proposed a constructivist approach to grounded theory. There is now an extensive body of work on constructivist grounded theory particularly associated with Charmaz (2006; 2005; 2000; 1995; 1995b; 1990).

A constructivist approach to grounded theory retains the key tools from the original formulation, such as theoretical sampling, constant comparison, coding and memo writing, but rejects the positivist assumptions associated with it (Nagel et al 2015; Charmaz 2006). In doing so, according to Bryant (2009), Charmaz (2006), Gardner et al (2012) and Nagel et al (2015), the constructivist restatement of grounded theory emphasises the following:

- The interpretive portrayal of a reality rather than objective discovery of it.
- The conceptualisation of data in analytical frameworks rather than objective descriptions.
- The active role of the researcher in the process of conceptual development.
- The valid use of prior theory and knowledge.
- The usefulness of theories and concepts rather than their truthfulness.
- The potential underlying social processes which may not be immediately obvious but emerge through analysis and theorising.

For this study, the use of theory and theorising in constructivist grounded theory is particularly pertinent and will be explored below.

4.5.5 The role of theory and the process of theorising

Within the classical formulation of grounded theory, the researcher does not start out with preconceived theory, concepts or frameworks; instead, concepts must be allowed to emerge from the data (Strauss and Corbin 1998). The justification for this is that the researcher cannot know prior to data collection what the salient issues are or which theoretical concepts are relevant. In addition, if exposed to prior theory and concepts from others (e.g. through conducting a literature review), the researcher may become unhelpfully constrained or influenced (Strauss and Corbin 1998). In this sense, the process of theory development in classical grounded theory is inductive.

Within the present study, however, the author was already exposed to ideas, concepts, theories and frameworks of relevance to the research area. Moreover, the aim of the research was to explore the utility of theories and frameworks associated with evolutionary paradigm change in understanding the experiences of participants in the context of care for older people. Given this prior knowledge and intention, it could appear that grounded theory would not be an appropriate methodology in which to locate the study. However, as will now be shown, the constructivist approach to the use of theory negates these apparent contradictions by allowing for an abductive approach to theory development.

The positivist view of theory is that it is a statement of relationships between abstract concepts which can be used to generalise and establish cause and effect (Charmaz 2006). It sees data as representing pre-existing objective facts about a knowable reality which the unbiased researcher seeks to uncover. The constructivist view, on the other hand, recognises that theory is dependent on the researcher's vantage point and is a particular interpretation of reality (Charmaz 2006). It also emphasises the need to locate the studied phenomenon within broader situations, contexts, networks and relationships which might not always be readily apparent (Charmaz 2006). The constructivist view of theory focuses on understanding patterns and relationships rather than on explanations and causality (Charmaz 2006).

Within the alternative view of theory described above, constructivist grounded theory calls for imaginative interpretations of the studied phenomenon through a

process of abduction. Abduction is ‘a cerebral process, an intellectual act, a mental leap, that brings together things which one had never associated with one another: a cognitive logic of discovery’ (Reichertz 2007, p.220). The act of theorising then becomes about rethinking a phenomenon, seeing possibilities, establishing connections and asking new questions (Charmaz 2006). Whilst the tools of grounded theory help with this, according to Charmaz (2006), constructing theory in this way is not a mechanical process and involves an attitude of ‘playfulness’ (p.135). This perspective on theory development is aligned to the aims and objectives of the present study, whereby a new perspective on co-production and wicked issues is being sought through a synthesis of empirical and secondary data across a range of substantive topics. It also fits with the nature of combining abstract theoretical frameworks relating to evolutionary paradigm change with the day-to-day realities of care for older people. As Charmaz (2006) states ‘When you theorize, you reach down to fundamentals, up to abstractions, and probe into experience’ (p.136). Thus the approach involves a synthesis of abstract data which is grounded within a real setting through iterative engagement with the research context and theoretical analysis. Similarly, the constructivist view of theory judges it in terms of usefulness and how its concepts apply in a specific research context. In the present study, the aim was not to prove the theory of evolutionary paradigm change but rather to see how the ideas could elucidate in novel ways the emergence of co-production as a response to wicked problems. Concepts are therefore seen as tools which are more or less useful within a specific context (Bryant 2009).

Part of the process of abduction involves gaining theoretical sensitivity (Bryant 2009). This involves researching the topic of interest from a range of vantage points, making comparisons, following leads and building on emerging ideas and concepts (Charmaz 2006). In the present study, theoretical sensitivity was developed through initial explorations and reviews of the literature on paradigm change, wicked problems and co-production. These were undertaken in parallel to immersion in the field of care for older people. This approach enabled ideas, concepts and perspectives to be incorporated into, and inform, the generation of data. In classical grounded theory, this would be seen as contaminating the open-mindedness of the researcher (Mills et al 2006). However, in this case it led

to curiosity and passion for the research area and a range of leads to follow that would not have arisen through empirical data generation alone. A constructivist approach to grounded theory supports this approach. It recognises that a researcher can never begin with an empty mind and that prior perspectives can lead to innovative insights (Bryant 2009). As Charmaz (2006) explains:

Certainly any observer's worldview, disciplinary assumptions, theoretical proclivities and research interests will influence his or her observations and emerging categories. Grounded theorists attempt to use their background assumptions, proclivities and interests to sensitize them to look for certain issues and processes in their data (p.32).

Charmaz (2006) goes on to explain that rather than stifling creativity, the literature review can enable the researcher to assess and critique the research area from a vantage point gained from received theory. Open-mindedness can be retained through a reflexive mindset and systematic approaches to data generation.

4.6 Chapter summary

This chapter has summarised the methodological considerations associated with the selection of an appropriate research strategy for the present study. It has been shown that grounded theory was chosen as it is the most appropriate for the aims of the research and broadly fits with the ontological and epistemological assumptions of the author and thinkers associated with evolutionary theories of paradigm change. Furthermore, as a fluid methodology, grounded theory enabled evolution of the research design during the research period. However, this study makes use of a constructivist rather than classical form of grounded theory. This enabled the use of literature and received theories and concepts in the initial stages of research. The particular research design and methods employed as part of this overall methodological approach will be summarised in the next chapter.

5 Methodological design

5.1 Introduction

This chapter sets out the research plan and process for this study. The overall research design will be outlined as a parallel process of a) an instrumental case study to explore the substantive topic of co-production in the context of care for older people and b) the development of an analytical lens informed by concepts associated with evolutionary theories of paradigm change, through which empirical case study findings will be re-interpreted. The specific data generation methods employed will be summarised along with consideration of any associated ethical issues. The approach taken to analyse the data will then be outlined. Finally, issues relating to quality in qualitative research will be considered.

5.2 Use of literature

This study involves a parallel research track which seeks to generate data in relation to perspectives on evolutionary paradigm change (the analytical lens) as well as substantive data relating to co-production and wicked problems in the context of care for older people (the case study). Traditionally, the empirical methods chapter would occur after a narrowly focused literature review. However, given the overall approach of this thesis, necessity dictated that instead three separate and broad literature review chapters be undertaken, each requiring a different approach. A brief summary will be given of the approach taken towards the use of literature in the thesis. However, more detail will be provided on these approaches at the start of each relevant literature review chapter.

For the chapter on paradigm change, the approach to the use of literature was akin to a philosophical inquiry to explore ideas, frameworks and theories associated with the topic. The approach for the inquiry was drawn from the author's prior experience as a student of philosophy which relied on being able to synthesise concepts from a range of bodies of literature. This was also necessary as paradigm change is a nebulous concept and there is not a distinct body of literature which explores the topic. For the chapter on wicked problems,

literature was taken from both the grey literature and social science databases in order to provide key definitions and explanations of the term. Finally, for the chapter on co-production, a rigorous scoping approach was taken to the identification and review of the literature. However, whilst the approach used systematic review methods, the aim was not to fulfil the criteria of a systematic review, given that the chapter was not seeking to answer a narrow pre-determined question.

5.3 Research design

5.3.1 Instrumental case study

A case study design was adopted to explore the substantive topics of co-production and wicked problems in the context of care for older people. Definitions of the case study approach are numerous. However, most definitions agree that a case study is an in-depth inquiry into an instance or event which aims to examine a phenomenon of interest within a 'real life', bounded context (Bromley 1990; Yin 1994; Zucker 2009; Walker 1986; Dobson 1999; Mitchell 1983). Mitchell's definition of a case study as 'a detailed examination of an event (or series of related events) which the analyst believes exhibits (or exhibit) the operation of some identified general theoretical principles' (1983 p. 192) provided the basis for this case study. This type of examination usually involves an intense engagement with the phenomenon of interest to 'describe, decode, translate and otherwise come to terms with the meaning, not the frequency, of certain more or less naturally occurring phenomena in the social world' (Van Maanen 1983 p. 9 in Madureira). As Darke et al (1998) suggest, case studies are particularly useful in less well-developed research areas and co-production in the context of care for older people is a new and emerging field with little previous research.

There are different types of case study design which can be selected to suit the overall aim of a research project. Stake (2005) differentiates between intrinsic and instrumental cases studies. An intrinsic case study aims to understand the case as an end in itself. The primary purpose of the exploration is to know more about the uniqueness of the case rather than to generate theory. An instrumental case study, on the other hand, is undertaken in order to generate

insight and understanding of a particular phenomenon and to refine a theoretical explanation. This research project can be considered an instrumental case study, since it is attempting to examine a particular case in depth, but with the purpose of refining theoretical understanding of deeper, underlying concepts which apply more generally to older people's care and paradigm change.

Instrumental case studies have been criticised as they lack generalisability (Yin 1994). However, this study does not aim to generalise to wider populations, but instead aims to place its findings in a wider theoretical context and demonstrate the extent to which they may advance current theoretical frameworks.

According to Yin (1994), generalising to theoretical propositions rather than to populations is valid within a case study design. Mitchell (1993) supports this view, stating that the validity of findings from a case study should be determined based upon the soundness of the theoretical reasoning rather than on the representativeness of the case.

5.3.1.1 Case Selection

The unit of analysis within this case study is the older people's residential service within a Scottish Local Authority. This encompasses 11 individual care homes for older people which are owned and managed by the Local Authority. During the case study period, a specific project entitled 'Working Together to Achieve Excellent Care', was established in order to improve standards of care within the 11 care homes and contained workstreams relating to co-production. While the aim of the case study was not to evaluate the effectiveness of this project, it did provide the opportunity to explore the utility of co-production in the care homes under study. A more detailed description of the case will be provided in chapter 9.

At the time of case selection, the Local Authority was seeking to make its older people's residential service more co-productive in its principles and practice. It therefore offered a real-life example of an organisation responding to the wicked issue of an ageing population by attempting to foster co-productive approaches to care. However, this service was not the only one exploring co-production at the time. Others could have been selected (e.g. day services, community-based initiatives, third sector projects etc.). At the time of

selection, the author had been given a project management role within the Older People's Residential Service and therefore had greater access to data within this environment and more of an opportunity for immersion within this particular social reality.

5.4 Key Informant interviews

Key informants, according to Marshall (1996), are an expert source of information and can, by virtue of their skills, knowledge, or position within society, provide a source of deeper insight into a phenomenon. In this study, key informants included practitioners associated with evolutionary theories of paradigm change and individuals who could provide insights into emerging approaches to care. In this sense, all were what Marshall (1996) calls 'marginal' actors - those who possess unique or alternative perspectives rather than conforming to social norms. Key Theoretical Informants were identified at the outset of the study based on recommendations by the author's supervisor, prior knowledge of the author (connections gained through employment) and knowledge obtained through exploring the literature on paradigm change. Key informants were mostly confined to those working within a Scottish context. There were some exceptions to this; two relevant participants were identified - one who worked elsewhere in the UK and the other in Europe. A description of Key Theoretical Informants is given in chapter 6.

5.5 Data generation – semi-structured interviews

Semi-structured interviews were the primary means of data generation in this study. Conducting interviews allows the qualitative researcher to better understand current real-world practices (Wahyuni 2012) and to gain an in-depth, detailed account of the wider context associated with the phenomenon of interest and individual perspectives on it (Fontana and Frey 2006). Wahyuni (2012) states that the main purpose of an interview is to provide a forum for participants to share their perspectives, stories and experiences which are then interpreted by the researcher.

5.5.1 Sampling strategy and recruitment process

Unlike quantitative research, sampling strategies in qualitative research do not aim to produce statistically representative samples suitable for hypothesis testing (probability sampling). Rather, sampling strategies are selected based on the study's research aims and the characteristics of the study population. Morse (1991) suggests there are four main types of sampling strategies in qualitative research: purposeful; the nominated sample; the volunteer sample and the whole population sample. Coyne (1997) found that there was confusion in the literature about definitions of sampling in qualitative research and a great deal of overlap between types of approaches, concluding that that all qualitative research uses some form of purposeful sampling technique. Samples are always purposefully selected to meet the needs of the study. Purposeful sampling involves selecting information-rich cases at the outset of a study for in-depth research (Patton 1990). Theoretical sampling, which was developed as technique in grounded theory, is often used interchangeably in the literature with purposeful sampling (Coyne 1997). However, the key difference is that in theoretical sampling the research can continue to select cases or participants in light of emerging findings as part of the research process (Charmaz 2006). This may be done to further explore an emerging concept or to close a theoretical gap.

In keeping with qualitative research methods, the sample of participants selected did not seek to be representative of people working in care for older people. Instead, a combination of purposeful and theoretical sampling was employed. Firstly, a decision was taken about the type of groups that would be selected. These included:

1. Frontline care workers, including Social Care Workers, Social Care Assistants and Team Leaders

1. Care Home Unit Managers

2. Senior Managers of older people's services

Participants were purposefully identified at the outset. The groups covered a spectrum of positions within the workforce in relation to the phenomenon being studied in order to gain a range of potential perspectives on the topic of interest. Given the relatively small numbers in the groupings of Senior Managers and Care Home Unit Managers, all individuals within this group were approached for interview. For frontline staff, a form of theoretical sampling was employed, whereby individuals who displayed characteristics that warranted further investigation based on observations made as part of the author's dual role were identified. Factors that prompted interest for further investigation included, for example, a passionate stance towards more co-productive ways of working, feelings of frustration when trying to work in more co-productive ways due to perceived barriers, and examples given of finding creative ways around perceived barriers. By proceeding in this way, interpretative theories could be built from emerging data through the selection of a sample to elaborate on emerging findings. This type of sampling fits well with the overall purpose of the research, which is to generate and develop theoretical ideas, rather than produce findings that are representative of a population or test a hypothesis (Hammersley 2006). In addition, as interviews progressed, several participants suggested others who would be useful to interview based on their role or perceived way of working. It was anticipated that 20 interviews, (in addition to the KTI interviews), would generate the necessary data.

Invited individuals were sent an email which described the purpose of the research, the reason for selection and invited them to an interview. A convenient time and place for the interview was then arranged. Interviews were conducted in care-homes or a centrally-located café. Copies of an example email, participant information sheet and consent form are available in appendices 1-3. Recruitment was not a challenge in this study.

5.5.2 Interview schedule

Interviews were conducted as conversations, using a semi-structured approach to guarantee consistency but flexible enough to allow participants to raise those issues important to them and discuss their experiences and perspectives in their own words. A conversational approach helps to build rapport and minimises risks associated with a too-tightly structured interview schedule, such as loaded

questions and the intrusion of the researcher's perspective (Patton 1990; Wragg 2002). The schedule was designed to generate insights into participants' day-to-day experiences of working in, or managing, care homes. Although it was not expected that staff would speak explicitly about wicked problems or co-production, it was hoped that these themes would be implicit as staff described their views and experiences in relation to care. There was a risk of participants answering in such a way as to be regarded positively by the author. This was believed to be a particular risk due to the author's dual role as researcher and co-worker; in particular a co-worker who had been seen to be advocating co-production in care homes through the facilitation of development sessions with staff. The ways in which this issue was addressed will be explained in section 5.6.

Memos were constructed following each interview to record any reflections and emerging themes. As the research progressed, emergent themes were iteratively fed back into subsequent interviews

The interview schedule was piloted with a Care Home Team Leader whom the researcher had worked with in co-facilitating development workshops in care homes. This resulted in some changes to the questions asked. For example, the pilot interview schedule included a question about describing a recent day in a care home. This resulted in a great deal of detailed data about technical aspects of the work (such as checking medication scripts) which were not relevant to the research objectives and which took a considerable amount of time for the participant to describe. This question was therefore removed. A slight variation of the schedule was produced for managers and senior managers.

For key informants, a semi-structured schedule was also produced. However, unlike case study participants, the questions were designed to illicit reflections and commentary on particular theoretical ideas and the schedule included concepts such as wicked problems, co-production and paradigm change. Key informants were asked to speak about their particular understanding of these terms and concepts based on their own perspectives and experience.

Copies of interview schedules are shown in appendices 4-6.

5.6 Ethical considerations

Ethical issues primarily arose in relation to the author's dual role as researcher and employee at the Local Authority used for the case study. Before summarising how ethical issues were addressed, the rationale for selecting a case in which the author was also employed will be outlined.

5.6.1 Benefits of researcher/employee dual role

Being employed in the same site as the case study enabled the author to generate richly detailed data (Sobo and DeMunck 1998). In order to do so, some techniques were borrowed from participant observation, although the study did not adopt an ethnographic design. According to Kawulich (2005), participant observation is a process involving the researcher learning about the activities of the people being studied through observing and participating in those activities in their natural setting. Unlike a focused ethnography, observations were made in light of a central topic of interest - the way in which co-production was being expressed in terms of policy, practice and patterns of activity. The author was involved with facilitating workshops for care home staff and attending project team meetings with members of the Working Together for Excellent Care project. During these workshops and meetings, notes were taken only in relation to this topic. These were later synthesised with interview notes and influenced the choice of quotes used in findings chapters. The commentary around quotations was informed by participant observation as well as the interviews themselves. In this sense, immersion within the case could be said to have increased the validity of the findings generated because the author was able to gain an intuitive understanding of the meaning of data, thereby reducing the likelihood of misunderstandings in interpretation (Bernard 2006 in Guest et al 2013).

Another advantage of adopting a dual role is that the author gained access to aspects of a social situation that may not have been visible to those outside of it (Guest et al 2013). Sobo and Demunck (1998) describe this as having access to 'back stage culture' (p.43 in Kawulich 2005). Bernard (2006) suggests participant observation reduces the problem of reactivity, whereby people adapt their behaviour around outsiders. As an 'insider' of the working practices and

backstage culture within the Local Authority, the author was privy to the type of interactions that are unlikely to be presented to someone outside of the organisation - frank discussions; the working through of problems as they are presented; spontaneous moments of realisation; deliberations etc. Finally, the dual role meant that the researcher had a better idea of what questions to ask during interviews and a schedule could be designed using terms that would be more likely to make sense to participants (Bernard 2006).

However, it is also recognised that there are potential disadvantages associated with the researcher/employee dual role. A key limitation relates to the risk of participant reactivity (Kawulich 2005). Since the participants knew of the researcher, they may have responded in a way that was seeking to offer the responses that were perceived as being helpful or desirable. Alternatively, participants may have been reluctant to speak candidly due to familiarity with the researcher or concern with implications for their role. To mitigate against this risk, the researcher made it clear to those being recruited that their participation would not be communicated to their manager and that their participation was not connected with work-related obligations. The researcher also explained that her role during interviews was as a researcher rather than a colleague. Efforts were also made to create a relaxed environment for interviews to be conducive to open and honest conversation. It is also worth noting that the researcher's role in an employment sense was a facilitative one and had no line management responsibility within the organisation.

Another limitation associated with having a dual role is that of bias, i.e. what is being observed by the researcher or reported by participants is being interpreted through the researcher's particular interpretative frames of reference and their familiarity with the context (Kawulich 2005). To address this issue, the researcher reflected throughout the research journey on how their frames of reference may be influencing interpretation of the data. Also, when analysing data, the accounts of participants were largely produced inductively as stand-alone narratives before then re-interpreting them through an analytical lens.

5.6.2 Obtaining informed consent

Having a dual role as researcher/employee and adopting techniques from participant observation had implications for obtaining consent. This was addressed by informing the Department of Health and Social Care of the research and gaining consent from the Department's ethics committee before commencing field work. As explained earlier, it was also made clear to participants at the start of interviews that their participation was in no way connected with any work-related expectations. A copy of the completed University of Glasgow College of Social Sciences Ethics Form is shown in appendix 7. This was approved by the College Research Ethics Committee on 19 May 2013.

The author respected the boundary between public and private behaviour (i.e. comments made during informal non-work related conversation were not used, nor were conversations that were overheard with others). Furthermore, the role of researcher was made clear at the point of initial introductions when attending meetings with staff. Informed consent as far as was practically possible was sought by sending an email to Senior Managers of care homes to advise of the research, its purpose and how material gained from observations would be used and to ask them to advise if they would like to opt out of this. In addition, the author attended one of the regular monthly meetings for Unit Managers of all care homes to reiterate the above. At this meeting, Care Home Unit Managers were asked to share the information with their own staff in each of the care homes that they manage via their own team meetings and to ask staff to contact the author if they would like to opt out.

5.6.3 Anonymity and confidentiality

Anonymity and confidentiality are key ethical concerns and steps were taken to protect research participants. Individuals were not identified by name during the research process. After the interview, participants were assigned a number and extracts utilised in the findings were labelled with their professional role. Transcripts and audio recordings were stored under secure conditions.

5.6.4 Emotional distress

The potential emotional stress to those being interviewed was considered. This was particularly relevant for care home staff as they are a highly scrutinised workforce due to Care Inspectorate inspections and internal audits and therefore an interview may have been perceived as additional scrutiny. This risk was addressed by explaining the purpose of the research carefully to participants, ensuring that participants knew they could choose not to be interviewed and withdraw at any time as well as by adopting a conversational style of interview.

5.7 Data analysis

The aim of qualitative data analysis is to generate coherent patterns of ideas and themes that transcend mere description. According to Strauss and Corbin (1998), data analysis is a stage within a research study which involves the interplay between the researcher and the data which demands creativity as well as critical thinking and rigour. Within the research methods literature, it is recognised that the analysis of qualitative data is a messy and non-linear process (Marshall and Rossman 2014). Although a range of authors offer guidance and steps, these need not be followed prescriptively and instead the researcher should be guided by the aims and context of their study. Each stage involves both the reduction and interpretation of data. However, whilst distinct data analysis stages can be identified, these are often more evident in retrospect rather than in the midst of the task. This study utilised a range of processes outlined in grounded theory methodology to both reduce and conceptualise the data and to elaborate and link themes, as will now be summarised.

5.7.1 Use of analytical memos

Memo writing was used throughout the data generation phase to aid with the development of the emerging theory. In grounded theory, memo writing is seen as a crucial means of analysing data and emerging codes throughout the research process (Charmaz 2006). Memo writing can increase the level of abstraction of emerging ideas, capture comparisons and connections and lead to questions and new directions (Charmaz 2006). Below is an example of a memo created during the research:

Is caring for older people really a wicked issue or problem? Or are we problematising something that is actually very human, very natural, very spontaneous? Are we over-formalising it?

This memo captured the emerging tension between the concept of caring as innate and human and the various models and frameworks that sought to capture the essence of caring. This became a key analytical theme in the final discussion. Other memos included elements of personal reflection, as the following shows:

After the interview today, I was on my way out of the care home when an old man who was sat alone in the communal area put this thumb up as I walked in his direction. I returned the gesture. He then reached his hand out to be held. I held his hand for a few minutes. He could not speak but I felt like he just wanted that human connection and some physical contact for that time. It felt like a special moment for me. When I said I had to leave, I felt a sense of sadness and guilt for putting my need to get back to work and the “to-do” list before his need for connection.

This memo captured an experience during the research phase that related to a key emerging theme of time and the transformational potential of a moment. Although the research did not aim to explore the resident’s experience of co-production, the experience enabled the author to better relate to the perspectives shared by participants as they spoke about feeling torn between being with the resident and undertaking other tasks.

5.7.2 Transcribing and handling data

All interviews were digitally recorded and transcribed verbatim. Recordings were listened to in full by the author shortly after each interview to check accuracy and to note any initial reflections and insights as memos.

The computer-aided qualitative data management software, N-Vivo (QSR International Pty Ltd) was used to assist in the management and organisation of data. Transcripts, field notes and memos were uploaded onto N-Vivo and stored in the ‘sources’ area. In this sense, N-Vivo acted as a virtual catalogue and reference system and enabled the quick and efficient retrieval of information. The software was later used to support the analysis of data.

5.7.3 Coding

According to Charmaz (2006), initial coding is the first step in moving beyond concrete descriptions to making theoretical and conceptual interpretations. Initial coding involves the naming of segments of data as codes which can then be developed into a coding frame. Codes were created in N-Vivo10. Although separate coding frameworks were created for key informants and case study participants, the actual process used to create initial codes was the same. The process deviated from traditional grounded theory guidance in that several a priori codes were used as a starting point (such as co-production and wicked problems). However, these broad themes did not impede additional themes emerging. At the early stages of initial coding, many of these codes were simple descriptions of the content of the discussion. These codes were assigned to each segment of data rather than each line to avoid over conceptualisation and to aid the reduction of large amounts of data. It also enabled close study of the data to begin the process of conceptualisation. Initial coding was undertaken upon receipt of each transcript.

The creation of a coding framework through to more focused coding (Charmaz 2006) was an iterative process of increasing conceptualisation whereby codes and sub-codes were amended, divided, merged or removed and sections of text (quotations) were captured within the relevant category. The technique described as constant comparison (Glaser and Strauss 1967) was used to move back and forward through transcripts and data, questioning previous decisions and making changes. Through this process of refinement, coding was used to synthesise rather than merely describe and reduce data. For example, the code of co-production was split into 'co-production as being' and 'co-production as doing' based on a more conceptual understanding of the apparent underlying meaning and assumptions being suggested. The final coding framework is shown in Appendix 8.

5.7.4 Synthesising

Although the use of N-Vivo to reduce the data and to generate a coding framework was a pivotal stage of the analysis process, a large part of the final synthesis was achieved manually. This step is more difficult to describe as it is

essentially a creative process - an art rather than a science or technical method (Charmaz 2006). It is also a highly personal analytical process grounded in the researcher's knowledge, experience and perspectives. However, emerging themes were discussed with the author's supervisors. Synthesis broadly involves refining patterns and building a coherent analytical whole from the various parts of data. Narrative writing of the data helped to refine logical links and allowed the exploration of underlying assumptions. This aided the nuanced analysis described by Charmaz (2006) and enabled an intimacy with the concepts that were emerging and their relationship to one another. The process was iterative; ideas and insights were generated, discarded, revisited and refined.

For the case study chapters, despite the pre-determined concepts of wicked problems and co-production, narratives were written using a broadly inductive process. Similarly, findings from Key Theoretical Informants were written up with prior knowledge of some of the key concepts associated with paradigm change, co-productive approaches to care and wicked problems. However, the key concepts arising from the interviews were allowed to emerge from the data in an inductive fashion. These concepts were reflected upon and critiqued before being synthesised to provide an overall analytical lens. This analytical lens was then used to take another look at the three composite narratives on care. These were then re-interpreted through the analytical lens and this in turn enabled an alternative story to be told about co-production as a response to wicked problems. In other words, a framework of concepts was applied to the initial interpretive narratives to develop an evolutionary-paradigm change informed explanation of co-production as a response to wicked problems. In doing so, the ideas offered by participants in the thematic narratives on care were not lost. However, by taking a more philosophical perspective, patterns and concepts were highlighted which arguably would not have been seen through other lenses.

5.8 Quality in qualitative research

Ensuring the quality of qualitative research involves being able to persuade the reader that the research findings of an inquiry are worth understanding and listening to (Lincoln and Guba 1985). However, there is no single agreed means of ensuring quality within qualitative research. Some researchers have

attempted to develop and apply mechanistic approaches to ensuring quality, resulting in a multitude of different guidelines, checklists and techniques e.g. triangulation (Tong et al 2007). However, Spencer et al (2003) caution against a rigid reliance upon formalised, prescriptive processes for ensuring quality and instead suggest that qualitative research be judged on its 'own terms' according to its purpose, nature and conduct. In light of this belief, Spencer et al (2003) develop four principles based on a review of the literature which can be used to aid informed judgement when ensuring quality. These are that research should: contribute to knowledge or understanding about policy, practice, theory or a particular substantive field; be defensible in design by providing a research strategy that can address the study's research questions; entail rigorous conduct through the systematic and transparent collection, analysis and interpretation of qualitative data; and be credible in claim by posing well-founded and plausible arguments about the significance of the findings generated. The principles outlined by Spencer et al (2003) have been applied in the present study and unfold throughout the thesis as well as being explicitly described and reflected upon in the transparent methodological processes outlined in the previous and current chapter.

Reflexivity was also required to ensure quality of the research. Charmaz (2006) describes reflexivity as:

The researcher's scrutiny of his or her research experience, decisions and interpretations in ways that bring the researcher into the process and allow the reader to assess how and to what extent the researcher's interests, positions and assumptions influenced inquiry (p.188)

In that sense, reflexivity is more than simply being reflective. It entails an awareness of the filters through which the researcher views the world. The personal and professional experiences that have shaped the author's views, interests and assumptions are made clear in the background and introduction chapters. The ways in which these have influenced the research inquiry have been continually reflected upon and captured using analytical memos. The author's evolving perspectives will also be described as part of the discussion. Furthermore, this thesis explicitly sets out to define a set of perspectives regarding evolutionary paradigm change as a lens through which to view the case

study. In doing so, perspectives and assumptions are not taken for granted or to be objective truth. They are instead seen as one way of interpreting social reality which may or may not lead to new insights. Finally, reflexivity was employed in relation to the author's dual role as researcher and employee within the context of the case study. The benefits of this role, as well as the ethical considerations it entailed, have already been described. However, reflexivity was required in relation to the author's on-going presence in, and familiarity with, the case study context and that this influenced the experience of participants' accounts. This was continually reflected upon and discussions with peers and supervisors relating to emerging findings helped to avoid taking for granted aspects of the findings through helpful questioning from a more removed perspective.

5.9 Chapter summary

This chapter has described the research design and process for this study as part of a parallel approach to explore the substantive topic of co-production as part of a case study of care homes for older people as well as the development of an analytical lens informed by concepts associated with evolutionary theories of paradigm change. Data generation methods for both parts of this design have been described and their choice amongst others justified. It has been shown that data analysis has involved combining inductive methods with prior concepts to enable the re-interpretation of case study narratives through an analytical-lens. It is through this final re-interpretation that both distinct tracks of the research are brought together and synthesised.

6 Paradigm change – definitions and theoretical perspectives

6.1 Introduction

This chapter explores the ideas which emerged in interviews with Key Theoretical Informants (KTI's). KTI's spoke about the idea that we are currently experiencing a 'change of age' during which a new paradigm is emerging. Therefore, the chapter begins with a brief review of the concept of paradigm change, outlining two perspectives - revolutionary and evolutionary. Models of paradigm change are presented in sufficient detail to build an analytical lens but attempts will not be made to scrutinise and critique the epistemological and ontological assumptions of the various theories offered. Next, some of the models which were most central to the ideas presented by KTI's are presented. This is simply because, without this explanation, it is difficult to make full sense of their contribution. Finally, the rich interviews with KTI's are reported in detail with findings grouped in terms of ideas, perspectives and insights in relation to changing paradigms and emerging worldviews, both in a general sense and in the context of care. These insights are not presented as empirical statements and attempts will not be made to assess their validity on these grounds. Rather, ideas and perspectives will be synthesised in order to provide an analytical lens through which to view later findings from the case study.

6.2 Search strategy

The search strategy for literature on paradigm change was designed to be exploratory. The purpose was not to identify material in order to answer a narrowly defined question but to become sensitised to the ideas, frameworks and theories associated with paradigm change and to identify a framework of concepts to provide a lens to inform the wider study. Given that there is not a distinct body of academic literature associated with paradigm change, grey literature and book titles were searched in addition to academic articles. Publications recommended by the author's supervisors were also used to produce an initial reading list. Further publications were then added through citation searching and recommendations from KTI's.

6.3 What is paradigm change?

The word 'paradigm' originates from the Greek 'paradeigma', meaning pattern or model. According to Harman (1998), paradigms are a 'basic way of perceiving, thinking, valuing, and doing associated with a particular vision of reality' (p.10). The use of the word 'basic' in this quote suggests that whilst paradigms determine how we think and act, they are so familiar and taken for granted that they often go unrecognised and unquestioned (Byrch et al 2007). Paradigms are also described as being a lens through which we view the world (Stacey 1994; Sterling 2003). These types of definitions lead to the term 'paradigm' often being used interchangeably with 'worldview'.

Paradigm or worldview change is defined as a profound, transformational qualitative shift (Gass 2010; Edwards 2008; Skibbins 1974; Grant et al 2005; Eckel et al 1998; Corby 2000; Gersick 1991; Pettigrew 1987; Miller and Baca 2001; Laszlo 2001; Bryant 2002). Paradigm change can therefore be defined as morphogenetic i.e. it is not just about tinkering at the edges or improving upon existing states; it is about the emergence of radically new conditions, cultures and structures. Paradigm change does not only impact upon visible, objective elements; it fundamentally alters the subjective aspects of individuals and groups. Eckel et al (1998) refer to patterns of perceiving, thinking and feeling as being radically transformed following a paradigm change. Miller and Baca (2001) also emphasise the subjective nature of a paradigm shift and describe profound and lasting change that alters how an individual understands and perceives reality. Laszlo (2001) similarly describes radical transformations in how people relate to each other and their environment.

Throughout the review of the literature, two schools of thought on this matter became evident. One emphasises the dualistic nature of paradigm change and is associated with the revolutionary view provided by Thomas Kuhn. The other takes a more emergent, evolutionary perspective. Both views will now be described.

6.4 Revolutionary views of paradigm change

6.4.1 Kuhnian theory of scientific revolutions

The historian and philosopher of science, Thomas Kuhn (1922-1996), popularised the use of the term 'paradigm' in 'The Structure of Scientific Revolutions' (first published in 1962). He proposed that science is advanced through revolutionary leaps, or paradigm shifts, which occasionally punctuate stable periods of 'normal science' (Wackerman 2010; Stump 2005). Paradigm shifts occur when the prevailing scientific model fails to answer fundamental questions being posed at the time. Kuhn states that the 'existing paradigm has ceased to function adequately in the exploration of an aspect of nature to which that paradigm itself had previously led the way' (Kuhn 1996 p.92). This leads to a period of crisis. Out of this crisis, knowledge grows and a new paradigm is developed (Kuhn 1996). Kuhn describes this change as 'revolutionary' because the new paradigm effectively overthrows existing rules, norms and institutions and replaces them with new ones (Stump 2005).

Kuhn claims that 'when paradigms change, the world itself changes with them' (Kuhn 1996 p.111). The same data will be perceived differently following a paradigm change. Kuhn employs the notion of a Gestalt switch to explain this shift in perception, claiming that 'like the gestalt switch, it must occur all at once' (Kuhn 1996 p.150). The new paradigm is not 'figured out' but is suddenly seen. When the majority of scientists start seeing the data in the same way and the paradigm gains majority support, a new period of normal science ensues (von Dietze 2001). However, since the pre-paradigm scientist and the post-paradigm scientist occupy different perceptual worlds, translation and comparison between the two becomes problematic. Kuhn (1996) used the term 'incommensurability' to describe this difficulty.

Whilst Kuhn's thesis was limited to paradigm shifts in scientific communities, the theory has since been applied in other disciplines, such as the social sciences. The notion of paradigms as being radically discontinuous has also seeped into popular 'new paradigm' literature whereby authors describe worldviews that are essentially in conflict with each other (Berman 1981; Cotgrove 1982; Milbrath 1989; Capra 1996; Woodhouse 1999; Elgin and LeDrew 1997). In general, the new

paradigm literature tends to advocate for a holistic or ecological worldview, which is seen as either emerging or needing to emerge for the good of humanity and the survival of the planet. This is contrasted to a Modernist/mechanistic worldview, which is seen as being to blame for many of society's current challenges. It is acknowledged that describing a single worldview to characterise a predominant mode of thinking for an entire population will inevitably be a gross oversimplification. However, this is the way it is described in the literature. The descriptions of the two worldviews which are characterised as being in tension in the new paradigm literature will now be briefly summarised.

6.4.1.1 Modernist/Mechanistic Paradigm

New paradigm thinkers locate the root cause of global problems, ranging from the threat of nuclear war to climate change, with a dominant Modernist/mechanistic paradigm. Whilst it is recognised that Modernity refers to what developed in Europe to supplant the traditional arrangements of the medieval era, the discussion in the new paradigm literature focuses on changes that blossomed during the Scientific Revolution of the 17th and 18th centuries and the developments since the Enlightenment period and Industrial Revolution. The Modernist/mechanistic paradigm is associated with Newtonian science as well as the empiricism and inductive reasoning of Francis Bacon (1595-1626) and the dualism of Rene Descartes (1596-1650). The Scientific Revolution heralded a period of great discovery and inquiry. However, new paradigm thinkers emphasise that with this period of discovery came a way of thinking and problem-solving based on exerting control over nature and the environment through the application of positivist knowledge. This particular view of the world (as something to control and manipulate) is said to extend far beyond scientific communities into every aspect of social, economic, organisational and cultural life. This is a broad and sweeping statement but follows the narrative offered in the literature.

The ontology of the Modernist/mechanistic worldview is described as being materialistic. Those that identify with it are said to regard physical matter as 'real' and consciousness as merely an epiphenomenon arising as a derivative effect of neuro-physical and chemical processes in the brain (Bourne 2008). This dualistic distinction between mind and matter was hypothesised by Descartes

and later validated by Newton's laws explaining natural phenomenon (Bourne 2008). The perceived dualism between mind and body is extended to man and nature. In such a view, individuals are seen as being only externally related to one another and their natural environment. Sterling (2003) describes this separation as alienation.

In addition to a dualist and materialistic ontology, the Modernist/mechanistic paradigm is associated with a reductive epistemology whereby the constituent parts of phenomena are seen as being more real than the larger whole (Woodhouse 1995). In a Modernist/mechanistic worldview, the world can be understood by breaking phenomena down into smaller parts and processes at the material level (Bourne 2008). New paradigm thinkers argue that this leads to a focus on external causes within parts of a whole and an assumption that all events would in theory be predictable if one had the time and resources to identify all possible causes (Woodhouse 1995). This belief, it is claimed, has led to a cognitive style of problem solving and a way of organising which is dominated by ideas of efficiency, command and control, prediction and planning (Anderson et al 2000). As Davidson (2010) puts it, 'Western civilization has spent the past hundred years analyzing, reducing, and mechanizing our everyday life' (p.58).

This brief 'pen-picture' of the Modernist/mechanistic worldview echoes the way in which it is presented in the new paradigm literature. It can be critiqued for being too general and simplistic. However, it serves to provide a metaphor for a way of thinking and acting that is seen as being problematic by those in the 'new paradigm' literature. It is the perspective itself that is relevant here rather than the scientific or historical accuracy behind it. The point being made is that there are a number of thinkers who feel deeply unsatisfied with what they perceive to be our current way of viewing the world and feel that contemporary challenges can only be addressed by a fundamental shift in paradigms.

6.4.1.2 Holistic Worldview

The worldview that is compared favourably to the Modernist/mechanistic worldview in the new paradigm literature can be termed 'holistic'. The holistic worldview contains several ideas and perspectives which together create a

meta-theory of unity. It suggests that wholes have irreducible properties that are more than the sum of their parts and that the system as a whole explains the behaviour of the parts. Thus, rather than believing in the primacy of individual parts and elements as the building blocks of life, a holistic worldview is ultimately concerned with the dynamic patterns, relationships and interdependencies between different parts (Capra 1996). In the holistic worldview, insights are also taken from Complex Adaptive Systems (CAS) in nature, such as ant colonies and eco-systems. A CAS is, 'a system of individual agents that have the freedom to act in ways that are not always predictable and whose actions are interconnected such that one agent's actions changes the context for other agents' (Plsek & Greenhalgh 2001, p.625).

6.4.1.3 Critique

New paradigm thinkers find the metaphor of a CAS more fitting to contemporary organisational, cultural and social structures than the Modernist metaphor of a machine. However, rather than suggesting that the different metaphors are both valid within particular contexts, new paradigm thinkers present the worldviews as being diametrically opposed and argue for one worldview triumphing over the other. The ontological and epistemological assumptions of each are often presented in some form of juxtaposed set of positions. These positions are presented in table 1 overleaf.

Table 1- Contrast between Modernist and Holistic Worldviews*

Area of Incommensurability	Modernist/Mechanistic Worldview	Holistic Worldview
Systemic metaphors	Natural and social phenomena can be explained in terms of mechanistic processes. Organisations also function like machines.	Natural and social phenomena are complex systems which co-evolve. A whole systems view is needed to understand them.
Epistemology	Complex systems are best understood by reducing them to component parts and analysing the properties of these parts. The parts of a system define its reality. The more we can reduce a phenomenon, the more we are localizing its specific elements or causes.	Parts of a system can only be understood within the context of the larger whole. What we label as a part is actually a pattern in an indissoluble web of relationships.
Cosmology	The cosmos is made up of discrete and fragmented units of matter. Wherever divisions or distinctions are possible, it is natural and desirable to make them. Individuals are separate from nature.	Every quark and atom is interlinked. Individuals are part of a wider ecology. The world is an integrated whole rather than a collection of parts.
Ontology	There is a sharp dualism between the material world and subjective experience. Mind and matter are intrinsically separate. The material universe is the ultimate reality and is not alive	Recognition of interdependence between the organic and inorganic. The world is a living organism. Consciousness permeates the cosmos.
Order	Order is achieved through hierarchy, measurement, prediction and control.	Order is achieved through self-organisation and participation.
Change and causality	Natural and social phenomena behave as they do largely due to external, causal processes. Agency is located in outside interveners.	Natural and social phenomena behave as they do largely due to a process of co-creation of reality and environment.

*This table was produced by summarising, collating and thematically organising summary statements of holistic and mechanistic worldviews provided by Laslow (2001), Elgin & LeDrew (1997), Sterling (2003), Bourne (2008), Woodhouse (1995) and Capra (1996).

This dualistic view of paradigm change can be critiqued in terms of a lack of reflexivity and internal coherence. The 'new paradigm' authors argue against the dualist ontology associated with the Modernist/mechanistic worldview but appear unaware of the contradiction of then going on to present a dualistic either/or framework of paradigm change. A further critique relates to the overt focus on Modernity as being the cause of all current challenges. There is very little, if any, focus on earlier worldviews which pre-date Modernity and their lasting legacies. This may be because in the revolutionary view, the new paradigm completely replaces the earlier paradigm in time and so lasting impacts of other worldviews would not be expected. This dualistic view diverts sensitivity to the complex array of underpinning assumptions informing societal problems; many of which do not neatly fit within a Western Modernistic framework. A further critique is that new paradigm authors do not appear to recognise that the holistic worldview may in time yield diminishing returns and adverse effects and be replaced by another more appropriate paradigm. This could suggest that these thinkers are so attached to the idea of the holistic worldview as being normatively desirable that they lack more reflective, open-minded considerations about future possibilities.

An alternative perspective of paradigm change will now be described which avoids the dualistic tendencies associated with the revolutionary view.

6.5 Evolutionary views of paradigm change

6.5.1 A grand-historical lens

In contrast to the dualistic view of paradigm change presented above, there is another school of thought that takes a more developmental and evolutionary perspective. Thinkers in this school tend to take the whole span of human history as their lens for understanding paradigm change. In this way, their views are comparable to the so-called grand-historical theories of thinkers such as Oswald Spengler (1880-1936) and Arnold Toynbee (1889-1975). Spengler sees changes in paradigms occurring with the rise and fall of great civilizations or 'high cultures'. Each culture is seen as having an overriding symbol which influences all aspects of its cultural life. For Western culture, this symbol is limitless space. Similarly, Toynbee identified 21 civilizations throughout history

and, like Spengler, saw each one as having its own dominant symbol influencing its manifestation (Sztompka 1993). Civilizations are seen as growing and developing through their responses to the challenges that are presented by the natural or social environment by what Toynbee calls a 'creative minority'. Once these challenges are met, a period of stability ensues until new challenges emerge and are again responded to creatively (Sztompka 1993). In the decline phase, however, creative minorities stop being able to respond to challenges creatively and civilizations expire from within (Sztompka 1993).

More recent thinkers of evolutionary paradigm change focus on the shifts in consciousness that take place at historical junctures as being part of a movement towards modes of thinking and being that are increasingly complex, inclusive of other paradigms and self-aware. For example, Rifkin (2010) traces the development of human consciousness from the dawn of 'mythological consciousness' in primitive tribal societies through to 'theological consciousness' in the Dark Ages and the 'ideological consciousness' that first developed in the Age of Reason. To do this, Rifkin (2010) studies the rise and fall of various civilizations, including the ancient agrarian civilizations of Sumer and Egypt, ancient Rome, Christianity and the Reformation, the Enlightenment, Romanticism and Industrialisation, and examines the role that empathy played within their various histories (Halal 2010; Urry 2011). For Rifkin, empathy is 'the social glue that makes possible increasingly complex societies' (Rifkin 2010 p.42). Rifkin claims that our empathetic sensibilities develop through specific combinations of energy and communication dynamics (Urry 2011). Shifts in energy usage relate to people's changing relationships to the natural environment and the ways in which they harness the energies of the world (Rifkin 2010). As societies grow and become more complex, more energy is required to sustain them and the way people communicate with each other changes to accompany the shifts in energy regimes (Rifkin 2010). In turn, the changes in communications rewire the way the human brain perceives and organises reality (Rifkin 2010). In Rifkin's words, 'stages of consciousness are a mental repositioning of human perception, and they occur when new energy/communications revolutions give rise to new social arrangements' (Rifkin 2010 p.182).

Rifkin (2010) implicitly refers to a deeper, constant thrust in place throughout the whole of human history which is moving towards a more universal empathetic consciousness. For example, Rifkin (2010) states that, 'if there is an invisible hand at work, it is that empathy matures and consciousness expands to fill the temporal/spatial boundaries set by the new energy regime' (p.37). In terms of our current energy regime and its associated infrastructures and urbanisation of society, Rifkin sees the empathetic drive being able to mature due to more differentiation, increased sense of self and more exposure to diverse cultures (Rifkin 2010). In fact, he goes as far as to suggest that relatively recent developments in global internet technologies could tip us into 'biosphere consciousness', meaning a type of empathy that extends to all mankind, the biosphere and all life on this planet (Rifkin 2010 p.154). However, Rifkin (2010) also describes a regressive alternative near-future scenario - that of extinction of life as we know it on our planet. He paints a picture of life being at a decisive tipping point, as two major processes accelerate - increasing crises of peak oil, climate change, nuclear war or biochemical catastrophe on the one hand, and empathetic, biosphere consciousness on the other (Urry 2011). It seems difficult to avoid this dual process, because, as Rifkin points out, the contradiction is that whilst cosmopolitanism seems necessary for increased empathetic consciousness, the more cosmopolitan the individual, the more of the planet's energy and resources this individual is likely to consume, leaving behind what Rifkin calls an 'entropic debt'. Rifkin's (2010) hope for the way out of this paradoxical situation is that those experiencing a surge in empathy will 'translate their post-materialist values into a workable cultural, economic and political game plan that can steer themselves and their communities to a more sustainable and equitable future in time to avoid the abyss' (p.452). However, Urry (2011) and Halal (2010) express doubt as to whether empathetic growth alone is enough to address increasing entropic debt.

6.5.2 Multi-paradigm perspective

A good example of multi-paradigm theory was developed by Don Beck and Christopher Cowan in their body of work named Spiral Dynamics - a cross-cultural mapping of perceived evolving levels of human consciousness. Spiral Dynamics is a model of transformational growth and development in human worldviews. It is based on 40 years of research and development undertaken into

the value systems that people have adopted through the life span (Edwards and Cacioppe 2005). The model is heavily influenced by the professor of psychology Clare Graves (1914-1986) and his work on change and transformation. Graves summarises his own view on paradigm change as follows:

Briefly, what I am proposing is that the psychology of the mature human being is an unfolding, emergent, oscillating spiralling process marked by progressive subordination of older, lower-order behaviour systems to newer, higher-order systems as man's existential problems change' (Graves in Beck & Cowan 2006 p.28).

Essentially, the Spiral Dynamics model views transformational growth developing through eight main paradigms, which in the model are called 'memes' (Wilber 2001) (Table 2). The eight main memes are mapped along a spiral of development. These spirals are perceived to be present in individuals, organisations and societies. Along the spiral, each meme, 'comes in phases, either in personal passage or historic epoch, like waves on a beach, entering as a surge, dominating the scene as a strong peak, and then exiting from prominence to be replaced by another' (Beck and Cowan 2006 p.5). Beck and Cowan (2006) intended the model to be open-ended and to see development as an ongoing process (Edwards and Cacioppe 2005). Whilst there is no teleological end goal in the Spiral Dynamics model, emergence of thinking systems along human spirals is seen as developing from lesser to greater complexity (Beck and Cowan 2006). However, despite this overall direction to greater complexity, Edwards and Cacioppe (2005) remind us that a core tenet of Spiral Dynamics is that no meme is intrinsically better than another and that each has its own advantages and disadvantages. Each meme is able to match a particular mode of living which is advantageous to the conditions of a particular point on the spiral. For Beck and Cowan (2006), the ability to move towards more complex bands of thinking, when life circumstances are conducive, is what makes a human spiral healthy. As movement occurs, and human nature evolves, there is a subsequent 'restatement of what it means to be human' (Beck and Cowan 2006 p.27).

In the Spiral Dynamics model, each meme is assigned a colour code. Beck and Cowan (2006) describe each of the memes in detail, showing how they impact upon behaviour and grow and decline. However, for the purposes of this thesis, a brief summary will suffice and is in Table 2.

Table 2- Summary of the Spiral Dynamic Model

Meme	Basic Motives and Dominant Mode of Thinking
Beige (Archaic)	This is the level of basic survival and the need for food, water warmth, sex and safety have priority. Staying alive is the primary motivation. A distinct self is barely awakened or sustained. Associated with the first human societies.
Purple (Magical-animistic)	Thinking is animistic. Magical spirits both good and bad are perceived as determining events. Ethnic tribes determine social structures. Spirits are seen to exist in ancestors and bond the tribe. Kinship and lineage establish political links
Red (Power)	The primary motive is to enforce power over self, others and nature through exploitative independence. The self emerges as separate from the tribe. Feudal lords protect others in exchange for obedience and labour. Empires are established in power and glory. Those with power give orders and underlings obey.
Blue (Order)	There is absolute belief in one right way to think and live and obedience to authority and strict moral codes prevail. People are under dominance of an order (e.g. a single religion). Everyone has to follow the code to live in society and enjoy its benefits. This is a predominantly fundamentalist, conventionalist and conformist mode of living.
Orange (Achievement)	This meme is associated with the scientific, rational and strategic society. There is a focus on making things better for self. People are individualistic and achievement-oriented. Materialism dominates.
Green (Relativist)	The well-being of people and building consensus gets the highest priority in this meme. Dominant traits are communication, networking, human bonding, egalitarianism and ecological sensitivity. Hierarchy is viewed negatively. Moral codes are focused on pluralism, diversity, multiculturalism and relativistic value systems.
Yellow (Integrative)	Flexible adaptation to change through connected, big-picture views. Acceptance of all belief systems and forms. Memes seen as being complementary to other memes in the right circumstance.
Turquoise (holistic)	Attention to whole-earth dynamics and macro-level actions. An integral, holistic system which involves thinking along the entire Spiral.

(Adapted from summary of Spiral Dynamic memes in Wilber (2001) pp.9-13)

It should be noted that Beck and Cowan (2006) did not intend each meme to be seen as entirely distinct from one another and they speak of one meme 'reaching' into another. Profound change in memes, according to the model illustrated above, occurs through the emergence of a higher order and a more complex structure that individuals begin to identify with in place of the lower level. This leads to the emergence of a new form of being human as consciousness is transformed. Whilst the self eventually dis-identifies with the preceding level, it is still able to use the cognitive 'tools' associated with that level if required (Edwards 2008). Therefore, each meme includes and transcends the previous (LaLoux 2014). Although we may have learned to operate from the Green-Relativist meme, we may still at times react based from an Achievement-Orange meme, for example. Whilst the memes above can be broadly mapped as exerting a peak impact at particular historical junctures, each is also conceived of as a way of thinking and being that can be dominant in an individual, group, organisation or society at any point after its first historical emergence. Another key point to note about the way the memes are perceived along a spiral is the distinction between first and second tier levels. All stages up to and including Green are seen as first tier, meaning that the mode of thinking is one that only allows for a single valid worldview. In that sense, revolutionary theories of paradigm change could be termed first-tier. In contrast, second-tier modes of thinking are able to recognise evolution in consciousness towards increasingly complex ways of dealing with the world and that each meme will simply take its place in history. Those that operate from second-tier levels can consciously operate from any of the memes which have occurred to date and recognise the partial validity of each (LaLoux 2014).

The evolutionary multi-paradigm view of paradigm change could be critiqued from an empirical perspective in terms of the accuracy of its ontological and epistemological assumptions and claims. However, attempts will not be made to do so here. Its utility in this thesis is to act as a metaphor and analytical lens. However, even as a metaphor and lens, an evolutionary view of paradigm change could be critiqued in terms of being pre-dominantly Western in its focus (whilst presenting itself as having global relevance) and for being elitist, hierarchical and utopian in its outlook and pursuits.

6.6 Key models used by KTIs

The KTI's interviewed were working with particular tools, models and conceptual maps associated with evolutionary paradigm change. In order to contextualise the insights from KTI's, these models and maps will be briefly summarised. The usefulness in practice of the assumptions contained within the models will be explored, reflected upon and critiqued as the thesis progresses. At this stage, the intention is simply to provide descriptions of each model and lengthy critique will not be provided. However, this should not be taken as complete adherence to the statements made by the authors of the models. It is also accepted that the models are drawn from a relatively niche and minority body of thought and represent a particularly Western view of transformation and contemporary challenges.

A fuller version of the brief description of the three main models used by KTI's along with the multi-paradigm perspective can be found in Appendix 9.

6.6.1 Fifth Wave of Public Health

Hanlon et al (2011; 2012a; 2012b) have developed a model using the metaphor of waves to map the evolution of public health improvement from the Industrial Revolution to the present time. Each wave rises as a surge and maximum public health impact is experienced during this period. The wave then peaks and declines in intensity. Although public health activity continues after this time, the impact it exerts diminishes (Hanlon et al 2011; 2012a; 2012b). The first wave (peak impact 1830 - 1900) sought to create order out of the chaos of early industrialisation and city formation. Problems like overcrowding, lack of clean water, poor nutrition, environment associated infection, crime and alcohol consumption were among those that were addressed by a great many structural developments such as the creation of reservoirs, building of sewers, improvements in living and working conditions, and the development of governance structures for social order (e.g. modern police forces, municipal authorities, emergency services, and the voluntary sector) (Hanlon et al 2011; 2012a; 2012b). The second wave (peak impact 1890 - 1950) saw health improve as a result of two main forces. First, increasing prosperity and civic developments associated with the maturing of the industrial revolution improved

health. Second, a bio-medical model of health focusing on disease prevention and treatment and scientific rationalism became established. Associated with this, a paternalistic view of healthcare developed as well as the idea of the treating the body as a machine (Hanlon et al 2011; 2012a; 2012b). The third wave (peak impact 1940 - 1980) followed the Second World War and saw the benefits to health of increasing prosperity shared more widely through the welfare state. However, as chronic diseases began to predominate, health improvement was influenced by increasing understanding about risk factors for disease. Health came to be seen as inextricably linked to the conditions and choices of everyday life (Hanlon et al 2011). Increasing confidence developed during this time in the role that scientific and medical advances would play in preventing and treating disease. The fourth wave (peak impact 1960 - 2000) is seen as emerging in response to the complex context associated with the shift to a post-industrial society. Hanlon et al (2012a) cite the development of a knowledge economy, explosion of consumer choice, falling fertility rates, increasing divorce and changing family, work and gender roles as being part of this complexity. The improvement approach during this time built on the earlier interest in risk factors, but these became associated with lifestyle choices and behaviours as well as environmental conditions. Improvement approaches also became influenced by systems thinking and calls for more integrated services. In addition, whilst a disease-based model of health remained dominant, a progressive public health analysis arose during this time based on social inequalities in health (Hanlon et al 2011; 2012a). Whilst each wave supposedly has a unique inner and outer structure, Hanlon et al (2011; 2012a; 2012b) suggest that all four waves share a Modernistic emphasis on an external 'fix it' approach to healthcare and a reliance on large bureaucracies as a key mechanism to creating a healthier society. From this critique, they begin to explore whether a fifth wave is emerging which could more effectively respond to the problems of the 21st Century.

6.6.2 Three Horizons

The Three Horizons framework was developed by the International Futures Forum (IFF). Sharpe (2013) describes the model as a way of working with change and as a foresight tool. The model is based on three patterns of activity and the ways in which the interactions between them lead to change over time (IFF

2013). Each horizon characterises a distinct type of behaviour that is either maintaining an existing pattern or starting a new one that may flourish or dissipate (Sharpe 2013). The three horizons are described as:

- The first horizon - the current mindset and way of doing things. Sharpe (2013) also describes this as the managerial voice and it is the mode by which the various existing systems and structures we depend on are maintained. When change occurs in this horizon, it is limited to sustaining the status quo or extending it in a planned and orderly way.
- The second horizon - when new challenges and pressures occur, first horizon activity may no longer meet expectations and needs. The cognitive tools and approaches to improvement are perceived as inadequate (Sharpe 2013). Change in this horizon is entrepreneurial, messy and often opportunistic rather than planned. Some ideas and innovations may provide transition to horizon 3, however others will be subsumed by the powerful voices of horizon 2 and will be used to maintain status quo (known as horizon capture).
- The third horizon - the future system. In this horizon, new ways of thinking, being and doing align better with emerging need and opportunity (Sharpe 2013). Change in this horizon is transformatory and leads to radically new patterns of activity. The third horizon mindset is visionary and aspirational, even if those visions and aspirations are at odds with existing knowledge and values (Sharpe 2013)

The purpose of the model is not to present the three horizons as distinct phases in time, but as perspectives that are always present in the moment (Sharpe 2013). Its authors and advocates see the model as being able to foster awareness of, and sensitivity to, patterns of activity that are continuously emerging, shifting and dying.

6.6.3 Theory U

The ideas which inform Theory U are described in 'Presence' (2005) by Peter Senge, Joseph Jaworski, C. Otto Scharmer and Betty Sue Flowers. This describes

a deep learning model of change which was later expanded upon in 'Theory U' (2009) by C. Otto Scharmer.

Theory U is a framework based on the belief that transformative responses arise from what is termed 'the source' or 'the inner place from which we operate' (Senge et al 2005: Scharmer 2009). According to Senge et al (2005), the Modernist worldview has a blindspot for this inner source as it focuses on abstract maps and seeks to address challenges through intellectual reasoning and conceptual understanding. However, Senge et al (2005) argue that this leads to an understanding of only 'the counterfeit whole'. Instead, they suggest that we need to shift to a form of attention based on connection and co-creation. This form of attention, we are told, does not just *recognise* the holistic nature of systems, but rather *comes from* the larger whole that we are all a part of. In this view, each individual is both a part of a larger whole and is a whole in his or her own right. As a part, each individual is a place for the 'presencing' of the whole, which means 'seeing from the deepest source and becoming a vehicle for that source' (Senge et al 2005 p.89). When we see from the whole, we are told that the structure of our attention moves deeper. When our attention moves deeper, we become change agents acting in the world rather than acting on it. We are not separate from that which we seek to change.

Scharmer (2009) believes that in order to see from the whole, people need to develop capacities for suspending judgement and redirecting awareness. He suggests that we need to learn to 'see our seeing' to enable profound transformations to occur on either an individual, organisational or societal level (Wackermann 2010). Theory-U is designed to enable others to develop these capacities. The model maps out different levels of perception and change along a U shape to show different depths of attention and different levels of resulting behaviours (Senge et al 2005). The process involves three main stages, as illustrated in the diagram below taken from Senge et al (2005) p.88:

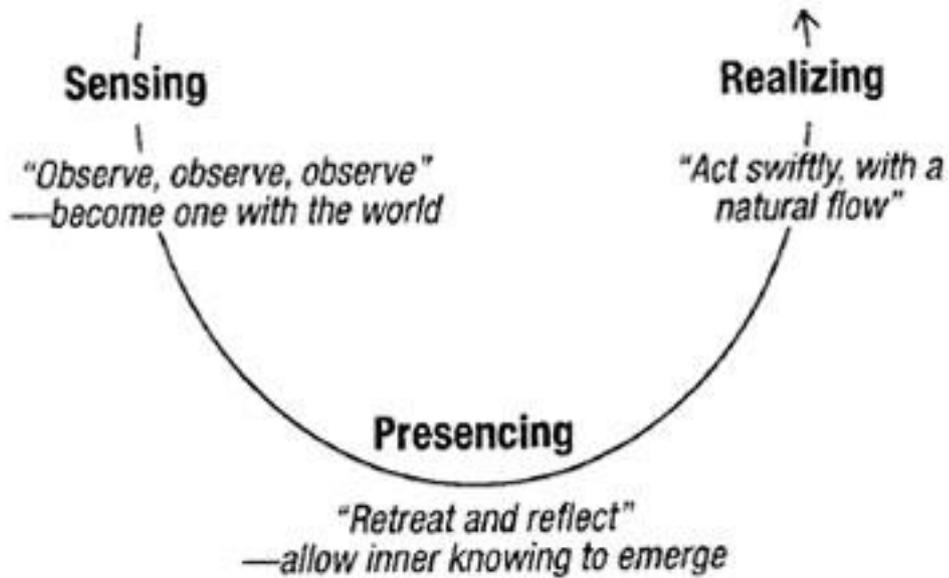


Figure II - Levels of Attention in Theory U

A key theme from Senge et al (2005) and Scharmer (2009) is the idea of learning from the future rather than the past. Learning from the past might be helpful in some contexts, but less so when profound shifts are underway and the future is unpredictable. On one level, learning from the future sounds esoteric and vague. One would be forgiven for feeling perplexed as how to go about, ‘sensing and actualising new realities prior to their emerging’ (Senge et al 2005 p.87). The opaqueness of language may be an unfortunate by-product of a theory that is heavily experiential in nature and therefore resists translation into simple concepts and familiar language. However, in very simple terms, learning from the future could be described as paying attention to what is emerging in the present and connecting to a felt sense of that emergence before taking action.

6.7 Description of Key Theoretical Informants

In order to contextualise insights from KTI's, a brief profile of each will now be provided:

Table 3 - Description of Key Theoretical Informants

Assigned role title and code	Demographical Info	Role Descriptor
Health and Wellbeing Director (KTI1)	White, male, age range 30-40, Scottish	A director at a Non-Profit Health and Social Care Organisation. The organisation aims to support independent living and sees itself as taking a holistic, assets-based approach to care and support. The director has a background in organisational development.
Independent Consultant 1 (KTI2)	White, male, age range 50-60, Scottish	An independent consultant with a background of managing and providing care in a local authority. Currently working to support outcomes-focused approaches to care nationally through training and development activities.
Independent Consultant 2 (KTI3)	White, male, age range 40-50, Scottish	An independent consultant with experience and practice in systems thinking and an interest in self-managing models of organisation, particularly in the context of health and social care.
Research and Practice Development Officer (KTI4)	White, male, age range 50-60, Welsh	A registered Social Worker, who joined academia on a project to strengthen links between research and practice. This KTI has worked in a wide range of education and social care services, working with both children and older people. His particular areas of interest include participative research, learning and practice development and outcome-focussed, relationship-centred practice in social work and social care service provision.

Founder, care organisation (KT15)	White, male, age range 40-50, European	A former nurse who founded a community nursing organisation which is seen to be pioneering new ways of delivering home-based care due to its autonomous teams working in a community-based network free from management structure.
Converger, think tank forum (KT16)	White, male, age range 50-60, Scottish	A converger within an organisation which seeks to contribute thinking and practice to enable wiser action in the face of a seemingly complex world. This individual has produced and contributed to conceptual frameworks, tools, processes and publications on topics related to transformation and complexity as well as facilitated their application in practice through learning events and exchanges.
Holistic Practitioner and Researcher (KT17)	White, male, age range 60-70, Scottish	A consultant physician, lecturer and founder of several holistic health and wellbeing projects and services. This KTI has developed a conceptual framework for the healing relationship between individual and professional in a therapeutic interaction.
Public Health and Wellness Programme Adviser (KT18)	White, female, age range 40-50, Scottish	Public health and wellness programme and policy practitioner working in an independent capacity within the health and social care sector. Supporting a wellness initiative involving working with groups of both patients and staff.

KTI's 6-8 offered insights mainly in relation to broad concepts and ideas relating to paradigm change and transformation. KTI's 1-5 offered insights with a focus on relational care, older people and ways of organising care and their insights will also be used as part of the synthesis chapter. Although insights from all KTI's are drawn from in the present chapter, most direct quotations are taken from

KTI's 6-8 as these were most pertinent to conceptual descriptions of evolutionary paradigm change required to produce an analytical lens.

6.7.1 We are living through a great change of age

KTI's tended towards an evolutionary view of paradigm change and most spoke about living through a 'great change of age'. Such times of profound change were described by one KTI as taking place every few hundred years as societies follow a pattern of rise, growth, breakdown and disintegration. Several KTI's drew from the Fifth Wave of Public Health (Hanlon et al 2011). These KTI's were particularly interested in how consciousness shifted and evolved with each wave of emergence and decline. As one KTI put it:

If one looks at improvement in social conditions in Britain since 1750 then those things didn't come along of their own accord but they were part of the general dynamic towards a different way of creating value in a system (KTI 6)

This general dynamic was seen as moving towards more complex forms of consciousness. One KTI described how he believed that, despite the various surges in development at different times in history in response to humanity's existential problems, ultimately there is an on-going movement towards a global consciousness:

One might see the arc of human history, certainly over the past 10,000 years, as towards this idea of a global consciousness, and I think that is a future that's certainly possible now (KTI 6)

In line with evolutionary views of paradigm change, KTI's appeared keen to point out that they did not see the various stages of consciousness that accompany each epoch as being radically discontinuous or intrinsically better or worse than one another. However, whilst no single paradigm was seen as intrinsically better, according to KTI's some are more advantageous for, or better suited to, particular societal conditions.

6.7.2 Diminishing returns and adverse effects of a Modernist worldview

Within an evolutionary perspective, most KTI's expressed a view that we are currently experiencing the declining phase of a Modernist epoch and are seeing the early stages of an emerging new paradigm. Several KTI's invoked metaphors of death and re-birth and described the need to be both 'a hospice worker to the dying civilization and a midwife to what is emerging'. In terms of what was seen as dying, all KTI's either implicitly or explicitly spoke about a dying Modernist era. As well as the material changes and historical developments associated with Modernity, KTI's were particularly interested in the mindset associated with this era. This mindset is perceived as being characterised by instrumental rationality and an 'understand, predict and control' model of problem solving. KTI's recognised that this mindset has been incredibly successful and has yielded many welcomed developments but felt that its way of thinking has been over-extended. As this KTI put it:

Enlightenment is all about reason, so that's a head thing, so there were a lot of things that came out of that, you know, describing, abstraction, science as a way of understanding and that is very powerful and good, it's a force for good in many respects. However it gets pressed into the service of so many other different things... (KTI 6)

Another KTI suggested that we were now experiencing 'diminishing returns' from the Modernist mind-set and that despite the many useful developments it has yielded (e.g. germ theory and great public health works), it has now 'come to the end of its usefulness'. However, the most profound critique of Modernity offered by several KTI's relates to the adverse effects or 'down sides' of the Modernist mindset on our way of being - our inner lives.

This KTI recounts his experience in medical school when he first realised the impact that a Modernist mindset was having on students:

I observed...the systematic elimination of certain whole ways of being, of engaging and being present with people. Almost like the student is being told you don't know anything, you're a blank sheet of paper (KTI 7)

This elimination of so called ‘whole ways of being’ is associated with a way of thinking that is based on abstraction and which devalues more intuitive and experiential ways of knowing:

So you’ve got Descartes separating the mind and the body and that kind of thing...and so if something’s not reason then it is held to be, not to be worthless but not to have very much value (KTI 6)

The implication of this is seen to be the ‘profound disempowerment’ of individuals as they learn to rely on abstract, rational knowledge and lose touch with their own intuition and lived experience. In this way, a dependency is created.

On a deeper level, several KTI’s also spoke about how the ‘understand, predict and control’ mindset has led not only to disempowerment but to a fundamental separation from nature as the following quote illustrates:

I’m not a religious person, you know, however I think that we’ve lost something by losing sight of that connection to - I sound like Disney now - the cycle of life. So, you know, we’re not controlling it, we’re just part of it (KTI 6)

Another KTI described a sense of ‘one-ness’ and ‘mystery of life’ that we lose touch with through an overly intellectual way of experiencing the world. It could be argued that not being able to experience an absolute affinity with the one-ness of life is simply part of the human condition which transcends particular times and epochs. Perhaps even before Modernity this was a state of being reserved for mystic poets and religious followers rather than the population as a whole. In this regard, KTI’s could be seen to place too much blame at the door of Modernity and perhaps overlook adverse effects associated with other worldviews from earlier times. Furthermore, KTI’s appeared to overlook the Modernist heritage in their accounts and perspectives. For example, at times KTI’s appeared to invoke an almost ethical imperative around fulfilling one’s potential. As this KTI put it:

What one can be, one must be, and...when there is a gap between what you can be and what you are, that’s where the discomfort is (KTI 8)

Similarly, other KTI's spoke about being 'true to yourself', following the 'right road' and living life according to 'what beats your heart'. It was clear that all KTI's felt they were living such a life and believed themselves to be on the right path and on track with their personal missions. In this regard, KTI's could be said to be benefiting greatly from the reflexive-Modernist 'life as project' mentality (Beck 1994; Taylor 1992) which calls us to live authentically and discover our own unique way of being human. However, living authentically raises the question of authentication - who gets to decide on whether or not you are being true to yourself and whether such a deeper, hidden true self even exists? Furthermore, how likely is it that the majority of society will get the opportunity to tap into what 'beats their heart' and to follow a path which is aligned to their highest hopes and deepest values? There is a danger that a moral imperative of authenticity renders many of us onlookers with a nagging sense of somehow missing out on our 'true lives' as we muddle through making the best of the conditions with which life presents.

6.7.3 A New worldview is emerging

KTI's were reluctant to predict or describe in a prescriptive way what might replace the dying worldview, but instead expressed a deep curiosity about what 'the next stage of human development might be' and spoke of 'emerging possibilities'. What was apparent was that KTI's perceived this next stage as being radically different from that which preceded it. One KTI imagined we were on the verge of 'a new model of society and a way of delivering it' and another that 'new forms of community' were emerging. Others described 'changes in consciousness' and ways of relating to one another as 'subject to subject rather than subject to object'. Many of the changes anticipated were seen as antidotes to the adverse effects of Modernity described above.

Despite not wanting to lock-down a definitive description of what might emerge, many KTI's saw seeds of change in a diverse range of settings. For example, several KTI's spoke of new organisational forms based on self-managed teams rather than top-down command and control models as being indicative of the change that was taking place. Another described 'a community of practitioners that are beginning to think differently....and focus on networks and providing methodologies and tools and approaches about having meaningful conversations

and engagement'. In a slightly different vein, one KTI described how it was not the particular material developments that indicated a societal shift was taking place but the fact that people had become much more receptive to doing things differently and that conversations were shifting as a result:

I mean I can see that in the short term if I look at culture from the 80's to now and the short window I have of examination there is simply no doubt that conversations are managing to surface and spread which would have been inconceivable 30 years ago...So I mean if I go back 20 years I'm going around like an idiot, you know, trying to talk about these things and hitting not just bricks and walls but often attacked...So I have no doubt that in that short time frame we are seeing shifts... I would say the cat's out the bag (KTI 7)

Across all KTI's, descriptive statements about seeds of change suggestive of an emerging new stage of human development were entangled with normative statements about what 'ought to be' and ideas about the 'good life'. There was a clear sense that KTI's desired new models of society and organisations and new ways of relating to one another and felt these shifts needed to occur for the benefit of humanity and the planet. However, KTI's did not express a sense that their ideas about what ought to occur and what constituted a good life were open to contestation. In some cases, it was assumed that there was something inherently positive about what was emerging. For example, this KTI states:

It works and...I think intrinsically and instinctively people begin to see that it is working and that this is a good way to live (KTI 2)

One KTI was more circumspect in the sense that he expressed concern that not all members of society might be able to reap the perceived existential benefits of the new stage of human development:

But sometimes I am a bit worried about the most vulnerable groups. So what you see is on the one hand, you see young people who have opportunity, they create other conditions, but there are people who are not able to do it (KTI 5)

KTI's could be critiqued for postulating a particular form of utopian thinking that may not align with what others want or could hope to benefit from. However, utopian thinking could also serve a purpose by enabling an analysis of the present in relation to our visions for the future. This analysis could lead to positive change regardless of whether the vision itself manifests in its entirety.

It could also add to pragmatic narratives of change by enabling the imagination of more radical alternatives to current ways of living. Furthermore, KTI's are not seeking to predict a final vision for the future based on their particular aspirations. Instead, they describe wanting to be open to sensing and nurturing what is already emerging. In this sense, the account offered by KTI's is more about 'tuning in' rather than conjuring up.

6.7.4 We breakdown to breakthrough

As described above, most KTI's spoke about being on the brink of a new era. This belief led them to frame current societal challenges as symptoms of a dying worldview:

The crisis consists precisely of the fact that the old is dying and the new cannot yet be born. In this interregnum a great many morbid symptoms appear (KTI 6)

In this breakdown phase, we are told that we would first expect to see individuals and organisations pushing harder and faster, using tools and approaches associated with the dying worldview before they will look for new ways of thinking, being and doing. Some KTI's gave examples whereby 'more of the same' was still being tried rather than reaching for new ways of responding. However, others were witnessing people and organisations beginning to get to the point of wanting to 'stop the bus' as they were forced to confront the redundancy of their approaches in the face of breakdowns in health and wellbeing and intractable challenges:

What we're doing isn't working and doing it harder and faster is not going to work and with the long term conditions epidemics that we have, you know, diabetes, obesity, addictions, all of these things, there isn't a fix it in these existing waves...We know, for example, already that the systems we have at the moment can't be sustained - they just can't, even if we prioritise them and put all of our resources into them, it still can't be sustained (KTI 8)

An emerging theme was that we had to breakdown in order to breakthrough into new ways of thinking, being and doing. In line with this was the view that perceived societal challenges, such as caring for an ageing population, present a possibility for profound personal, societal and global renewal. If more of the

same is not working, new ways of thinking, being and doing are required by necessity. As one KTI put it, the time is ‘ripe with opportunity’.

The idea of society breaking down in order to reach a stage of breakthrough raises the question of the extent to which the planet can tolerate increasing breakdown. Whilst waiting for the new worldview to emerge, environmental degradation continues, the effects of global warming are felt and resources become scarcer. We may witness suffering and conflict on a global scale with ensuing great depression, global ecological disaster or war. In such a scenario, the transition to breakthrough would not be so neat and the current time could be perceived as one of great risk as much as one of great opportunity.

The time between breakdown and breakthrough was referred to by several KTI’s as ‘the collision zone’, drawing from the Three Horizons model (Sharpe 2013) described in section 6.6.2. The collision zone, whereby different horizons collide, was seen as a time of opportunity but also of messiness, tensions and contradictions.

6.7.5 Transformative response to societal challenges

Several KTI’s discussed the role of the change agent when facing societal challenges. These KTI’s were sceptical of so called abstract ways of responding which they associated with the dying Modernist era:

We’ve got institutions which are based on increasing amounts of abstraction. And as the difficulties and challenges of the age become more acute, the response has become more abstract, which is a kind of denial in my view...The way of fear or anxiety in the world is leading us to a framework of control really, that we need to bring this under control...And that is usually done by abstraction (KTI 6)

In contrast to approaches based on abstraction and fear, KTI’s spoke about an alternative transformative response. Whereas abstract responses seek to solve or fix a problem, transformative responses supposedly enable us to simply transcend or outgrow them. Such responses were described as arising from individuals and communities and this was presented as being an entirely different way of ‘using consciousness’ and asking ‘what is the subjective role of those people we normally think of as the object?’

However, if the subjective role of organisations, groups and communities is vital for a transformative response, it begs the question of how one can encourage or facilitate such a deepening or shifting of attention in others. Some KTI's felt that without careful facilitation to enable a shift in consciousness, it could be challenging for people to think beyond what they already know and can imagine based on the prevailing worldview. For example, one KTI spoke of how when he met with a group of older people to ask visioning questions about the future of care, they found it hard to think beyond residential solutions. This is reminiscent of the Henry Ford quotation - 'If I had asked people what they wanted, they would have said faster horses'. So how can we get people to think beyond faster horses and instead be a vehicle for the presencing of a new worldview? The insights from KTI's in relation to this question can be summarised as a) doing as close to nothing as possible b) generating a spirit of inquiry and c) tapping into the humanity of the group. The first insight - do as close to nothing as possible - may at first seem an odd one and could be critiqued for being somewhat passive. Indeed, KTI's did use seemingly passive language when describing how they saw their role, such as simply 'showing up and taking part', 'letting solutions emerge' and 'opening up what is already in people'. Another KTI spoke of acting in alignment with the natural cycles of things coming to life, dying and new things being born. However, descriptions like these may seem passive only when viewed through an action-focused lens. It is about *doing* as close to nothing as possible which enables a different kind of *being* to emerge. The individual is therefore not *being* passive; they are simply not imposing their own egoic states, aspirations or interventions on others. By operating in this way, we can supposedly be more attuned to the emerging system or perspective that is trying to be born. So rather than individuals needing to be convinced by a logical or evidence-based argument of some better perspective or way of living, they sense it and tune into it on an experiential level. Apparently, when this qualitative shift happens individuals experience a quickening effect on the psyche which can show up in subtle ways:

You can tell that it's turned up - because the language changes, the demeanour of people changes, things quite often become quite still, folk start to listen to each other, you know, a whole range of things happen (KTI 6)

The second consistent suggestion from KTI's was to foster a spirit of inquiry to facilitate transformational change. Rather than seeking to problem solve, a spirit of inquiry is fostered by asking fundamental and profound questions. For example, KTI's suggest that instead of asking how to redesign or streamline a process or system we should reflect more deeply on how we want to live and whether what we are doing is attuned to that.

Finally, a related suggestion from KTI's was to inquire based on a sense of shared humanity. So rather than viewing a problem as somehow separate and 'other' from those who are seeking to address it, it is seen as a part of our shared experience of being human. One KTI shared an example of engaging with communities about the issue of loneliness in old age, based on shared humanity. He states:

One of the great things that came out of that day for me was the idea of loneliness as an inherent and subjective aspect of the human experience. So the mind-set if you like...there was a group of people over there called 'older people' that have got a problem with 'loneliness' and we're going to fix it - that wasn't it. It was, we also have experience of loneliness and we know other people who are lonely. We're not approaching this in a way that says, we're on top of all this, we'll fix it for you, it was much more about trying to understand and see what we could learn from that which was fundamentally human, and what would that mean in terms of how one lives their life (KTI 6)

This example suggests that a shared spirit of inquiry into human experience can shift our mindset away from acting *on* a system, community or group to acting *with* it. It could also enable the lived experience of individuals to be tapped into and drawn from rather than relying heavily on professional expertise. According to one KTI, out of such an inquiry based on shared human experience, something new can be born that could not have existed at the start of the conversation. In this sense, it is a creative rather than a problem solving response.

KTI's also highlighted the importance of the change agent being aware of the possibility of new ideas becoming subsumed within the mindset of the dying paradigm, thereby thwarting or diluting their transformational potential:

There's a danger in that in the first horizon in its desperation, perhaps, to hang on to it is that it might take some of these newer initiatives and say fantastic, let's use that to shore up what we already have (KTI 7)

This process of capture might happen unintentionally. People may be simply so exhausted and consumed with the pressures of the first horizon that they simply translate what is emerging into what is known and familiar. One KTI felt that because people are so desperate to find ways to address our current challenges, there is a risk of getting on the bandwagon of every potential new initiative, scheme and project without much critical thought. In his words, 'people will grab it like they're drowning'.

Of course, it could be argued that the models offered by KTI's could be charged with being simply another fad to be grabbed at. This was not recognised by KTI's, who appeared to assume that what they were offering was 'self-evidently' the right approach. As this KTI put it 'I just know, it isn't just theoretical'. However, whilst KTI's might experience a strong sense of 'just knowing', others may not. Assuming the self-evident nature of particular models and approaches could obscure the need for more careful articulation and deeper analysis. Without this, particular phrases and ways of speaking (about emergence for example) might become almost a short-hand, coded way of speaking for those 'in the know', but will remain jargon or empty buzzwords for those for whom the sense of 'just knowing' is not readily triggered in the same way.

6.7.6 Transformative response in the context of care

When considering how care might be conceived of in the emerging paradigm, some KTI's spoke about the need to focus on people's assets and strengths and to move away from a deficit focus in health and social care. Others used more everyday terms such as kindness, love, friendship and human flourishing. They spoke about acting in the service of humanity and valuing all dimensions of what it means to be human, including emotional and spiritual domains. KTI's also spoke about a deep engagement process and a way of being with another in a therapeutic or caring context. Several spoke about this as 'relational care'. The interests of these KTI's related to how our inner ways of being, when brought to bear in an encounter with another, can catalyse a healing response and an

individual's latent strengths and abilities. In this sense, they described a transformative process. This transformative process was conceived of in three main stages.

The first stage involves simply being present and 'showing up' as a whole person. As this KTI put it:

Really turn up, because if I'm not there how can I expect other people to be there? And when I say turn up i don't just mean be in the room, I mean bring your whole self into that. You know, bring a kind of openness to that which encourages other people to bring their openness, and to create a space out of which perspective - I'm making it up now - out of which stuff will come (KTI 6)

This type of presence, according to KTI's, creates a safe space for interaction between individuals. For the second stage, the image of a dance was used to suggest a reciprocal interaction between individuals. During this stage, individuals engaged in the dance experience 'join-up'. This term was borrowed from Monty Robert's work with horses whereby:

When you achieve join up with the horse, when you move it moves. That's relationship, that's safe space, a bit like old fashioned dancing, once you've joined together and you've got that join-up then you can lead, and the other is free to respond, to nod or to modify it (KTI 7)

KTI's felt strongly that 'no challenge, confrontation or request' should occur before join-up has been established. In fact, one KTI went as far as to say that to do so would constitute an 'assault', particularly when one member of the party may be vulnerable due to their health and social care needs. During join-up or the dance, the role of the practitioner is not that of a problem solver according to KTI's. Rather their task becomes that of deep listening:

Once the person feels that they are truly being listened to then something shifts and then you can begin to ask questions and begin to look for solutions that come from within the individual....There's no new story until the old story has been honoured (KTI 8)

KTI's emphasised that it is not the practitioner that has solved the individual's problem, but rather they have mobilised the individual's inner resources. This is the third stage of the transformative process and is referred to as the healing

response. This stage entails tapping into the individual's own 'sets of instinctive wisdoms and knowledge and understandings and qualities'. The individual feels safe and valued which can trigger a 'subsequent unfolding of positive changes'. According to one KTI, this can be summed up as:

I matter to you; therefore I'm going to respond. It's basic stuff....Once you put humanity in and appreciation, it creates energy, it creates life (KTI 4)

This model could be critiqued in terms of placing a huge amount of focus on the ability of certain individuals to transform an individual's life. In some respects, KTI's appeared to be comfortable with this reality. For example, one KTI spoke about how as a practitioner you can both have power and be in an equal relationship with an individual:

Yes use your power because we've all got power but it's power 'in the service of' okay? (KTI 8)

This quotation suggests that it is the intention behind the use of power that is of importance. Using our power becomes a means to a higher end. However, this raises the question of who gets to decide what is or is not a desirable or noble end of which to act in service. KTI's somewhat negated this issue by assuming that they are acting in the service of a deep and natural process of life itself. As this KTI describes it:

What we're talking about here is life, and life is the cycle in which in most contexts it can look after itself...What is this capacity? What blocks it? How can it be released?... but...I'm not producing it, life is (KTI 7)

In this regard, the source of the transformative power is not located with either the individual or the practitioner and so questions of power dynamics become less relevant. The 'space within' each individual is essential to harnessing the power that lies in the 'space without'. It would be difficult to prove or disprove such a belief and attempts will not be made to do so here. What is of importance is how the idea about the process of transformation offers a particular perspective on caring.

The question arises at this point as to the practical applicability of this model in the context of care for older people in care homes. Does it make sense to focus on triggering a healing response in this context? Is it possible to achieve ‘join up’ with an individual in a state of cognitive decline? In this regard KTI’s spoke about the importance of making the *intention* to connect with the individual a fundamental guiding principle. According to one KTI:

That makes a difference. It, that person, even if they can’t communicate, I believe that, that person will know the difference between heart felt care that’s well intended (KTI 2)

Other suggestions included finding hope in whatever stage of life an individual is in and focusing on how they can flourish within the time they have left regardless of the stage of decline in which they might find themselves. Terms such as ‘hope’ and ‘flourishing’ are not often used in the context of end of life care or care for older people with dementia. Some might find these aspirations naïve and unsympathetic due to the challenging nature of care in this context. However, perhaps this speaks more to our own assumptions about the condition of old age and dependency. Furthermore, KTI’s who spoke of hope and flourishing did not appear to be doing so from a place of forced-positivity. In fact, they spoke critically of the tendency to brush over some of the more difficult emotions associated with caring for older people. For example, the following KTI spoke about her observations from a personal perspective and her observations of care:

it’s normal to get sick, it’s normal to age and it’s normal to die...but we have this kind of taboo about it and I think my vision would be where it’s okay to talk about that you’re not going to live forever and you give people permission to live well and happily but knowing it’s going to come to an end and to help them and support them and their families to deal with that as well and not have this kind of bluff, false, very well intentioned, breeziness that can leave people feeling really isolated (KTI 8)

Other KTI’s reflected on what it means to achieve join-up with a person with dementia. They emphasised the importance of just being there with the individual, fully present in the moment and that we can relate to people as full individuals regardless of their ability to communicate or the degree of cognitive decline they may experience. One KTI made a comparison with children with

regards to how we conceive of personhood. A baby may not yet have an identity and has little involvement in a narrative of past and future but this lack of identity does not mean that they are not fully human. Relating to someone with dementia may even have something to teach us, it was suggested, about this way of living in a sort of continuous-present. Again, it could be suggested that this romanticises the experience of someone with dementia. However, KTI's were not suggesting this experience is a prevailing one or that it is based on experience. Rather, these insights are offered as an alternative way to frame our understanding and aspirations for older people's care. Furthermore other KTI's, whilst not being familiar with the model of 'the dance', did have significant experience working with older people and also shared insights indicative of small but profound moments of connection that can occur between individuals even when considerable cognitive impairment is present.

Finally, the narrative offered by KTI's could be critiqued in terms of sounding somewhat 'motherhood and apple pie'. Does it all just add up to being nice to one another? In some senses, KTI's would probably agree and some seemed to want to emphasise the basicness of what they were describing. As KTI 4 put it, 'it's just about getting alongside each other'. Another pre-empted the critique by saying:

I know this is very simple what I'm saying, I appreciate that, but the truth is that to make it simple rather than simplistic has taken me many decades because I've been made drunk by or seduced by theories and seen the edifices and empires around them (KTI 7)

Many of the KTI's were intentionally seeking to appeal to our more instinctive, intuitive understandings rather than offer grand sounding theories, models or frameworks. Some even spoke of a vision for humanised healthcare. Leaving aside the issue of reality versus intention (many of the same KTI's nevertheless still offered theories and models), there is something of importance around the idea of simple versus simplistic. Simplistic implies overlooking the complexity of a situation. Simple does not. Something can be both simple and profound. KTI's spoke about not mistaking the map for the territory. The map, no matter how articulately put together, cannot fully convey the essence of the profound simplicity at the heart of the territory it depicts.

6.8 Analytical lens

The ideas, perspectives and insights summarised in this chapter will be brought to bear on the interpretation of case study findings. In that way, they act as an analytical lens. The elements of this analytical lens will be briefly summarised. The lens will not be applied in a systematic manner whereby each part would be used in a tick-box type approach against the case study. This would not be in keeping with the methodological approach described in chapter 5 which set out synthesis as being a creative process rather than a technical method. However, for the sake of clarity elements of the lens will be presented as sensitising concepts through which to guide attention when analysing the case study:

Table 4 - Analytical Lens

Element of Lens:	Encourages a Sensitivity to:
Mental models	The stories about the world participants appear to draw from or tell themselves that makes their practice seem like the best or only way
Evolution of paradigms	The ways in which the current paradigm may be linked to particular material and existential challenges within the context of the case study
	The ways in which the diminishing returns and adverse effects of earlier paradigms are exerting an impact within the case study
	Aspects of the case study which could be viewed as symptoms of a dying worldview and seeds of an emerging worldview
Transformative Responses to Challenges	The balance between an external, fix-it, command and control approach and one which seeks to harness the human spirit
	Potential blind-spots relating to the inner source from which we operate
	The role of change agents and practitioners within the case study and the ways in which they might be transforming or re-producing the prevailing system
	The ways in which current challenges relevant to the context in the case study could present an opportunity (breakdown to breakthrough)
Horizon capture	Tensions and dilemmas which could be viewed as aspects of an emerging paradigm being co-opted by the dying paradigm
Emerging paradigm in the context of care	Questions about the nature of the good life
	The extent to which a sense of 'being human' is nurtured or diminished within the case study
	The extent to which co-production is being perceived and enacted as a subjective, transformative process

6.9 Chapter summary

This chapter has presented several conceptual models relating to evolutionary paradigm change which were being used or discussed locally by a nascent group of practitioners and researchers with an interest in transformative responses to societal challenges. Drawing from this group of individuals, the insights from Key Theoretical Informants have been described and critically reflected upon. These insights relate to changing paradigms and emerging worldviews both in a general sense and in the context of care. Whilst some of the models and perspectives described might seem radical or esoteric, at their most basic level they simply state the need for different ways of responding to the challenges presented by the wider environment. Finally, the ideas and perspectives contained within this chapter have been summarised to form an analytical lens through which to view later findings from the case study.

7 Care for older people - a wicked problem?

7.1 Introduction

In the previous chapter, an analytical lens was developed informed by evolutionary perspectives on paradigm change. For the remainder of the thesis, these perspectives will be further explored through a defined context; namely people's experiences of wicked problems relating to care for older people. This chapter will begin by defining wicked problems based on the original formulation provided by Rittel and Webber (1973). However, using the perspective of evolutionary-paradigm change, it will be argued that 'wickedness' is not a quality solely of a problem, but of the dynamic space between the existence of a problem and the cognitive tools at our disposal to address it. This perspective will then be used to explore the extent to which the organisation of care for older people can be seen as a wicked problem.

7.2 Search strategy for wicked problems

The search strategy for the literature on wicked problems is summarised below:

- Databases searched: Applied Social Sciences Indexes and Abstracts (ASSIA) and Web of Knowledge
- Dates: all
- Key terms: Wicked AND problem OR issue in document title
- Language: English only

This search generated 39 unique results. 26 were excluded as they were not relevant to the topic i.e. did not contain definitions or descriptions of wicked problems. The references of the remaining 13 articles were hand-searched, generating a further 25 unique results that were selected for inclusion.

7.3 Wicked problems – a symptom of complexity

The term ‘wicked problem’ or ‘wicked issue’ refers to a complex issue that is difficult to solve. Rittel and Webber (1973) formulated their original definition of wicked problems within an urban planning context. Since then, a range of academics, social commentators and policy analysts have summarised Rittel and Webber’s original work (Raisio 2009; Conklin 2006; Devaney and Spratt 2009; Kreuter et al 2004; Levin et al 2007) and wicked problems are cited in a range of fields. Examples include: long-term unemployment, health inequalities, climate change, terrorism, crime, drug use, lifestyle associated health problems, environmental degradation, poverty, malnutrition, indigenous disadvantage, and child protection. Watkins and Wilber (2015) see the proliferation of wicked problems across a diverse range of contexts as being ‘a product of our escalating complexity’ (p.50). Most policy challenges today are located within systems and contexts which are complex and adaptive rather than linear and stable (Head and Alford 2013; Wexler 2009; Davidson 2010; Roberts 2000). In this regard, wicked problems are often contrasted to so-called tame problems which occur in stable, linear systems. Tame problems are not necessarily simple or easy but are well articulated, have a clear goal and can be solved by identifying and applying an objectively defined ‘best’ solution (Conklin 2006). Examples of tame problems cited in the literature include chess problems, solving a mathematical equation, sending a man to the moon and developing a vaccine. Rittel and Webber (1973) state that throughout Modernity, we became adept at responding effectively to a range of tame problems, heralding great achievements:

The contemporary city and contemporary urban society stand as clean evidences of professional prowess. The streets have been paved, and roads now connect all places; houses shelter virtually everyone; the dread diseases are virtually gone; clean water is piped into nearly every building; sanitary sewers carry wastes from them; schools and hospitals serve virtually every district; and so on (Rittel and Webber 1973 p. 156)

However, we are now facing more and more wicked problems, associated with increasing complexity, which cannot be addressed in the way we have tackled tame problems as they possess entirely different characteristics, as will now be described.

7.4 Characteristics of a wicked problem

Rittel and Webber (1973) provided ten characteristics of wicked problems. A detailed description of the characteristics is provided in appendix 10. A summary is provided in the table below:

Table 5 - Characteristics of a Wicked Problem

Characteristic	Summary Description
There is no definitive formulation of a wicked problem	Wicked problems defy objective and fixed definition as they are dynamic and evolve and require a 'solution concept' to orient the perspective on the problem.
Wicked problems have no stopping rule	Wicked problems involve a range of interrelated issues and cannot ever be said to have been solved once and for all.
Solutions to wicked problems are not true-or-false, but good or bad	There are no objective criteria for determining whether a response to a wicked issue is right or wrong. Judgments will vary depending on personal interests, worldviews, cultures and ideologies.
There is no immediate and ultimate test of a solution to a wicked problem	After a solution is implemented, waves of desirable and non-desirable consequences are generated preventing final impact being definitively appraised.
Every solution to a wicked problem is a "one-shot operation"	Every solution has consequences, potentially irreversibly affecting many people's lives.
Wicked problems do not have an enumerable or exhaustive set of potential solutions	There is no objective means of determining that all potential solutions have been considered. It is a matter of judgement and creativity to determine which course of action to pursue.
Every wicked problem is unique	Wicked issues are embedded within particular historical and social contexts and no two wicked issues are the same.
Every wicked problem can be considered to be a symptom of another problem	The roots of a wicked issue are complex and have many causal levels. One can always look deeper and in doing so turn the cause of the problem into a symptom of a more fundamental issue.
The choice of explanation determines the nature of the problem's resolution	There are many possible responses to a wicked issue depending on the explanation. It is not possible to say with certainty which explanation is correct.
The social planner has no right to be wrong	Those responding to wicked issues are seeking to improve some aspect of the world in which people live - their actions matter.

Rittel and Weber's (1973) original formulation of wicked issues can be critiqued in terms of a degree of overlap and repetition between characteristics. Conklin (2006) simplified Rittel and Weber's (1973) original formulation in order to be more applicable outside the arena of social planning and public policy. Conklin (2006) claimed that problem wickedness is the function of both social complexity (number and diversity of stakeholders) and fragmentation. Used in this context, fragmentation refers to both the nature of the problem itself but also the cognitive and emotional responses to that problem. 'Problem wickedness' occurs when the people involved see themselves as more separate than united and have fragmented perspectives, understandings and intentions - each believing that their view is the only correct one (Conklin 2006). This fragmentation is believed to threaten collective intelligence. More recently, Watkins and Wilber (2015) summarised the characteristics of a wicked problem as:

- Having multiple symptoms
- Having multiple causes
- Having multiple solutions
- Having multiple stakeholders
- Being multi-dimensional (consisting of both subjective and objective elements)
- Constantly evolving

With the exception of multi-dimensionality, this list does not add anything new to the original definition but does present the characteristics in a much more succinct and communicable format. Furthermore, the addition of multi-dimensionality is in keeping with evolutionary-perspectives of paradigm change.

7.5 Application of characteristics in the context of care for older people

If we take the example of care for older people, we can see how Watkins and Wilber's (2015) characteristics of a wicked problem might apply. The first characteristic is that of **multiple symptoms**. Problematic symptoms include funding pressures, staff shortages, instances of abuse and neglect in hospitals and care homes, loneliness of isolated older people living at home, stress of informal family carers and relatives and the prevalence of dementia and other age-related diseases. Each of these symptoms has **multiple-causes**. For example, concerns relating to quality of care in a care home could be traced back to a lack of funding, poor quality of staff training or to more fundamental issues about the way in which we value older people in society. There is no natural causal level at which to direct efforts. For every possible symptom and cause, there are then **multiple solutions** and avenues that could be taken with no objective means of knowing that all possible solutions and courses of action have been considered. The actions taken will instead be determined by how the problem and its solution are understood. For example, if the problem is defined as being a lack of care staff to meet increasing demand, the solution becomes seen as a larger and better care workforce. Alternatively, if the problem is seen as the prevalence of dementia then the focus may instead be placed on medical cures and research. Of course, in a complex context we would expect to see a range of players each addressing different causes and symptoms of the problem simultaneously. This leads to the fourth element of **multiple stakeholders** being involved with the problem, each bringing their own beliefs, worldviews and experiences to bear upon the issue. In the case of care for older people, stakeholders include older people and their relatives, care workers, managers, governmental agencies, charities, lobbyists, researchers and many more. Each player will have potentially different views about what a successful response would entail. For example, for a policy maker, increasing the role of the family in providing care and support to older people may be viewed as a success. For relatives, this may be viewed negatively as placing a burden on unpaid carers. The interior dimension of all individual stakeholders is an inherent part of the complexity of the system as well the various cultures that exist in the various 'parts' of the objective whole, such as hospitals, care homes, day centres, communities etc. This **multi-dimensional** nature of the context means that the

challenge of caring for older people can be viewed in terms of actions, events, systems and processes as well from a subjective dimension. Finally, the issue of care for older people is **constantly evolving**. Any action taken has present and future impacts, including those that are unpredictable and unintended. In that sense, any action taken cannot be isolated from its wider societal and political context. For example, building more care homes for older people might be seen as a way to free up much needed hospital beds, but may have unintended consequences such as diverting funds away from community-based support.

7.6 Responding to wicked problems

Within the literature, ways of effectively responding to wicked issues are offered. These are presented not as ways of ultimately solving a wicked issue but as provisional courses of action that can enable us to more adequately respond (Camillus 2008; Raisio 2009; Head and Alford 2013). These approaches are contrasted with so-called ‘taming strategies’ which enable a sense of control over a problem but in reality fail to address problem-wickedness, as will now be described.

7.6.1 Taming strategies

Rittel and Webber (1973) located their definition of wicked problems within a more general critique of the rational planning paradigm associated with Modernity. They state that, ‘the professionalized cognitive and occupational styles that were refined in the first half of this century, based in Newtonian mechanistic physics, are not readily adapted to contemporary conceptions of interacting open systems’ (Rittel and Webber 1973 p.156). In an organisational context, these cognitive styles are associated with hierarchical and linear models of leadership and change management, whereby it is assumed that objectives can be effectively and efficiently achieved by analysing the situation, breaking down its key components, specifying targets and making action plans (Head and Alford 2013; Devaney and Spratt 2009). This presumes a predictable and stable system but as we have seen, wicked problems occur within complex and open systems (Raisio 2010). For this reason, Rittel and Weber (1973) argue that we will fail to effectively address wicked problems if we use the cognitive tools and metaphors associated with a Modernist paradigm. In fact, doing so may

even exacerbate the problem or lead to the emergence of new issues. They call attempts to deal with problems using rationalistic techniques associated with Modernity 'taming strategies'. Taming strategies involve attempts to simplify a problem to make it more manageable, rather than dealing with the full extent of its wickedness (Conklin 2006). There are various ways in which wicked problems can be artificially tamed, including: breaking the problem down into incremental stages and component parts; locking down a fixed problem definition; treating the problem as the same as another problem; an over-reliance on experts; limiting possible options and a focus on measuring approaches.

These taming strategies would all appear to be based upon the Modernist drive to command, predict and control the external environment and a concurrent application of instrumental reason in the face of challenges. Many of the taming approaches listed are brought to bear in what Conklin (2005) describes as a 'waterfall model' of problem solving which involves a process of distinct steps and linear stages. In this model, a problem is defined at the outset, a set of objectives are then agreed followed by an appraisal of the best ways to meet these objectives. Plans are then designed, implemented and evaluated against pre-defined measures of success. Just as water flows down in a waterfall, the project 'flows' down each step in a logical manner (Chapman 2004; Raisio 2009; Conklin 2006; Australian Public Services Commission (APSC) 2007; Pacanowsky 1996; Devaney and Spratt 2009; Glouberman and Zimmerman 2002). In waterfall approaches, the problem defined at the outset is often in reality a sub-problem that is perceived to be more easily addressed and measured than the real issue. This is a reductionist exercise which risks narrowing the gaze of implementers and evaluators (Devaney and Spratt 2009). Chapman (2004) argues that, 'the current model of public policy-making, based on the reduction of complex problems into separate, rationally manageable components, is no longer appropriate to the challenges faced by governments and changes to the wider environment in which they operate' (p.18).

7.6.2 Non-taming strategies

Within the literature, more effective responses for addressing wicked issues that avoid the taming tendencies described above are offered. These responses tend to involve taking a broader, whole systems view of the problem and

collaborating with a range of stakeholders. In relation to the former 'systems thinking' is described as being better able to respond to wicked problems than taming strategies. 'Systems thinking' encompasses a range of approaches to studying systems in both nature and cybernetics. It is seen as being able to overcome a focus on isolated parts by seeing how these elements interact as part of a larger whole (Stacey et al 2000). By mapping the whole system, it is supposed we will be better able to identify potential feedback loops and gain a better understanding of the various symptoms and causes of a problem and how these interact (Watkins and Wilber 2015).

Within a whole system, collaboration amongst relevant stakeholders is emphasised in the literature as being an effective approach for addressing wicked problems (Koh et al 2011; Raisio 2009, 2010; Patterson et al 2013; Balint et al 2006; Roberts 2000; APSC 2007; Head and Alford 2013; Harris et al 2009; Chapman 2004; Durant and Legge 2006; Noble 2013; Jordan 2011; Camillus 2008; Kreuter et al 2004; Pacanowsky 1996; Bore and Wright 2009; Conklin 2006; Signal et al 2013; Wicks and Jamieson 2014). Various forms of collaboration are described, including collaboration between different agencies and organisations for a time-limited period, the establishment of long term networks and coalitions, public participation and the engagement of frontline staff. Generally speaking, however, the strategies all involve working across boundaries with others who have knowledge of, and a stake in, the wicked issue with which they are dealing. It is recognised that there are an array of types of collaborative approaches, each with their own challenges, strengths and weaknesses. It would be beyond the scope of this chapter to discuss these here. For a comprehensive overview, Roberts (2000) and Head and Alford (2013) provide a useful review. However, a brief summary of the ways in which collaboration is seen as effective in the context of wicked problems will be provided.

Firstly, collaboration is seen as being able to create a shared understanding of a problem and its partial solution. Conklin (2006) describes the achievement of 'shared understanding' about the nature of a wicked problem as the 'holy grail' of collaboration and sees this as an antidote to the fragmentation associated with problem wickedness. However, shared understanding does not necessarily mean coherence and agreement on all issues. It is, rather, a form of intelligent dialogue about the different assumptions and interpretations of a problem

(Conklin 2006). If this is achieved, it is thought that the agents within a system can better understand its complexity and the nature of the problem they are facing (Head and Alford 2013). Secondly, collaborative approaches are seen as leading to more effective implementation by fostering strong relationships and creating a shared sense of ownership for any practical actions required (Head and Alford 2013; Patterson et al 2013; Balint et al 2006 and Levin et al 2007). Thirdly, collaboration is seen as being able to generate novel ideas and innovative solutions as a consequence of the inclusion of a diverse range of perspectives on an issue (Signal et al 2013; Kreuter et al 2004; Camillus 2008). Finally, collaboration is associated with behaviour change. For this reason, the APSC (2007) found that collaborative strategies involving citizens were the best approach for tackling wicked issues which required behaviour change as part of their solution, such as lifestyle associated disease. They state that:

Successfully addressing most wicked problems requires achieving sustained changes in behaviour. Achieving sustained behavioural change is usually a key component of tackling wicked problems because it has become increasingly clear that government cannot simply 'deliver' key policy outcomes to a disengaged and passive public (APSC 2007 p.4)

This latter point is particularly relevant to a particular form of collaboration known as co-production, which will be reviewed in depth in chapter 8.

7.7 Critique of literature on wicked problems

In many ways, the literature on wicked problems provides a useful perspective on the seemingly intractable nature of contemporary complex challenges. However, when we consider the evolutionary paradigm change lens developed in the previous chapter, the literature can be critiqued on several fronts.

Firstly, by conceptualising wicked problems as a list of characteristics, the literature implies that wickedness is inherent to the problem itself in a relatively fixed way. In fact, in some cases, the term is simply equated with complexity itself (rather than being a symptom of a complex context) or any large scale or difficult problem. An evolutionary paradigm perspective would instead argue that the quality of wickedness does not exist solely in the problem itself; it exists in the dynamic space *between* the problem and our capacity to resolve it

given our existing cognitive tools or what Homer-Dixon (2002) calls an 'ingenuity gap'. To put it another way, the real wickedness of a problem stems from our lack of appreciation for, and understanding of, the real nature of the problem and the types of responses required to engage with it effectively. In this view, we would expect to see a proliferation of wicked problems whilst on the edge of an emerging new paradigm as the prevailing worldview struggles to contend with the challenges of the times. However, we would also expect to outgrow rather than solve wicked problems as our worldview and cognitive capacities evolve.

A second point of critique relates to the way in which much of the recent commentary on wicked problems underemphasises one of Rittel and Webber's arguments that taming strategies not only fail to address wicked problems but actually exacerbate them and lead to the emergence of new issues. The taming strategies described by Rittel and Webber are associated with a Modernist/mechanistic worldview. The evolutionary paradigm perspective has shown that the cognitive tools associated with this worldview are not only yielding diminishing returns but also generating adverse effects. The wicked issues literature, however, does not pay much attention to this. However, it is argued here that any full understanding of a wicked problem must involve a consideration of how the problem has been defined and engaged with historically and an exploration of the extent to which these historical grappings have contributed to the degree of wickedness experienced today.

Finally, the non-taming strategies described in the literature can be critiqued from an evolutionary-paradigm change perspective. As has been shown, the literature argues for approaches based on a whole system understanding of the problem and the context in which it operates. Whilst this way of thinking about human systems may indeed offer useful alternatives or additions to more reductive approaches, it can be critiqued in terms of retaining assumptions and a cognitive style associated with the reductive, mechanistic approach it seeks to pitch itself against. As Watkins and Wilber (2015) explain, systems thinking fails to address the multidimensional nature of a wicked problem because it is contending with what Senge et al (2005) call the counterfeit-whole. Along similar lines, Stacey et al (2000) critique the assumption within systems thinking that individuals are able to step outside of the system they are a part of and that systemic structures are separate from the interactions they produce. As

Stacey et al (2000) explain, models of systems are often mapped in a way that shows how they generate certain behaviours or ways of thinking. However, a wealth of subjective experience does not show up in behaviours and so system maps will invariably fail to capture how change could emerge through shifts in subjectivity (Hämäläinen and Saarinen 2007). To put it another way, systems remain as objects which can be identified and isolated from an external vantage point. This objectifying tendency encourages the person examining a system to see themselves as separate from it rather than as a participant in its reproduction or transformation. For Davidson (2010), an objectifying tendency such as this is insufficient to meet the challenges of the highly complex and relational environment which characterises organisational life today. Chapman (2004) calls this objectifying tendency a 'flat' systems perspective. Systems thinking, he writes, deals with complexity by abstracting to higher levels. In that process, detail and rich information about individuals and groups is lost. Furthermore, a flat systems perspective can also mask a continued desire to control and command a situation or problem by ascertaining the objective facts and locking down a definition of a system, no matter how complex (Chapman 2004).

Following on from a flat systems perspective, the collaborative approaches advocated in the literature (with the exception of Watkins and Wilber 2015) tend towards a focus on external behaviours and actions of individuals and collectives. An awareness of the role of the interior-dimension of the change agent is lacking. The change agent is seen as acting on a system rather than being part of that system. This is in contrast to the perspectives offered by KTI's in the previous chapter, which described a move away from abstract responses in favour of approaches that recognise the importance of the consciousness of those involved or the inner place from which we operate (Senge et al 2005; Scharmer 2009).

Given this critique, it is argued that in order to proceed with a more focused understanding of care for older people as a wicked problem we need to trace its problematisation within a historical context and examine the particular worldview through which this problematisation has occurred. This examination will involve looking more deeply at some of the underlying assumptions inherent to ideas about care and personhood and how these arose through a Modernistic

paradigm. The critique has also shown that attempting to address a wicked problem using taming strategies is likely to exacerbate the issue and lead to the emergence of new issues. Therefore, the extent to which the Modernist problematisation of care for older people has led to a framing of the issue that has in turn created tensions, challenges and adverse effects will also be explored.

7.8 The Modernist problematisation of care for older people

7.8.1 Concept of personhood based on autonomy and rationality

It will now be shown that a particular concept of personhood lies at the heart of our understanding of care for older people as a wicked problem.

The Modernist perspective, shaped by liberal philosophical traditions, assumes the primacy of an individual self which can be defined in isolation from others and the environment. In other words, a stable conception of human nature is presupposed which contains a unified subject with a knowable essence and needs (Wilson 1997). This particular view of personhood has dominated thinking in Western societies and esteems two characteristics above all else: autonomy and rationality (Kitwood 2012). Given that the loss of autonomy and rationality is associated with ageing, it would follow that ageing is seen as something problematic when viewed from this perspective - it threatens our very sense of what it means to be human. Given the fundamental nature of this view of personhood and its ability to shape much of our thinking, it will be worth briefly recounting the origins of this perspective as part of the Western tradition of humanism.

The first form of humanism was the outcome of the encounter between Greek and Roman civilization, and the early Modern humanism of the Italian Renaissance maintained these features (Douzinas 2001). Both the Renaissance and the Reformation fostered a heroic view of man, capable of bearing rights and obligated by conscience (Vincent 1986). By asserting individual responsibility in matters of salvation and in seeking happiness on earth, the Protestant influence helped encourage a new doctrine reliant upon individual

choice and rights (Ishay 2004). A different conception of being human arose out of Christian theology. This asserted that all men are equally part of spiritual humanity since all people can be saved through God's plan of salvation and can enjoy eternal peace in the true city of heaven. All human beings are endowed with a soul and since nothing else has a soul in Christian thought, it was this that was said to define our humanity (Davidson 1993).

The next stage was to sever this knowable essence from its theistic origins and to make it a product of enlightened secular, rational thought (Davidson 1993). During the seventeenth and eighteenth centuries, the religious underpinning of humanity was undermined by the liberal political philosophies. These disposed of the remnants of feudal nobility in favour of a rising middle class inspired by ideals of equality, prosperity and liberation (Niezen 2003). With the liberal philosophies, the basis of humanity was transferred from God to (human) nature, in a process that fostered the intellectual trend and the political determination to recognise the significance of individuality. In this sense, the Enlightenment gave birth to the concept of 'man', who had the capacity of reason which need not be validated by a deity (Davidson 1993). Thus, the liberal philosophies of Modernity led to a worldview based on rational thinking rather than on revealed truth (Ishay 2004). Within this worldview, humanity is necessarily an abstraction that has little to do with individual personhood, since it is that which is unique to individuals which is the antithesis to abstract humanity. It is a minimum common-denominator of humanity that allows man to claim autonomy and moral responsibility. All people by virtue of their being part of an abstract notion of humanity are worthy of care. We afford people dignity based on their being rational and autonomous actors (i.e. human). In fact, within the liberal notion of the self, the moral imperative becomes strongly linked to the notion of personal autonomy (Taylor 1989). For example, Reich (1995) describes how Milton Mayeroff (1971), in his book 'On Caring', argues that caring for someone is to enable them to become more self-determining. In the context of care for older people, this raises difficult questions. As Gawande (2014) states:

Our reverence for independence takes no account of the reality of what happens in life: sooner or later, independence will become impossible. Serious illness or infirmity will strike and then a new question arises: if independence is what we live for, what do we do when it can no longer be sustained? (p.23)

As will now be shown, the loss of independence became further problematised through Modernity with the rise of geriatrics as a specialism.

7.8.2 The rise of geriatrics and the problematisation of dependency

Troyansky (1998) states that, 'If modern youth was invented in the Romantic culture of the early nineteenth century, then perhaps modern age was invented in the bureaucratic culture of the same period' (p.103). Bourdelais (1998) claims that during Modernity, old age began to be conceived of as a biomedical problem amenable to mechanistic solutions. This shift is reported to be closely linked to changes in medicine as a profession and the development of geriatric care as a specialism as will now be described.

Patterson et al (2011) explain that by the mid-nineteenth century there were three main ways of receiving care and support: workhouses, voluntary hospitals and paying a fee for services. Older people, along with the disabled and chronically ill, who resided in workhouses were seen as 'incurable' (Nolan et al 2006; Patterson et al 2011). In 1929, the Poor Law ended and power was transferred to local authorities to run infirmaries and care homes from the former workhouses (Barton and Mulley 2003). These often suffered from poor environments, facilities and staffing levels. However, voluntary hospitals began to experience success in curing acute illnesses. A medical profession grew around these hospitals, which eventually became training centres for biological and scientific medicine based on cure and treatment (Nolan et al 2006). However, those who were deemed 'incurable', such as older people, attracted less attention and became increasingly marginalised in the wake of the growing medical elite and scientific advances (Patterson et al 2011). For Patterson et al (2011), the current negative associations of the dysfunctions of older people and those with long-term conditions can be traced back to this historical development. As Johnson and Thane (1998) put it, 'scientific emphasis for medical cures has denigrated the medical needs of older people who are seen as incurable and deserving of only unsophisticated care' (p.11).

Against this background, geriatrics developed as a specialism. The term 'geriatric' was first used in the USA in 1909 and Charcot argued for geriatrics as

a medical specialism in 1881; but it was in the UK that the first geriatric unit was created by Marjory Warren in 1935 (Barton and Mulley 2003). This was followed by the founding of the Society for the Medical Care of the Elderly in 1947 and the appointment of the first consultant geriatricians in 1948, within a few months of the creation of the NHS (Pickard 2010). However, the recognition of geriatrics as a medical specialism was strongly resisted by those in acute medicine and surgery. Pickard (2010) claims that hospital physicians saw geriatrics as a 'second-rate specialty, looking after third-rate patients in fourth-rate facilities' (p.1079) and according to Felstein (1969) medics saw, 'no value in spending time, money, energy and bed space on redundant senior members of society' (in Nolan et al 2006 p.15). According to Patterson et al (2011), even the Beveridge Report warned against the risks of being 'lavish' to old age and spending money on 'unproductive' members of society.

In the wake of such resistance and scepticism, geriatrics attempted to legitimise its status by using measures that would appeal to the general medical profession. In doing so, it sought not to contest or deviate from the dominant medical paradigm, which focused on cure and length of inpatient stay, but rather placed itself firmly within it (Pickard 2010; Nolan et al 2006). Geriatricians sought to demonstrate success by restoring function to older people in hospital so that they could be discharged, thereby freeing up much needed hospital beds and reducing waiting times (Pickard 2010).

In this sense, the systems that were devised in Modernity were designed to address another problem (lack of hospital beds) to that of ageing itself. According to Patterson et al (2011), in designing solutions based on freeing up hospital beds through rehabilitation and restoring function to older people, we began to see continued dependency as a failure and older people with chronic 'incurable' conditions were problematised (Nolan et al 2006; Patterson et al 2011). Further problematisation occurred through benchmarking techniques which were designed to establish ideas about 'normal' and 'abnormal' ageing by which older people could be measured (Pickard 2010).

Jecker and Self (1991) highlight further instances of the professionalising of geriatric medicine. They claim that attempts to gain status and legitimacy required geriatricians to separate themselves from lay people and to develop

their own professional discourses, which were at odds with more lay concepts such as empathy and kindness and which downplayed subjective experience. In their words, ‘the scientific paradigm that became the language and practice of medicine further reinforced a separation between physician and patient’ (Jecker and Self 1991 p.293). This tendency to distort and neglect lay understandings about ageing and care through the development of professional discourse has been termed the ‘gaze’ of geriatric medicine (Pickard 2010). On this subject, Pickard (2010) states that geriatric medicine added, ‘a discourse stressing pathology to other expert discourses that emphasised dependency, alienation and marginalisation, all of which contributed to the ‘burden of ageing’ paradigm’ (Pickard 2010 p.1082).

Gawande (2014) suggests that by focusing on organisational and medical solutions to the problem of caring for older people, we have neglected to address what truly matters to people:

The problem with medicine and the institutions it has spawned for the care of the sick and the old is not that they have had an incorrect view of what makes life significant. The problem is that they have had almost no view at all. Medicine’s focus is narrow. Medical professionals concentrate on the repair of health, not sustenance of the soul. Yet - and this is the painful paradox - we have decided that they should be the ones who largely define how we live in our waning days (p.22-23)

7.8.3 Industrialisation of care for older people

The extension of a ‘geriatric gaze’ can be placed in a wider context. As Johnson and Thane (1998) put it, ‘If old age has been medicalised in this century so has everything and everyone, including infants, athletes etc.’ (p.12). Ballatt and Campling (2011) and Iliffe (2008) link medicalisation with the qualitative shift in Modern society towards ‘industrialisation’. Examples of industrialisation according to these authors include: standardisation of tools, subdivision of labour, medicine replacing human skills and a focus on more efficient work processes (Ballatt and Campling 2011).

LaLoux (2014) summarises the logic of industrialisation in the context of healthcare. He describes how as organisational responses began to emerge in Modernity, the idea of ‘economies of scale’ began to take route. Within this,

tasks became specialised and planners and managers were required in order to organise those providing 'frontline care'. The size of organisations grew, bringing a need for regional divisions and oversight. The establishment of a range of regulatory bodies emerged with further new roles and tasks, such as 'care management' and 'care planning' (Beresford 2008). To encourage accuracy and efficiency, time standards were created for each intervention with even further sub-division of discrete tasks. These varying interventions (such as relieving pain, spending time with the cared for person, observing symptoms or changing a wound dressing) became known as 'products' or 'packages of care'. This type of language is comparable to terminology used on a production line. Interventions were targeted to the expertise they required. More costly and experienced staff performed the more expensive 'products' and cheaper staff all other tasks. All interventions were described so that they could be analysed from afar at an aggregated level. It is claimed that this has led to a mechanistic culture in care with a focus on:

- Productivity, efficiency and quick-fix solutions (Dewar and Nolan 2012)
- Routinisation and shortened interactions (Patterson et al 2011)
- Fragmented relationships and accountabilities (Ballatt and Campling 2011)
- The mechanical delivery of processes and systems (Ballatt and Campling 2011)
- Standardisation, regulation and performance management (Ballatt and Campling 2011; Browne 2010)
- A highly cognitive, managerial way of coping with complex challenges (Kitwood 2012).

Such mechanistic approaches to the organisation of care are based on an idea of caring as an action or intervention (Morse et al 1991). According to Morse et al (1991), the idea of caring as an action does not include the inner-life of the person providing care as part of the caring act. Care occurs regardless of how the carer feels. Viewing caring as a task is not inherently problematic; there will

undoubtedly be many contexts where this perspective would indeed be preferable to others. However, it will now be argued that a dominant mechanistic perspective of caring, which has developed through Modernity, has led to unintended consequences and adverse effects and that these are contributing to the wickedness of the problem of caring for older people.

7.9 Adverse effects of mechanistic approaches to care

Before beginning to critique the mechanistic culture of care associated with Modernity, it is important to point out that this is not intended to undervalue the many positive developments that this paradigm has enabled. It is recognised that by comparison to the days of the Victorian workhouses, changes in standards of care for older people has been revolutionary, and we have seen the emergence of better methods of assessment, care planning, a more varied range of activities for older people in residential care, a focus on individuals rather than institutional regimes and better purpose built environments (Kitwood 2012). It is also not suggested that a Modernist way of thinking about care for older people is inherently flawed. Therefore, what follows will not be a generalised diatribe on the follies of Modernity and industrialisation. Rather, it will be a focused summary on the emerging critique of what is perceived to be a poor fit between so-called relational care and a mechanistic culture. It is recognised that the institutional and organisational arrangements associated with a mechanistic model of healthcare are designed to ensure accessible and equitable services for all, but it is argued that these harbour contradictions and tensions which have been insufficiently considered and which have the potential to undermine the very effect they seek to achieve (Ballatt and Campling 2011; Browne 2010).

7.9.1 Relational perspectives of self and care

It has been argued that our problematisation of care for older people is tied to Western liberal ideas of the self as an autonomous, rational actor. However, those that offer a critique of a mechanistic culture of care tend to draw from 'relational' theories of self, more common to continental philosophy. For example, Kirby (2003) draws from the theories of Emmanuel Levinas (1906-1995) who believes that personhood *arises in* relationship. In other words, the

relational encounter has primacy over the individual self. In Levinas's philosophy, the individual who is encountered cannot be turned into the instance of a concept, or reduced to the particularisation of a universal notion of personhood (Douzinas 2000). In the words of Levinas (1989), 'the relationship with the other is a relationship with a mystery' (p.40).

Kitwood (2012) and Andrews (2014) cite Martin Buber's theory of 'being in the world' when describing care. For Buber, there are two ways of relating to people and the world, the 'I-It' and the 'I-Thou' relationship. In the I-it mode of relating, the other is treated as an object, and encounters are marked by a degree of coolness, detachment and instrumentality whereas in the 'I-thou mode', genuine connection occurs between two subjects. Buber calls this genuine connection 'meeting'. For Kitwood (2012), meeting involves, 'going out towards the other: self-disclosure, spontaneity - a journey into uncharted territory' (p.248). Andrews (2014) highlights that both participants in the I-thou relationship, the carer and cared for, are changed in some way by the process. Kirby (2003) states that, 'the empathic and compassionate journey to understanding the world of another in the wholeness of their person can be directly known only in loving relation' (p.35).

As was described earlier, the moral imperative in the Western liberal tradition is linked to the abstract notion of humanity (based on rationality and autonomy). However, when a relational notion of self is adopted, the moral imperative takes on a different form. Because the self is seen as being constituted in relationships, the idea is able to form that caring for another can be existentially enriching as opposed to a moral act based on abstract ideas of right and wrong. In other words, in individualistic, liberal theories of self, the caring person possesses a particular caring trait, moral stance and belief that people matter. They then act on these to the benefit of the cared for person. They may or may not become enriched in the process as a by-product. Ontology precedes ethics. In relational theories, on the other hand, individuality is formed in relation to others and subjectivity is fostered by caring about and for something or someone. Ethics precedes ontology (Levinas 1989). Unlike traditional Western moral philosophy, the ethical demand in relational theories is not reliant upon absolute reason or a universal law, but on the concrete and personal empirical encounter with the other. As Douzinas (2000) explains, 'It is me that the other

addresses and not a universal ego or a legalistic personhood' (p.351). The quality of this empirical encounter is fundamental to the moral imperative in relational theories and relies on treating the other as a subject rather than an object.

From this idea of a relational self, a relational perspective on caring can be formed which sees care as more of a reciprocal interaction than a task to be performed. In that sense, caring becomes a dialogical process - the cared for person is an active participant in the caring relationship and is not merely a passive recipient of care (Kirby 2003; Ballatt and Campling 2011; Parker 2002). The cared for person brings their uniqueness and specificity to the encounter, including their strengths, quirks, fears, hopes, interests, motivations and capacities. Browne (2010) compares the relational, interpersonal encounter to that of dramatic performance:

A play or concert only has an effect because the audience opens itself and responds to it. In the case of care, care givers and recipients are typically the authors and actors of the event. Through their various interactions, they produce mutual feelings, attitudes and relationships (p.579).

Kirby (2003) emphasises the vulnerability inherent to such practices, since they cannot be determined or controlled solely by the carer.

Central to the relational perspective of care is the notion of reciprocity.

Referring to the context of nursing, Morse et al (1991) state that, 'the reciprocal interaction means that, as the patient is enriched, so is the nurse' (p.123).

Mutual outcomes cited by Morse et al (1991) include self-actualization, enhanced subjectivity and increased spirituality. In addition to these mutual outcomes, those providing the care may also experience personal enrichment, increased understanding, emotional capacity and sense of worth according to Morse et al (1991). Other theorists cite outcomes including a sense of expansiveness and possibility (Kitwood 2012), the inspiration of hope (Kirby 2003), freedom for growth and healing (Kirby 2003) and a renewed sense of meaning (Kirby 2003).

Relational perspectives on caring involve a range of subjective elements, including presence (Kitwood 2012; Kirby 2003), compassion (Kitwood 2012; Dewar and Nolan 2013), authenticity (Kirby 2003), attentiveness (Kirby 2003), warmth (Ballatt and Campling 2011), friendliness (Ballatt and Campling 2011),

openness (Ballatt and Campling 2011), empathy (Ballatt and Campling 2011; Parker 2002), and positive regard (Ballatt and Campling 2011). In the words of Kirby (2003), relational care ‘involves a fullness of human responding’ (p.28). However, as will now be argued, this fullness of human responding is undermined by a mechanistic culture of care.

7.9.2 Tensions between a mechanistic culture and relational care

It is suggested that a mechanistic culture can lead to insufficient time being available for genuine engagement between care staff and those being cared for (Kennedy 2014). The shortened and standardised interactions associated with a mechanistic culture of care leads to a tendency to substitute ‘relationship-based’ services with ‘encounter-based’ services according to Parker (2002). Ballatt and Campling (2011) believe that older people in particular are negatively affected by an increased pace in healthcare since it can take the older person a longer time to establish trust and relationships with staff.

However, it is not simply a case of finding the time for relational work. More fundamentally, it is suggested that a task-focused, mechanistic culture is at odds with the type of cognitive space associated with relational care. The more time we spend engaged in mechanistic tasks, the less cognitive space there is to be fully present with another, for example. As Kitwood (2012) states:

Being present entails letting go of that obsession with doing which often damages care work, and having a greater capacity simply for being’ (p.119).

The point is that within even a busy timetable of mechanistic tasks, one may find time to engage in a conversation. However, within a relational perspective, it is the authentic inner quality of the encounter that is paramount. In perspectives informed by a rational, liberal theory of self, the caring affect is much more of a means to an end and is satisfactory to the extent that is performed well but Dewar and Christley (2013) caution against this approach, citing ‘compassionate care’ as an example. They state:

There is a danger that attempts to improve communication lead to mechanistic models of training that focus on enactment of behavioural communication skills, such as listening and questioning aimed at goal directed communication and problem resolution. This mechanistic approach does not address adequately the relationship that is crucial to the delivery of compassionate care (Dewar and Christley 2013 p.49)

In this regard, it is the way in which a mechanistic perspective directs our attention that is problematic. Several authors who cite relational theories of care are critical of what they see as an over-emphasis and prioritisation of physical, scientific and technical interventions (Beresford 2008; Kitwood 2012). It is argued that a mechanistic culture diverts attention and focus away from quality interactions towards tasks and measurable outputs (Ballatt and Campling 2011; Patterson et al 2011). Beresford (2008) believes that an emphasis on outputs has led to opportunities for communication, social contact and relationship building being underplayed (Beresford 2008 p.3). He states, 'In both domiciliary and residential settings, care has come to be conceived as a range of basic tasks to support people's daily living in terms of daily maintenance' (Beresford 2008 p.3). Likewise, Kennedy (2014) found that in times of staffing and resource pressures, opportunities for engagement are sub-ordinated to 'essential' tasks and duties. Kitwood (2012) suggests that the focus on tasks and on what is measurable is so pervasive that we may not even notice it. It is as if we have developed a form of 'blindspot' for the relational. Kitwood (2012) gives an example:

A man or woman could be given the most accurate diagnosis, subjected to the most thorough assessment, provided with a highly detailed care plan and given a place in the most pleasant surroundings - without any meeting of the I-Thou kind ever having taken place (p.12)

Albertine (2009) describes how a focus on outputs and tasks can lead to attentive caring being neglected since it is not easily quantified or recognised. This can lead to the care worker facing an ethical dilemma relating to their inner, felt obligations versus their formal obligations. They may also feel dissatisfied and out of balance when they experience caring as mostly mechanical (Albertine 2009).

A further tension between a mechanistic culture and relational care relates to the professionalisation of caring. This has given rise to a plethora of tools, protocols and directives which have 'bureaucratised' straightforward concepts such as compassion and kindness (Kennedy 2014; Dewar and Nolan 2012). Summing this up in relation to nursing, Kirby (2003) cites Boyd (1998) who writes that in a culture of professionalisation:

Empathy becomes a technique: the individual an object; holism a multi-faceted approach; and humanism a professional commodity. As human factors are professionalised in this way, a gap between role and person is created. Nurses can and do become estranged from the person that enacts the role' (in Kirby 2003 p.73-4).

Associated with the trend of bureaucratising emotion is that of seeking to standardise caring practice through objective rules, guidelines, standards and criteria. Albertine (2009), Kitwood (2012) and Ballatt and Campling (2011) critique caring which is overly rule-bound and based on objective categories. Kitwood (2012) calls this the, 'replacement of moral integrity by external control' (p.135). In a similar vein, Ballatt and Campling (2011) refer to the work of psychologist Barry Schwartz who claims that creating rules for virtuous behaviour has replaced 'practical wisdom' and prevents people from having to think and use their own judgements to act responsibly. To illustrate this point, Schwartz tells a story:

When some psychologists interviewed hospital janitors to get a sense of what they thought their jobs were like, they encountered Mike, who told them about how he stopped mopping the floor because Mr. Jones was out of his bed getting a little exercise, trying to build up his strength, walking slowly up and down the hall. And Charlene told them about how she ignored her supervisor's admonition and didn't vacuum the visitor's lounge because there were some family members who were there all day who, at this moment, happened to be taking a nap. And then there was Luke, who washed the floor in a comatose young man's room twice because the man's father, who had been keeping a vigil for six months, didn't see Luke do it the first time, and his father was angry.....behaviour like this....doesn't just make people feel a little better, it actually improves the quality of patient care and enables hospitals to run well (cited in Ballatt and Campling 2011 p.155-6)

None of the standardised job descriptions for these members of staff or their specified daily tasks would account for such behaviour. The point Schwartz

(2011) is making is not that better standardised descriptions and specifications are needed, but that acts of kindness and compassion emerge from an inner source and an ability to be responsive to the situation at hand. Schwartz (2011) argues that our current mechanistic culture is not designed to create this type of ordinary, practical wisdom. In fact, it may actually punish such behaviour. In the story above, Ballatt and Campling (2011) point out that an inspection may have found shortcomings in the performance of the janitors and may have even resulted in disciplinary action. Andrews (2014) found evidence of this in a care home context when he found that staff expressed feelings of guilt when doing things that they felt were the right thing to do but were not written in a care plan or standard guidelines. He also noted how many regulations seek to create rules which are restrictive for staff. Such a rule-driven environment can have a negative impact on staff morale according to Ballat and Campling (2011):

If techno-centric industrial processes are allowed to create an impersonal, deskilled, rule driven environment, staff are very likely to feel like tools and machines, and patients to feel objectified (p.161).

A rule-driven environment can also create a culture of fear and blame according to Kennedy (2014). He states:

We cannot expect positive relationships between individuals and groups if there isn't a culture to support appreciative relationships. Staff, residents, relatives and the wider community need to feel empowered to engage on a human level. While they feel 'suspect', unwelcome or unappreciated they cannot build good relationships' (Kennedy 2014 p.42).

7.9.3 Critical reflections

It could be argued that the points made above raise relational care to something of a sublime concept which takes no account of the realities of day-to-day care work. However, the potential labour intensity of relational care is recognised. Kirby (2003) cites Nouwen et al (1982) in emphasising the challenges of working in relational ways:

Simply being with someone is difficult because it asks of us that we share in the other's vulnerability, enter with him or her into the experience of weakness and powerlessness, become part of uncertainty, and give up control and self-determination (Nouwen et al 1982 in Kirby 2003 p.34)

Ballatt and Campling (2011) also describe the challenge of relational work in light of the nature of the day-to-day role of caring. They state:

It is easy to forget the nature of some of the jobs carried out day in day out - the damage, the pain, the mess they encounter, the sheer stench of diseased human flesh and its waste products. It takes energy and concentration to be in the right state of mind so as not to physically recoil and express disgust (Ballatt & Campling 2011 p.53).

The authors, citing Menzies Lyth (1988), go on to show how the emotionally demanding nature of relational care work can frequently evoke defence mechanisms, including the avoidance of anxiety by splitting up the relationship with the cared for person by breaking the workload down into a list of tasks and rigidly sticking to rules to avoid decision making. This perspective suggests that relational care can actually lead to a mechanistic culture of care, rather than simply being impacted negatively by it. However, Ballatt and Campling (2011) make the case that it is when care staff are not adequately supported to process their feelings that defences can build up and become entrenched and rigid. It is this that results in a reduced cognitive space for kindness, compassion and empathy rather than the engagement in relational care per se. Therefore, it can be tentatively assumed that with the right environment, relational care itself is unproblematic.

It could also be argued that the critique summarised above implies a strict distinction between perspectives which view caring as a task and caring as relational. This would indeed be a simplistic interpretation of what is a complex and complicated issue. It is worth bringing in the perspective of those who emphasise the inter-relatedness of different aspects of caring at this point. For example, Parker (2002) emphasises the need to attend deeply to the cared for person's inner world along with integrating thinking, feeling and acting. Similarly, Albertine (2009) addresses the integration of a range of perspectives of caring and states, 'there is room for 'being', 'becoming' and 'doing' in caring, showing its seamlessness as a practical, aesthetical and ethical field of force'

(Albertine 2009 p.80). To illustrate the interconnectedness of 'being' 'becoming' and 'doing', an example is given of a nurse caring for an older lady with dementia who could not communicate verbally:

The patient spent many hours a day abandoned in her own screaming, also causing concern among the other residents. The nurse sensed the patient's fondness for singing and was thus able to communicate and create a safe space for the patient by singing for and with her, throughout the routines of the day. She explained that the singing affected her too: "You know you get kind of soft and gentle in your hands while singing and working at the same time" (Albertine 2009 p.80-81.)

According to Albertine (2009), this example shows how the aesthetic dimension supported a state of 'being' but also a practical 'doing'. A space is created for a relationship that involves both subjectivity and action. Being does not exist in opposition to doing. The subjectivity of the carer affects the practical aspects of caring but these in turn affect subjectivity (Albertine 2009). Jarrin (2012) also stresses that different perspectives on caring should not be seen as opposed to one another:

Viewed as purely technical actions and physical behaviour, caring would simply be a set of tasks that could be carried out by machines. However, viewed as solely intention and feelings, caring would be 'little more than silent prayer' (Jarrin 2012 p.5).

Therefore, the varying dimensions of caring do not function independently of one another and some are not intrinsically more important than others. However, it is argued that the multi-dimensional nature of caring has been neglected through Modernity in favour of prioritising the external elements or tasks. It is this neglect which has generated the unintended consequences and adverse effects described in this chapter.

Finally, it is recognised that a particular lens has been adopted through which to explore the problematisation care for older people as a wicked problem. However, it is recognised that many other analyses could have been undertaken. For example, a feminist reading may have focused on the role of women in both unpaid and paid care work and how this role has changed throughout Modernity. A neoliberal account may have sought out patterns in the privatisation of long term care. A further caveat is that it is not the intention of this chapter to

provide a comprehensive account of the history of care for older people but rather to focus on elements of problematisation which are relevant to the focus of this thesis.

7.10 A re-statement of care for older people as a wicked problem

With a more philosophical account of the problematisation of care for older people, the wickedness of the problem can be re-stated not in terms of a set of characteristics but as a failure to fully appreciate or effectively engage with these characteristics, i.e. as an ingenuity gap. It has been shown that throughout Modernity, dependency has become seen as a problem or failure and we have historically failed to engage with more fundamental questions of how to make life meaningful when independence is no longer an option. Attempts to engage with the issue of caring for older people have focused on symptoms such as a lack of acute hospital beds rather than on what may really matters to older people themselves. The multi-dimensional nature of caring for older people has been neglected in favour of exterior/objective elements and the relational perspective of caring has been neglected in favour of mechanistic perspectives which view it solely as a task. We are now experiencing the diminishing returns and adverse effects from this way of organising care.

7.11 Chapter summary

This chapter has provided a definition of a wicked problem. Wicked problems arise against a context of complexity but it has been argued that ‘wickedness’ lies not in the problem itself, but in the problem/solution cognitive space. It has been shown that taming strategies associated with a Modernist paradigm are inadequate for addressing this gap and may even exacerbate the problem. More appropriate approaches for engaging with wicked problems suggested in the literature have been presented. However, it has been shown that these tend to focus primarily on the exterior dimensions of behaviours, actions, processes and structures and can be critiqued from an evolutionary paradigm change perspective. Finally, the idea that care for older people is a wicked problem has been explored. Traditional attempts to do so tend to focus on the issue itself rather than the paradigm through which the problem is framed. This chapter has

sought to address this gap. In doing so, it has been shown that our attempts to address older people's care through the establishment of institutions and organisational arrangements with an underlying Modernist logic have created their own tensions which exacerbate the very issue they are trying to address - that of providing quality care for older people. The next chapter will review what could potentially be a more effective way of responding to the care needs of an increasingly older population.

8 Co-production as a response to wicked problems

8.1 Introduction

The previous chapter showed how problem-wickedness associated with care for older people stems from the Modernist framing of the issue and how this has undermined relational care through a focus on mechanistic responses. This chapter will explore the idea that co-production may represent a more effective response to the challenge of providing care for an increasingly older population. In fact, as Baker and Irving (2016) state, ‘a wicked issue *can only* be addressed through holistic and co-produced responses’ (p.394). In this context, co-production is about delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and other citizens. Through a narrative scoping review of the literature, definitions of co-production will be provided and related concepts, principles and values associated with the term will be identified. Co-production will be defined in broad terms as well as in the context of care homes for older people. An attempt will not be made to systematically analyse the evidence associated with the outcomes of co-production but these will be described in broad terms to show the narrative around its potential. A critique of co-production will then be offered by those who believe co-production is either unfeasible or undesirable. Finally, critical reflections on the literature will be offered which will make the argument that co-production appears to be conceptualised as a rational, linear process to the neglect of a relational focus and that workforce challenges associated with the implementation of co-production are under theorised.

8.2 Search strategy

The aim of the literature review is to provide a broad overview of the topic of co-production. As it is not seeking to answer specific questions, a general narrative scoping review approach has been adopted. As Anderson et al (2008) state, scoping reviews are ‘concerned with identifying the current state of understanding; identifying the sorts of things we know and do not know, and then setting this within policy and practice contexts’ (p.10). Despite not needing

to fulfil the same criteria as a systematic review, a rigorous search strategy has been employed as will now be described.

First, the electronic databases Applied Social Sciences Index and Abstracts (ASSIA) and Web of Science were searched using the terms co-production or coproduction or co-produce or coproduce in the title and/or abstract. Although there was an awareness that co-production is associated with related concepts such as collaboration and public participation, it was felt that the inclusion of these terms would lead to an unmanageable amount of results and would unhelpfully broaden the scope of the topic. The searches performed were limited to studies between 1995 and 2012 that were published in the English language. The last search was run on 5 April 2012. These searches initially generated 1,086 results. These were screened based on their title and abstract. Secondly, in order to capture reports within the grey literature, a Google search was undertaken. Due to the large volume of results generated, only the first 20 pages (200 unique websites) were scanned in terms of either a book or website description.

The screening of abstract, book and website descriptions was based on topic relevance i.e. co-production conceived of as a process between citizens and public organisations. Since the purpose of the review was to provide a broad overview, articles or websites that had a narrow focus within a defined setting other than care for older people were excluded. No formal exclusion criteria was employed in relation to study design or quality weighting since establishing an evidence-base was not a goal of the review. Based on these record selection criteria, 32 websites/online reports and 26 articles were selected for inclusion. A further 55 unique journal articles were then selected based on the bibliographies and reference lists of the first set of articles selected. An additional 5 reports were identified based on viewing the original websites identified.

It should be noted that at the time of conducting the scoping review, it was not yet known that the fieldwork for the thesis would take place within the context of residential care for older people. However, a section on this was later added to the chapter to provide contextual understanding for the case study. The records used to inform this section were not part of the initial search strategy

described above. Also, the initial literature review on co-production was refreshed on 6 August 2016 to capture publications between 2012-16 that appeared particularly relevant based on a scan of the title and/or abstract. Relevance was defined as any articles that related to co-production in the context of care, articles which summarised systematic or scoping reviews of co-production or articles which related to broad definitions and conceptualisation of co-production. This generated 17 new articles and 1 book. The chapter was updated in light of the findings of these publications.

8.3 Co-production: Origins and historical development

Co-production is about delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Arguably, it represents a shift away from viewing citizens as passive recipients of services who are dependent on help from professionals, towards seeing them as active partners with assets and strengths which can be mobilised to achieve the outcomes that are important to them. The conceptual origins of co-production can be traced to the early 1970s in the USA, whereby the term generated a significant amount of interest amongst public administration academics interested in the involvement of citizens in the provision of public services (Pestoff 2006). The term co-production was first coined by political economist Elinor Ostrom after analysing case studies of urban service delivery (Gannon and Lawson 2009; Alford 2009a; Brandsen and Pestoff 2006; Boyle et al 2006; Percy 1984). Ostrom and colleagues recognised that the provision of most public goods involved a process by which the combined efforts of citizens and public officials determined the quality of the final service available (Rich 1981; Marschall 2004; Whitaker 1980). Co-production was the term used to describe this process. It came to refer to the joint venture between active citizens and government agents to deliver public services (Brandsen and Pestoff 2006; Dunston et al 2009; Ottmann et al 2011; Sharp 1980).

There were several underlying currents in public administration in the USA during the 1970s which generated fertile ground for the growing interest in co-production. These included a weakening of trust in government associated with budget deficits and cuts in public spending (Ottmann et al 2011); rising public

expectations (Barker et al 2010); an aversion to 'big government' (Alford 2009a); increased use of volunteers in the public sector (Alford 2009a); and the promotion of citizenship (Alford 2009a). The interest generated in co-production during the 1970s continued into the early 1980s, by which point it had become the 'concept of choice for discussions of citizen participation in public administration' (Thomas et al 1999 p.83). By this time, the concept of co-production had also reached the UK and was being used in a health context by Anna Coote and colleagues at the Institute for Public Policy Research and the King's Fund. Coote and others were using the term to describe the reciprocity between doctors and patients required to achieve positive health outcomes (Gannon and Lawson 2009; Boyle et al 2006; Stephens et al 2008). The term was also taken up in the 1980's by the civil rights lawyer Edgar Cahn, who looked beyond the direct relationship between the citizen and professional to the wider community, social networks and civil society (Gannon and Lawson 2009).

However, from around the mid-1980's, the term co-production largely disappeared from use and received only sporadic interest from policy makers (Alford 2009a; Pestoff 2006; Bovaird 2007). The underlying policy currents that had been so conducive to generating interest in co-production in the 1970's were shifting to new trends such as marketization, new public management and contractualism. A wariness was also emerging towards the degree of altruism that co-production seemingly depended on to ensure a supply of volunteers (Alford 2009a; Crawford et al 2003). As a result, attention shifted from collaboration and citizen involvement to the notion of customer satisfaction, and it was to the private sector, rather than citizens and communities, that the public sector turned to for ways to improve satisfaction with services (Meijer 2011; Needham 2008).

More recently, since around the mid-1990s, the tide of interest in co-production has turned once more. The renewed interest in co-production has been linked to: mounting cynicism towards private-sector inspired models of public service delivery; increased attention to the benefits of peer-support and the role of the community in encouraging citizenship; the changing role of citizens in public services; and public budget deficits and decreased public spending (Ottmann et al 2011; Alford 2009a; Bovaird 2007). These trends have led policy makers, academics and campaigners to advocate for new directions in public service

delivery (Needham 2008) and in the last ten years, co-production has been a topic of interest for academics, think tanks such as Demos, IPPR and the New Economics Foundation, the Prime Minister's Strategy Unit and practitioner associations such as Compass and the Social Care Institute for Excellence (Barker et al 2010).

8.4 Defining co-production

The literature on co-production, as Needham (2008) observes, is 'fraught with confusion over definitions' (p.224) and the term covers a range of fragmented activities and expectations (Ewert and Evers 2012). This lack of conceptual clarity arises in part due to co-production's mixed lineage. As Durose and Richardson (2016) explain, it has been used to support very different causes and ideological positions from across the political spectrum. It also arises due to the differing views amongst scholars regarding how broad or specific the definition of co-production should be. Ostrom's original definition is a broad one: 'the process through which inputs used to provide a good or service are contributed by individuals who are not 'in' the same organisation' (Ostrom 1996 p.1073). A similar definition is provided by Sharp (1980), who describes how co-production, 'expands the citizen role from one of consuming and passing judgment upon public services to one that also involves responsibility for creation of public services' (p.105). These descriptions contribute to a very broad conception of co-production as being any activity or process which involves citizens and professionals working together to produce a public service (Boyle et al 2006; Dunston et al 2009). In fact, Osborne et al (2016) and Osborne and Stokosch (2013) argue that co-production is an essential and inalienable core component of public service delivery that cannot be avoided (Tuurnas 2015).

However, others contest such a wide definition of co-production (Warren 1987; Rosentraub and Warren 1987; Pestoff 2006; Barker et al 2010). For example, Barker et al (2010) warn that 'excessive elasticity' could result in co-production becoming a 'catch-all term' (p.4). There is also a sense that the original, broad definition of co-production is somewhat dated. As Bovaird (2007) and Joshi and Moore (2004) highlight, partnership working in some guise is now so commonplace in public services that Ostrom's definition has become trivial and meaningless. More specific definitions limit the types of activity which count as

being co-productive. However, there is disagreement on this matter, as will now be shown.

8.4.1 Activities of co-production

There are differing views around which type of activities constitute co-production. There are four main types of activities which are contentious. These are passive activities, unintentional activities, activities which individuals are compelled to undertake, and negative activities.

There is debate over whether passive activities should count as co-production (Alford 2009a; Rich 1981; Pestoff 2006; Barker et al 2010). Passive activities involve refraining from doing certain things, such as dropping litter or eating fatty foods. Alford (2009a) argues that, 'it is difficult to conceive of doing nothing as a form of co-production. It must refer to positive actions if it is to mean anything at all' (p.21). Brudney and England (1983) and Barker et al (2010) also agree that passive activities should lie beyond the definition of co-production.

With regards to unintentional behaviours, Alford (2009a) points out that citizens may act in such a way as to co-produce a public service outcome not because they intentionally choose to do so, but because of structural factors which induce a particular behaviour or action. Sharp (1980) also argues that unintentional behaviours should count as co-production because the behaviour of the individual is still shaping service conditions in some way, despite them not actively choosing to do so. However, this is not accepted by others in the literature and it is suggested that the inclusion of unintentional behaviours in co-production widens the definition to the point of triviality (Warren et al 1982; Rosentraub and Warren 1987; Joshi and Moore 2004; Pestoff 2006).

Sharp (1980) believes that activities which citizens are compelled to undertake (e.g. to comply with requirements or legislation) should be thought of as co-production in some cases. Alford (2009a) shares this view and argues that compliance involves an element of choice (you can choose to comply or not). However, most others in the literature believe that only voluntary, co-operative

efforts of individuals or groups should count as co-production (Pestoff 2006; Brudney and England 1983; Whitaker 1980).

The final area of disagreement relates to whether or not negative activities should be part of the definition of co-production. Co-production is generally thought of as an activity which results in an improvement in the range or quality of services and is therefore a value-creating activity (Alford 2009a). However, Rich (1981) and Brudney and England (1983) include activities which have a negative impact on social and environmental conditions, such as vandalism, in their definition.

8.4.2 Types of co-production

There are distinctions to be made between different types of co-production, including transactional and relational. Alford (2009a) defines transactional co-production as being episodic and relatively simple. An example is that of completing a tax return, whereby the individual only engages with public officials for a brief time over a relatively straightforward task. In contrast, relational co-production involves, ‘mutual personal knowledge and engagement and on-going interactions’ (Alford 2009a p.21). Relational co-production tends to achieve its outcomes through person-centred relationships rather than mechanised processes (Needham 2008). Relational co-production is more relevant to services which are seeking to induce a personal transformation of some sort (Whitaker 1980). As Boyle et al (2010b) state, ‘fundamental shifts in behaviour need to come from people, and be both intuitive and self directed in order to effect a sustainable change in people’s patterns and habits’ (p.25). Relational co-production has attracted a lot of attention from policy makers in recent years, which is perhaps unsurprising given that addressing wicked problems requires significant engagement and participation from citizens.

There is also distinction between individual and collective types of co-production (Brudney and England 1983; Barker et al 2010; Needham 2008; Meijer 2011; Bovaird et al 2016). Individual co-production takes place between a single individual and (usually) the frontline practitioner working with them. Barker et al (2010) describe this as a ‘vertical partnership’ to be understood in reciprocal terms (p.5). In a health and social care context, individual co-production tends

to focus on the quality of the professional-patient/service user encounter and is related to ideas about person-centredness. Co-production is said to take place when the professional engages with the patient or service user in a facilitative rather than prescriptive manner, listens and responds to what the individual communicates and seeks to foster a relationship which treats the individual as an equal partner in the process (Kendall 2003). Collective co-production, on the other hand, is thought of as enabling 'horizontal relationships' between groups of citizens who shape and deliver public services in addition to their individual relationships with professionals (Barker et al 2010). In sum, individual co-production tends to focus on the patient, citizen, client or service user, whereas collective co-production focuses on communities, neighbourhoods and wider societal networks (Needham 2008). Along similar lines, Vennik et al (2016) distinguish between macro (between government and patient organisations), meso (between an organisation and their patient representatives) and micro-perspectives (between individual professionals and individual patients).

Glynos and Speed (2012) distinguish between a recognition-based and choice-based approach to co-production in health and social care. The recognition-based approach focuses on transformation and adding value to a service. The choice based approach, by contrast, focuses on self-determination and ability to select a particular treatment or service. However, Palumbo (2016) argues that health and social care services are complex and adaptive systems composed of processes, products and people and are by their nature co-producing systems. Likewise, Batalden et al (2015) argue that healthcare is not a product that is produced by a system but is invariably created through interactions between professionals, people seeking support and their families.

A final distinction can be made between substitutive and supplementary types of co-production. Supplementary (also referred to as positive-sum and complementary) forms of co-production are those in which citizens add additional value to services which continue to be provided by public officials (Sharp 1980; Needham 2008; Barker et al 2010; Breton 1999). Substitutive (or zero-sum) co-production, on the other hand, involves part of a service that would traditionally be delivered by professionals being transferred to citizens (Barker et al 2010; Alford 2009b).

8.4.3 Inputs of co-production

A range of different co-production projects with varying types of citizen involvement are described in the literature. The type of inputs from participants described in these case studies varies greatly between projects. Needham (2008) lists time, activity, skills, expertise and social interaction as being inputs from citizens that may be present in a co-productive approach. She also points out that whilst some of the inputs are tangible and easily measured, others are less quantifiable (such as an input to the culture within which a service is delivered). A further challenge of defining types of citizen inputs is that many projects and initiatives are operating to co-productive principles but using different terminology. The Glasgow Centre for Population Health (2011) suggests that terms such as community engagement, community development, enablement, recovery, self-management, community empowerment and mutuality are all used to describe approaches that have co-productive elements to them. It should also be noted that some types of co-production models involve the voluntary contribution of time, activities, skills etc. whereas others involve a formalised reciprocal arrangement. For example, Time Banks use a time credit system to measure and reward the inputs people make by giving them limited spending power (Boyle et al 2006; Stephens et al 2008; Cahn and Gray 2004; Powell and Dalton 2003).

8.4.4 Stages of co-production

Pestoff et al (2006) make a distinction between 'co-governance', which relates to citizen participation in the planning and delivery stages of service production, and 'co-management', relating to an arrangement whereby services are produced in collaboration between the state and citizens. Other terms including 'co-designing', 'co-planning', 'co-commissioning', 'co-prioritisation', 'co-financing', 'co-delivery', 'co-assessment' and 'co-evaluating' are cited in the literature to further distinguish between the various stages in the service delivery chain at which co-production can take place (Bovaird 2007; Needham; 2008; Bovaird and Loeffler 2012). Barker et al (2010) recognise that behaviour cannot always be neatly categorised into a theoretical ordering of decision making, however they believe that professionals and politicians find the service chain model an accessible way to comprehend co-production.

An alternative way of defining co-production is to place it on a spectrum or continuum of participation. At the far end of the spectrum are activities which involve high levels of professional input and lower levels of citizen input and at the other are activities with lower levels of professional input and higher levels of active citizen involvement. Co-production would be somewhere in the middle, with high levels of both professional and citizen involvement. Viewing co-production along a continuum has the advantage of being able to show its relative position in contrast to consultation, citizen engagement and service user involvement. As Needham (2008) explains, the latter tends to ‘reassert traditional roles and divisions between users and officials by involving them in separate consultative exercises’ (p.225).

8.5 Principles and values of co-production

8.5.1 Reciprocity

Boyle et al (2010a) define co-production in terms of reciprocity. Reciprocity in this context refers to the mutual exchange of time, resources, skills or knowledge between individuals and/or groups and public service professionals (Boyle et al. 2010b). As Cahn and Gray (2004) put it, ‘‘you need me’ becomes ‘we need each other’’ (p.6). There is a normative view expressed in the literature that receiving and giving back in a mutual exchange is more powerful than simply giving as a one-way transaction (Cahn and Gray 2004). This is based on the belief that simply receiving help without giving anything back creates an unhealthy culture of dependency, which convinces patients or service users that they have nothing of value to offer, leading to feelings of incompetence and worthlessness (Dunston et al 2009; Breton 1999; Boyle et al 2006). Riessman (1990) summarises the problematic nature of help-giving, stating that, ‘it tends to underline inadequacy and casts the helpee in a dependent role made more asymmetrical because of the higher status of the professional help giver’ (p.221). In addition, a one-way helping relationship can, according to Leadbetter and Cottam (2009), lead to people losing confidence in their ability to act, decide and provide solutions to their own problems. Therefore, Leadbetter and Cottam (2009) associate an over-reliance on professional power with a diminishing sense of individual responsibility. This view is reminiscent of Ivan

Illich's famous account of the iatrogenic effects of conventional, professionalised healthcare systems. Illich argues that:

Health professionals have a deeper, culturally health-defying effect in so far as they destroy the potential of people to deal with their human weakness, vulnerability and uniqueness in a personal and autonomous way (Illich 1990 p.33)

Other authors invoke William Beveridge's 1942 report which cautioned that one of the consequences of the post-war welfare state could be to undermine people's faith in their personal capacity for tackling common problems (Stephens et al 2008).

8.5.2 'Working with' rather than 'doing for'

Another often cited principle used to describe co-productive approaches is that of 'working with' people, rather than 'doing for' passive recipients (Dunston et al. 2009; Hashagen et al 2011; Stephens et al 2008; Slay and Robinson 2011). 'Working with' in the context of health and social care is about recognising that citizens can play an active role in creating and maintaining their own health and wellbeing. In fact, it is argued that for even the most basic of health activity, 'doing for' is impossible. As Alford (2009a) puts it, 'the service deliverers do not by themselves cure or even alleviate the conditions of those patients who are conscious and functioning. They rely on patients to behave in certain ways' (p.1). This leads Boyle et al (2006) to conclude that co-production is actually the natural state of affairs, and that over-professionalisation and a culture of dependency have undermined this. The principle of 'working with' rather than 'doing for' therefore relates to a wider systemic and cultural change in the relationship between professionals and citizens, whereby professionals become catalysts, enablers and facilitators rather than simply service providers (Dunston et al. 2009; Stephens et al 2008). In the context of health and social care, this is linked to a shift away from paternalistic bio-medical models of care, which informed the professional-patient relationships in the early decades of the NHS. Palumbo (2016) states that this model neglected the role of patients and service users in the provision of services. Morris et al (2006) similarly claim that patients were granted only a very passive role, which they describe as being to, 'comply with the medical regime, prescribed and accepted without question or debate'

(Morris et al 2006 p.3). Co-production is seen as challenging paternalistic models of care by directing a focus towards collaborative partnerships between users and providers of health and social care services.

8.5.3 Recognition of different kinds of knowledge, experience and skills

Co-production values and seeks to bring together different kinds of knowledge and experience - both professional expertise and the knowledge that comes from personal experience (Hashagen et al 2011). Related to this is the valuing of human skills which provide a social benefit, even if these are not paid or trained skills. This view is most strongly expressed by Cahn and Gray (2004), who state that:

Work must be redefined to include whatever it takes to rear healthy children, preserve families, make neighbourhoods safe and vibrant, care for the frail and vulnerable, redress injustice, and make democracy work (p.6)

This view has been echoed by Boyle et al (2006) and Powell and Dalton (2003), who argue that an over-reliance on state organised solutions to individual and community problems has led to a devaluing of non-market transactions, including those provided by relatives, neighbours and friends on an informal basis. Boyle and Burns (2006) suggest that it is these informal transactions, such as simply providing a shoulder to cry on, which make us uniquely human. Arguably, these are not trained skills, but they are vital to co-production. Slay and Robinson (2011) see co-production as an approach that redresses the marginalisation of activities which money cannot buy.

It is important to note that recognising different forms of experience, skills and knowledge is not the same as arguing for their equal status. Different types of skills and experience will be more relevant and appropriately acted on at different times and in different contexts. However, there remains an assumption in the literature that all individuals by virtue of being a patient or service user always have valuable knowledge and expertise (Palumbo 2016; Andersson et al 2007; Baker and Irving 2016; Dunston et al 2009; Vennik et al 2015). However, it could be argued that this assumption tends to overlook the variances that might

exist between individuals based on, for example, levels of education, access to information or levels of cognitive functioning.

8.5.4 Social capital

Cahn and Gray (2004) list social capital amongst the key principles of co-production. Integral to their definition is the recognition of the importance of social networks which are based upon trust and civic engagement. Many recent policy documents relating to co-production also emphasise the importance of social capital to co-productive approaches (Boyle et al 2006; Boyle et al 2010a; Stephens et al 2008; Voorberg et al 2013). According to these documents, co-production should both tap into existing social capital as well as seek to increase it. The concept of social capital has a vast body of literature in its own right. Lindstrom and Eriksson (2010) define it as, ‘the social resources of a person in terms of human relationships’ (p.23). Boyd et al (2008) describe it as an ecological construct, in that it incorporates a range of related concepts including trust, social cohesion, sense of community and social participation. Pettit et al. (2011) divide social capital into three levels: sociological, behavioural and individual. The sociological level relates to supports that improve quality of life for communities. The behavioural level pertains to positive relationships based on trust and reciprocity. The individual level relates to an individual’s access to, and involvement in, a range of positive activities, support and information which contribute to goal attainment and wellbeing (Pettit et al. 2011).

8.5.5 Asset-based

Hashagen et al (2011) state that, ‘the whole co-production process can be described as asset-based in that it starts with and builds on the human assets of the community in question, rather than seeing issues as problems that can be addressed by different forms of service delivery or ‘treatment’’ (p.6). Similarly, Foot and Hopkins (2010) claim that, ‘co-production is both complementary to, and reliant on an assets approach’ (p.15). Asset-based approaches focus on people’s capacities, skills, experience, knowledge and connections rather than solely on their problems, needs and deficits (Hopkins & Rippon 2015; Foot and Hopkins 2010; GCPH 2011). Asset-based approaches start by asking questions

such as what makes us healthy and what factors make us more resilient? (Morgan & Brooks 2010). In doing so, asset-based approaches seek to identify protective factors that support health and wellbeing. These protective and health generating factors are then mobilised so that individuals and groups are empowered to create solutions to stimulate change (GCPH 2011). It is in this way that people are seen as co-producers of their own health, rather than simply consumers of health services.

Assets approaches draw from the theory of salutogenesis, meaning the origins of health (Antonovsky 1996). Salutogenesis focuses on the causes of health rather than causes of disease (Rotegard et al 2010; Witing 2012). One of the underlying premises of salutogenesis is that the more people are able to understand their world and perceive it as both manageable and meaningful, the more they can draw from their own resources to maintain their health and wellbeing (Morgan et al 2010). Salutogenesis identifies Generalised Resistance Resources (GRR's) which are defined as the, 'biological, material and psychosocial factors that make it easier for people to perceive their lives as consistent, structured and understandable' (Lindstrom & Eriksson 2010 p.33) and thus help with the stressors inherent to human existence (Antonovsky 1996).

Others in the literature describe health-assets rather than resources. Rotegard et al (2010) define these as 'the repertoire of potential internal and external strength qualities in the individual's possession, both innate and acquired - that mobilize positive health behaviours and optimal wellness outcomes' (p.514). There are varying types or levels of health assets identified in the literature. For example, Morgan et al (2010) state that assets can operate at the level of the individual, group, community or population. O'Leary et al (2011) distinguish between assets that are held in a relationship or collectively and those that are held individually. Rotegard et al (2010) describe internal and external assets. Rotegard et al (2010) explain that whilst external assets can foster and nurture internal assets, internal assets can also contribute to developing and strengthening external assets. However, Hopkins & Rippon (2015) highlight current gaps in evidence in relation to the mechanisms by which external assets contribute to subjective wellbeing.

A key component of the salutogenic framework is that of a Sense of Coherence (SOC). SOC is defined as, 'the capability to perceive that one can manage in any situation independent of whatever else is happening in life (Lindstrom & Eriksson 2010 p.33). It is what enables an individual to reflect on, identify and mobilise their health assets and cope with stress and challenges in a health-promoting way (Lindstrom & Eriksson 2010; Foot & Hopkins 2010). In this sense, the SOC can be seen as a mediator between GRRs (or health assets) and improved health and wellbeing (Rotegard et al 2010). Antonovsky (1996) postulated that a person with a well-developed SOC will be motivated to cope (meaningfulness); believe that the challenge is understandable (comprehensibility); and believe that resources to cope are available (manageability).

Assets approaches can be contrasted with deficit approaches, which focus on avoiding disease and identifying problems, needs and deficiencies (Morgan and Brooks 2010; Foot & Hopkins 2010). The needs and problems identified in deficit-based approaches are often seen as requiring professional resources, support and expertise to intervene, fill the gaps or tackle the issues (Morris and O'Neill 2006). Boyle and Harris (2009) claim that an over-emphasis on deficit approaches is associated with the continued rise of social needs and a lack of genuine systemic change. Similarly, Powell & Dalton (2003) and Foot & Hopkins (2010) claim that deficit approaches create dependency on institutions and professionals and can lead to the disempowerment of individuals and communities. Morgan & Brooks (2010) and Boyle et al (2004) make the link between disempowerment and increased pressure on the NHS and the welfare state.

8.6 The Case for co-production

8.6.1 Improved service delivery

There is a substantial amount of literature which claims that co-production can improve the effectiveness and quality of a service (Gannon and Lawson 2009; Barker et al 2010; Boyle et al 2010a; Percy 1984; Crawford et al. 2003; Marschall 2004; Needham 2008; Ottmann et al 2011; Palumbo 2016; Vennik et al 2015; Loeffler et al 2013). It is suggested that citizen involvement in service production can serve as a diagnostic tool by revealing flaws in existing delivery mechanisms from the perspective of the user (Needham 2008). It is also claimed

that citizens can bring innovation in public services by drawing from their expertise, knowledge and insight into ways of dealing with the issues which affect them thereby ensuring that services can be more responsive and sensitive to the needs and requirements of those that use them (Pestoff et al 2006; Barker et al 2010; Percy 1984; Needham 2008; Marschall 2004).

8.6.2 Financial efficiency

Co-production is associated with a range of economic benefits, including increased value for money and reduced budgetary costs (Horne and Shirley 2008; Percy 1984; Boyle et al 2010a; Meijer 2011; Pestoff 2006; Halpern et al 2004; Alford 2009a; Ottmann et al 2011). Given this assumption, it is no surprise that co-production has received the most interest during times of fiscal pressure (Joshi and Moore 2004). The logic behind the idea that co-production can help address financial challenges rests upon three assumptions. The first is that co-production can reduce the need for paid staff. By turning people into active participants in the production of services, it is thought that citizens can substitute the need for paid employees and contribute to the system's productive resources (Percy 1984; Anderson and Clary 1987; Leadbetter and Cottam 2009; Barker et al 2010). The second assumption is that co-production can reduce waste in the system. Given that citizens have been actively involved in shaping the service, it is more likely to meet their needs first time (Barker et al 2010; Boyle et al 2010a). The third assumption is that co-production can reduce demand on services by acting as a preventative measure to reduce the need for more costly support later on.

8.6.3 Community and democracy

Another purported benefit of co-production is that it has the potential to strengthen and invigorate community and democracy (Ottomann et al 2011; Pestoff et al 2006; Warren 1987; Needham and Carr 2009). As Gannon and Lawson (2009) state, 'co-production can restore and strengthen the principles of equality and democracy that public services express and aspire to' (p.26). It is thought that civic values and allegiance to shared goals arise though people being involved in meeting others' needs as well as their own (Barker et al 2010; Birchall and Simmons 2004). In doing so, people develop a loyalty to a

neighbourhood, a group or community (Levine and Fisher 1984) and become more aware of the dilemmas, limitations and content of municipal services (Needham 2008). It has also been suggested that positive experiences in co-production may encourage people to engage in other forms of civically minded activities in other areas (Mitlin 2008; Dunston et al 2009; Percy 1984; Needham 2008).

A range of community benefits are also attributed to co-production. For example, Boyle et al (2006) report that:

All the projects had fostered strong links both with other community groups and with some professional agencies working in the area. Participants also considered themselves to be better informed about their community and about the opportunities available to them. Many reported that they were becoming active in more than one community group (p.29)

Slay and Robinson (2011) and Barker et al (2010) similarly found that co-production can enable people to develop their own community networks and build social capital. Boyle et al (2010a) note that co-production can also break down traditional barriers and enable individuals from a range of different backgrounds to work together for a common cause.

8.6.4 Individual outcomes

It is claimed in the literature that co-production can lead to a range of positive subjective outcomes for individuals, including: enhanced wellbeing (Gannon and Lawson 2009; Boyle et al 2006; Boyle et al 2004; Boyle and Harris 2009; Bunt and Harris 2009; Barker et al 2010; McIntyre-Mills 2010; Osborne et al 2016); increased confidence (Boyle et al 2006; Morris et al 2006; Bunt and Harris 2009); increased self-esteem and self-worth (Boyle et al 2006; Fischer 2006; Alford 2002; Powell and Dalton 2003; Pestoff 2006; Riessman 1990; Morris and O'Neill 2006; Mitlin 2008; Doel et al. 2007; Crawford et al. 2003); increased self-determination and self-mastery (Alford 2011; Riessman 1990; Rotegard et al 2010); increased fulfilment (Birchall and Simmons 2004; Rotegard et al 2010); improved mental health (Boyle and Harris 2009; Morgan and Brooks 2010; Kendall 2003); higher satisfaction (Bunt and Harris 2009; Rotegard et al 2010; Alford 2002); and increased self-efficacy (Bunt and Harris 2009; Kendall 2003).

Several authors link the outcomes above with the personal value which is derived from participating in a worthwhile activity. Alford (2009a) calls these 'intrinsic motivations' (p.16). Intrinsic motivations or rewards relate to internal effects that result from participation and the sense of accomplishment of having contributed to a goal or task (Alford 2002). Schneider and Bowen (1995) describe internal rewards as a sort of 'self-administered kick we get out of doing something, particularly when we do it well' (p. 96 in Alford 2002 p.36). Since co-production is based on reciprocity, it enables individuals to become helpers as well as the helped and can feel socially useful and capable (Riessman 1990).

Positive subjective outcomes are also associated with gaining more power over one's affairs (Barker et al 2010; Bovaird 2007; Parker and Parker 2006; Bunt and Harris 2009; Boyle et al 2010a; Crawford et al 2003). McIntyre-Mills calls the empowerment that arises through being able to shape one's own life 'the control of destiny', and links this to enhanced wellbeing. Boyle et al (2006) state that empowerment can help the individual see their symptoms as something manageable.

Co-production is also associated with the new relationships and connections that are fostered through participation. As Gannon and Lawson (2008) explain, 'co-production forges relationships between people and expands the opportunities open to them, improving not only the services but the lives of all those involved through the experiences it gives and the social networks it builds' (p.24). Boyle et al (2006) found that across numerous sites of co-production, wellbeing was reported to increase as a result of social interaction and meeting new people. They also found that improved wellbeing was attributed to widened horizons which were achieved more generally, through new experiences and connections, and that this alone accounted for people feeling better about themselves (Boyle et al 2006).

Developmental outcomes are also associated with co-production. These relate to the impacts of co-production on personal development, such as increasing knowledge, skills, awareness and understanding (Fischer 2006). There are a range of examples in the literature that claim that participation in a co-productive project has increased access to educational resources. For example, Boyle et al (2006) found that many participants in their case studies had been

able to access free training courses in a range of areas, including computing, self-management and first aid. They also found that people had access to activities relating to personal growth and healing, such as alternative therapies and self-help. Cahn and Gray (2005) found that co-production enabled young people to develop social and communication skills, problem solving skills, anger management and conflict resolution skills. Boyle et al (2006) found that even if participants did not have direct access to formal learning activities, they often started to develop their interest in exploring different options for personal development due to their increased confidence levels.

The literature suggests that co-production is also associated with positive behaviour changes. Barker et al (2010) claim that this is due to individuals being more committed to changing behaviours when they have been actively engaged in agreeing the changes to be made. Similarly, Bunt and Harris (2009) report that engaging patients in developing their own care packages is correlated with increased adherence to treatment. Kendall (2003) cites a study by Coulter et al (1999) which found that patients who were more actively engaged in discussions about the management of their diabetes achieved better blood sugar control than those who had a more passive role. At the collective level, co-production is also said to be particularly effective at fostering positive behavioural change since local citizens and groups often have a clearer understanding of the problems they need to address and the resources available to do so (Bunt and Harris 2009).

A range of case studies of co-production in the literature note that improved health is often reported by participants (Boyle et al 2006). At a very basic level, fitness and energy levels can increase as a result of simply being more active due to involvement in particular projects (Boyle et al 2006). However, there is also a deeper, more subtle link between participation in co-production and physical health. As Boyle et al (2004) state:

Coproduction gives responsibility to patients, and helps those patients feel useful and worthwhile when long-term illness sometimes categorises them as useless – and by so doing, changes their lives. Experience has shown this can have a dramatic effect both on their recovery and their need for medication (Boyle et al 2004 p. 16)

Boyle et al (2010a) also point to evidence that suggests that when people have a sense of control over their lives, their physical health improves. In addition, the increased social networks and social capital which are associated with co-production are seen as being good for one's physical as well as emotional health. Boyle et al (2004) and Kendall (2003) refer to a growing body of evidence about the influence of social capital on health. In Kendall's words, this evidence means that 'the quality of relationships in this micro-social world is increasingly seen as having a vital role to play in achieving and maintaining better health' (Kendall 2003).

Whilst the many and varied positive outcomes associated with co-production give a useful insight into its positive narrative in policy and academic contexts, a range of caveats should be noted. Firstly, measuring the impact of co-productive approaches is complex and, whilst intermediate outcomes can be documented, a direct correlation between health and wellbeing outcomes and co-production has not been proven. Secondly, much of the evidence for co-production comes from a relatively unstructured plethora of case studies and anecdotal accounts taken from unrelated contexts that have not been published in peer reviewed journals. Thirdly, most of the case studies are relatively recent and as such it may be too early to conclude the long-term benefits of the approaches they describe. Fourthly, case studies are by nature specific to a particular context. As such, any findings may not be generalisable. Finally, the changes that occur during co-production initiatives are often very subtle, and whilst highly significant to the individual, are difficult to categorise and measure.

8.7 Limitations and undesirable consequences of co-production

There is a critique of co-production based on the unfeasibility of some of its claims and the assumptions on which these rest. For example, Alford (2009) and Percy (1984) question the assumption that co-production can lead to financial savings by substituting paid workforce for citizen inputs and point out that there are limits to the amount of substitution that can be effectively undertaken and that even when substitution occurs, there are still monetary and time outlays to be incurred as well as opportunity costs. Bovaird and Loeffler (2012) also highlight that co-production entails financial outlays. Barker et al (2010)

describe specific costs associated with co-production as being professional staff inputs, managerial inputs, and professional-certification inputs. However, others argue that such claims misunderstand the premise of 'additive logic' and suggest that existing resources can be brought together and delivered more effectively through co-production without requiring additional resources (Durose and Richardson 2016).

Within the literature, various barriers have been cited that may prevent full implementation and scaling up of co-production. These include a lack of tools and methods for applying co-production (Tuurnas 2015); lack of professional skills (Bovaird and Loeffler 2012); resource and time constraints (Palumbo 2016; Vennik et al 2015); risk aversion of politicians, managers and professionals (Bovaird and Loeffler 2012); professional aversion to ceding power (Tuurnas 2015; Bovaird and Loeffler 2012); lack of motivation of citizens to co-produce (Palumbo 2016); and asymmetry in relationships (Baker & Irving 2016; Palumbo 2016; Owens and Cribb 2012; Tuurnas 2015). With regards the latter point, Baker and Irving (2016) cite the differing logics, motives and objectives that exist across networks. They believe the impact of these variances receives insufficient attention in the literature. In the context of healthcare, Owens and Cribb (2012) focus on the impact of differing perspectives (first or third person) between professionals and patients and argue that conflicting views about what matters can arise as a result. This stands in contrast to much of the literature which tends to downplay potential for disagreement (Owens and Cribb 2012).

Others claim that even if co-production is feasible it may be undesirable. In the context of service delivery, Percy (1984) questions whether a high standard of service can be expected from citizens, given that they normally do not have the training and experience to provide more specialised services. Riessman (1990) also highlights the potential of citizens to provide inadequate or inappropriate help, thereby escalating and/or worsening problems. From a different angle, some argue that co-production takes advantage of those from disadvantaged or excluded communities. As Mulgan (1991) states, 'It is hardly progressive to distribute responsibilities to the powerless' (p.45 quoted in Bovaird 2007). Needham and Carr (2009) and Barker et al (2010) also point out the potential injustice in expecting vulnerable and disadvantaged individuals to commit their

time and energy to co-production. Needham and Carr (2009) argue that these individuals:

Face a double disadvantage, as they have to negotiate the complexities of public service delivery to meet their immediate needs and also respond to the many consultation initiatives set up by the various institutions of community governance (p.5)

The findings from policy interviews undertaken by Boyle et al (2006) echo these concerns. These findings show that there are fears that targeting the most vulnerable in society could result in co-production activities becoming ‘some kind of ghetto for the socially excluded, which will undermine the status of the activity’ (Boyle et al 2006 p.49). From a different perspective, Friedli (2012) also highlights a potentially undesirable consequence of co-production to those that are already vulnerable or marginalised. In her critique of the evangelical tone of much of the literature on assets-approaches, Friedli (2012) points to the risk of dependency (i.e. being in need of professional support) becoming seen as a personal, moral failing.

More broadly there are concerns relating to shifting responsibility for public issues from the state to citizens, regardless of their social status (Percy 1984; Pestoff 2006). As Alford (2009a) states, a ‘popular suspicion of co-production is that it is about governments offloading the delivery of services to the community to reduce government spending’ (p.24). Bovaird (2007) references the concern that transferring responsibility to citizens in this way could lead to the burn out of individuals and groups. However, it is not solely the welfare of citizens which is troubling for critics of co-production; there is also a fear that public accountability may be diluted (Bovaird 2007) and that the expansion of necessary professional services and resources may be halted (Riessman 1990). Due to the normative tone of the discourse on co-production, it is seen by some as being ideological or a form of officialising political technology (Fischer 2006). Referencing Bordieu (1977), Fischer (2006) explains that when viewed in these terms, co-production could be seen as a means to, ‘domesticate participation and detract attention away from other forms of political action’ (p.23). In a similar vein, Bovaird (2007) highlights the potential of co-production to undermine the voluntary sector’s capacity to lobby for change. Stephens et al (2008) put it this way:

When a good idea becomes a buzzword as this one has, there is always a risk that its meaning and purpose will be distorted. In the case of 'co-production', there is a danger that the radical critique of public services that it presents will be lost in the noise (p.8)

When viewed through this lens, co-production can be seen as just a new form of state control, with the parameters of local involvement and the solutions it yields resting with state actors (Durose and Richardson 2016). The fact that co-production is often presented by those in power as being somewhat of a panacea could suggest that it is being seen as a means of sustaining the status quo rather than challenging existing power dynamics or causing a fundamental rethink of approaches. This could be seen as problematic for those who believe more radical approaches are required. For example, Friedli (2012) critiques an overt assets-based focus to place too much emphasis on psycho-social aspects of wellbeing rather than addressing fundamental issues of economic power and privilege.

However, many of the critiques levied at co-production both in terms of its feasibility and desirability assume that it is something that is added-in to a process or service. However, as we have seen, in the context of health and social care, co-production is an unavoidable part of service delivery.

8.8 Co-production in care homes for older people

Osborne et al (2016) cite residential care for older people as being an example whereby co-production is both unavoidable and vital to the performance of the service. Co-production in this context occurs through the almost continuous face-to-face interactions between staff and residents. The authors describe how the personal expectations and characteristics of residents and their families create a unique experience within a residential home. Beyond this general description, there is a small body of literature that describes how co-production is being conceived of in practice in the context of older people's care homes (e.g. Pieper and Vaarama 2008; Owen and Meyer 2010; Meyer et al 2012; Quince 2013; Social Care Institute for Excellence (SCIE) 2009; Sharif et al 2012). Within this, several inter-related themes can be distinguished and will be briefly described. Before doing so, it is worth noting that across all themes,

‘relationship-centred’ care is seen as a vital enabling factor (Meyer et al 2012; Quince 2013; Owen and Meyer 2010). As Owen and Meyer (2010) put it:

It is positive relationships that are the underpinning vehicle for enabling older people’s voices to be heard and in enabling them to have choice and control. Where these positive relationships and connections are absent, older people are at risk of being unseen, unheard and treated as ‘objects of care’, rather than active participants in decisions that affect them (p.30)

In this sense, co-production in care homes for older people appears to be very much in line with relational perspectives of care described in the previous chapter.

8.8.1 Identity

A fundamental aspect of co-production in care homes is linked to person-centred care and involves recognising the resident as a unique individual with a particular life history. This allows them to, ‘remain distinctly who they are, and not just one of many in an institutional setting’ (SCIE 2009 p.5). Care and support within the care home can then be tailored to the resident based on a deep understanding of who they are along with their interests, strengths and aspirations. Activities in which residents participate can then become meaningful to them as an individual rather than simply structured group sessions at set times of the day (Quince 2013).

8.8.2 Shared decision making

A key part of co-production in care homes is described as being the involvement of residents in decisions around their own care and support, so their needs are met in the ways they choose rather than being solely determined by professionals (Quince 2013; SCIE 2009). In doing so, residents should be able to feel ‘a sense of personal involvement, commitment and control over [their] own life’ (Pieper and Vaarama 2008 p.73). This movement is contrasted to approaches which adopt a deficit model of ageing and a paternalistic model of care (Pieper and Vaarama 2008). Within Scotland, an example of an approach used to involve residents in decision making is Talking Points Personal Outcomes. This process centres on a conversation between professional and older person about what outcomes are important to them in life. As Bruce (2013) puts it, ‘the

approach brings co-production into everyday interactions with individuals because it involves negotiation and decision-making based on what is important to the person, bringing together the perspectives of all the key players' (p.126). The process also encompasses an assets-based approach, in that it seeks to draw on the strengths and abilities of the older person and the role that they can play in achieving their outcomes (Bruce 2013). The extent to which an older person with high support needs will be able to articulate their aspirations and negotiate around how these are to be achieved is not problematised heavily in the literature, though it is recognised that initial 'capacity building' or 'personal empowerment' may be required to enable participation (Sharif et al 2012).

Shared decision making is not limited to one's own care and support. The literature also describes an aspiration for older residents to co-produce the culture and organisation of the care home itself (SCIE 2009). Owen and Meyer (2010) summarise different approaches that exist to enable older people to get more involved in decision making to inform and improve the running of the care home. They describe formal mechanisms such as the use of residents meetings as well as informal strategies such as small afternoon tea gatherings with the manager of the care home or the use of meal times to air views (Owen and Meyer 2010). Owen and Meyer (2010) also offer real-life examples of how residents have been involved in decisions and actions to contribute to the running of the care home:

One care home supported the older people to get out to the supermarket to help them consider the meals that they would like the care home to provide....We also have examples of older people setting up a community shop, a post office and developing fund-raising activities (Owen & Meyer 2010 p.22)

8.8.3 Involvement in the daily life of the care home

It is suggested in the literature that co-production entails viewing the care home as a community made up of residents, staff and others who may visit the home such as volunteers and relatives (SCIE 2009). It is recognised that this presents challenges as well as opportunities. For example, Owen and Meyer (2010) discuss how collective living can make individual-level co-production more complex because the needs and preferences of an older person have to be negotiated and balanced within a wider group context. On the other hand, collective living

creates opportunities for regular interactions between staff and residents potentially leading to a deeper and more nuanced understanding of individual residents' identities. In terms of engendering a community approach to the care home, the literature emphasises the importance of involving residents in activities such as gardening, putting laundry away, cooking and other household chores (Quince 2013). Owen and Meyer (2010) share this example:

Mr Garrick was extremely withdrawn when he came into the home. Over time, the staff identified that he used to love gardening, so they gave him his own stretch of the garden. The home purchased a small greenhouse for him and, with the handyman's help, the older person plans the year and grows his own produce. Watching him tending to his plants has given great encouragement to some of the other older people. He is proud of his produce and the chef appreciates the supply for the kitchen (p.21)

8.8.4 Involvement in the wider community

Finally, as well as seeing the care home as a community in its own right, the literature on co-production in care homes emphasises the importance of participation within the wider local community. Those who live and work in care homes can seek opportunities to engage in external community activities or members of the community can be invited into the home to socialise and take part in activities within the care home (SCIE 2009; Quince 2013).

8.9 Critical reflections on the co-production literature

The literature on co-production can be critiqued both in terms of its conceptualisation and its neglect of the complex realities surrounding its implementation in practice from the perspective of the professional workforce. Both will be addressed in turn.

8.9.1 Mechanistic conceptualisation

Although it is recognised that co-production is an essential aspect of any health and social care system, it has been shown that co-production still tends to be conceptualised in terms of who undertakes what type of activity and at which stage in an overall linear process of planning and delivery of services. In addition, it is presented as a process which entails inputs which lead to an array

of outcomes. Whilst there is disagreement in the literature about the nature of these outcomes and over what activities should or should not count as co-production, the overall assumption of co-production as a means to an end (outcomes) and as a linear, rational process that can be divided into definable tasks is rarely challenged. This particular way of thinking about co-production is associated with the mechanistic paradigm described in chapter 6 and the associated taming strategies outlined in chapter 7. In this way, co-production is being seen as a form of planned and linear action which can then be 'applied' to a system. However, as has been argued previously, this form of action is likely only to be successful when applied to stable and mechanistic systems rather than in the context of wicked problems. In the complex context in which wicked problems occur, effective responses are said to arise as an emergent phenomenon of practical individual, group and systemic situations as opposed to an outcome of a linear planning process. This perspective reflects the complex systems perspective whereby management action is not applied to a system but is an inseparable part of it (Patterson et al 2013). So at a broad theoretical level, there would appear to be an incompatibility between the idea of co-production as a means of effectively engaging with wicked problems and the lens through which it is being conceptualised in the literature. It will now be argued that this leads to the neglect of relational aspects of co-production and an under-estimation of the profound cultural shift required at a workforce level.

There are differing but interrelated ways in which the rationalist-linear conception of co-production neglects a focus on relational care. Crucially, an emphasis is placed on relationships as being a means to achieving an end which obscures their intrinsic value. It could be argued that there is nothing within the rationalist conception of co-production which would prevent us from valuing relationships as both a means and an end. From a theoretical perspective this may be the case, however the strong focus on processes and activities within the co-production literature directs our attention away from the actual experience of relationships and the intrinsic value that may be derived from these. One notable exception to this general trend in the literature was noted in the work of Owen and Meyer (2010) who explored the idea of relational connection between staff, older people and relatives with a care home and coined the term 'beautiful moments' of connection that occur in day to day interactions (p.30).

However, the authors also noted that these moments of connection tended to be undervalued and overlooked in favour of more measurable and definable tasks and processes, supporting the overall argument that a rationalist conception of co-production is dominant and may divert our focus away from the deeper significance of relationships.

Another way in which relational connection is neglected in the co-production literature is through the emphasis on separate and autonomous actors. At a basic level, the conceptualisation of co-production in terms of a division of labour (with an increasing number of tasks being extended to citizens) assumes the separateness of individuals within discrete categories - citizens and professionals. The co-production literature advocates for increased interconnectedness and collaboration on the one hand whilst sustaining a focus on the difference between citizens and professionals on the other by conceptualising co-production in terms of who knows what and who does what. What may be obscured in such a conceptualisation is a focus on the shared humanity of all parties in co-production and of the uniqueness of the relationships that are formed. Using the term 'humanity' in this context invokes the relational understanding of the self which was described in chapter 7. However, it is a rational, autonomous view of the self that appears to be drawn upon within the co-production literature. This is apparent in the way in which it is assumed that citizens (with greater or lesser ease) can be expected to draw upon their own knowledge of their life and concerns in order to agree and work towards agreed goals and outcomes. Within the literature this view is problematised only to the extent that it is recognised that barriers exist to make this process more challenging for some individuals and that a degree of motivation, education and empowerment may be required to address these barriers. However, it could be argued that this view overlooks the intricacies and nuances of people's self-knowledge, identities, desires and values. There appears to be an assumption that individuals are, at least in principle, able to form and articulate an understanding of who they are and what matters to them in isolation from one another and as a purely cognitive function. This fits with the Western liberal view of the self as autonomous, rational and independent but is in contrast to the relational view of the self as being formed through relationships with others. By relying heavily on assumptions of the self and its

expression as rational, cognitive and autonomous, there is a risk of overlooking forms of co-production that take place with those whose rational and cognitive functions are challenged. This is particularly relevant in the context of care for older people who may have a degree of cognitive impairment.

Another implication of the way in which co-production is presented in the literature is that by focusing on who does what, co-production is seen as a new way of *doing* rather than a new way of *being*. Rather than drawing our attention to the inner-states of those involved with co-production - their intention and attention - we are encouraged to consider what tasks people undertake. Of course it can be argued that this may not reflect what is actually happening and is simply a distortion in the literature. However, it is argued here that the conceptualisation in the literature does not offer those working in health and social care ways of thinking about co-production as something other than an activity to be performed by autonomous agents. This can be seen in the gap in the literature around the cultural change required at a workforce level with regards to co-production, as will now be shown.

8.9.2 Underestimation of workforce challenges

The grey literature is overwhelmingly positive about the potential of co-production and the term has become somewhat of a panacea. The following quotation from Boyle et al (2010a) is indicative of the optimism attached to co-production when envisioning a future based on the approach: ‘a strong and cohesive society where human resources and inventiveness flourish and grow, where inequalities dwindle and well-being for all steadily improves’ (Boyle et al 2010a p.7). However, it has also been shown that a range of cultural and organisational success factors need to be met for co-production to realise its potential. Whilst there is a small amount of literature that addresses these, there is very little research exploring the needs and perceptions of the workforce in relation to co-production. When the workforce perspective is discussed, it is usually at a very high level and a range of terms are used to describe the new role that co-production necessitates for professionals e.g. enablers (Boyle et al 2010a; Stephens et al 2008); facilitators (Boyle et al 2010a; O’Leary et al 2011; Boyle et al 2006); brokers (Leadbetter 2004); partners (Boyle et al 2010a) and catalysts (Boyle et al 2010a; Needham and Carr 2009). In order

to adapt to this type of role, it is suggested that staff will need to be equipped with the appropriate skills and knowledge through a training agenda (Stephens et al 2008; O’Leary et al 2011; Barker et al 2010; Needham and Carr 2009; de Silva 2011). This fits with a view of co-production as an activity which can be learned and performed, but not with a view of co-production as a new way of being with one another. There is very little research in the co-production literature which focuses on this aspect of co-production and the implications it has for the workforce. An exception to this is the critique provided by Dunston et al (2009) who claim that the challenge of remaking the professional identity in relation to co-production has been vastly understated. They state that:

This element, while identified, is commonly little elaborated and frequently addressed as if what was at stake were instrumental matters to be resolved in purely technical ways, rather than identified as profound cultural and practice changes to be negotiated in complex ways (Dunston et al 2009 p.44).

Dunston et al (2009) find a more satisfying account of the scale of change required in two papers by Morris and colleagues (Morris and O’Neill 2006; Morris et al. 2007). These authors recognise that what is being articulated, albeit poorly, is a paradigm shift in relation to how practitioners see their role and their relationship to citizens (Morris and O’Neill 2006). Dunston et al (2009) argue that exploring this paradigm shift will require ‘an in-depth and co-productive engagement with issues and processes of profound cultural, identity and practice change, renegotiation and reformation’ (p.50). If this view was more widely recognised, it is likely that different approaches to workforce development would need to be considered which go far beyond the more superficial and structured approaches which are often the focus of communication-skills training.

8.10 Chapter summary

A review of the literature has shown that co-production is being conceptualised as a rational and linear process. Whilst more relational interpretations are not completely absent, they are an exception to this overarching and mostly unchallenged mechanistic focus. It is suggested that there is a risk of the transformational potential of co-production to address wicked problems becoming thwarted when subsumed within this prevailing logic. Furthermore,

the profound nature of the shift from the perspective of the professional workforce has been neglected and inadequately theorised. In recognition of these concerns and gaps, the following chapters will seek to explore the ways in which co-production is being understood and practiced within a defined setting - that of care homes for older people.

9 Case description

9.1 Introduction

This chapter will provide a brief account of events and developments which took place during 2012 and 2014 relating to co-production in the Council owned and managed care homes within the case study. It will begin by summarising the wider strategic and policy context in which co-production in care homes is situated. Then, the residential service which forms the unit of the case study will be described. Aspirations for the service will then be set out as well two key projects that were taking place at the time and which were perceived to be vehicles for achieving these aspirations. This will provide the context and scaffold for the subsequent findings.

9.2 Strategic context

9.2.1 Co-operative Council

In October 2012, the [REDACTED] Council¹ approved the adoption of a ‘Framework to Advance a Co-operative Capital 2012/17’ which expresses aspirations in keeping with the definitions of co-production given in the previous chapter. For example, it describes a desire for the city to become a place whereby, ‘communities are much more involved in planning, managing and delivering services’ and to give local people ‘a greater sense of choice and control over the public services they use’ ([REDACTED]).

The Framework cites co-production in social care as being a key area of focus and it sets this within the challenge of providing quality services whilst facing increasing demand with less financial resources. Describing the challenge as one of scarcity and increasing need for services echoes the traditional way of framing care for older people as a wicked issue critiqued in chapter 7. Within the wider remit of co-production in social care, the framework placed a particular emphasis on activity taking place in care homes for older people and noted an intention to ‘foster and embed a co-operative culture and ethos’ within these homes ([REDACTED]).

¹ The name of the Council will be redacted in the online version of the thesis and will not be referred to in any future publications

9.2.2 Personalisation and Self-Directed Support (SDS)

A key strategic driver for co-production in care homes at the time of the case study was the Social Care (Self-directed Support) (SDS) (Scotland) Act 2013. This Act has roots within the Independent Living movement but also invokes consumerist and Modernist ideologies, using terms such as ‘choice’ and ‘control’ in the context of people managing and organising their care and support. For example, the Act enables people to take an individual budget and control how money is spent to meet their personal health and social care outcomes. McGeachie and Power (2013) see the Act as being about a wider shift of the balance of control and power between citizens and service providers and believe that this shift is a central tenet of co-production.

In the context of the case study, the Local Authority stated that it viewed SDS as being part of a bigger programme of change called Personalisation and in June 2012 it agreed a report recommending a ‘whole systems approach’ to the personalisation of adult social care. As has been described in chapter 7, the term ‘whole systems approach’ has become commonly used to suggest a more holistic way of achieving transformational change but has been shown to often encompass only a flat systems view of the landscape. The Whole Systems Approach paper mentions co-production only once, and instead uses terms such as ‘participation’ and ‘collaboration’. However, it describes a number of shifts which are in line with those summarised in the co-production literature review. For example, it describes a shift from treating citizens as passive recipients of care to active partners with assets and strengths, a shift to more participation of citizens in the planning and delivery of services and a shift from a focus on outputs to personal outcomes.

9.2.3 Reshaping Care for Older People

The Scottish Government’s (2011) Reshaping Care for Older People ten year programme seeks to build on the strengths and assets of older people in Scotland and to work with them to develop and deliver services which maximise independence. The Local Authority created a strategy in line with these aims. The strategy evokes familiar policy terms such as ‘choice’, ‘control’ and ‘quality joined up services’ for older people. The strategy also describes an intention to

manage increasing demand by shifting the focus of care from institutional settings to care provided at home or in a homely setting. This is assumed to be a strategic shift that is necessary in a context of reduced resources as well as being better for the wellbeing of older people, although the strategy does state that it recognises that for some people a residential, institutional setting will remain the most appropriate form of care.

9.3 Service description

At the time of the fieldwork, the Local Authority owned and managed 11 care homes for older people with a total capacity of 413 places. These provide 24 hour care for people over 65 years of age requiring care and support with daily living activities. Elements of the service will now be briefly described.

9.3.1 Staffing structure

The residential care service encompasses 11 individual care homes for older people which fall under the overall responsibility of a single Service Manager. Two Change and Development Managers report to the Service Manager. These posts were reported to have been introduced to ensure a consistent approach to quality assurance across the homes, suggesting that a degree of standardisation is important to the service. Each Council care home employs a Unit Manager, Assistant Unit Managers, Social Care Workers, Social Care Assistants, domestic and catering staff and a handyman. At the time of conducting the fieldwork, a new staffing structure was in the process of being implemented. It included the creation of three new posts: Depute Manager, Business Support Manager and Team Leader.

In terms of professional skills and qualifications, Social Care Workers are required to obtain a Scottish Vocational Qualification (SVQ) Level 3 and Social Care Assistants an SVQ Level 2. In addition, the Council provides a mandatory programme of continuing training and development for staff employed to work in care homes for older people, which covers: food hygiene; manual handling; adult support and protection; dementia awareness; palliative care; infection control and the management of medicines. For managers of care homes, an SVQ Level 4 and a registered manager status is required. However, the majority of

Council Care Home Managers were reported to have undertaken training of a higher qualification (Higher National Certificate and an SVQ) than the requirements for registration and some were also registered nurses.

At the time of the fieldwork, the residential service was experiencing difficulties in recruiting and retaining a sufficient number of staff to meet dependency levels within care homes and was operating with around a 10% unfilled vacancy level and a staffing turnover rate of around 11% over a two month period. As a consequence, care homes were relying on high levels of agency workers. For example, in August 2012, 30.6% of the total care staffing budget was spent on agency staff. The high use of agency staff was seen as having a detrimental impact on the quality and continuity of care of residents, as highlighted by the Care Inspectorate.

9.3.2 Resident characteristics

The median age upon admission to care homes within the case study was 84 years old. Of the residents of ██████████ Council care homes, 56% lived there for less than two years. Only 15% had a length of stay of over 5 years. Due to the policy of shifting the balance of care, older people are increasingly using care home services in the very last stages of their lives. The implication of more people being supported at home is that those who do need to reside in a care home have a higher level and more complex needs than would have been the case historically. In the Local Authority area, dependency levels in care homes had increased, particularly in terms of dementia and challenging behaviour. According to the national 2011 Care Home Census, in the ██████████ Council area, 51% of people living in care homes had medically diagnosed dementia and a further 10% were considered to have dementia by care home staff. A survey of needs and dependency levels of older people in care homes in the city carried out in the same year found that the proportion of residents in Council care homes with a high mental health score had risen from 9% in 2000 to 36% in 2011. This compares to a rise from 8% to 18% in voluntary sector homes 9% to 23% in private sector homes. In 2013, local analysis found that within the Council's own care homes, the proportion of residents requiring the highest levels of support in relation to daily living activities had grown from 1.4% in 2000 to 17% in 2013.

assistant (the author) to co-ordinate the work on behalf of the Head of Service and various workstream leads at a middle to senior management level. A project plan was created and each workstream had key deliverables mapped out with timescales and performance criteria at the beginning of the project. Monthly programme team meetings took place to review progress and agree new actions. Every 3 months, the regular programme team meetings were replaced with a larger workshop which involved Care Home Managers. In many ways, the approach taken fits the criteria of the waterfall approach to change which was described as a taming strategy of wicked problems in chapter 7. Similarly, the programmatic approach had a strong focus on measurement and standardisation which again were discussed as taming strategies earlier on in that they are seeking to exert control over a complex phenomenon. For example, the programme sought to increase focus on evidencing and recording, auditing and checks of the care process, and consistent policies and procedures (██████████). Also, achieving 'consistency' of approaches across each of the 11 care homes owned and managed by the ██████████ Council was stated as being one of the key aims of the programme.

In relation to co-production, the programme aimed to create caring, stimulating and welcoming environments where residents and their relatives could be involved in the daily life of the home and the local community. It also sought to foster a culture of care based on taking the time to listen to, get to know and build good relationships with each resident and adapting support around their individuality. In that sense, it can be said that the programme had both a collective and individual level conception of co-production (or micro and meso level). Furthermore, the programme appeared to recognise the importance of workforce development as a success factor and it stated a related objective of developing and maintaining a skilled, confident and compassionate workforce who are valued and supported.

Several workstreams were established by the programme as a vehicle for achieving the aims described above. Many of these involved a focus on introducing new documentation or tools. For example, new care plans which had an outcomes focus, life story books to capture unique personal information about residents, an updated welcome pack for residents and a tool to capture residents' preferences in relation to their involvement in the daily life of the

home. However, the programme also appeared to recognise that the tools and documentation would not achieve a shift in the culture of care in and of themselves. Official documentation relating to the Programme emphasised the importance of life story work being an ongoing and shared activity between the resident, relatives, friends and staff. Similarly, it described the underpinning philosophy being of key importance to care planning and saw this as being one which emphasised the interests, strengths and preferences of residents. A progress report stated that, 'it is important to recognise that whilst the tool is useful, it is the conversation that staff have with residents to discuss their needs, outcomes, interests and wishes that will enable a truly personalised care plan'. A series of training workshops were delivered in all care homes with the aim of ensuring that staff understood the approach behind the new care plan. Similarly, a training programme was established for staff in relation to meaningful activities for residents. The extent to which the expressed intentions of the programme of not becoming overly focused on tools and forms will be reflected upon in subsequent chapters.

9.4.2 Collaborative Inquiry

In addition to the programme described above, co-productive approaches to care and support in care homes were also associated with a Collaborative Inquiry Group. This group was established in December 2012 as a means to address the perceived cultural change required as part of the implementation of SDS. It was composed of 18 frontline staff and mid-level managers from the main staff groups that would be involved in the changes, including social workers, occupational therapists, business support, domiciliary care, finance, commissioning and care homes. The group's remit was to engage staff in the change, generate and implement new ideas for personalised, outcome-focused care and support and to make best use of the skills and expertise of the workforce in order to assist with improving and changing practice. In contrast to the waterfall type approach that WTTAEC followed, the Collaborative inquiry followed a process of continual learning and action via participation in change. Unlike top-down project management approaches, the group began with a broad inquiry topic and were empowered to circumvent usual bureaucratic reporting mechanisms and hierarchical structures to test out new ideas in line with the overall aspiration. As part of the Collaborative Inquiry, a Team Leader within a

care home and an Executive Assistant (the author) designed and delivered 11 workshops in Council care homes for older people between June and October 2013. The sessions were open to all staff within each home and were designed to be conversational, fun, informal and motivating. The workshops sought to explore how staff conceived of personalisation and what good practice they already had to build on. Following the sessions, each care home was left with a post-box for staff to post examples of when they felt they had experienced a good connection with a resident.

9.5 Sample

22 interviews were undertaken covering a spectrum of roles in care homes for older people and the change programmes described above. A breakdown of these is shown in the table below:

Table 6. Case Study Interview Sample

Role	Age range	Gender
Team Leader	40-55	Female
Team leader	20-30	Female
Care worker	40-55	Female
Care worker	20-30	Female
Care worker	30-40	Male
Care worker	40-55	Female
Care worker	40-55	Female
Care worker	16-19	Female
Care Home Unit Manager	40-55	Female
Care Home Unit Manager	40-55	Female
Care Home Unit Manager	40-55	Female
Care Home Unit Manager	40-55	Female
Care Home Unit Manager	40-55	Female
Care Home Unit Manager	40-55	Female
Senior Manager	40-55	Female
Senior Manager	40-55	Female
Senior Manager	40-55	Female
Senior Manager	40-55	Female
Senior Manager	40-55	Female
Senior Manager	40-55	Female
Senior Officer	40-55	Female
Senior Officer	20-30	Female

In summary, this sample includes 6 frontline Care Workers, 2 Team Leaders, 6 Care Home Managers and 8 Senior Managers/Officers. As described in chapter 5, a purposeful sampling strategy was employed to generate the sample. For senior managers and care home managers, all individuals within this group were approached for interview. However, for care workers and team leaders, individuals were selected who displayed characteristics that warranted further investigation in order that interpretative theories could be built from emerging data. It is noted that the sample is predominantly made up of female participants aged over 40 years old. This reflects the fact that the sample was not designed to be representative of a population and so attempts were not made to seek a particular demographic make-up. However, where meaning is ascribed by participants to demographic characteristics, these will be reported in the findings narratives which follow. However, it is recognised that the composition of the sample may lead to a particular view of co-production, change and problems which may not be generalisable to the wider care workforce. However, any findings will be considered in the light of existing literature, thereby increasing their transferability.

9.6 Chapter summary

This chapter has provided a brief account of events and developments which took place between 2012 and 2014 relating to co-production in Council owned and managed care homes within the case study. In addition, the residential service which forms the unit of the case study has been described. It has been shown that both a top-down project management approach and an alternative continuous learning approach were used as means to foster and explore co-productive approaches in care homes. It is not the intention of this study to formally evaluate or compare the approaches; however the way in which staff perceived the changes taking place and their delivery mechanisms will be reflected upon in the following chapters.

10 Narratives on care

10.1 Introduction

This chapter will provide an account of how Care Workers, Care Home Unit Managers and Senior Managers talk about care and working with older people in a residential setting. The chapter will begin by summarising why Care Workers do what they do, their initial motivations for becoming involved in caring and what they now find rewarding. The chapter will then proceed to provide an account of what staff aspire to in terms of providing care and whether they think change is taking place in line with those aspirations. The remainder of the chapter will explore how staff talk about co-productive aspects of their care work.

10.2 Working in care – initial motivations and on-going rewards

When talking about how they got into their work in caring for older people, the majority of participants did not describe it as being a conscious choice. Instead, many spoke of ‘drifting’ into care work or getting into the career ‘by accident’, often because they did not know what they wanted to do when leaving school. However, for a minority of participants, caring for older people was something they had wanted to do since they could remember. Their motivations included feeling that older people were undervalued in society, focusing on caring after a family bereavement and feeling an affinity for people in care homes after growing up in care as a child. Several participants had been working in healthcare settings and hospitals and had been drawn to social care for older people after feeling frustrated with the perceived medical and task focus in the NHS environment. These participants described hoping that residential care would enable them to work in a more person-centred way.

Although for the majority of participants working in care homes was not a conscious or planned decision, most described how once they started working in care, they had a sense that it was ‘for them’ and became more of a vocation than just a job. One participant described their work as being an ‘honour’.

However, by contrast, one Care Worker described wanting to leave the profession and not to become 'stuck in a dead end job'.

In terms of on-going rewards and motivations, most participants talked about 'making a difference' and 'making people's days better'. They also spoke about happiness and of how rewarding it is to see a resident smile. The following quotation is indicative of the type of statements many participants made about their work:

For me I love my job. I love being out on the floor. I love just, you know, even if you've just brightened someone's day, just made, I don't know, even just a wee difference, by just sitting and talking to someone (Care Worker)

10.3 What is good care?

10.3.1 Care workers' views

When describing 'good care', participants tended not to talk about functional aspects of their job, such as personal care or medication management, but instead spoke about making connections, building relationships and trying to make life as positive as possible for residents. As one Care Worker put it, 'we're just here to make their days better'. Another described how she was frustrated at the common misconception that all they do is 'wipe bums and make tea'. However, she also explained that she had started out with similar beliefs but now understood her purpose differently:

To start with, that's all I really did. I'd come in on a day, get people up in the morning, give them lunch, make tea, put laundry away, go home. Now, you get to know people, you know what they enjoy doing, so like if somebody's in a bad mood then you know ways to try and lift their mood or interest them a bit.... You know what different activities residents like to do, so just to try and stimulate them a bit more (Care Worker)

Most Care Workers also spoke about good care as being about offering as much choice and control as possible to residents and enabling them to live life their way. They described their role as not being about doing everything for residents, but supporting them to remain as independent as possible. The following statement is typical of this view:

We don't obviously prescribe them anything, like what all these other professions have done, we're just here to make their days better, make everything more personalised for them, let them do what they enjoy, like if a resident doesn't want to get their hair done, don't make them get it done. We're not here to force them to do anything they don't want to... we'll have a chat with them more in a friendly way rather than a 'this is what you're doing today' way (Care Worker)

Others spoke about good care as bringing life and vitality into the care home for residents and maintaining the humanity of an individual.

10.3.2 Managers' views

Managers tended to begin their accounts with fairly well-trodden phrases and jargon, such as 'achieving the best outcomes for people', 'improving quality of life' and 'doing with rather than for'. However, when prompted to go deeper into what was meant by terms such as these, responses were more illustrative of what they wanted care services to aspire to and more human terms were used, such as 'kindness' and 'reassurance', as the following quotation illustrates:

It's very simple, happiness, just happiness of their lives. I won't go into any the Standards of Care because you've got to begin with people that are peaceful, feel welcome, wanted and reassured and just some happiness in their lives (Unit Manager)

Unlike Care Workers, managers used the term co-production to describe aspects of good care, although several professed not to like the term. For several managers, co-production was conceptualised in terms of levels ranging from residents participating in tasks of daily living and activities to more macro-level involvement in the running of the care home and influencing policies and decision making. Another Senior Manager felt that whilst co-producing at the level of micro and macro tasks was an important aspect of good care, what was really being co-produced was a state of being - a sense of meaning and satisfaction for both residents and staff. She related this idea to Maslow's Hierarchy of Needs:

In a way it's like the hierarchy of needs with staff, you know, you get the basics of getting them to understand and as a staff member doing your job if you actually achieve co-production, then actually you're there, you're almost, you're at the top, aren't you, because you're

able to self-actualise from your own job perspective with another human being (Senior Manager)

In this example, it would seem that a deeper aspiration for care is a sense of self-actualisation with another person. Similarly, another senior manager spoke about self-determination being fundamental to who we are as human beings and how care work can be about maintaining that. Although not explicitly, she appeared to imply that self-hood is relational and that without relational connections personhood can become threatened:

Loneliness in itself can reduce a human being to being something that's not what that person was (Care Home Manager).

10.3.3 A Changing culture of care

Many participants had worked in residential care for older people for many years and were therefore able to reflect on the changes they had seen in terms of the culture of care. On the whole, people felt that the changes they had lived through in residential care were positive. Several participants gave examples of aspects of care that were normal 20 or 30 years ago but would now be regarded as unacceptable, many of which, such as residents sharing clothes or underwear, portrayed more rigid institutional regimes and de-personalisation:

Four o'clock in the afternoon we went up the stairs, rain, shine or whatever, curtains drawn, lamp on, covers down, clothes laid out for the next day, nightie put on the bed, that was what you were taught. (Care Home Manager)

Similar cultural changes had been witnessed in relationships with residents, where the move had been away from being 'too involved' with residents, as the following narrative illustrates:

I always remember when he [a resident] was quite ill, I wanted to sit with him but they were like "there's thirty-five residents in here" and I remember being really upset and I said "but he's dying" and they were saying "No, the doctor's been and they'll check", and I says "No he is", and he was frightened and you know yourself, you just know, so I sat with him on my break and I just left about two minutes and then he passed away, and I always remember thinking, where's the empathy and so when I first started I did feel, it was quite strict and it was to be like more professional (Care Worker)

Other participants spoke about experiencing a shift in ‘doing for’ to ‘doing with’. For example, a Unit Manager described how when she first started in care, residents were told what to do and things were done for them without them being asked what they could do or what they wanted. Whilst most participants suggested that this culture had shifted, others felt that it lingered on in older members of staff who had worked in this way for a long time.

However, the sense that the care home culture is moving in a positive direction was not shared by all participants. Some felt that the increasing needs of residents was making it harder to create a purposeful and uplifting environment. Others felt that care homes were becoming more institutionalised:

I think they'll [Care homes] be really different, but I don't think it will be in a good way, I think it's going to end up like a concentration camp, I don't know if I'm allowed to be saying this....but because we've got it so strict just now, we've got routines and everything's set in stone, and everything's so politically correct...And I think in years to come it's just going to get worse and worse, because everything's paperwork as well (Care Worker)

The quotation above was from a younger member of staff who had recently left school so had not experienced how things were in care homes years ago. However, several older members of staff also felt like things were becoming more institutionalised after an initial shift away from that approach. For example, one participant felt the introduction of compulsory uniforms for staff was indicative of things becoming more institutionalised. Others had a more nuanced view and felt that whilst the culture is changing for the better in care homes, it is not happening as quickly as it might due to operational pressures and demand.

10.4 Co-productive aspects of care

Accounts from participants suggest that although the functional aspects of care are seen as an essential foundation, more co-productive aspects are what really matter to people. The remainder of this chapter will explore in more detail how co-productive aspects of care are described by staff.

10.4.1 Getting to know residents

The importance of getting to know the individual resident was discussed frequently. Sometimes, this was described in terms of a general principle of consciously reminding oneself of the personhood of a resident, for example:

You have to realise that they're individuals, you know, they're people! It's a funny thing, but a lot of people just get involved in the task, and they don't think about the individual (Care Worker)

In other instances, maintaining a person's identity was linked with their personal history as a way of building a sense of who someone was before being a resident in a care home and what their likes and interests were and developing a trusting relationship. One mechanism to assist in this process was the compilation of life story books that each resident had the option to make. Participants were uniformly positive about the books as a tool to support getting to know life stories:

I think it's a fantastic part of learning about somebody, what made them tick when they were younger perhaps, what they enjoyed and we can see that with parts, we can offer that throughout their day (Care Home Manager)

Life story work was not restricted to the creation of books however and many examples of more spontaneous, natural and informal methods of getting to know residents were offered. Staff described how being with someone and simply sitting and chatting could trigger a memory or a feeling and that knowledge about the resident's life grew from there:

I recently had a good time with a resident when they became quite talkative when usually they don't speak. She was bright and cheery asking about myself, I showed her a picture of my cat and she was smiling and told me she didn't like cats but mine was nice. She spoke of her past and how she used to go dancing on a Saturday night and where she used to go on holiday. It was so nice to see a different side to her (Care Worker)

Many of the responses, particularly from managers, implied that getting to know the individual was a simple information gathering exercise, only complicated by the resident's communication or memory difficulties. However, other responses suggested that getting to know someone was more complex. These responses

suggested more of a focus on ‘moments of connection’ and seeing what clicks or triggers something within a resident. There was also recognition that just because a resident once liked or disliked certain things in their life, it did not necessarily neatly translate to who they are now and how they want to live. Furthermore, the sense of past, present and future as it relates to the individual’s identity was not always consistent. In some instances, it was suggested that the individual’s personhood was defined by who they used to be, something that may now only be glimpsed at. However, other examples suggest a frustration with the focus on who the resident was at the cost of who they are now and who they may yet become.

10.4.2 Conversations and moments of connection

Meaningful interactions with residents were described as being a fundamental aspect of care by most participants. Managers tended to talk about these interactions as being about treating people with dignity and respect and using communication skills effectively. However, care staff tended not to refer to values and principles explicitly but instead recounted everyday conversations and moments of connection they had shared with residents, as the following illustrates:

Chatting to a client one night, we both realised that we once lived in the same area. He even knew my parents and I knew his son. We got chatting about how things used to be when we both lived there and how so much has changed. I started to talk about the things I used to get up to when I lived there which brought back great happy memories for him because he could remember his children doing the same things. He went away to his bed smiling away to himself (Care Worker)

On several occasions a male resident and myself would talk about cars. He was going to buy one. Although the resident has dementia, he could tell me the location of the garage where he was going to buy one. I suggested to him that if he wanted, I would bring my car over to the front door in the morning so he could have a look and sit in it. I did this in the morning and we sat in the car for half an hour talking about all makes of cars (Care Worker)

Conversations and connections were thought to help build trusting relationships and provide calm for anxious residents. However, it was noted that relationships were not interchangeable. Different people formed different connections that were unique. Staff often spoke about how providing personal care gave an opportunity for good conversations with residents due to it being an 'intimate, personal situation' and a time when you knew you would not be interrupted:

One of my key residents enjoys it a lot when I bath her. We talk about her family, past times and my life when she is in the bath. Any time she sees me, she asks for a bath - sometimes it's every day - and always gives me a hug after (Care Worker)

It also emerged that it was not only care staff that built such relationships with residents, other care home staff, such as domestic and catering staff reported equally valuable interactions. They often had a unique opportunity to chat to residents in their rooms, which was seen as providing an opportunity for one to one conversations in a private space:

I do the laundry for the gents and ladies. Sometimes there are items of clothing that are special to them so I have to take them to their rooms. There is one lady in particular, she is a great reader of books and I like reading too, which we have in common. We have humorous conversations about our families and our lives in the past and present (Domestic Assistant)

It was felt by some participants that residents who had communication difficulties or challenging behaviours could be deprived of relational moments:

I think there sometimes can be a danger that the person is missed out of that particularly if they find it difficult to communicate because of their disability or because of their cognition (Senior Manager)

However, many examples were given of how staff had found ways to communicate with people who may not be able to speak through creative means:

A male resident was not able to communicate with staff, but I noticed him reading word for word something on a wall so realised that visual prompts can help him communicate. He used to live in Ireland and worked as a builder so I downloaded images from the internet like scaffolding and the Irish flag as an aid to help him communicate. I also gave this to his relatives so that they could add to it and use it with him (Care Worker)

Some Care Workers described the use of physical touch as a way to connect with a resident who could not communicate verbally:

You know what, there's some residents that love a cuddle...It makes them feel good....just know that sometimes that's what they need, the way they hold you, the way, and you just think, you know, like touch must be, for them when they've lost the power of speech and lost the power of thinking properly, sometimes a cuddle, cause that's maybe all they've got left....

Other participants spoke about the importance of simply 'being there' and 'sitting with someone in companionable silence' and described how good connections did not need to involve words. For example:

They need to know that they've got your attention and as far as the client is concerned you have to show that you are interested, they're not just somebody to be cared for, they're actually, there is a human being screaming to get out (Care Home Manager)

What I would always try and do is, and I have done for years, is encourage people to make every moment count...utilise the space and time that you've got for not thinking about what you've got to do next but actually be concentrating on what you're doing now with the individual (Senior Manager)

10.4.3 Reciprocal relationships

In some cases, participants spoke as though their role was to advocate on behalf of residents and to argue for their rights and wellbeing:

I am really gobby for my residents. I wouldn't be like that about myself but I do think, do you know, whose going to shout for them? It's mainly for the ones that haven't got family or they've not got a strong family or someone that will stick up for them. So I find my role, I mean I know what my role is, it's for caring, but also my role is for, to be the voice for some of these residents (Care Worker)

However, in most cases, when describing relationships with residents, participants did not describe one-way relationships whereby residents had nothing to offer; instead, many examples were shared of how staff also benefited from reciprocal relationships with residents and grew and developed as a result. Often these examples were about learning from residents and the 'nuggets of wisdom' they had to offer:

I learn something new every single day. We were doing a quiz the other day and I was asking questions - what sayings meant, or something - and I said I didn't even know what that means, I'm asking you. And they were explaining to me what it meant. I do, I learn stuff all the time (Care Worker)

In other instances, staff spoke about how residents lifted their mood:

it's never stressful with the residents, there's, they've never done anything to upset you and sometimes when you're in a bad mood you can just go and sit and talk to them, it makes you feel ten times better and you think I'm so glad I've just sat down or someone smiles or they say something (Care Worker)

Several stories staff told showed an awareness of how residents benefited from feeling like they had something to offer:

I made a comment on current affairs when residents were watching TV at night. We had a debate and we did learn from each other, we valued every opinion given. I had to leave the debate as duty called. One resident held my arm and thanked me for treating him as an equal; he said it was the first time since being in the home he had felt this (Care Worker)

I think people would say that they want to be able to give something back as well, so they want to be able to contribute something. That becomes more and more difficult as people get end-stage dementia, become very very ill, but I think people often want to give something back (Senior Manager)

10.4.4 Engaging in meaningful activity

Providing meaningful activities for residents featured prominently as being a key aspect of care. The way in which activities were viewed (their purpose and type) varied. There were examples given of what might be thought of as more traditional types of activities which took place at set times of the day or week and the purpose of these was seen to be providing entertainment for residents. Examples included musical nights, quizzes and exercise classes. Activities such as these were seen as being about addressing boredom by keeping residents 'occupied' within the home or taking them out to prevent being 'stuck indoors':

We have like a men's night where they go up to the pub and they'll have, you know, a couple of beers and something to eat. Yesterday they were at the [name of hotel], and we take them there, we do a lot of bus trips. So I like to encourage staff to actually take the residents out, and I think that's really important, because to be stuck between four walls must be horrendous (Care Home Manager)

However, many participants were critical of what was seen as an old-fashioned view of activities and entertainment:

I want somebody to actually just respect that these people still have a life, still have something to give and still want to be entertained some days, but some days they want to sit and do nothing and don't have to be stimulated 24 hours a day. I mean we've got some staff that feel that they have to kind of be doing something with them all the time and it's kind of like, no, you know, sometimes a quiet time is what they want (Care Home Manager)

Similarly, there was a sense from many of participants that they were trying to move away from providing only traditional, group type entertainment towards more meaningful activity personalised to the individual and they spoke about the need to tailor activities to the likes and interests of the individual:

I suppose meaningful activity, that's what we're going to work on, what's meaningful to the person, not what we want to do, where you feel you have to have this activity board which is not really meaningful (Care Home Manager)

Many examples were shared of how activities had been tailored to residents' interests, such as:

A male resident used to be in the paratroopers. He wanted to do a jump from the plane. Staff spoke to doctors about it who agreed, however, due to insurance reasons he was not able to do the jump. Instead, the staff got paratroopers to visit the resident in the home for befriending (Care Worker)

Other examples involved residents enjoying walks outside, listening to their favourite music and talking books. Often the activities that were meaningful involved seemingly small things that mattered a lot to the resident. As one Care Home Manager put it, 'It's just simple things, the small stuff isn't it?'. Sometimes the small things described were 'wee chats'. In other cases they were more tangible items or activities.

I took a male resident who was an amputee out in my sports car. He liked getting out and about but struggled due to mobility problems. He really enjoyed the trip and is still talking about the 'Greggs pie' he had on it (Care Worker)

Several of the care homes used 'wishing trees' as tools to find out what residents wanted to do. Examples of some of the wishes observed at the time were: going to a football match; eating a fish supper out of the paper; eating a whole box of chocolates in one go; visiting a house in an area where a resident grew up; inviting a famous chef to come to the care home; and going to Las Vegas. Instead of going to Las Vegas, the resident who had made this wish went to a Bingo night at a Casino instead.

Sometimes activities were spoken of as providing a degree of continuity from life prior to moving into the care home and making the resident's experience within the home as 'normal' as possible:

I do believe, actually if you're going to the shops for anything, even if you're going down to get something for the unit, take a few residents with you, have a wee cup of coffee when you're down there - that to me is huge (Care Home Manager)

Several managers reflected on how they wanted activities to seem much more a spontaneous and natural part of care work rather than it being a separate task. For example, one Care Home Manager said she was aiming for activities just to 'reflect life' and to:

Get to that point where the staff don't sort of think 'I'm at work' or, you know, we're having a laugh - rather than activity (Care Home Manager)

In other examples, activities were described in terms of connecting the resident to the wider community by developing links with local organisations and by working with volunteers. Many staff spoke about the care home not being isolated and to feel 'part of things' in the local community. One Care Worker described how her team were trying to make the care home much more open to visitors:

Residents love when other people, when their family come or other people's children come in, they love kids and animals and it's something that triggers, a wee kid or a wee dog and they think oh lovely and they just want to clap it or talk to them and so it makes them feel like people are coming into their home and it's not a care home that's just for them and they're isolated, everyone can walk in and out and just enjoy themselves (Care Worker)

Similarly others described a vision of residents being able to feel much more part of the community:

This isn't just about care homes or professionals. This is about everybody, just people. To support older people, people in the community would have something to offer, maybe somebody is a hairdresser, do you know what I mean? This isn't just about the Council. They need to broaden their horizons. So it's not just about the Council but the Council, if they're in charge of it, then they need to explore and they need to sort of let people, you know, not the high hegion ones but people on the ground, let them try and change it and come up with their own ideas (Care Worker)

Often when talking about connections with the community, Care Workers spoke about bringing a sense of life and vitality into the home. In these types of stories, children and animals were often spoken of. For example, school pupils or staff members' children being in the home and talking to residents and having pet chickens or dogs around.

10.4.5 Participating in the daily life of the home

Enabling residents to participate in the life of the care home, including decision making, rather than being passive recipients of care, was often spoken of as something that staff were aspiring to:

That's my passion, getting the staff to realise that's what, we're working for the services user, you're not making the decisions, the older person does (Care Home Manager)

This sometimes took the form of structured forums for decision making, such as regular residents meetings or fundraising committees. For example, participants described involving residents in decisions about menu planning and events.

In other instances, staff described participation as being about enabling residents to get involved with some of the practical tasks of running a care home, such as gardening, cooking, setting tables, washing pots, folding napkins, making beds and feeding the fish in the home . This often drew on existing skills of residents or their life histories: -

A resident used to be a police officer. He would enjoy 'checking' the cars in the car park of the care home. He also helped staff with fire drill training to make sure it was done correctly (Care Worker)

One resident used to be a joiner. The unit clerical discovered this through talking to the resident and said 'I've got a job for you' and together they built garden boxes and a plastic green house (Care Worker)

Despite hearing many examples such as these, there was a sense that enabling residents to be involved with the daily life of the home was not always seen as everyday practice and in some cases was not welcomed as staff felt that those types of tasks were their job. In addition, staff often used terms such as 'allowing them' or 'letting them' when describing tasks that residents would do, suggesting a power imbalance rather than genuine co-production.

10.4.6 Relationships at the end of life: death and dying

Several Managers and Care Workers spoke of finding palliative care and making the last period of someone's life as good as it can be particularly rewarding:

Because it's palliative care, you know, it's near end of life and you're.. I find that really rewarding where some people find that really challenging because they know maybe they're going to pass away soon and they find that too difficult whereas I love that part because it's, I know their last days, I'm making them comfortable and smile and trying my best to make them look the best that they can do (Care Worker)

Some participants reflected on how barriers seemed to suddenly lift when someone was dying and wondered why this was not simply always the case in day to day care work - that this ethos should extend to life throughout the care home:

I don't want everybody to treat everybody as if they're dying, but when somebody is in palliative care everybody comes together and I just want that to be around when they're still alive as well (Care Home Manager)

Care Workers shared several stories that they felt were particularly special to them in relation to end of life care. For example:

A resident who loved music and used to sing was on palliative care. On the night she passed away, staff were allocated turns to sit with her so she wasn't alone. One member of staff sat and sang for her as she slipped away peacefully (Care Worker)

Some participants also reflected on the loss they felt when a resident died and how they would feel upset due to the close bond that had formed. It was felt that this sense of loss was not always recognised.

10.5 Co-productive qualities

When describing care work, staff and managers reflected on the type of qualities that were perceived to be important to working in co-productive ways. These have been grouped under empathetic attunement, authenticity and intentionality as will now be summarised.

10.5.1 Empathetic attunement as a core co-productive quality

Empathising with residents featured frequently when participants talked about caring. This usually took the form of imagining how they (or a family member or friend) would want to be cared for if they were in a care home. Several managers also described how they explicitly asked staff to consider these perspectives:

It's working with, and getting them (staff) to understand the importance of it and I suppose how we're starting here is that we would want that choice, and think actually would you like to be told in that manner? So we're sort of trying to get the person to see it from how they would feel (Care Home Manager)

Sometimes Care Workers spoke about empathising with the experience of residents in terms of managing their own emotional reactions to challenging behaviours or difficult aspects of care:

Most of it's people who suffer from dementia who are frustrated themselves, who we're stopping from going out the door because they want to go and pick up their children from school. So, and I have to put myself in their shoes because a lot of them think they're thirty or forty or twenty so they've got a life out of here and we're keeping them a prisoner, they want to go and see their mum and dad, they want to go and see their kids, they want to go somewhere and I'm stopping them from doing that (Care Worker)

Other participants spoke about how they might find themselves feeling frustrated at the behaviour of a resident but would then consciously stop and remind themselves of the reasons why a resident might be behaving in a certain way and empathise with their frustrations. In that sense, it can be said that challenging behaviours may initially make it more difficult to empathise with a resident but ultimately make it even more essential.

For some older staff, the idea that they may soon be in the same situation as the residents was spoken of as a much more real and imminent prospect rather than an abstract idea:

it's probably because maybe I'm getting older and more experienced that I now think well, do you know, I'm going to be like that one day and that's scary, do you know, and I wouldn't want someone to talk to me any differently...do you know, I'm not going to be any different when I'm old (Care Worker)

Although on the whole imagining what you would want for yourself in care was regarded positively by staff, there was an exception to this. One Senior Manager felt that some staff were taking the idea too literally and creating a care environment based on what they imagined they would like, rather than stepping into the unique perspective of the resident:

With one of my homes, the piece of work that I'm going to have to tackle is that this manager has created a beautiful home but it's hers, the home is what she would like in her house (Senior Manager)

However, in several interviews with care staff, examples were shared of how they acted differently to how they would in their own life because of empathising with residents, such as a Care Worker who likes to be minimalistic at home but supports residents to have cluttered rooms if that is what they want and giving cuddles despite not being cuddly with her own family. In this sense, it

would appear that being empathetic does not need to be based on imagining what you would want for yourself. In fact, in many cases empathy can be seen as overlapping with being highly sensitive and responsive to the felt needs and wishes of residents. As one Senior Manager explained, staff are engaging in complex processes when working co-productively but are acting instinctively and intuitively a lot of the time rather than through a reasoned thought process. This was also suggested by how several Care Workers described their work. For example:

You can tell if someone wants, needs a cuddle, do you know what I mean? If you cuddled someone and they didn't want to be cuddled you would know. There is a lady that always will, she will come and she touches, you know, and she does this and that and I know and I'll say are you looking for a cuddle and she just gives you a real bear hug (Care Worker)

Sensing things, using your own observations to get to know someone. Once you know someone, you might read the care plan and think "is that the same person? (Care Worker)

One participant reflected on how she would adapt her way of being to be able to connect with different residents. It was clear that Care Workers were keenly aware that there were a number of ways of being with residents and this varied not only from resident to resident but also from day to day. There is a sense therefore that being responsive to the unique specificity of a resident or a moment is a key element of co-productive working. There were also examples given of how residents in turn would 'tune in' to staff's mood and state of being and sometimes mirror their inner state. Several examples were shared of how feeling in a bad mood might show up in residents' being abrupt or more agitated.

10.5.2 Authenticity as a core co-productive quality

'Being yourself' was cited frequently as an enabler to working in co-productive ways. This was described as helping to build genuine relationships and a sense of community within the home. When this is achieved, one participant said 'it doesn't feel like working...its relaxed...everyone kens you', and another that the care home feels like 'an extended family...you really become friends with the residents and their families too'. Care workers recognised that it is better for

both themselves and relatives when they can work in this way. In the stories participants shared, being authentic could be conceived of as ‘showing up’ in the fullness of your humanity. Showing up in this way seemed to entail, for participants, being able to embody a range of very human, ordinary qualities such as kindness. Having a sense of humour and being able to be light-hearted with residents also featured prominently and many participants spoke about how this helped build good relationships with residents:

I've got a lot of what you would class as rough diamonds, but having said it the residents love them. Their vocabulary might not be the best, but having said it, they are absolutely excellent with the residents, they have a lot of respect for the residents, they have a lot of banter and residents need that (Care Home Manager)

As well as being seen as beneficial for residents, humour was also described as being important for staff to manage their own emotions. As one Care Worker put it, ‘if I didn’t have a sense of humour, I’d be in the trash can’.

Participants also suggested that ‘showing up’ in interactions with residents in a very human and ordinary way is associated with not adopting a forced way of speaking. Several participants lamented the ‘babyish’ or overly cheery way of speaking that some members of staff use with residents. By contrast, participants shared stories of how residents particularly enjoyed chatting to the handyman as it made them ‘feel like they were important’ because it was not part of the handyman’s job to be talking to them and because he spoke to them in an ordinary rather than a ‘special or forced way’.

Being authentic with residents also extended to being open to sharing something of you. This might entail a staff member sharing how they feel or what things are important to them or simply how they have been spending their time recently outside of work. This openness can lead to deeper and more trusting connections and the discovery of shared enjoyments or histories.

Many participants spoke about not switching their care for residents on and off. Authenticity in this sense appeared to have the implication that it was difficult for staff to draw a line between life and work. Often this seemed to result in them going above and beyond the tasks and set times of the job and doing things for residents in their own time:

I don't get home when I'm supposed to finish. I stay over my time. I worry about the residents at times and on my days off if I go to charity shops I still think about them and I look for things for them that would improve their lives. So I sort of don't switch off (Team Leader)

10.5.3 Intentionality as a core co-productive quality

From many participants, there was a sense that you either were someone who could be a good carer or you were not, implying the qualities associated with co-productive approaches to caring were innate rather than learned. However, rather than being particular traits or skills, participants appeared to suggest that it was a certain mindset that was important:

I think it is a certain kind of person. I don't know what that kind of person is because everyone that works in care is all different but I think it's how they put it into their heads and how they see it rather than it being a job (Care Worker)

In other words, it is a quality of mental states (thoughts, beliefs, desires etc.) and how these are directed towards care work that is important. The term intentionality is used here to encompass this quality of mental states. Intentionality was seen as beginning with the reasons for working in care. Although section 10.2 shows that many staff got into care without it being a planned career choice, several managers and care workers expressed a belief that staff should be going into care for the 'right reasons':

I always say don't get into care unless you actually care. If you think it's going to be a walk in the park and you're not doing it to help people's lives, go and get a job in ASDA. Do you know what I mean? Don't get into care unless it's something that you really want to do, because you see people all the time and you think, why are you here? You know, there are easier things you could be doing, this isn't something that you want to do. But it has to be something that you want to do (Care Worker)

Others spoke about the importance of genuinely enjoying the work and finding it interesting:

Interested, interested in the person, their life, their history. I think they look into the eyes of somebody and they're heartfelt, they want to make a difference (Care Home Manager)

Many participants implied that having a state of being conducive to connecting with residents was important. This tended to be described in terms of being 'open' - open to engaging, open to who the individual resident is and open to listening and learning from them.

Finally, intentionality was also seen as being about having a desire to go beyond the task and think creatively about meeting the needs of residents. There were many stories staff shared which appeared to show creativity in thinking of activities for residents or showing tenacity in thinking of various ways to meet a particular wish or need:

Sometimes residents want to go to a match but can't. If they can't get to the match, why can't Sky be installed in one of the flats? Then I get oh but we wouldn't get the funding. Ok, but what about a Freeview box then which costs nothing then just pay per view for each match? (Care Worker)

10.6 Relationships with relatives

Working co-productively was seen as needing to extend beyond the one-to-one relationship between staff member and resident to their relatives and others who are important to them. Relationships with relatives were something many staff spoke of when talking of their role. In some cases, staff described relationships with relatives in terms of maintaining connections that mattered to residents:

One of my clients was feeling a bit down. He does not have any relations in the UK - his closest relative is his sister in America. I helped him to write a letter to his sister and helped him to think of all the things he had been doing recently. His mood improved after that (Care Worker)

In other stories, relatives were seen as an important part of getting to know a resident:

That's where families are a huge involvement. I love to hear how, what our residents used to be like. We had a resident that slept all the time, just slept the whole time, ate and slept. Her daughter told me she's sleeping because of all the years that she never slept. She would be up till two in the morning, this woman would decorate. She said we would go to our bed at night and we would get up in the morning, the living room would be decorated (Care Worker)

Beyond being seen as a valuable source of information, others described the active role relatives played in the life of the home, for example through attendance at relatives meetings and volunteering to go on day trips with staff and residents. However, there was variation amongst participants in how involved they thought families were. Some spoke of families supporting the life of the care home 'at the drop of a hat' and regularly joining in with activities and outings. However, others described how challenging it was to get relatives to be involved in the activities of the care home:

I put all the posters up and you'd be lucky if you get six people out of - you know, we have a lot of visitors here, but to get them to come in and do a relatives' meeting is very difficult. But they have lives as well, so...and they're working (Care Home Manager)

A Team Leader who had worked in care homes for 34 years expressed a view that relatives are now 'individualized'. He went on to say that when he first started working in care, relatives would socialise together, such as by going for a drink after visiting their relatives, and would form natural, informal support systems. He felt that relatives now do not talk much to each other and are too busy. Others felt that it was important to reassure relatives that they could still do the type of things they would have done with their relative before they moved into the care home, such as taking them to the shops, going out for lunch, or taking them back to their house for a coffee:

They (relatives) need to see that this is not the end, it is a new phase of life, and they are still crucially involved in this phase (Care Worker)

Although the majority of staff spoke of relatives as an asset to life within the home, others described challenging aspects of relationships with relatives. These challenges tended to relate to differing expectations and assumptions about the needs of residents:

You have relatives and for the best intentions they will come and say oh so and so needs the toilet but we know that so and so has just been and she's going to ask a hundred and one times but they get quite upset because they think we're ignoring them and it's, and sometimes, like...you've just seen to them, you know they don't and you know that's part of their dementia (Care Worker)

10.7 Team cultures

Team working featured highly as a key enabler for co-productive care. For example:

I wouldn't say we've got any staff that don't go that extra mile to do stuff. We do have a brilliant staff group here and I think that's, that's probably one of the main reasons that we are doing so well (Care Worker)

For some, feeling part of a supportive team meant being able to rely on each other's' support both practically and emotionally:

I think we work really well because when you work as a team all the time you don't even notice you're doing it sometimes but, especially the unit I work in they all, all the residents require two people to look after them so you're working as a team already with someone to get someone ready in the morning and everyone helps each other, you know, if you're struggling someone else will come and help and depending on the resident especially if someone is aggressive it's nice to have someone as a team come and help you, make you feel better or they'll go you go away and come back five minutes later and we'll see how we can get on. We all work as a team everyday but it's hard to explain sometimes, it's just yeah, I suppose when you come in and there's your team and you go okay let's go (Care Worker)

In terms of support, staff also described feeling able to approach any member of the team regardless of role and realising that all roles are needed, and that 'we all do our wee bit'. The Unit Manager of a care home where staff spoke particularly positively about team working described the culture she had tried to create:

It's the way that we kind of do it here....it's not "that's your job" or "it's not my job", if anybody needs assistance, then I will assist. If the handyman, the domestics - so it's the team working so nobody will ever say, that's not my job...We all get paid different grades at the end of the day, but you know we're all here for the residents, so...where that's concerned, you know, there isn't a divide...They'll all help, they'll all turn their hand to whatever is needed on the day (Care Home Manager)

Staff within the home referred to above spoke about feeling able to be frank and open with each other and also of learning from each other:

I think we're quite lucky here at [name of care home] all of our staff, we're really open with each other. If we've got a problem with someone we go and talk to them about it and we'll go to the person and say well actually I didn't like what you said or I didn't like the way you did this or whatever and usually we're able to resolve any problems straight away like that (Care Worker)

I think as a staff group here we all learn a lot from each other. We've all got our strengths and weaknesses but because it's, we've got a mix across the board, we're learning stuff from other staff (Care Worker)

Participants also described how good team working also made interactions feel more natural and spontaneous:

Having two of you to bounce off, interact. Then the residents join in. it is more natural this way rather than forced social interaction (Care Worker)

For some, the emotional connection between colleagues was compared to being like part of a family:

We're really laid back. We're at a staff group that, yeah, we can shout our mouth off but at the end of the day we all, we're like a wee family (Care Worker)

However, not all staff experienced such positive relationships with colleagues. In other care homes, comments from staff included:

There were a few members of staff that just, you know, it's usually at that stage I think where they maybe should have retired several years ago! And they're just kind of taking it out on everybody, and it's just - there were some units in there that were so difficult to work in, just because they liked to have things done a certain way, but they didn't have any interaction with the residents...it's just all task-orientated...it's quite rigid here as well, you know you wouldn't want to have an idea outside of their comfort zone- you know what I mean? (Care Worker)

I hope that I can change the culture within the homes but I can't do it on my own. I'm pretty well aware of that and it's sometimes quite difficult with the colleagues that you work with but that's not for me to tackle. That's management that should be tackling that sort of issue.... I'm working with colleagues that have got poor attitude (Team Leader)

10.8 Chapter summary

Although most staff did not use, or indeed had never heard of, the term 'co-production', at varying levels they did in fact describe co-productive relationships as they talked about what they did, why they did it and what they aspired to. At one level, co-production can be seen in the relationships and connections that Care Workers form with residents that involve a degree of reciprocity and interdependency. At another, more formal mechanisms were being put in place to involve residents much more in the planning and delivery of their care and day-to-day experiences. However, the overarching theme was that of ordinary, spontaneous and human elements inherent to co-productive approaches to care. Staff also spoke of many barriers and challenges which made working in co-productive ways more difficult and problematic. These will now be explored in the following chapter.

11 Narratives on what is problematic

11.1 Introduction

This chapter will summarise what staff and managers have described as being problematic in terms of their roles and in care homes more generally. Findings are summarised under distinct headings, although in reality participants described many aspects of what is problematic as being interrelated and suggested that there is a high degree of triangulation between factors. Several of these factors related to a perception of scarcity amongst participants. This sense of scarcity will be explored in relation to the related perception of increasing demand for care. Then, the problematic aspects relating to the culture of residential care will be described.

11.2 A perception of scarcity and lack

11.2.1 Increasing demand for care

Senior Managers, when talking about what was problematic in relation to care for older people, almost always referred to ‘changing demographics’ and the challenge of caring for an increasing number of older people with high level needs. Several of these Senior Managers regarded this issue as a wicked problem:

At the current point in time, I suppose, what we would consider to be a wicked issue is the fact that there's the lack of available care home places for older people, whenever people are being delayed in hospital and having inappropriate care and at the moment, you know, we've been discussing this for some time and there's no clear, immediate solution because there isn't the capacity so we've been having to work through the strategies that will look at the medium term, longer term options and then try and put interim facilities in place. So that and the care home capacity do feel like wicked issues because we can't actually meet the demand at the current point in time. Now you could argue that actually if we'd had everything properly planned then we would have never got into this state but I believe that actually we did have reasonable plans and we had reasonable risk registers etc. but sometimes, you know, you still get to that sort of situation (Senior Manager)

Senior Managers spoke about the care system being ‘under pressure’ and several participants linked these pressures to the focus on reducing delayed discharges in hospital:

I think the challenges for older people is the burning issue, and particularly in [REDACTED] where the challenge is very much seen and the priorities are seen as delayed discharge into social care. And there’s a real danger that particularly delayed discharge works against what you’re trying to do, like SDS and personalisation (Senior Manager)

One Senior Manager expressed a view that as a result of the pressure to reduce delays in hospital, the whole system around care for older people has been designed to deal with volume, with negative implications for how effective services are:

I think the services are also geared up to deal with volume, you know, so you hear stories around - somebody who their home carer arrives and the person says I’ve run out of milk, could you get me some? No, we don’t do shopping - so the person is left without milk, what kind of outcome is that for that individual? We get very focussed on, because of the volume we only do these things, and I think it’s really hard to turn that tank around (Senior Manager)

Several Senior Managers felt that the focus was on quantity rather than quality when it comes to residential care for older people due to the pressures in the system:

We need to get the capacity, we need to get people out of hospital, we need to, you know, we need to get care in the person’s home that is the real push that, the more quality aspects could be, you know, playing second fiddle to just basically getting the system moving whereas obviously the quality is equally if not, well certainly equally important (Senior Manager)

Senior Managers spoke about how increasing needs and pressures in the system were associated with care services feeling ‘over stretched’, with a lack of time and resources. This sense of scarcity in the system was also expressed by Care Home Managers and care staff in terms of a lack of money, staff and time, as will now be summarised.

11.2.2 A lack of financial resources

Many participants expressed a view of resources being 'tight', resulting in them feeling restricted in what they were able to offer residents, particularly in terms of activities and paying for transport for trips. In one example, staff spoke about bus trips having to be cancelled at the last minute as the Council buses were needed for schools instead. One member of staff described how:

Residents would be all dressed and ready to go and the bus just doesn't turn up - it's heart breaking (Care Worker)

Several unit managers of care homes spoke about feeling conflicted when being given messages about saving money because their budgets were overspent whilst at the same time being asked to promote co-productive approaches to care. As one manager put it, 'the two don't go hand in hand'. Other managers spoke about things that promote wellbeing being the 'first to go' when budgets are tight as these are seen as 'nice to have' rather than essential. One manager said that these mixed messages left her feeling hopeless in terms of being able to provide quality care:

I'm very passionate about the care, person-centred care, but even I'm thinking, what's the point? (Care Home Manager)

Several Senior Managers reflected on why funding is an issue for the care of older people and saw this as an ethical issue and as being a choice rather than something inevitable:

I suppose I think one of the issues is what are we prepared to pay for the care of older people, is a fundamental issue. So if you thought about stuff that's been on the news recently about families often paying more than the cost - the cost of childcare often takes up more of the family's budget than their mortgage, and people might moan a bit about that, but actually really they're prepared to pay it. We're not prepared to do the same thing at the other end of the scale, are we? No.....So, I think it involves ethics, it involves what we're prepared to do and what we believe is right (Senior Manager)

When prompted to consider why we might not fund the care for older people as much as we might, Senior Managers saw this as being linked to society undervaluing older people:

I suppose, because they're contributing less to society. I suppose because they're physically less able, they're mentally less able. People infantilise older people and, you know, speaking to a lot of older people they will say what's the point of going on? I'm no use to anybody, I can't do this, I can't do that, I can't get out (Senior Manager)

When describing other problems associated with a lack of financial resources, participants commonly spoke about implications in terms of staffing levels and lack of time, as will now be described.

11.2.3 A lack of staff

Many participants spoke about how a lack of resources translated to a lack of permanent staff in the care home and shared how this affected them on a day to day basis:

You're thinking, I've not got help 'til the next shift comes in, so I have to be honest, if I've got the extra staff it's absolutely great, but with - like today, we're two staff down because three agencies let us down this morning, so as well as having the Care Inspection, I'm three staff down so this morning myself and [name], we were two and a half hours on the floor this morning, just to make sure that the residents were comfortable (Care Home Manager)

Participants described the need to rely on temporary agency workers due to a lack of permanent staff as being problematic for residents:

You've got agency staff coming in and they don't know how to interact with them, it can kind of cause a lot of problems. Yes, staffing at the moment for us is a huge problem (Care Worker)

Care Workers also described how a high use of agency staff impacted upon their own wellbeing. Staff described being more tired as a result of having to 'think for the agency staff too' and how it leaves them 'feeling drained'. As one member of staff put it, 'you can be only half way through your day and you wish to God you were going home already'.

Agency staff are used when permanent members of staff are absent from work due to sickness or holidays, however there was a sense from participants that even if care homes had their full staffing establishment, the level of staff would

still not be enough to provide quality care for residents with high levels of needs:

We used to get referrals from the [name of] Hospital, you know elderly people that were violent, you know, and that unit was just - there was never enough staff and it took, I think it took the Care Commission to nearly close them down to get more staff, which is ridiculous really....It has to take something to trigger it, you know (Care Worker)

Although limited staffing numbers tended to be linked to funding, several Senior Managers saw the issue as being a more nuanced picture linked to recruitment challenges:

Some of the issues around employment in a city where unemployment levels are very low we've got recruitment challenges in terms of being able to recruit sufficient care workers to meet the needs (Senior Manager)

Recruitment issues were also linked by several participants to wider issues in society about how we value care work and to the negative publicity care homes often receive in the media:

The big frustration for us at the moment is getting staff. That's a recruitment issue, but that recruitment issue also links to a societal attitude, and it also links to press coverage, when they talk about care homes being a bad place to work, so it links to that societal attitude. It also links to the societal attitude of care work being low paid work, so effectively women's work, and therefore being of low value. Low value in the sense that it's women's work, also low value in the sense that it's not NHS work (Senior Manager)

11.2.4 A lack of time

Linked to the issues of resources and staffing was that of time. Almost all Care Workers spoke about a lack of time as being a barrier to providing co-productive care. Limited time was seen as making it more difficult to engage in meaningful conversations and activities. In particular, not being able to get one-to-one time with a resident was often noted as being problematic. However, several Care Workers suggested that they did not let time pressures get in the way of giving residents their full attention:

They'll say oh you're supposed to be going away early today, but you'll still be here at like four o'clock but it's just one of those, that's just the person I am, the way I am. I like something finished if I've started something or if a relative comes in I don't, I'm not looking at the clock and thinking actually I'm going in five minutes, I'm not going to get into this conversation. I'm quite happy to, do you know, unless I have to be somewhere but normally I'm quite happy to have a blether or, with the resident. It's not, I'm not a clock watcher (Care Worker)

Care Workers also spoke about the importance of being able to rely on their colleagues to take a task off their hands so they could talk to a resident and engage in relational work. However, other Care Workers felt that a lack of time undermined co-productive approaches to care because it is quicker to 'do for' than 'do with':

A lot of the stuff we need to watch because residents could actually help with something simple like set a table, they could really be helping but there's so much other stuff into that, it's quicker just to do it, go in and do it because you've not got, it's not like we've got loads of time in the world (Care Worker)

There was a sense that co-productive care needs to take place at the pace the resident sets and staff gave examples of how important it was to 'take their time' building up a relationship. However, it was felt that a lack of time made working at the pace of the resident more challenging:

It's about having the time to engage with people at a pace that's appropriate to them and that's where we kind of struggle because of the pressure on staff (Senior Manager)

In addition, some unit managers felt that the timescales imposed by senior managers for tasks like completing care plans and life stories meant that they were not always able to do things at the pace of the resident:

That would be my comment to you about the care planning processes. We were expected to have it on a four week period or something there in writing that defines parts of care and I think everybody needs to be hydrated and offered food and bathed and things but the other things, I can't see how you can do that in a four week period. So a slower process, less formal, learning and give us some time to do it (Care Home Manager)

Care Home Managers and Senior Managers also expressed feeling constrained by a lack of time and how this impacted upon their ability to spend time on more developmental work, leading cultural change and engaging in quality supervision with staff. Managers routinely made statements such as ‘there’s not enough hours in the day’ and that ‘nothing gets 100%’. Managers felt that due to a lack of time, they were only able to ‘fire fight’ and react to immediate pressures.

However, there were mixed views expressed from managers about the extent to which care staff do not have enough time to engage in co-productive care. Some seemed to agree with care staff about the extent to which time is a barrier to providing co-productive care. However, others felt that it was more a lack of time management skills that was the issue or was more to do with a lack of willingness:

I think there is time in the day they could do it, but at the moment because I’ve gone through restructuring I have admitted 23 residents this year, and I’ve got 12 new rotas, I’ve got a very unhappy staff group (Care Home Manager)

You’re saying you don’t have enough time to do this, there’s a lot of stuff that’s wasted. There’s a lot of time that’s wasted. I’m not asking you to do a heavier workload but if you actually think critically about what you’re doing, how much more time would you have to give to that person? I think a lot of time is wasted (Care Home Manager)

One senior manager spoke about the need for staff to ‘make every moment count’ and to ‘be concentrating on what you’re doing now with the individual’. However, later on in the same interview she expressed a somewhat contradictory view that:

You can’t be responsive to a moment when somebody might be starting to talk to you if actually you’ve got somebody else that you know needs to be got up or the meal needs to be prepared or whatever (Senior Manager)

When discussing the topic of time as a barrier to co-productive care, several participants saw this as leading to a focus on tasks and ‘just getting the practical stuff done’. This idea of a task-focus is explored further in section 11.3.1.

11.3 Culture of care

In contrast to the narratives above, which suggest that having more time, staff and resources would address challenges associated with working in co-productive ways, the narratives below suggest that simply having more of the same is not sufficient. Instead, they suggest a cultural change is required involving ways of thinking, being and doing. However, it should be noted that the two narratives are not completely opposed or distinct, as in many instances staff suggested that experiencing pressures due to a lack of time/staff/resources affects the 'being/doing/thinking' that forms a culture of care.

11.3.1 Seeing caring as a task

A major barrier to working in co-productive ways cited by many participants was that of being task-focused. Interestingly, each staff group seemed to direct blame at other levels of staff for a task-focused culture. For example, Care Home Managers directed their criticisms towards frontline staff in terms of having a task-focused mindset:

You find that the staff listen to you and agree with you, but when it comes to actually delivering the care they go straight back into what they're used to doing...You might find them just hanging around the dining room because they're waiting on the next thing to do, rather than thinking why am I here? What am I doing? What can I do with this half an hour? I could go and speak to somebody (Care Home Manager)

Several participants spoke about how having an overriding task-focus meant that potentially transformative approaches to care were being regarded as 'just another task' to perform. Senior Managers also expressed a view about frontline care staff being task focused:

They are so focused on process and plans, you know, process stuff... and I think quite a lot of them need the support to start shifting their thinking and that's a complex psycho-dynamic thing (Senior Manager)

Senior Managers also felt that Care Home managers were too task-focused:

I think sometimes managers, they get too insular and they get too focused on the actual tasks getting done (Senior Manager)

Frontline care staff did not report feeling task focused but recognised that there was an overriding 'task focus approach' in the culture of care and felt a pressure from above to focus on practical tasks. In some instances, care staff felt that managers did not recognise co-productive approaches in the same way as tangible tasks and that sometimes they felt guilty for just 'being with' a resident rather than being engaged in a task. It made them feel as if they were having 'a wee skive'. As one Care Worker put it:

Rather than be quite open, I would sort of sneak away and sort of blether to the relatives in corridors and think, God I hope I don't get caught (Care Worker)

In some instances, ancillary staff in particular spoke of times they had been reprimanded when spending time with residents and gave examples whereby they had been told to 'get back to the task' or that 'talking to residents isn't what you're paid to do'. This is in contrast to the stated intention of managers to instil a sense that co-production is 'everyone's business' and that all staff members have a role to play.

Although in general having a task focus was seen as being caused by someone or something else, there were two Senior Managers who reflected on their own role in the prevailing culture. For example:

I'm not blaming them. I think, as managers, we haven't acknowledged that that's the case and given them the support and space to actually stand back and reflect, we ask more and more of people that is task orientated or task based and I sometimes think that we don't give people the chance always (Senior Manager)

Others recognised that rather than it being a question of attitudes, a task-focus was linked to a lack of time leading to pressure on staff. As one Care Home Manager put it, 'the busier you get, the more task-oriented you become to be able to cope with it'. This view was echoed by a Care Worker who said:

They're really focussed on getting the job done. There's that kind of culture. We're timed - I think we feel under pressure to get everybody up (Care Worker)

However, one Care Home Manager felt that even if staff were not busy, there was a pressure to be perceived to be doing something practical. Therefore, it is

possible that a task-focus actually leads to time pressures rather than the reverse. The following is indicative of this:

Just look as if you're busy. People look as if they're busy and don't achieve anything. I'm a great one for that. I can do, I can be so busy and say at the end of the day well what have I actually got to show for it when it comes to clients and you're rushing about (Care Home Manager)

Managers recognised a tension between co-production and a task-focused culture, but there was a sense that due to the volume of care required, there was no other option than to carry on working in a 'time and task' way. However, they hoped that the relational elements of care could be combined with a task so as not to take up any additional time. Although, one manager suggested that some tensions and contradictions were irreconcilable:

There's quite a lot of contradictions in what we're saying, and I think we're almost promising too much sometimes (Senior Manager)

11.3.2 Institutional routines and arrangements

Despite many staff and managers expressing an aspiration for flexibility within care homes, participants often reported rigid institutional routines acting as a barrier towards enabling residents to live their life their way within the care home. Rigid routines also link to the task-focus described above as staff felt that certain tasks had to be performed at specific points in the day:

Some mornings if there's only five of us in you've got like from about 7.30am to 9am to get seven residents up, and then breakfast, and then we've to go for our break, then come back, make them teas, get the table sorted, lunch - it's constant, you've got like a structure, it's just trying to plan your day out well enough to fit other stuff in between...it's really rigid. There's not much room for leeway in it (Care Worker)

Other staff echoed this feeling of pressure and spoke about how they knew 'doing with rather than for' someone was what should be done, but did not feel this approach fit within the routines of the care home:

A lot needs doing at once. In the morning, if someone takes one hour to get dressed, then that is how long it takes them and they shouldn't be rushed and have it done "for them". But there is breakfast and the resident may want to join the others...(Care Worker)

One Care Worker who felt frustrated by the rigidity of routines in care homes described how this impacted upon activities within the home:

It's like right, we need to do - we've got an activity board and we'll do the activities in a day. So say on a Monday morning it's ball gameand everybody has to get their hair done on a Tuesday, what if I don't want to get my hair done on a Tuesday, I like getting my hair done at the weekend (Care Worker)

Some Care Workers said they would actively try to go against the rigidity or routines to enable the resident to live in the way they wanted to:

If somebody is still in their bed, I try to encourage them to leave them in their bed. They don't have to have everybody up for breakfast but there's this culture that goes on. The staff have got onto this culture, you need to have everybody up for their breakfast (Team Leader)

Others spoke about inflexibility in terms of meals. For example, a Care Home Manager told a story about how one day a resident decided he wanted a cooked breakfast, even though he had always previously had porridge. The response was that a request would have to be put through to the kitchen but that this would have to happen the following day as it was not requested in advance. The manager expressed her frustration:

The kitchen is next door! They've got fridges and they've got frying pans! If they want something to eat why can't they just have something to eat? (Care Home Manager)

The punch line to this anecdote was that the resident did in fact get his cooked breakfast the next morning, but then every morning for weeks thereafter until he pointed out that he had only felt like it on that particular day - the point being the way the institutional arrangements are set up do not readily accommodate spontaneity or day to day differences in preferences, as this resident discovered.

11.3.3 Professionalism undermining being human

In the previous chapter, staff spoke about developing excellent relationships with residents based on a deep understanding of who they are as individuals. They described the importance of ‘sensing things’ and using ‘their own observations’ to know how a resident is on a given day. However, examples were given of how processes which were too over-professionalised undermined the ability of staff to act on this personal knowledge, such as not being able to use their own judgement in relation to the use of pet names and instead having to rigidly adhere to care plans. In a similar vein, when talking about the use of humour and banter, Care Workers recognised that they needed to act on an understanding of what the resident would want within the context of a unique and particular relationship that is built up with over time. As one Care Worker put it:

I can say things that I know that another colleague in here maybe would say exactly the same thing but not get away it because I think it's how you say it, how long you've known the person, what sort of relationship you've built up (Care Worker)

However, some Care Workers spoke of feeling like they were unable to act on this knowledge and their deep understanding without fear of the consequences:

You need to watch what you're saying because, even if it's a resident you know, because obviously I've been here for nearly two years, so you know the residents and you know who you can have a laugh with. But really if you say something to somebody and there's somebody standing outside that door, it wouldn't - it would come back on you straight away, like if they overheard something, not saying anything wrong but even just little things, having a laugh or a joke, like you've got to watch your back just in case somebody takes it the wrong way (Care Worker)

One member of staff also felt that being able to use touch to comfort somebody was sometimes ‘frowned upon’ from a professional perspective:

I'm talking about staff and management 'cause it looks like favouritism. Well, do you know, if it's going to make her feel better and she has mental health issues, I'm sorry, do you know, she's my resident I'm going to cuddle her...why is it nowadays we always have to look for oh, why are you doing that? (Care Worker)

Although managers did not seem to share the same sense of restrictions in terms of the use of humour, pet names and physical touch, some did recognise that ordinary life and human emotions were being ‘professionalised’ in other areas. One such example was given by a Care Home Manager who described how she now has to complete an adult protection document about risk whenever residents argue. She says:

What, nobody can argue anymore? We have arguments in the home, it's in your nature, people argue but because you argue does that put you at risk? We're actually getting to the extreme now where we're in a society where nobody can challenge anyone else especially if it's resident to resident. I'm not saying, I mean we've had assaults in here. I'm not saying that people should be lobbing cups at each other or slapping each other but to actually be able to verbalise what you're thinking, I'm not happy with you, then yeah, arguments are good, everybody has arguments, couples have them, that's part of life (Care Home Manager)

This issue touches on regulatory standards, which will now be explored in further depth.

11.3.4 Regulation and paperwork

Many care staff expressed their frustration with the amount of paperwork they have to do in their jobs and that it felt ‘too much’ and a ‘complete burden’. There was a sense that the reason for the amount of paperwork was not to benefit the resident but the organisation by ‘covering your back’. In general, staff felt that the time spent on completing paperwork could be better spent with the resident:

I'm writing more than I'm actually spending time with them. And like my key residents - I might not work with them for weeks, but I've got to write constant paperwork, constantly update it (Care Worker)

It was not just care staff that expressed discontent with the volume of paperwork; Care Home Managers also felt that the task of paperwork was ‘just mammoth’. Several Care Home managers described feeling sad or guilty due to the focus on paperwork and evidencing:

The aims of the Department is to be one of the best. And to me we're losing that because of the paperwork. We're so focussed on everything being perfect on the paper side, we're missing out on the residents, and I think I personally feel quite guilty at times. I spend more time on my computer than I do in the unit with my residents (Care Home Manager)

Some managers had become quite cynical of new programmes or initiatives, no matter how co-productive they sounded, due to the amount of paperwork they would likely entail:

The principles are there, the theories are there. It's here we go again, yet more paperwork (Care Home Manager)

Other managers reflected on the fact that the skills required to complete forms and plans to a high standard do not always go hand in hand with the qualities of being a good carer:

Some people can deal with care plans etc. very well, I think again it's about what I said before about education and training for people. Some people's minds don't work that way, some people's minds are never going to work that way - but they might be fantastic carers (Senior Manager)

Staff felt that there was a lot of duplication in the paperwork they had to complete, due to having to show a 'trail for everything throughout the building':

There is a lot of duplication. There must be a way of doing things that retains us as people, as human beings without it being a paper trail (Care Home Manager)

Similarly, several participants gave examples of what they perceived to be excessive over-reporting:

You do an incident report for someone falling, and that's fine and you have your action plan, your further action plan and your outcome from that and that's absolutely fine. But then you've also got a cross-reference to do, and another part - so for one fall I have four pieces of paperwork, but then in the care plan you've got another three pieces of paperwork to do. So that's seven pieces of paperwork for one fall (Care Home Manager)

The need to provide a paper-trail was often linked to regulatory standards and Care Inspectorate inspections. When speaking about inspections in particular,

staff described these as being a pressurised experience that actually diverted attention away from co-productive aspects of care. One Senior Manager described how something as simple as the use of photographs can be distorted by a focus on inspections and gradings:

I mean if you go into the homes they're surrounded by things like photographs and such and how much attention people pay to them I don't know. They do that because they've got to provide this evidence for the Care Inspectorate whereas some of the other homes are less focused on providing that. They'll have these photos where they're meant to be, they'll be in a photo album and they'll sit with the service users, sometime after the event, and look back on them that way (Senior Manager)

Unit Managers in particular spoke of how they would have to focus excessively on paperwork leading up to an inspection rather than spending time developing and supporting staff:

Because the Care Inspectorate has been, because that has been my biggest focus and it's been a bit of a shame for them (staff) because everything I've been doing has been focussed towards that. Now I'm going to back off and let them make mistakes, because I couldn't let them make any mistakes....Because I couldn't risk it, you know...but now I can actually step back and I can actually support them to do it without thinking, oh my God I've got these care plans to do and I've got these reviews to do. We can go at a slower pace, to enable their learning and enable them to go out on the floor more, because I've had 23 care plans to do and you get quite bogged down in them. So now next week they're going to be out on the floor more, observing practice, encouraging activities.....(Care Home Manager)

Staff and managers also spoke about finding inspections demoralising due to the inspectors focusing on small, apparently insignificant aspects rather than on co-productive aspects of care:

They're picking up on things like somebody's left their juice or somebody's put something in a drawer that shouldn't be in a drawer or the cupboard's not tidy or, you know, and staff are doing their utmost to make sure the residents are well looked after. But it seems to me we're going back to, you know, it's important that the cupboards are nice and the drawers are tidy...the residents, are being missed out somehow and there's no doubt that it does bring the morale down...it's knocking down to the staff, which will knock down to the residents ..the staff are feeling, you know, we're doing our best, we're working really hard here and they're picking on us for reasons of juice bottles lying about or we've not put the lid on or dated it, you know. And it does, I think it becomes quite nit-picking for them (Care Home Manager)

Participants felt that co-productive aspects of care were difficult to record and capture and therefore could often get overlooked in inspections:

Paperwork isn't important to the resident. Even personal care isn't important to the resident. What is? Having a wee chat. But that makes you think doesn't it? As that is exactly what doesn't get recorded! (Care Worker)

Staff also spoke about how regulatory standards left them feeling restricted at times due to risk-aversion and health and safety. As one participant put it, they were 'risked out'. Staff felt that risk-aversion and health and safety standards made it more difficult to 'do with' rather than 'do for' residents. Others reflected on how this made it more challenging to create a homely environment:

We're supposed to be home from home, home for life, you're coming into a home that you treat as your home. Now in my home I wouldn't have posters all over, in my home I wouldn't be risk assessing myself every time I went to the bathroom, made a cup of tea, went outside the door, went on a bus trip (Care Home Manager)

Several participants gave particular examples of where they found health and safety rules to go against what they instinctively felt was the right thing to do, for example:

There was a care home this man was in, he didn't eat lunch, he went down the road and got his pate and his biscuits and they told him he couldn't do that because who knew where the pate had come from and was it, you know, safe? (Senior Manager)

Managers expressed varying views and emotions about paperwork and regulatory standards as a barrier to co-productive ways of working. Some managers seemed

to be recognising that much of what is done is to meet the perceived needs of 'the system' rather than to meet the needs of residents. As one Senior Manager put it, 'it's very much an organisational thing'. Some went further than this and saw it as being part of a societal attitude towards how we approach risk. Most managers, whilst expressing frustration towards excessive paperwork and auditing, struggled to see how it could be any other way as the following quotation illustrates:

I can't see any parts I could take out. Perhaps if I did take something out it would compromise care. I would go looking for something, perhaps has this been done, by who, and who signed it they've done that and if it's not there, you know, I wouldn't have the information I'm looking for (Care Home Manager)

Others expressed concern that if a lighter touch was taken to paperwork, then care might 'slip' and you would not know 'that things have or haven't been done'. Other managers were more explicit about feeling frustrated by the approach from regulatory bodies and that a lot of what is required 'kills a lot of innovation' and leads to care being 'very institutionalised' and 'robotic'. For example:

The standards are all very fine but there's no person in the standards. Have you read them? If you stuck to them by the letter, you would be a robot with the residents (Care Home Manager)

For some managers, their own response to this belief was to try to obtain an appropriate balance. However, others appeared to feel conflicted when trying to achieve the right balance and felt that they were in the position of having to ask staff to do 'too much'. For example:

As a manager of the organisation I have to, I can only promote the processes, the procedures and the risk assessments but I would always say there's a balance to be struck. You have to do it. I can't be telling staff don't do that, don't do that risk assessment. There's an intellectual conflict there because I know that you have to have some risk because of the nature of the business that we're in, that people are very vulnerable and, you know, it is a high profile service and if you don't get it right you're in the papers and everywhere else and people start suing you. So, you know, there is that and you have to get it right and also you have to, so there's a balance to be struck I think and I personally, but I think we've gone too far on the if it's not written down it's not done bit and it's detracting against why we're

really there which is about spending time with people to try and deliver what it is that they want (Senior Manager)

This senior manager then went on to talk about Steiner Schools as an example of how things might be done differently:

There are actually no rules and the children learn when they want to learn and everything goes with the flow, you know, if you could actually run a care home in that way then you could probably deliver that but that is contradictory and at great conflict with risk, risk assessment and actually processes and procedures that you have to have to keep people safe (Senior Manager)

Other managers also spoke about possible improvements to the current regulatory approaches in care homes which tended to involve more observational approaches to inspections, for example:

Just be human to human, actually how are they? Observing individuals, speaking to individuals, what is it like for them? (Senior Manager)

11.3.5 Bureaucratising human approaches to care

Many managers expressed a desire for life in the care home to be about communicating on a 'human level' and to move away from a focus on 'process rather than people'. However, they also described more formalised, emotionally detached aspects of care which seemed to be turning 'the human' into something more bureaucratic. As one participant put it, 'a lot of what we are talking about isn't complicated, but we over complicate it'. For example, several Care Home Managers spoke about a new document which is being given to relatives and residents to find out how involved they want to be in aspects of care and the home. They described how this was done in a standardised way and involved answering a series of set questions rather than a more human conversation. As one manager put it:

We want you to answer questions. We want you to fill in questionnaires whether it's with an advocate or whether it's with somebody else, you don't have to do it but we can get somebody to help you, but we need to know what your views are (Care Home Manager)

Another participant felt that introducing standardised forms such as the one described above makes the service look more professional and less like a 'Cinderella service'.

In relation to the involvement tool, there were instances where managers seemed to be describing residents or relatives 'opting out' of participating in the life of the home. The narrative of choice is usually invoked in these instances.

However, there is a sense that in order to 'opt out' of participation, it must be seen as an action or task which is somehow able to be separated from simply living from day to day. The bureaucratic approach seemingly offers a way out by simply enabling a box to be ticked to show that residents were consulted about their participation and chose not to be involved.

Many participants reflected on the role that tools such as care plans and life story books played in co-productive care. In relation to care plans, it was commonly felt that the new outcomes-focused templates were an improvement on the previous tick-box style plans:

It's all about what the residents want and how we achieve that whereas before the old style care plans it was just this is what happens, this is the help they need and this is what we do but now we've got a section for personal outcomes so it's what the resident wants in that specific area (Care Worker)

Participants were simply positive about the new life story books:

When I've gone to various care homes people have shown me life story books, the life story work - it has to be a good thing for people, I mean certainly for people reaching the end of their life as well. But also it helps with the co-production because a key part of co-production is treating somebody as an individual and not as a resident or an object if you like. So it has to be a good thing (Senior Manager)

However, despite recognising the new tools as being better than their predecessors, some participants felt that there was something about the nature of capturing someone's life on paper that detracted from the real person:

We're in the process of doing all the new care plans. We've finished them all now. I think they are much better. However it's getting back to a piece of paper and I know why they have to do it but it's back to a piece of paper where your whole life is on paper. Where's the person within the task? And I know it's personalisation but it's still a bit of paper. It's still telling us what time you get up in the morning, what, how you like to wash. I want to sit at the sink. I want to be given the cloth in my hand. I just sometimes feel that we're taking away the voice of the client and writing on paper so you don't have to talk to the client anymore, so you don't have to ask them, you just read it on a bit of paper and that's that (Care Home Manager)

This idea that the paper tool can act as a barrier between the staff member and the resident came up in other instances too. Some managers thought that staff might consciously do this or that it might be associated with psychological aspects of caring that cause defence mechanisms:

I think people often disengage from care, and there have been some theories around that from nursing, very old theories in nursing around that about why people talk about a leg coming in - he's a leg, he's an arm - because actually the way they work with the older people sometimes it's too painful so they almost disembodify themselves from it or something...I think there might be a psychological distancing in care homes sometimes as well...Life story work with a person can be quite an emotionally draining thing as well, quite a difficult thing to do with somebody. So it may be that they have some kind of innate sense for that person - I don't have a clue if that's true or not - but for some people that might not be a very easy thing to do, depending on that person's life for what their story is (Senior Manager)

Others felt that it very much depended on how the tool was used. As one manager put it, the tool is 'just a prop' and is not 'an end in itself'. Despite this, participants described scenarios where tools were not being used in this way and were in fact being seen as an end goal. For example:

A life story's a life story 'til you pass, whereas they seem to think well the life story's finished because we've done the book (Care Home Manager)

Another manager spoke about how in some cases Care Workers were simply giving the blank life story book to relatives to complete and return to them

rather than spending the time completing them in conversation with the resident or relative - therefore actually reducing the time they needed to spend working co-productively. Participants viewed this approach as associated with time pressures and a performance management approach which records the percentage of books completed within a certain time frame. On the other hand, several managers felt passionately that regardless of how the books are completed, they can be a very meaningful object for the resident and their relatives:

We have another gentleman, his behaviours can be quite aggressive and, I suppose to calm him down or to make him feel better, the life story book comes in useful and if they're to read it together, the staff and him, and here's Freda, here's your wife and she'll be here this afternoon, there's your daughter and it just calms things down. So it can be used for other things as well (Care Home Manager)

However, there was also a sense that in order to shift to more co-productive ways of working, further tools is not what is required and in fact, many participants expressed frustration at the array of tools they need to work with and the pace at which new ones are introduced. Despite this, in management team meetings, the same participants that lamented the plethora of tools still expressed a desire to identify tangible tools to introduce in care homes and ways of measuring their use with quantifiable indicators.

11.3.6 Negativity, fear and blame

Many Care Workers and managers spoke about feeling a sense of anxiety and fear due to what they perceived as being a negative focus on care homes in the media leading to a blame culture in care:

You see anything on the news about care homes it's all negative, negative and it's so sad because there's so much more positive than negative and I see it in here and not just because I work here because I've worked in loads of homes as an agency before I came here (Care Worker)

Despite most participants offering views to counter the negative perception of care homes, many also suggested that they would not want to live in a care home or that being in a care home could never be a preferred option for someone to spend the last years of their life:

Obviously it's not ideal for these people to be in care homes, you know, at the best of times (Care Worker)

Other participants gave examples whereby the behaviour of a resident improved when they were taken out of the care home environment, such as:

There was a resident who was very difficult, her dementia was really high and she couldn't speak or anything, and a certain unit was going out that day, and they were going out for fish and chips. And they weren't going to take her because in all fairness she was really difficult, I personally wouldn't have wanted to take her because it is a lot of work, but I was like 'she would like it, why don't you just take her?' So they did take her, and she had the best day ever, whereas in here she was always really difficult to work with, and it used to take more than one person, but when you took her out of this environment and took her a walk along the beach and bought her fish and chips she could eat out the bag, she was like a totally different person (Care Worker)

Sometimes the perception of care homes as a place of last resort was more implicit rather than explicit, for example participants spoke about someone 'ending up' in a care home or 'sticking someone in a home'. There was also often a taken-for-granted assumption that someone would always rather be in their own home than in a care home and that care homes only exist because they are 'an efficient way of looking after people'. However, there were exceptions to this:

When the residents come in I think they feel safe and secure, and to have somebody to speak to is the most thing that they want, and they feel like they're not going to be told off or told what to do or I'm going to be lonely or bored. A lot of residents have come in, they're happy to have come into care, they don't want to go home, because they're frightened at home. Because home is a confusing space for them (Care Home Manager)

Similarly, other participants spoke of how it is not care homes per se that are the problem, but the way they currently operate along very institutionalised processes. One Senior Manager spoke at length about this and saw co-production as being required as a response to some of the institutionalising and depersonalising tendencies of formalised care:

I think because that is very institutionalised, you know, if you've got to write everything down, you've got to justify everything, it's all got to be So it improves the standard of the basic care, no doubt about it, but then it obviously institutionalises it as well. Is institutionalisation always bad? I don't know the answer to that. Going back to when I trained as a social worker, you know, some of the theories that I got at that time were about institutionalisation and the debilitating effect of institutionalisation on people, and the fact that when people are institutionalised they didn't really develop, and sometimes they could become ill, etc.....I don't know if that [co-production] is almost a counter to a lot of that work where if you went into a prison, your clothes all get taken off, you were sort of stripped of your identity, you became a prisoner, you became a silent inmate, you became a care-home resident. You know, so I think that co-production is almost a counter to that (Senior Manager)

11.3.7 Lack of a homely environment

In addition to cultural and systemic aspects of care, many participants also commented on the way in which the physical environment of the care home impacted upon staff's ability to work co-productively. It was clear from many participants, in particular managers, that how the care home looked was very important to them:

The environment must be perfect for me, it must be (Care Home Manager)

When describing how they would want the physical environment to be, participants spoke about it being homely:

It's like home from home. It's not like, it's not like every room has to be the same... It's friendly (Care Worker)

However, it was often the case that participants felt that some of the larger and newer care homes, whilst being aesthetically pleasing and functional, had lost a homely feeling and were instead more institutional. They also felt that the larger size of the homes resulted in residents staying isolated in their own rooms rather than mingling with others in a living room or other communal area:

I mean they've got a beautiful sitting room and it's never used. We've got a sitting room in all the units, but there's a lot of the sitting rooms are never used at all. The activity room is empty, I've even tried to start a cafe, you know, where you bring the residents - it's too far for them to come, they don't want to do it. Relatives say oh no, I've tried to get my mother along, she's too tired, she just wants to stay in her own wee bit (Care Home Manager)

One Care Home Manager recognised that the new care homes are not as homely but still felt they offered a better quality of life due to them being safer and more functional. This is very telling of what we think matters most in terms of caring for people:

It probably is too big in some of the spaces, it doesn't feel as homely. From their perspective it's too big and it's not as homely as the smaller care homes. In my perspective we can care for people better. It can be a home for life. We can fit equipment in bedrooms. We can keep people safer, minimise risk of injuries with our sensors. I think we offer a better quality service with this size of building (Care Home Manager)

In contrast to the quote above, other Care Home Managers who work in the newer, larger homes felt that they impacted negatively on quality of life and were more difficult to manage.

11.4 Chapter summary

This chapter has summarised key aspects of working in a care home that participants find problematic and which they see as a barrier to working co-productively. Although a lack of resources featured highly in participants' accounts, it was the way in which these led to a task-focus that appeared most problematic. Other problematic cultural aspects of care were seen as detracting from a focus on human, ordinary aspects of relating to others in favour of institutional regimes, regulations, procedures, paperwork and evidence. Although there was commonality across all staff groups in relation to problems experienced, there was divergence in terms of their perceived origins, with one staff group directing blame towards another rather than reflecting on their own contribution to the issue. The next chapter will build on these findings to explore how participants are experiencing approaches to intentionally shift away from a task-focused culture of care to one which is more co-productive.

12 Narratives on change

12.1 Introduction

This chapter will summarise the way in which participants related to and described the various approaches to achieving a cultural change which were taking place at the time of the research. The stated intentions and aspirations of managers will be contrasted to the experience of Care Workers where relevant and tensions and contradictions between rhetoric and reality will be drawn out. A distinction will be made between the waterfall approach to change, associated with taming approaches to addressing wicked problems, and people-focused approaches, which focus on changing mind-sets and behaviours.

12.2 Organisational approaches to change

12.2.1 A desire to do things differently

Amongst managers and senior officers, there appeared to be a sense that traditional organisational approaches to change were not able to create deep cultural shifts and therefore new ways of working were required. One Senior Officer felt that they were in a ‘transition period between the old ways and aspirations - a state where we are in between two things’. This participant articulated the ‘old ways’ as being about a ‘command and control way of doing things’ and contrasted this with more participative and experiential approaches to change. In her words:

It's almost about a new way of working, of thinking and doing things and it's challenging because it's a big department in a huge organisation. We really had this kind of vision of working collaboratively in all the departments really making changes that were for and by everyone, I think that just changed the way of working, changed the perception and changed the way in which some of the managers and some of the staff were used to working for many years, and when that happened it kind of, you know, it's a transition period and it takes time, that's just how it is, it takes time and we need to recognise that. And we need to simply acknowledge that and do not be - just continue to push on, don't feel disheartened about it, and just make it happen (Senior Officer)

The sense of the current time being one of transition between different ways of ‘thinking, being and doing’ was apparent in the differing and sometimes

contradictory approaches being employed to bring about a change in care homes. As one Senior Manager put it:

I think as a management team, I think as a department, I think we give the same message and an opposite message at the same time (Senior Manager)

These tensions, variations and contradictions will now be explored.

12.2.2 Waterfall model of change

Despite many participants expressing a desire to do things differently, the predominant approach to change was very much in keeping with the ‘waterfall model’ described in chapter 7, whereby a vision is agreed and objectives are defined, implemented and monitored. Implicit in this model is the belief that the change sought can be known and clearly defined ahead of time.

When speaking about their role as a leader, and reflecting on how they are trying to bring about a cultural change in care homes, Care Home Managers and Senior Managers would often begin by describing the importance of ‘having a clear vision’ at the outset and of the need to clearly articulate this to staff so that it can focus their attention and they can know they are ‘on the right track’:

I would like to think that I make clear what’s expected, what our objectives are and what we’re wanting to achieve and make sure that people are clear of what we need to do and how we’re going to go about achieving it (Senior Manager)

One Senior Manager even invoked waterfall imagery when describing the need to ‘cascade’ a clear vision, objectives and workstreams down through the organisational hierarchy as part of her role. Senior Managers would also often move on to talk about the importance of ‘quality indicators’ that would allow the success of achievements to be judged. The underlying motivation behind such plans was the desire to know whether the vision was being realised and to introduce control into the system. There was also a sense of fear of people doing things ‘off the radar’. As this Senior Manager put it:

I think if people were to go away and do different pieces of work and actually set up different work streams that are cutting across each other and actually not be making the best use of our resources then that's not the best way and we've had an example of that just recently in the last few weeks where different people have been asked to do different pieces of work and then we see all the different pieces of work that people have been asked to do and then they themselves see that they're all inter-related and get worried that they're actually not, that we're not actually integrating (Senior Manager)

This sense of the need to control was very much echoed in Care Home Managers' accounts of their leadership role:

It's keeping your finger on the pulse, it's making sure that you're watching people, what they're doing (Care Home Manager)

When reflecting on how to address complex challenges, the general response from managers was to extend the planning approach to an increasing number of workstreams and to include increasing numbers of staff:

I guess my role's been...around actually seeing that as something that's cross-cutting, it cuts across all that and how do I deliver that, so I think a lot of what I'm basically trying to do is to try and bring people together from the sidelines to give us something that's more cross-cutting (Senior Manager)

Care Home Managers, though critical of the need to excessively evidence progress against project workstreams, were simultaneously positive about the need for a clear vision and a plan to work towards as they felt it created focus, commitment and clarity on what the right thing to do was. Although, many Care Home Managers commented on how the multitude of workstreams felt fast-paced and intense. For example, one spoke about the feeling of simply ticking off one objective after another, always focusing on what was next rather than being in the moment and appreciating what is already changing. She described this feeling as constantly 'chasing after objectives'.

Standardisation was also seen as being a helpful aspect of the waterfall planning approach to change and managers again spoke positively about ensuring structures, approaches and systems would be 'the same across the board'. However, frontline staff often experienced this differently and several expressed

frustration that the uniqueness of their way of doing things was being diluted by having to conform to a standardised process or ethos.

Despite the reliance on the waterfall model of change, several managers expressed frustration with the approach and a belief that it did not match up to the type of problem being faced. As one Care Home Manager put it, the abstract plans and objectives feel removed from 'the point of delivery of care'. A Senior Manager echoed this sentiment, stating that:

Management is in some respects about the organising, tying things down and knowing exactly what's going on and working to a script for want of a better description and some of these things don't stick to scripts, it's about being responsive to the moment. We like to put everything in plans and plans are quite prescriptive and prescriptive things sort of lead you into processes and procedures as something you have to do and I just think, because we talked about this being a complex psycho-dynamic type of thing, that we need to get to that doesn't always lend itself to prescription (Senior Manager)

Another summarised it this way:

We respond to the abstract idea of the problem not the day to day reality of it (Senior Manager)

Other managers felt that there were unintended consequences of working with prescriptive plans as they, 'benefit the organisation but can potentially detract from the benefit to the care home and its residents' by encouraging a focus on 'processes rather than people'. One Senior Manager reflected on whether the waterfall model of change led to arrangements which require management leads which in turn has resource implications, resources that could be better invested in frontline services. She also expressed a feeling that the waterfall model led to an over-reliance on managers to resolve issues and generate change when in fact staff at the frontline might have better ideas as they are closer to the issues/problems. For example, one manager spoke about an initiative that was taking place in a care home that was seen to be successful but that it 'collapsed' when the manager leading on it fell ill and was absent for a lengthy period of time.

Another Senior Manager questioned the value of the linear nature of the waterfall model of change since delays in the chain could impact on issues

further down, thus stifling resolution. To illustrate this, she gave the following example:

When I talked about doing that and said we should be doing that in our homes I was told there's a pilot going on in another council, we should wait until the outcome of that and I was saying to him why, why should we wait until the outcome of that, get on and do it...people want to have all the evidence to make sure it's right but gut instincts tell you it is right for everyone, it doesn't matter how you do it, it's right that you actually go out and try and make sure that your services are more personalised. You don't need to wait for the outcome of other pilots. I'm a great believer in that you do actually have to sort of move things forward. I do, I mean obviously it is helpful to have done a wee bit of research, you know, make sure you've got some of the background but you could spend an awful lot of time trying to evidence everything. So, you know, I mean sometimes, sometimes it's from your own experience and gut reactions (Senior Manager)

The ability of the waterfall model to be responsive to unforeseen events and circumstances was also questioned. In care homes, it was felt that 'sometimes you just can't anticipate what is going to happen' and that things can and do go wrong even with the most detailed and well monitored plan.

Despite these criticisms of the waterfall model of change, Senior Managers still seemed unable to reject it completely. One Senior Manager suggested 'that we don't really know what else to do' when asked about reliance on the model of change. Moreover, when faced with complexity particularly in the context of budget restraint, Senior Managers reverted back to familiar techniques to regain a sense of control, for example, by seeking ever more information to monitor. However, managers did introduce more participative approaches to the waterfall model by holding workshops with Care Home Managers to gain their 'buy in' and 'engagement' with the objectives and actions within the plan. These techniques could be seen as more 'people-focused'.

12.3 People-focused approaches to change

12.3.1 Developing self and others

On the whole, when participants talked about people-focused approaches to change, they tended to focus on 'others'. For example, Senior Managers talked

of the need for Care Home Managers to change or develop mind-sets or behaviours and Care Home Managers spoke about frontline staff needing to change or develop mind-sets or behaviours. Several participants referred to others' need to 'shift their way of thinking'. Implicit in such discussion was that thinking should be more aligned to their own way of thinking.

It's about people understanding. Sometimes people just don't understand or don't see things in the way I see them (Senior Manager)

From Senior Managers' perspectives, there was a sense that the Care Home manager's leadership was vital in terms of shifting the culture in care homes towards being more co-productive:

I do think that the care home managers are the ones that have to change the cultures, I don't know how helpful it is sometimes for somebody like me to come and tell the staff what to do. I think the care home managers actually have to own that themselves (Senior Manager)

In accordance with a belief in Care Home Managers being key to creating change in care homes, Senior Managers spoke of the importance of 'away days' whereby managers can have protected time and space away from the demands of operational management in order to reflect, discuss and 'think about what they need to do to help staff to work in a more personalised way'.

Senior Managers also often spoke of the need for Care Home Managers to be 'present' and 'visible' in order to shift the culture of care. As this participant put it:

You know me, I'm the first person that says power to the people, but I do think that stepping back and looking at the organisation itself, it needs to happen at the top. It needs to have a senior leader showing the benefits of this type of thing, what are the behaviours that are associated with it, and almost bringing this energy to their colleagues, and inspire them (Senior Officer)

Although most Care Home Managers also spoke in a similar way about wanting to be visible and to 'role model' the change they wanted to see, they expressed a view that the demands of their role made this very challenging. An organisational re-structure was taking place during the earlier phases of the study and Care Home Managers appeared to be putting a lot of hope in the

difference that the new Team Leader position would make and expressed a view that this role would be able to take on much of the role-modelling and 'being present' aspects of leadership. However, later on following the implementation of the new posts, most managers during an Away Day expressed disappointment that this post had not enabled what they had hoped for. Also, several frontline staff reported feeling confused by the Team Leader role and felt scrutinised by it:

I don't know what they're (team leaders) trying to, I don't know what they're trying to do because to me it's like - are we not doing our job right? (Care Worker)

Although most participants spoke of others needing to change or develop, there were instances when they reflected on their own inner change. Often this involved reflecting on the need to 'let go', hold back more and refrain from entering into a problem solving mode:

I think it enabled you to sort of look at how you're managing as well, you know, how you communicate with your staff, and more involvement rather than telling them, this is what we're going to do we're actually now saying right, this is what you're saying so what are you going to do, what are we going to do together? So I think that's kind of been the focus for myself, and kind of to back away as well, because I'm very controlling with the care, that I've almost had to back away and other people are taking responsibility, it's been a bit of a challenge, especially connecting emotionally, I think when you're dealing with families or staff you've got this, it's actually to get behind, you know, really why they're unhappy or even just if there's something else they're worrying about, rather than it be confrontational. It's actually to thinking well, let us work it out together (Care Home Manager)

Managers spoke about how difficult they found it to let go due a feeling that 'no one will be able to do it as well as me' and feeling like they had to have all the answers to a problem. However, they reflected on how this state of mind was leading to stress and anxiety, with one manager commenting:

I end up bogging myself down. So then I end up getting to the point where, pick me off the ceiling. I'm trying to let go (Care Home Manager)

An observation, however, was that there were times that managers were not encouraged to focus on their own inner life and this was spoken of as if it were

somehow indulgent. The following quotation from a Senior Manager was in relation to a Care Home Manager that had been on a course that she had felt 'changed' by. The Care Home manager had spoken highly of the experience and described how something in her had profoundly shifted. However, the Senior Manager noted:

I found [name of manager] highly motivated about it but you would go in and I saw no development of it at all in the care home. It was all about her (Senior Manager)

The Senior Manager then went on to contrast this person to a manager who was putting the learning 'into practice' by using the tools in meetings with staff.

12.3.2 Empowering and engaging staff

Managers and Senior Officers frequently spoke about the need to engage, empower and enable staff to achieve cultural change. Managers often used these terms interchangeably. One Senior Manager gave an illustration of what she meant by an engaged and empowered workforce:

Some of the care homes have had the same kind of management team for many years and they are the care homes that are performing well and when I say they're performing well they're performing well in inspection, the staff seem to be engaged because they engage in like competitions, they complete surveys, come forward with ideas, they submit nominations for awards (Senior Manager)

Several managers often contrasted approaches to engage and empower staff to more 'top-down' approaches:

It's not about saying, we do this and we have to teach you that, it's about kind of taking them on a journey and working towards what we want to achieve together (Senior Officer)

However, an interesting tension emerges from these descriptions whereby managers spoke about empowerment and enablement as something that had to be 'done to' staff or that staff had to be 'helped' to do. For example, managers spoke about 'getting them to take more responsibility'. One manager felt that staff preferred not to be empowered because they did not like her and therefore would rather moan when ideas were implemented that they did not like rather than suggest alternatives. Another Care Home Manager talked about being

‘terrified’ of seeking staff engagement in case they were critical and negative. Another spoke of empowering staff as a risk:

I mean that's the other thing, I suppose as an organisation we have fed people, it's been top-down, we tell people what to do and what we need to be saying is right, you're a manager, you tell us and we've been at this, in this no man's land for quite a long time, in the department, where, you know, we're wanting people to do that but we actually haven't allowed them because we still keep pushing things down to them, do this, we want you to fill this form in, we want you to report on this, we want to report on that, you know? If we could just say to managers, forget all that for a while, just go away and talk to people and look at, this is an aim, you try and achieve it in whatever way, I think we'd have some surprises actually. I think there's people who would do that.... But it's a risk, it's a big risk (Senior Manager)

Indeed, despite the intention to engage and empower staff, many frontline staff spoke of feeling like they ‘don’t really have a say in anything’ and that they ‘get told what to do and that’s it’. One Senior Officer saw this lack of empowerment as indicative of the organisational culture more widely:

I think people sometimes can't make a decision or they are scared to make a decision and they'd rather say oh we should maybe speak to so and so first, so almost like a delaying tactic. So just accountability really, standing up and saying "I'm making this decision". Sometimes we were just unable to move forward because we had to organise another meeting and another meeting (Senior Officer)

The sense from frontline staff of being told what to do rather than being able to shape things themselves would appear to be in line with the comments from Care Home Managers about how they tend to seek control over things and have a fixed and prescriptive idea about what needs to happen:

I can be firm, a supportive leader, quite firm in my approach to things. It must be done a certain way. We don't go off the beaten track (Care Home Manager)

A Senior Officer reflected on how she felt when trying to encourage different ways of doing things and coming up against prescriptive and fixed ideas:

It's just about challenging that status quo. I think there are lots of people who do that but somehow it is always met with "oh but we have always done it that way, why do we need to change"? I think some people are really genuinely challenged by that. So you get so far, but then you again come up against the "command and control" way of doing things...I think that it is the most frustrating thing, because of course you work with a team, you work really hard, and you know that on paper and in practice that could work, really make a huge difference and then you get "no" or "I need to think about this" and you just get tired. So I guess just going back to what we talked about at the beginning about what motivates you, it's the opposite and it makes you tired (Senior Officer)

However, an area of work that several participants referred to as being a good example of empowering staff was that of the Collaborative Inquiry (described in chapter 9), in which a Care Home Team Leader was a part. This was an approach that involved a mix of staff from different areas of the Department working together to come up with their own priority areas and actions to influence a cultural change towards personalised care and support. The Senior Officer who had been a facilitator of this group reflected on this process and commented that:

If someone speaks to me about...co-production and ways of working together, ... it's been, it was like almost for me more than work, you know - it's just been an amazing experience to come and work together with these people, learning from each other and just be part of something so huge and so important, and doing it in such a way that it was really engaging and really important (Senior Officer)

Through this process, the Team Leader involved was able to co-design with the author a series of workshops to talk to frontline staff about what personalisation and co-production in care homes meant to them. In her words:

I think the way that we, we promoted that to them, we made it pretty funky. It wasn't boring and we just let them be themselves but tried to support them and let them think about new ways, you know? (Team Leader)

The workshops, as indicated above, were very informal and were designed to be a relaxed and conversational approach to sharing ideas and stories. This appeared to be a refreshing change from more detached and process-driven methods of engaging staff, such as surveys and formal meetings. Managers spoke very positively about the approach and requested that a similar way of engaging

staff be developed for other staff groups. For example, this Senior Manager commented that:

I think probably the most effective thing that I've seen has been, you know, just the stories, the stories from staff of things that work well, the small things that they do to make a difference and being able to share those stories so that other people will say oh, well I didn't appreciate that that was me working in a very, you know, well I've done this and I've done that. So it's encouraging people to share stories, to share best practice. So I think that's been very positive and think in many ways also it's helped them to feel confident that a lot of the things they're doing are very good and positive but it's also giving them ideas for how to go back and work with their teams to raise standards (Senior Manager)

However, it is recognised that due to the involvement of the author in these workshops, managers may have been more inclined to speak highly of them during interviews. The Team Leader who was part of the Collaborative Inquiry also spoke about doing 'wee individual things' to try and change the culture in her care home. For example, she spoke about how she would sometimes ask the residents to phone down to the staff in the kitchen to ask them to send things up that were needed instead of another staff member doing this. When she shared this example with other staff, it was met with laughter and surprised reactions, suggesting this was not something staff would generally do. This kind of spontaneous and experimental way of trying to shift the culture is of a different kind to the more formalised seeking of ideas during meetings and surveys that managers often spoke of when talking of engagement and empowerment. The 'wee things' the Team Leader tried needed no formalised process.

Linked to the focus on staff engagement and empowerment is the theme of motivation and morale. Frontline staff spoke about finding it easier and more natural to work in co-productive ways when they are motivated. They felt that success should be celebrated more and that this should be ongoing, rather than just following a positive inspection report. In some cases, staff felt they were not often given positive feedback and felt unappreciated. In terms of managers, there seemed to be a confused picture when it came to their approach to motivate staff. On the one hand, they expressed a desire to make 'every member of staff feel valued' but many of the comments from Care Home

Managers suggested that a lot of their time and energy was spent on addressing what were perceived to be problematic behaviours:

There's certain things out there that you think when the cat's away kind of thing and you think well, what do people get up to when you're not here? That's my bone at the moment that I've got this, I've got this thing in between my teeth at the moment, I'm thinking right, that's it, I need to combat attitudes and it's the minor attitudes, it's the ones that are subtle and you think well do people actually think about what they're doing before they actually open their mouths? (Care Home Manager)

A Senior Officer reflected that focusing on the negatives rather than building on the positives was a tendency in the Department in terms of the way we try to change things:

I think sometimes we are expending all our energies in fighting those that were maybe not convinced, maybe they want to go their ways, follow their agenda, and I guess there was sometimes frustration around that. We focus so much of our energy to make sure they come with us, rather than being focused on all the others who are already almost with us. So it's about going back to quality time and things that really matter. So it comes back to believing in something, being yourself, collaboration, being the change. How do we make sure they happen? That's the most challenging thing. I think there are lots of people out there who all believe in this and they all approach it in a generally positive caring way, so we need to find ways to make it happen and share that with communities. We are all the same. Let's come down from our pedestal and share this and make it happen (Senior Officer)

However, there were exceptions amongst Care Home Managers to this tendency to focus on the negatives and several spoke very highly of being able to trust their staff and were trying out new ways to motivate them, for example through regular awards and recognition.

12.3.3 Training and learning

Finally, some managers commented on the role of formalised training and learning programmes to enable a shift towards more co-productive ways of working in care homes. One Senior Manager spoke about building co-production into the 'values and principles' part of the programme of training that all new care staff get.

There is a module within the essential programme and I suppose really that's all about values, the importance of, social care values and really kind of, really going back to basics and what's important and, you know, what's the kind of principles of good care and how to support staff to actually think through a number of scenarios and help them to think about how they relate to other people (Senior Manager)

However, another Senior Manager felt that perhaps the basic training that staff get is 'not complex enough' to capture the psycho-dynamic aspects of co-productive care. Several Care Home Managers spoke about trying to create a 'learning culture' within their care homes whereby staff become champions of certain aspects of care and undertake and share learning in relation to this topic. The idea of championing aspects of learning was also directed towards Care Home Managers and was linked to the role-modelling aspirations described earlier. Those Senior Officers who were involved in planning and delivering training saw this as being particularly important and felt that if the principles of the training were not being put into practice, the issue was to do with how it was being reinforced (or not) once new staff began their work in care homes. However, Care Home Managers stressed how little time they had to provide a good induction for new staff in the care home and that they therefore relied heavily on the training itself to ensure staff could 'hit the floor running'. One manager thought that this was even more crucial given the young age of many new staff and felt that they perhaps lacked the maturity of more experienced, older workers.

There appeared to be a shift towards training becoming more experiential and designed to enable staff to empathise with the experience of residents. This Senior Officer described a course this way:

Some of the training we're delivering is trying to be much more experiential for staff around to understand what it must be like to experience some of the difficulties that old, older age brings and it's a real sort of eye opening moment. It's been interesting, we've been doing some experiential learning, where we get people, we impair their hearing...you have goggles to impair their sight, you have gloves that makes it, you know, arthritic hands and they get, they had things in their shoes to feel what it would be like to have arthritis or bunions or corns or whatever (Senior Officer)

Training such as this was perceived to be much more conducive to co-productive forms of care than simply learning a set of abstract values and principles. One participant felt that learning experiences such as the one above should not just be restricted to new staff, which would imply a simple one-off absorption of new skills and behaviours. Rather, she felt that it was important for all staff and managers to take time out to re-connect with their work and approaches:

I think that, you know, any opportunity to go out, talk to other people, stimulate your thinking, develop ideas, takes you back to your job and make you feel alive again and keen to deliver, you know, a good service, or to be, you know, I don't know, you know, the best manager you can be or the best worker you can be, you know, it really wakes you up (Senior Officer)

This same participant also described the importance of the one-to-one and group supervision processes between a manager and staff to reinforce and reflect on learning in a way that was 'expansive' and allowed a focus on 'the emotional impact of the job and the quality of the relationships you have'. However, she felt that in practice, these sessions were instead predominantly focused on tasks and whether you were 'on target with your objectives'. In that sense, she had an awareness of the gap between rhetoric and reality in the context of co-production and approaches that might support it.

12.4 Chapter summary

This chapter has shown that managers had an awareness of the limitations of the waterfall approach to change and professed a desire to do things differently to generate a cultural change. In certain pockets of the organisation and for limited time-periods, new collaborative and deep learning approaches were developed and were regarded positively. However, on the whole it appears that the waterfall model, and the 'command and control' mindset associated with it, was the dominant approach being drawn from and that participants felt limited in being able to move away from its pervasiveness. In a sense, more collaborative methods of change which focused on the inner life of individuals appeared to be seen as 'nice to have' but could not compete with the felt demands of day-to-day operational management. This appeared to result in mixed and contradictory messages for staff. In addition, power imbalances and rigid

hierarchies could be seen as influencing perceptions of staff engagement in change, with those more senior deciding when and how to extend elements of choice and participation to staff. In the following chapters, the main themes from each of the findings narratives will be reflected upon through the lens of evolutionary paradigm change to generate new insights and to re-tell the story of problems and our responses to them in the context of care from a different and more expansive perspective.

13 Discussion part one – synthesis using evolutionary-paradigm lens

13.1 Introduction

This thesis has followed a dual track of exploring theoretical perspectives on paradigm change alongside research into a case study of wicked problems and co-production in the context of care for older people. Whilst these strands were undertaken in parallel, the material has been presented in a linear fashion. This chapter will now weave both strands together by way of a synthesis of theoretical perspectives on evolutionary paradigm change and empirical case study findings. It will do so in two ways. Firstly, theoretical ideas on evolutionary paradigm change will be used as a more expansive lens through which to view empirical case study findings to illuminate potential blindspots and offer new insights and understanding. In doing so, a new story can be told about wicked problems, care and co-production. Secondly, an attempt will be made to explore the generative potential contained within this new story and offer informed but speculative considerations of how we might think about, and engage more wisely with, so-called wicked problems. These two elements of synthesis render it both a ‘re-telling’ and a ‘re-imagining’ of the case study context.

13.2 Seeing the case study through an evolutionary paradigm lens

13.2.1 Patterns of day-to-day life disguise the fragility of its fabric

In the *Dark Mountain Manifesto*, a treatise on the limits of our human-centric worldview, Kingsnorth and Hine (2009), reflect on how, ‘the patterns of ordinary life, in which so much stays the same from one day to the next, disguises the fragility of its fabric’ (p.1). For those working in care homes, daily life was described as a series of structured routines and scheduled activities. From one day to the next, staff would follow a pattern which centred on personal care, mealtimes and activities for residents. Routine patterns were also created through the organisation of care by way of its policies, procedures, guidelines and regulations, which restricted and shaped how Care Workers interacted with,

and related to, residents and each other on a day-to-day basis. Patterns such as the ones described can become entrenched, like well-trodden grooves of the mind that one instinctively follows without much awareness or agency. Seen from up close, these patterns can imply solidity and stability. The system continues to function in its regimented, machine-like way despite the shocks and strains experienced in the wider environment or the looming sense of a storm on the horizon. They serve to normalise and reassure those within it that tomorrow is likely to be very much like today. From a micro-perspective, there is much truth to this and it becomes difficult to imagine daily life being another way. Indeed, many participants appeared almost resigned to the existence of the particular ways of organising and approaching care that they found problematic, as if alternatives were unimaginable or implausible.

The evolutionary-paradigm lens provides a more expansive framework through which to view patterns of day-to-day life within care homes. It reminds us that all great civilizations and their associated worldviews have collapsed. In the longer view, fragility is an inherent feature of systems and is a part of their continual evolution. Breakdown yields to breakthrough in an oscillatory manner. By taking a grand-historical view, we can see residential care homes, and the patterns of daily life that they entail, as a manifestation of our time-bound response to the perceived challenge of caring for older people - a response that has emerged and shifted and will ultimately take its place in history.

In the context of patterns of ordinary life, an evolutionary paradigm lens leads us to ask - what is happening beneath the surface that creates our day-to-day patterns of activity? What is the worldview that gives rise to and validates these patterns? Without asking questions such as these, our insights into the challenges associated with care for older people may remain at a superficial level and blindspots and assumptions risk being unexplored.

Care homes, as we have seen, are the legacy of institutional arrangements that were borne out of a trend of industrialisation and a particular way of problematising old age associated with a Modernist worldview. Although we have dramatically improved care and care-environments since the days of the workhouses and Victorian institutions, we appear to continue to tell ourselves a story whereby care is seen as primarily an action to be performed and whereby

organisations function like machines. With such a worldview informing our actions and decisions, it is unsurprising that we organise care as a series of tasks and discrete actions that can be broken down, allocated out, timed and measured. As one KTI put it, the logic of this worldview is:

Let's ration the time, let's ration the resource because that's how we use resources most effectively and efficiently...and do it through economies of scale (KTI 1)

The day-to-day patterns of routinised and standardised processes within care homes are also coherent within a worldview in which we believe centralised control is both desirable and best achieved through externalised processes and rules. To quote again from a KTI, we believe in, 'procedural accountability rather than relational accountability - compliance has replaced conscience'.

Furthermore, our worldview contains an underpinning belief in continual progress and advancement through the application of instrumental rationality. If the machine is not performing well, we seek to replace some of its parts or upgrade to a newer model. We have focused on a search for increasingly efficient processes and tools, better care environments and more effective services. We have sought to assure standards of care through a plethora of inspections and regulatory regimes which we continue to update and refine. In doing so, a bureaucratic industry has been created which takes a great deal of time and energy to sustain. Many participants at all levels of the workforce within the case study spoke of feeling stressed, tired, overwhelmed and drained by a system that leaves them with little cognitive space beyond getting to the next task. However, despite a unanimous resentment of excessive bureaucracy and over-engineered processes, participants seemed to reluctantly accept the state of affairs as 'just the way things are'. They placed their hopes in streamlining systems and finding ways to better navigate the complex array of processes rather than seeking more radical alternatives. In that sense, there was a feeling of stuckness in relation to the organisational response to care for older people. Beck and Cowan (2006) remind us that whilst no one meme is intrinsically better than another, what is important is a healthy movement through the spiral. From a place of second-tier consciousness (Beck and Cowan 2006), we would be able to see our stuckness for what it is and identify adverse effects and diminishing returns of our inherited dominant ways of thinking, being

and doing. This is because second-tier stages of consciousness enable an awareness of the whole spectrum of development and can regard a worldview as a worldview rather than as the only way of organising our experience. This self-awareness was largely lacking within participants in the case study. Those engaged in a Modernist mode of thinking, being and doing do not see it as a mode at all, since it is a form of first-tier consciousness and as such cannot appreciate the existence of other memes. Section 13.2.2 will provide more detail on the link between memes within Spiral Dynamics and Modernity.

The story at the heart of the Modernist worldview shows up in perhaps even more deep-seated ways too. We have created care environments based on particular beliefs and assumptions about what it means to age and what it means to be dependent. We can trace these value bases back to even more fundamental beliefs about being human. As we have seen, we are living with the legacy of a particular belief that being fully human entails being an independent rational self, capable of self-actualisation. Those experiencing cognitive decline and in need of support for personal care appear to represent a limit to our sense of being human within a Modernist worldview. In a society that values productivity and material contribution to the economy, older people may be seen as a burden on an already over-stretched system. As people occupying an unfamiliar cognitive, perceptual and emotional landscape, they may be marginalised and stigmatised. The Modernist worldview arguably renders institutionalisation, and its dehumanising tendencies, as something unfortunate but an understandable, pragmatic compromise. We accept that a loss of dignity, choice and control accompanies the need for care. Of course, we seek to minimise these losses but accept the overall premise that those who require support in relation to particular facets of life are placed in a distinct category of personhood and are treated accordingly.

Whilst these stories largely remained below the surface within the case study, when illuminated through an evolutionary paradigm lens, their manifestations, diminishing returns and adverse effects can and have been identified. Our inherited Modernist responses to the challenge of organising care, though they appear at one level to be functional and contain within them dedicated and compassionate individuals, are no longer able to hold pace with the complexities of organisational life and the relational nature of caring.

13.2.2 Care for older people – an existential issue?

In many respects, the case study has shown care for older people as conforming to traditional notions of a wicked problem. An ingenuity gap (Homer-Dixon 2002) can be seen to be at play - a gap between the challenge of how to care for an increasing number of older people with high support needs and our cognitive, perceptual and creative responses to that challenge. We have also seen that the legacy of the Modernist response to date has created its own issues which are now harbouring tensions and exerting adverse effects. These issues relate to the mechanistic, dehumanising tendencies described in chapter 7, which undermine relational aspects to care. However, the evolutionary paradigm perspective reveals deeper undercurrents and dimensions to the perceived wicked problem of care for older people that remain hidden or neglected in traditional accounts. If we take seriously the importance of underpinning beliefs about what it means to be human on the way in which we conduct and organise ourselves, we can argue that care for older people is as much an existential dilemma as a wicked problem.

As we have seen, an evolutionary paradigm lens directs our attention to underpinning assumptions, beliefs and stories that give rise to and validate our patterns of activity. In terms of older people, our stories have shifted over time and the colour-coded memes within Spiral Dynamics provide one way of broadly reflecting on the various historical meanings we have assigned to old age. For example, in the Purple-Mythic stage of development, old age was rare and elders were supported within strong communal bonds as part of a tribe. Then, moving into Red-Power and Blue-Order stages of development, religious beliefs provided meaning to old age. For example, in Medieval Britain, transcendental religious narratives linked ageing with spiritual integrity and wisdom (Johnson and Thane 1998). Religious beliefs also provided a story about the meaning of ageing during the 17th and 18th centuries. As Withey (2012) describes, this story provided an image of an older person as a respected individual using the final years of life for reflection, putting practical matters in order and preparing the soul for the afterlife. Such stories about the journey of the soul into an afterlife have since lost their dominance in society. The Modernist paradigm, broadly corresponding to the Orange-Achievement meme in Spiral dynamics, has little to offer by way of a redemptive narrative for ageing. With its regard for

autonomous self-will and domination through the application of instrumental rationality, there is little space for valuing a stage of life whereby autonomy and reason become diminished. Production, outputs and material achievement are esteemed, and the Orange meme is mute when faced with the question of what we might value in those who are no longer able to contribute to society in a material sense. In the Orange-Achievement story, ageing becomes something problematic as was recounted in detail in chapter 7. In this narrative, we fail to accept and embrace the vulnerability inherent to the human condition and our fundamental interdependency with others. Furthermore, the Orange-Achievement meme is motivated by the march of progress - the idea of the ever-nearing state of perfection that is always one rung of the ladder away. We accumulate knowledge, skills and experience and apply these to reach an ever more refined state of being on our life course which is associated with an enhanced quality of life. In doing so, the present moment becomes more of a means to some preferable future end. We organise our life for an imagined future version of ourselves. But what then do we live for when we see our future window of existence closing, with no continuation of a soul into an afterlife? For what then do we accumulate knowledge, skills and experience? What end does our present moment serve? The Orange-Achievement meme struggles to respond to such questions. In fact, the voice of the Orange-Achievement meme may well even scoff at what it perceives to be fruitless lines of inquiry. So steeped as it is in material output and demonstrable practical utility, it would likely regard such existential questioning as naval-gazing. If it does not yield a 'solution', why worry about a lack of meaning? Perhaps this resistance partly explains the lack of an existential focus in traditional accounts of wicked problems. Of course, when considering memes, we are talking not of distinct individuals or even precise historical eras. Within an evolutionary paradigm perspective, memes are modes of consciousness which co-exist within ourselves and our society. Yet the dominance of the Orange-Achievement meme, and its story of progress by way of instrumental rationality, explains the problematisation of care for older people in the way that was set out in chapter 7 and the manifestations of this problematisation reported in the case study.

A tentative suggestion is that a dominant Orange-Achievement mode of responding to the challenge of care for older people is, broadly speaking,

reaching into a Green-Relativistic mode. According to Spiral Dynamics, the Green meme is characterised by setting its values against hierarchy, materialism and mechanistic institutions in favour of egalitarianism and networks. It values pluralism, relativistic value systems and collaboration (Beck and Cowan 2006). More will be said about how these traits show up in an organisational context in section 13.2.4. However, for now, it is worth considering what story we might be telling ourselves about being an older person with high support needs from within this meme.

In many ways, the Green conceptualisation of ageing seeks to soften the approach fostered by Orange. It reacts against the dehumanising tendencies of what it perceives as the 'warehousing' of older people and the view of old age as a homogenous category. On the surface, it could be argued that this meme offers a much more nuanced view of ageing in contrast to the statistical and medical categories offered in the Orange-Achievement meme. Green-meme thinking directs our attention towards old age as a personal experience and a characteristic of social structure and individual biography. For example, Powell et al (2007) describe a trend, which they associate with Late Modernity, from old age being a collective experience to an individual responsibility. The term 'the third age' has entered the discourse on ageing, suggesting a kind of golden age of adulthood associated with fewer responsibilities, increased time for leisure and purposeful activity, continued health and wellbeing and financial security (Pickard 2010). Whilst it could be argued that this view of 'optimal ageing' is preferable to seeing old age as a period of inevitable decline, Nolan et al (2006) argue that it creates a vision of 'super-ageing' which marginalises frail older people and implies continued dependency as a sign of failure. Furthermore, Bourderlais (1998) argues that the notion of a 'third age' simply pushes back the traditional notion of old age until, say 75 or 80, and therefore is not really a redefinition of old age at all. However, if we do accept the premise of a third age, it begs the question of what a good fourth age (our final years associated with a high degree of frailty and dependence) would look like? The response from the Green-meme on this matter appears limited. In some respects, there is an element of denial in the face of the inquiry, just as there was in the previous meme. Rather than facing the profound nature of the question of how life can be meaningful in the fourth age, the voice of the Green-

meme can sometimes feel like a chorus of positive catch phrases that roll quickly from the tongue; phrases such as, 'older people with high support needs are not a problem, they are an asset and we need to value their gifts rather than focus on their deficits' is a relatively common response and variants of this statement can now be found in most policy documents addressing issues of ageing and older people's care. The point being made is not that these statements are unhelpful or untrue: it is that they fail to address the more existential dimensions of the matter. In this existential vacuum, our response to the fourth age partly appears to be to preserve as much of what was valued and appreciated in the third age as possible - i.e. maintaining close relationships, providing sources of entertainment and daily pleasures, enabling a sense of contribution and being of use etc. In addition to keeping people safe and supported through personal care, we strive to retain people's individuality in the fourth age, and we base this on what we know of their identity in the other parts of their life course - what they did for a living, for example. Whilst organising care around such things, we also strive to offer choice and offer a service that feels co-ordinated and timely. In essence, we create highly-designed and controlled systems and services to replicate aspects of daily life that occurred relatively spontaneously in the third age and before. Our society, it would seem, does not allow for such natural support for the fourth age and hence we organise the connections, roles, experiences and care we feel are required. Even as we do so, there is a sense of reluctant acceptance that these services will fail to fully offer a meaningful existence to those in the fourth age. We set our hopes and aspirations lower than for ourselves and those with whom we can more easily identify. In sum, the Green-meme appears to view older people with high support needs sympathetically, and endeavours to entertain and keep them safe, but it is reluctant to wrestle with the question of what it would mean to have a meaningful existence during the fourth age. In fact, it may well perceive the very question itself as offensive - mis-interpreting it as an oversight of the intrinsic worth of all individuals. However, without asking these profound and challenging questions, we are likely to limit our responses to incremental improvement of services rather than achieve genuine transformation. It is argued here that we are currently lacking a story that will support the outgrowing of care for older people as a wicked problem. With an old story of deficit, pity and otherness, we have limited our hopes for older

people with high support needs and have failed to embrace vulnerability and diversity in society. A new story will require a different conception of humanity. At present, we are experiencing something of an existential gap, waiting for a new story to emerge. Perhaps this is what makes a wicked problem truly wicked - a lack of a story without an awareness and appreciation of this lack. The Green-meme may believe that the appropriate response is to ask older people themselves what they want. Both KTI's and participants in the case study expressed such a view. Laudable though this is, it would be too simplistic to assume that an existential gap can be bridged in this way - it is not individual preferences we are canvassing but a deep underpinning societal narrative. Generating dialogue with older people of course remains desirable but the scale and depth of the inquiry should not be underestimated.

Whilst not wishing to make predictive or prescriptive statements upon what a new story might be, it is worth reflecting on what the evolutionary paradigm lens calls 'second-tier consciousness'. As described in chapter 6, second-tier stages of consciousness can look back on all earlier first tier stages with greater perspective and appreciation. How might such a perspective and compassion for earlier stages lead to a new story about what it means for ageing and for the fourth age in particular? It would follow from the definition of second-tier consciousness that we would more fully embrace all previous stories of ageing. So, we would seek to recognise the wisdom older adults have to offer. We would recognise the potential to utilise our later years to bring greater awareness to our living and dying and perhaps even seeking to consciously prepare for our death and, depending on our beliefs, an afterlife. We would seek purpose and meaning in the fourth age, which is so important to the individualistic consciousness of the later first-tier stages of development, and recognise that our oldest old in society will still have dreams, hopes and purposes to fulfil. We would also at the same time embrace the level of consciousness which perceives no meaning beyond a certain level of functioning and instead experiences only suffering. A second-tier level of consciousness would also be able to move beyond all previous stages and stories. It could move beyond the denial and 'othering' tendencies of the first-tier levels to more fully embrace diverse experiences of being human and being interdependent. By being less attached to individualistic notions of the self, second-tier thinking might be able to bring

compassion, acceptance and appreciation of a stage of our personal development which entails the disentangling of the ego-based identity. We might be able to move on from the need to define ourselves based on who we once thought we were to something else. We might bring a greater degree of consciousness about our stages of development, including the later stages of cognitive decline and frailty, to our everyday life rather than putting off thinking about ageing until the last moment. From an even more expansive perspective, second tier consciousness might enable reflection on the increasing number of older people, including those with high support needs, from an evolutionary view point. For example, Kegan (2013), in a talk given at the Royal Society of Arts, shared his belief that an ageing population is part of a planetary adaptive response to avert a potential global crisis. In Kegan's words, 'we are collectively trying to figure something out'. He invokes the famous Albert Einstein quotation that we cannot solve our problems with the same level of consciousness that created them. If we accept that many of our existential problems today - terrorism, loneliness, species extinction, environmental disaster - stem from particular forms of consciousness, then we need now more than ever to transcend these states in order to address them. Kegan (2013) argues that by more people transcending what he calls the, 'self-authoring' stages of consciousness, more people will co-create new ways of living which enable us to heal and outgrow our current challenges. This idea leads to other reflections about the potential of an increasing number of older people with high support needs to cause us to radically re-consider our concepts of humanity in a way which might support more ecological interdependence. In this view, it is not that we treat older people as wise sages at an individual level but that, when we consider the collective state of being of those in the fourth age, we are called to re-consider our ways of thinking, doing and being. A wiser response is demanded. Of course, these are grand ideas and cannot be proven. They do however offer a radically different way of thinking about the so-called challenge of care for older people which may be of use and interest.

13.2.3 Co-production – a yearning for humanity and presence

Taking an evolutionary-paradigm lens offers an interpretation of co-production from a more expansive perspective in light of historical developments. Seen through this lens, co-production is not a new intervention to be applied tabula

rasa. The story of co-production needs to begin far earlier than simply its origin as a term in public administration. Yet, many traditional accounts of co-production do not recognise the inherited state or dynamics of the system at which it is targeted. The term 'legacy organisation', coined by Meissner (2013), is useful here. Evolutionary-paradigm theories encourage us to begin the story about care and co-production with the inherited legacies of our Modernist way of responding to the challenge of organising care for an increasingly older population. They direct our attention to the lingering effects of history on policy interventions, strategies and processes.

Seen from this perspective, the desire for co-production, as expressed in the case study, can be interpreted as a deep call to reclaim and rediscover our humanity and connectedness in the context of care work and perhaps more generally in society. As has already been described, we are living with the legacy of a way of thinking about older people and a way of organising care that has generated adverse effects. In particular, relational elements of care have been undermined. The desire for co-production could be seen as emerging as a call to address the dysfunctions of the previous paradigm and to shift our attention to that which is humanising.

Theory U (Scharmer 2009) invites us to sense the story that is emerging at any given time. In the context of co-production, it is in the small stories that participants shared and the meaning they ascribed to them that speak to a deep yearning to work in more human ways. The higher level vision statements and official policy language that managers often used fell away at times to reveal a story that spoke of aliveness, connection, humanity, appreciation and enjoyment of life's small treasures, companionship and possibly even love. This story seemed to be partly emerging as a reaction to the frustrations and hollowness of institutional and bureaucratic process-driven legacies that participants were experiencing. Theory U offers a useful way of conceptualising this pendulum as a dance between the social fields of absencing and presencing. Before looking more deeply into how co-production might fit within this framework, it is worth noting that as human beings we are always, according to Theory U, participating in the dance of absencing and presencing and so it could be argued that it is therefore not unique to this particular paradigm. However, the evolutionary paradigm lens has shown that the first-tier levels of consciousness, in particular

those associated with the Modernist-mechanistic paradigm, are particularly characterised by absencing. We would expect second-tier stages to bring greater awareness to the dance of presencing and absencing and to be able to act from a place of presencing more often.

Theory U sees social reality as emerging from an ongoing interplay between different qualities of awareness and intentionality leading to the social fields of absencing as presencing (Scharmer 2009). The field of absencing is a narrow, closed-off quality of attention. It is characterised by a sense of stuckness in relation to ideas about a single truth, a single collective 'we' and a single rigid identity or intention (Scharmer 2009). Taken to extremes, absencing is a form of fundamentalism. Absencing takes place, according to Theory U, through a form of attention that shrinks who and what we are open to and which 'downloads' well-trodden patterns and pre-existing beliefs in order to act. An illusory and abstract map of reality is created which directs awareness away from the supposed deeper source from which we operate and the possibility of emergence in the wider environment in which we are embedded (Scharmer 2009; O'Brien and Mount 2015). We withhold capacities of ourselves in our unwillingness to feel our own vulnerabilities and our energies become stifled and thwarted. In contrast, the field of presencing is brought about by qualities of intentional openness - an open heart, open mind and open will (Scharmer 2009). These qualities were described in chapter 6. In the field of presencing, we operate from our highest possible future and we sense and embody, through deep connection with ourselves, others and our environment, that which is coming into being. The dance between presencing and absencing has been referred to as a loop of fear and love by several KTI's. A way of being informed by fear is associated with privileging the view that the world can be known and controlled in terms of abstraction and homogeneity leading to alienation and unease. The loop characterised by love relates to a way of understanding the world through active participation, care and compassion.

The framework of absencing and presencing has been used by O'Brien and Mount (2015) in the context of developmental disabilities and their insights are relevant, and will be drawn from, in exploring how it relates to co-production and care for older people. Beginning with the field of absencing, it has been shown how care for older people has been conceptualised from a mindset that

recognises being fully human as being an independent, rational actor. Rather than face our own vulnerabilities and dependencies and ask how we can collectively relate to, and embrace, this facet of humanity, we have cast those with limited cognition and high degree of dependency as something ‘other’ to be cared for in places separate from day-to-day life. Through a mindset which seeks to command and control, we have developed historical institutions which, whilst taking care of people’s basic care needs, have created a disconnection from relationships and the community (O’Brien and Mount 2015). Whilst much improvement has been made, the legacy of institutional regimes constrains the energy, attention and intentions of those working within them as they struggle to create ways in which to remind themselves of the humanity and individuality of the residents they care for - for example through life story books. When speaking of the field of absencing, Scharmer (2008) speaks of the ‘attentional violence’ we inflict on others when we do not fully see them and their highest future possibilities. Scharmer (2008) goes on to write:

When our authentic self and highest future possibility is not seen, then its future potential is cut off from the evolution of the present. It does not have a holding space where it could land, where it could presence itself. Not being seen is a form of violence because it violates fundamental human needs (p.1)

In the context of care for older people, we could say that attentional violence occurs when we limit our hopes and aspirations for older people and neglect to attend to their need for a sense of purpose and meaning in the later years of life. This idea has strong resonances with the assets literature summarised in chapter 8. In this, it was suggested that a deficits model can lead to our attention being directed towards individuals’ needs, problems and issues requiring treatment rather than on their capacities, skills and experiences (Hopkins & Rippon 2015; Foot and Hopkins 2010; GCPH 2011; Morgan & Brooks 2010). Thus the dance between presencing and absencing can be related to the contrast between an assets-based and deficit-based mindset and values base. Both speak to the ways in which our mindset influences at a deep level the way in which we attend to and relate to others. This leads to co-production being conceptualised at the level of its underpinning values and principles rather than as a linear process.

Attentional violence could also be said to occur when we reproduce patterns of control and institutionalisation by organising care in such a way as to squeeze out spontaneity and the possibility of emergence through relationship. Attentional violence, according to Scharmer (2008) and O'Brien and Mount (2015), affects more profoundly those who are already marginalised. However, the experience of attentional violence in the case study could also be detected from those who work within care homes - those Care Workers who felt that the depth of their work and way of being was being overlooked and stifled through deadening routines and bureaucracy and who felt unseen by a society that devalues care work. They expressed feeling a lack of appreciation but there was a sense that this went much deeper than anything an employee recognition scheme could easily address - it related to their own hopes and connection to that which they really care about.

Whilst the strong pull and underpinning routine acceptance of absencing as a way of being in the case study was prevalent, there were also many reported ordinary yet 'beautiful moments' (Owen and Meyer 2010) of deep connection and presencing. Examples of these moments were documented in chapter 10. These included moments of shared joy in a discovered connection; moments of intimacy and openness of heart and mind whilst tending to another's body; moments of sensitivity and deep attunement fostered through relationship; moments of reassurance and comfort at the final hours of life; moments of shared hopes and aspiration for what could be; and moments of listening and simply being in a space beyond words and memories with another. These moments are both simple and profound. They are simple as they speak to small, seemingly ordinary occurrences. They are profound due to the depth of humanity they speak to and spring from. They are all the more significant given the backdrop of absencing which makes their spontaneous occurrence something of a breakthrough. If we stay with the framework offered by Theory U to interpret these moments, we might say that Care Workers are dropping the routine lenses through which they are encouraged to view people (e.g. the lens of needs and deficits or even the lens of outcomes and care plans) and are entering into a mode of 'generative listening'. Generative listening, within the framework of Theory U, transcends empathetic listening by connecting to what is beyond both individuals. Scharmer (2009) describes connecting to the highest

possible potential - which might be unknown at an individual level but can be revealed in and through relationship. There is also something transformatory about such modes of listening. Scharmer (2009) describes a subtle but profound change that connects both parties to a deeper source of knowing. In the context of the case study, using this lens suggests that in at least some of the moments described by participants, generative listening was taking place and shifts occurred as a deep response to the connectedness that arose within them. These moments were how Care Workers related to the spirit of co-production as a relational concept rather than as another process or task to perform. It could even tentatively be suggested that, since generative listening entails moving beyond relating to another's personality and ego, relational care with those in stages of cognitive decline specifically calls for a deepening of attention of this nature. We cannot easily fall back on our usual, habitual ways of relating. It demands intentionality. Perhaps then the ordinary and beautiful moments of connection described in the case study are less spontaneous than they seem. Care workers are likely to require the initial intention, desire and commitment to be open to connect in this way. The moments can therefore be both unplanned in the sense of being unscheduled as well as intentioned as they are not random or left to chance. They relate to what KTI's described as a special kind of nothingness - a state of receptive, heartfelt openness to connection and emergence. In such a state of openness, Care Workers within the case study might be responding to the felt, 'dignity of vulnerable humanity' (O'Brien and Mount 2015 p.166), rather than relating to an abstract notion of personhood.

The question that is perhaps left hanging at this point is the extent to which these moments relate to a particular historical juncture - the edge of an emerging new paradigm. Within Spiral Dynamics and its later development within Integral Theory (see appendix 9), it is stated that, at any developmental stage or paradigm, there can be temporary-peak experiences whereby individuals can reach more evolved psychological states, without these states leading to lasting developmental change or being indicative of a wider societal trend. The moments of connection described in the case study could be interpreted along these lines. They were certainly occurring without recourse to a framework within which Care Workers might interpret their occurrence or reflect on what might make them more or less likely to occur. However, an

evolutionary-paradigm lens encourages us to view adaptive responses to the challenges and adverse effects generated from the previous dominant paradigm. The yearning described for more connection, more humanity and more wholeness from participants could be indicative of an adaptive response even though the objects of this yearning itself may well be of a universal nature and inherent to simply being human. Rifkin (2010) may however argue that the yearning is also part of the development of empathetic consciousness, which, as was described in chapter 6, is seen as maturing and expanding at this stage of history.

13.2.4 Lost in translation? The organisational response

The colour-coded levels of consciousness provided by Spiral Dynamics can be used to reflect upon the dominant mode of operating at play within the case study. This follows the approach taken by Laloux (2014) who states that, 'if we look at an organisation's structure, its practices and its cultural elements, we can generally discern what worldview they stem from' (p.40). Laloux (2014) points out that not all interactions and elements need to conform to a particular worldview or that each employee is operating from the same stage of consciousness, but rather that the culture and structure of the organisation are predominantly influenced by a particular worldview.

Reflecting on the practices, structures and culture within the case study, it would appear that the pre-dominant inherited worldview is that of Orange-Achievement. Within this worldview, organisations are seen as functioning like machines which require hierarchical approaches to direct the efforts of employees (Laloux 2014). Command, predict and control is a desirable mode of achieving order and this is achieved through policies, standardised processes, rigid reporting structures, management objectives and measurable targets. Whilst some freedom may be given to colleagues in terms of how to achieve objectives and targets, what those objectives and targets are is decided at the highest point within the hierarchy (Laloux 2014). Orange organisations might appear to bustle with activity whilst still feeling lifeless. Within the case study, these elements, and the worldview underpinning them, appeared to be exerting a strong influence. The structure of the residential care service was organised in a hierarchical fashion with authority and decision-making being cascaded down

from a Head of Service, through to a Senior Manager, then to Care Home Managers, Team Leaders and Care Workers. Several frontline care staff expressed a feeling of decisions being made by those higher up in the organisational structure that they did not feel involved with or reflected their beliefs and interests. In addition, practices and processes were also determined by policies and standards set nationally by other agencies and so at times had a sense of distance and remoteness from the day-to-day experiences in the care home. For example, Care Workers lamented rules which they felt restricted their expression of affection for residents and their development of close relationships. There was also a sense that a great deal of emphasis was being placed on a single Care Home Manager within a home to achieve pre-assigned standards of care and a raft of other measures. Care homes that scored highly in Care Inspectorate reports tended to have what were perceived to be 'strong' leaders with a sense of personal vision and commitment to the service. However, Senior Managers noted how standards would quickly fall in the absence of a particular leader. In terms of co-production, many aspects of the project-management approach conforms to the way of thinking associated with an Orange-worldview and followed the waterfall-model approach to change which was described in chapter 7. Within a project management approach, and its reliance on products, incremental stages and measurable targets, it is easy for co-production to become seen as an action to be performed rather than a way of being.

The picture painted by the organisation's approach to fostering co-production within care homes was a mixed one, however. As much as the legacy of an Orange-informed, institutional approach to the organisation of care was still strongly felt, there were also elements of a Green-Relativist worldview at play. This would suggest the service is between the two paradigms, with an ebbing Orange mode of operating and a rising Green mode. Green organisations still retain a hierarchical model with clear and distinct staff functions but endeavour to devolve aspects of decision making to frontline staff based on recognition of their insight into the day-to-day operations of the service (Laloux 2014). Staff empowerment becomes a key word and aspiration within Green organisations. Leaders of green organisations loosen their grip on command and control and focus more on the development of their employees to make decisions and solve

problems (Laloux 2014). A machine-like metaphor is still retained within the Green-worldview and linear plans and blueprints are still regarded as key tools of change but Green recognises that, for the implementation of change, staff and stakeholder 'buy-in' is required. Green organisations place an increased value on what they regard as the 'softer' aspects of change, such as team-building and consultation (Laloux 2014). Green is sensitive to people's feelings and perspectives and seeks consensus where possible for decisions. It values the importance of relationships and how we approach our work is seen as important as what we do. Within the case study, there were many examples shared of seeking to devolve decision-making and build on the ideas and insights offered from frontline staff, residents and relatives. This was both seen as a means of achieving a shift towards more co-productive care and as an end itself; its approaches being perceived as examples of co-production in practice. Several Care Home Managers shared profound moments of realisation in relation to their leadership of not needing to have all the answers and that it was not only acceptable but desirable to work through issues together with staff, relatives and residents. There appeared to be a broad acceptance that 'doing to' rather than 'doing with' was out-dated and was not the preferred way to organise care. However, when faced with highly pressurised situations, managers reverted to 'doing to' or 'doing for' as a shortcut to achieving their desired results. Often these results were those demanded by the Orange meme. In that sense, collaboration, empowerment and so-called bottom-up processes were regarded more as nice to have rather than essential. The very fact that they can be dropped without a descent into chaos suggests that the Orange command and control model is still predominant with Green approaches being more of a desirable bolt-on which can be temporarily discarded without a major impact. This approach was reflected at times in the way in which staff spoke about extending choice and control to residents. Power and decision-making remained within their gift to extend or withdraw and some staff spoke of 'allowing' or 'letting' residents be involved or take decisions.

During a time of transition from one dominant worldview to another within an organisation, we might expect an element of turbulence. The Three Horizons model described in chapter 6 is particularly useful in drawing our attention to the tensions, strains, contradictions and 'horizon capture' that we might

experience as the status quo is permeated by transformatory waves of thinking, being and doing. This model potentially provides a useful lens for those experiencing a shift from one first-tier stage of consciousness to another, since there will be a lack of awareness of the worldview as a worldview resulting in tensions and contradictions remaining as blindspots.

An example of what could be interpreted as horizon capture is that of bureaucratising human approaches to care, a phenomenon described in chapter 11. Despite beginning as a yearning for humanity and connectedness, co-productive approaches were becoming subsumed within a task-focused, process driven culture and arguably thwarting the transformational potential that the spirit of co-production might entail. Rather than seeing this as simply a misinterpretation of a policy direction or a rhetoric/reality gap, an evolutionary-paradigm lens directs our attention beneath the surface to the ways in which differing worldviews, whilst evolving, can harbour tensions. Without a worldview which understands caring as a way of being as well as an action, or a mindset that can appreciate the profound potential of generative listening, we would expect the words associated with co-production, well-meaning as they are, to become translated into a more mechanical and functional approach. Co-production then becomes reduced to a process which can be broken down into various activities, such as co-completing a care plan or a template in relation to choices and preferences. These are seen as a means to achieving greater quality of care for individuals. Whilst the utility of this approach and the preference to more autocratic processes is not being debated, the way in which a task-focused approach diverts attention from co-production as a relational way of being is critiqued. Without critical thought, co-production could become subsumed within the traditional ways of doing things and, as a result, become another hollowed out, empty and dated buzzword.

Another example of horizon capture relates to the Green imperative to empower staff as part of the shift towards a more co-productive culture of care. At this stage, the imperative itself is not being critiqued, though it could be from the perspective of it being simply a more deceptive way to achieve the aims of those in higher up positions within the organisation. However, it will be assumed for the time being that the imperative is genuine - that the Senior Managers of the service really do want staff to feel part of the change taking place, and able to

influence its direction and act on their beliefs, ideas and insights. This impulse can be said to be borne of the Green-Relativist worldview as described earlier. We see instances within the case study of several approaches being employed in which participants reported feeling involved and empowered, such as when part of a collaborative inquiry. However, we also see a much more overriding Orange-Achievement culture which relies on external compliance and control to shape the behaviours of staff - codes of conducts, pre-defined objectives and professional boundaries guidance etc. - which is capturing and thwarting the potential of the Green impulse to genuinely empower staff. KTI's offered the perspective of how important it is in the context of care for staff to think on their feet in the moment rather than relying on rules and procedures. Despite seemingly agreeing with this, we see a plethora of rules and procedures at play in the case study which have the potential of being stifling and dehumanising. As this KTI put it:

We've got staff then either doing unkind things because they feel they have to, because they can't be too friendly, honestly it's bizarre - or you get the other where they do good things, but they don't tell anyone because they'll get into trouble (KTI 4)

It would appear from the case study that there was a belief that co-productive approaches to care could be fostered with relatively little change to, or questioning of, the predominant worldview. This can be seen in the way co-production has been treated as something of a bolt-on to existing processes, routines and activities. It can also be detected in the way it is seemingly assumed that Care Workers attending a workshop will have the potential to overcome the many barriers and challenges inherent to their work and transform the culture of care. By contrast, an evolutionary paradigm lens draws attention to the importance of organisational practices and structures in supporting or hindering transformation. It suggests that the spirit of co-production depends not just on the individuals of an organisation but the setting, structure and culture in which they work. Without questioning these aspects - the size of our care homes, the rigid hierarchical nature of the staffing structure, the emphasis on paperwork and external compliance etc. - co-production as an activity to be performed will likely be incorporated into existing practices without having to radically shift our worldview. In such a situation, co-production is unlikely to take hold at a deep level.

The main difficulty stemming from this within the case study, it would appear, is that co-production becomes seen as a further activity to perform on top of many. This is also partly due to a reluctance of letting go of traditional ways of doing things. Within the case study, there was a sense from participants of being willing to take on new ways of working but less willing to let go of familiar tools, processes, structures, expectations etc. The inability to let go of the old to make way for the new is seemingly leading to contradictions and tensions. One KTI stated that inflicting such incongruent approaches on an already stressed and exhausted care workforce constitutes ‘an abuse’. We play by the rules of the old game whilst expecting staff to embody the values espoused by the new. Meanwhile, complexity increases as staff take on additional responsibilities and the need for change and improvement is articulated routinely. Many ‘solutions’ are offered and in the case study staff expressed a degree of overwhelm at a plethora of toolkits and action plans. At a certain point, the pressure to be all to everyone becomes too great and retrenchment to command and control occurs, as articulated by participants.

13.3 Generative potential – navigating uncharted territory

The evolutionary-paradigm lens encourages a focus on what is dying and being born and on sensing the best possible emerging future. In addition to directing attention in this way, the lens also offers intellectual insights into what the highest potential is at this current point in time in relation to thinking about, and engaging with, so called wicked problems. Some of these ideas were described in Chapter 6 and will be revisited here and explored in more depth in light of the case study findings. Additional insights will also be provided which are borne from reflexive consideration (the reflexive considerations themselves will be described in the following chapter). By doing so, a set of principles and perspectives are offered which may be of interest and value to those working ‘at the edge’ and navigating uncharted territory. These principles are categorised under the main headings of letting be, letting go and letting come. However, it is not intended that they follow a particular order. Rather, each strand will be present in any given moment.

13.3.1 Letting be

13.3.1.1 Learning to See – Facing up the Nature of the Challenge

There has been an emphasis at various points in this chapter on learning to look beneath the surface of our actions and patterns of activity to see the underpinning story that makes our current way of living seem like the best or only way. In doing so, we are able to see the roots of our current way of being and some of the assumptions it harbours. In this sense, we are better able to recognise our worldview as a worldview alongside others and enter into what has been described as second-tier thinking (Beck and Cowan 2006). We might suspend our usual problem-solving, improvement-focused way of thinking to simply notice what is happening and recognise the adverse effects and diminishing returns from our inherited ways of thinking, being and doing. Learning to see is likely to be an uncomfortable place at first as we face the extent of our intractable challenges and the redundancy of our traditional approaches to addressing them with honesty and without the comfort of denial, rationalisation or distortion. However, there may also be a sense of relief and release as we voice what has perhaps for a long time felt un-speakable.

13.3.1.2 Learning to Stay – The Space between Stories

If we accept the premise that the previous dominant worldview is dying and a new worldview is emerging, then it follows that we are living through more than an ingenuity gap - we are looking into an existential abyss. We recognise the limits of the previous story but we do not yet have an entirely formed new story to take its place. In the context of care for older people, we do not yet have a collective narrative around what a meaningful fourth-age would look like much less how to fully support this within society. In our present problem-solving way of engaging with complex challenges, we do not appear to tolerate such places of unknowing and uncertainty. We value clearly articulated visions and to be without a vision for very long is almost heretical in traditional leadership and management thinking as well as in more systems-informed perspectives. However, this arguably leads to a rush for an easy answer or surface level aspirations. This can be seen within the wicked issues literature. Since Rittel and Webber's original proposition, there have been a vast array of thinkers and commentators eager to concur that traditional problem solving mechanisms are

unfit for addressing our most intractable challenges before quickly moving on to offer an alternative, as described in chapter 7. Yet despite the plethora of alternatives offered, intractable challenges remain. Arguably, the alternatives offered speak to a desire for human control over its concerns without recognition that human activity itself and the desire for control has in fact brought about many of wicked problems we see today. We are still tempted through our rationality into assuming we can grasp the whole situation and manipulate its dynamics to suit our ends.

Rather than ask about how to more effectively engage with wicked problems, a bolder question might be to ask why, given the wealth of thinking on the topic, we still feel stuck. It is suggested that staying in the space of recognising our stuckness, and its source, without rushing to impose a new solution is important. It would be relatively easy to conjure new visions for society and we continually do so at micro, meso and macro levels. These visions are not necessarily flawed, and in fact many are hard to argue with (fairness for all, reduced inequality, ending poverty) but we are not yet able to generate a wider story to support them in a way that co-ordinates our activity whilst the dying worldview still exerts a strong influence on much of society. In his 2012 essay, Charles Eisenstein writes of the space between stories, ‘the challenge in our culture is to allow yourself to be in that space, to trust that the next story will emerge when the time in between has ended, and that you will recognize it’ (p.2). By doing so, it is hoped that we can avoid the polarizing, reactionary tendencies of the revolutionary-paradigm lens described in chapter 6 that would keep us stuck within an illusion of control.

13.3.1.3 Working Wisely with Tensions and Contradictions

An evolutionary-paradigm lens, along with the case study findings, has brought into focus the likely tensions and contradictions that will be experienced during a time of breakdown of one worldview and emergence of another. This has been termed the ‘collision zone’ in the Three Horizons model (Sharpe 2013). Given seeming inevitability of tensions as an inherent part of this phase, the question arises as to what an appropriate response becomes. Traditional linear problem solving approaches might view tensions and contradictions in practices, values, aspirations and approaches as being problematic and something to eliminate.

However, without a deeper understanding of what is underpinning the tensions, this is likely to lead to only a surface resolution. An alternative approach would be to recognise, and indeed scan the environment for, tensions and contradictions and seeing these as a fundamental part of the process of emergence. Letting these tensions be means we do not slip into false statements of reassurance for those working with their implications and instead can seek to explore the deeper assumptions and beliefs they harbour and the ways in which we can support those grappling with their effects. By bringing more second-tier forms of thinking into play, we can reflect on the level of consciousness that is generating each wave of being and how these interact. Thinking of ebbing and rising waves as interacting rather than clashing in a polarised way may reduce a reactionary or defensive tendency, allowing us to pay heedful attention to the nuanced dynamics that take place during emergence and avoid any complete capture of the rising wave by the pull of the ebbing wave. The discomfort of working with tensions can become a driving force as we stay within the immediate complexities and paradoxes that we are faced with and recognise them as the only place from which we can act into the future. We start from where we are rather than where we wish we could be.

13.3.1.4 Compassion for our current way of being

The Buddhist teacher Pema Chodron (2001) writes that, ‘if the process of clear seeing isn’t based on self-compassion it will become a process of self-aggression’ (p.27). When working with and through an evolutionary-paradigm lens which views the development of cumulative stages of consciousness towards ever increasing complexity and reflexivity, it might be easy to get caught in a utopian way of relating to the future and the present. The Modernist utopian story, as has been described earlier in this chapter, is one of a belief in progress towards some ever greater state of human perfection and emancipation from struggle through the application of instrumental reason. Our utopia, however, remains ever on the horizon, slightly out of reach and its forward propulsion is fuelled by a nagging sense of not quite being where we should be and not quite being good enough yet. When reaching for a new way of being, at an individual, organisational or societal level, we risk overlooking the value of our current way of being if we fall into the same habits of thought that accompany the Modernist view of progress. As indicated above, it might be easy to fall into this habit given

the ‘present in relation to the future’ orientation inherent to an evolutionary paradigm lens. Hunt (2009) describes the sense that can accompany this orientation as the ‘development fatigue that plagues our current lives. Not done yet. Never done’ (p.11). However, if we take the ‘transcend and include’ principle of the evolutionary-paradigm lens seriously, it would be logical to conclude an appreciation for both the current *and* emergent way of being. Our current dominant operating model is not merely a rung on a ladder to take us closer to reaching the top; it is an integral part of what will remain our cognitive, affective, perpetual and relational capacities. Hunt (2009), drawing from Integral Theory (see appendix 9), describes this orientation at the individual level:

How do I integrate this me—already here—in a healthy way? How can I work with her abilities and limitations with skilful means? Why is the focus only on the future me? What about being fully aware and present to the current me already living my life? Working with our current capacities and capabilities leaves much to be done and it is important to be with the “what is” of my life and not just the “what is possible”: we need to attend to both (p.11).

We can imagine how these questions and reflections apply at an organisational and a societal level as we develop a compassionate stance to the ‘what is’ of our current reality and the needs that our current collective way of being is attending to. Our current way of being is often a blindspot, according to Hunt (2009), as we focus instead on an idealised future version of ourselves. However, with the principles described above of learning to see and learning to stay, we have the potential to become much more equipped with the stories we are living by and how we are ‘showing up’ in our everyday contexts. Hunt (2009) suggests that by taking an approach that allows for a compassionate, healthy inclusion of our current way of being, the emerging way of being is much more likely to take root in a grounded and embodied way.

13.3.2 Letting go

13.3.2.1 Being a hospice worker for the old paradigm

In Chapter 6, a KTI described the need to be both a midwife for the emerging paradigm and a hospice worker for the dying paradigm. Of course, with an evolutionary paradigm lens, we both transcend and include the previous stage so

it never fully ‘dies’ but will exert less of an influence. We will still be able to operate from the form of consciousness of the previous wave but will no longer predominantly live by the overall story that accompanied it. Rather than completely condemning the old story, an evolutionary-paradigm perspective would lead us to consciously let go of what is no longer serving us but with an appreciation for the needs it previously addressed and attended to. This might be about letting go of deep seated beliefs and assumptions as well as letting go of patterns of activities and ways of doing things. This, it is presumed, will release cognitive and affective energy - heart and headspace - for what is trying to emerge. At the level of the case study, letting go might entail some aspects of the belief that transformation in care can be brought about according to project plans and engineered processes and that care is the product of a series of actions. It might also entail letting go of the hope that co-production as a way of being can take root without much disruption to a ‘time and task’ model of organising that leaves Care Workers with ever-decreasing windows of one-to-one time to spend with residents. At a much wider level, we might seek to let go of the dominance of a way of living based on control. Again, returning to the new insights into wicked problems, it can now be argued that these partly stem from the human egoic desire to exert its dominance through rational control and any response which is still borne of that consciousness will likely fail or exacerbate the issue.

13.3.2.2 Leaving our maps behind

In Chapter 6, KTI’s warned that during a time of great transition, people might grab at the latest model, theory or ‘fad’ like it is a lifeboat in a stormy sea. This clinging and striving could be associated with not being able to tolerate staying in the space between stories and instead rushing to reassert existential certainty and security. However, it is not easy to stay in the space between stories, whether that is at an individual, organisational or societal level. There is real pain and even grief as we live with the loss of our old story before having a new narrative by which to live. It could be tempting, in the time of ‘the great in-between’ to treat the models and frameworks offered by the evolutionary-paradigm lens as lifeboats to cling to. It is suggested here that whilst the evolutionary-paradigm change models (see chapter 6 or appendix 9) separately and in combination offer a potentially useful perspective and way of thinking,

they should not be treated as blueprints to follow in an overly prescriptive or dogmatic way. Maps can be helpful when we are lost but can become a distraction if we forget to look up from them. As stated in the Dark Mountain manifesto, 'our maps must be the kind sketched in the dust with a stick, washed away by the next rain' (Kingsnorth & Hine 2009 p.12). However, rather than treat the various models and frameworks as maps of the territory, it might be more helpful to think of them, as this thesis has done, as forming a new lens. This lens may enable us to see more clearly, but if our eyesight changes we may need a new lens and so should be ready to leave our old lens behind whenever that time comes.

13.3.3 Letting come

13.3.3.1 Fostering a spirit of inquiry

It has been emphasised throughout this thesis that when faced with an emergent and thus uncertain future during a time of an ebbing worldview, rational management tools, technical fixes and neatly-packaged change management models will yield only limited gains within a narrow context. It is suggested that when addressing wicked problems, which entail a strong existential element, fostering a spirit of inquiry might be a wiser response. As has been described in chapter 6, a spirit of inquiry in this context first entails learning how to ask the right questions. For example, rather than asking how to improve residential care for older people, we might inquire into what a society that can accommodate diversity in human needs would look like. Or we might ask how we could coordinate our collective efforts based on a felt recognition of the dignity in dependency and the relational nature of the self. Another inquiry question might be to ask what the fourth age has to teach us about less ego-driven, autonomous modes of living and how these lessons might serve humanity and the evolution of our consciousness? These are profound questions that will not yield to quick or surface-level responses. The importance in many respects is not to get to final answers, but to ask wiser questions. As a tentative suggestion, wiser questions in relation to wicked-problems will be those that pertain to our shared existential condition. In that sense, they will support the belief of KTI's that our inquiries should tap into facets of our humanity, as opposed to seeing problems as something separate to the self, affecting a delineated group of 'others'.

13.3.3.2 Cultivating a way of being

From the perspective of an evolutionary-paradigm change lens, the cultivation of a particular way of being - an inner state of attention and intention - is key to bringing about transformative responses to challenges. Rather than seeking to manipulate the external environment to bring about change, the lens asks us to focus instead on the inner place from which we operate (Senge et al 2005; Scharmer 2009). According to Theory U, this inner source is often a blind spot in our society and within traditional approaches to change. This was found to be the case in the case study as many participants were advocating for change in the system and in others without seeing themselves as part of the system or that which was changing. Change was something that happened 'out there' and was seen to have little bearing on ourselves as human beings. By contrast, an evolutionary-paradigm change lens requires us to not only explore co-productive approaches directed outside of ourselves, but as this KTI put it, to 'enter co-production with our own life'. In this sense, as well as observing how we have inherited a collective way of organising care dominated by command and control and abstractions, we would begin to deeply see how those ways of being are present within our own lives and inner states. Similarly, an evolutionary paradigm lens places less focus on abstract visions but on sensing and connecting at a deeply personal level to what we care about. This is somewhat reminiscent of the Howard Thurman quote, 'Don't ask what the world needs. Ask what makes you come alive, and go do it. Because what the world needs is people who have come alive' (quoted in Bailie 1995 p.xv). The focus on inner states of being, when seen in the context of working wisely during the time between stories, adds a different perspective on what could otherwise be seen as a time of stuckness and stagnation. Instead, by cultivating particular states of being, this time can become more of a fertile void from which the new can emerge. Therefore, there is a sense of hopefulness offered by the Evolutionary Paradigm Lens. Rather than controlling the future and feeling a weight of responsibility to bring about and direct transformation towards some preconceived end, we simply live with the understanding that transformation is possible and indeed is the natural state of things. If we accept the underpinning logic of the lens, that as a species we are evolving towards ever greater complex ways of being, then as individuals we are each playing a part in that unfolding. This sense of hope, which springs from a deeply held and assimilated metaphysical belief in

humanity's evolving consciousness, is of a different category to the more ego-driven compulsions of having to find or create one's purpose in life or achieve a goal. Living with the knowledge of the possibility for growth in every moment contains no 'musts'. Nor does it feed off the unacceptability of our current way of being and living. As with many dimensions of change seen through an evolutionary paradigm change lens, this aspect of 'letting come' requires little of our planning, controlling and predicting minds and is about 'doing' less and 'being' more.

13.3.3.3 Focusing on relationships and conversations

An evolutionary-paradigm lens offers a particular way to think about our relationships and connections with others based on a deep appreciation of interdependency. As has been discussed in chapter 7, a more relational sense of being human is adopted. From this recognition, conversations and the many micro-interactions we are engaged with on a daily basis are more than simple exchanges of information or pleasantries; it is through them that we continually shape, re-produce or transform our existing reality. In an organisational context, these informal conversations and encounters can all too readily be seen as subordinate to formal meetings and task-oriented activity, as was found to be the case in the case study context. We tend not see our ever-shifting relationships and conversations as 'work'. However, in actuality, it is through them that the real and messy nature of change occurs - in our daily musings, reflections, grappling, sense-making and strivings with others. If we want to embrace rather than reject the messy nature of transformation, and the tensions and contradictions it harbours, then perhaps we need to bring our intention and attention to bear to a far greater degree in our everyday conversations with others. In Theory U terms, it is in these relationships that we will encounter presencing and a felt sense of humanity rather than in our vision statements and abstract plans for change. This may feel subversive or radical. We are used to having our attention directed towards the tangible outputs of a conversation or meeting - a 'deliverable', often in the form of a set of agreed actions and mechanisms for their realisation. In doing so, communication itself has become codified and bureaucratised to fit into our schema of instrumental rationality. The intrinsic value of the conversation, and the felt significance of what is discussed in the moment, becomes something of a blindspot. If we are to heed

our yearning for humanity, an evolutionary-paradigm lens would bring this blindspot into focus and invite us to elevate the status of our conversations with others and perhaps begin to reinvent the way we organise our conversational meetings with others in organisations to avoid a deadening focus on outputs and rigid, artificial processes.

13.3.3.4 Creating supportive spaces

Many of the aspects of navigating uncharted territory described so far relate to either our individual or collective inner states of being. It could be argued that this leads to an unbalanced perspective of change, with too much emphasis on subjective and inter-subjective dimensions and too little on exterior dimensions - behaviours, systems, processes etc. A defence could be made that this emphasis is required at *this time* in our development in order to re-balance an exterior-oriented previous dominant stage and to bring the blindspot we have inherited for the inner place from which we operate into focus. However, even if we are satisfied with this justification, it is still the case that all aspects of our existence - inner and exterior dimensions - are inextricably linked. Ways of being, thinking, feeling and doing cannot be separated from one another. Even if we do want to focus more on the cultivation of particular ways of being in order to navigate uncharted territory, we still need to give careful consideration to the external conditions under which they can more easily be fostered, nurtured and sustained. One KTI used the metaphor of a plant when considering this matter in that we do not need to command or control a plant in order for it to grow, but we do need to ensure it has adequate nutrients, light, warmth and water. We might think of these conditions, at organisational level, as hygiene factors. These will vary depending on the context. Within the case study, time and energy were felt to be lacking for people to be able to deeply co-produce in a relational way with residents and each other. Hurried staff, rushing from task to task, burdened with excessive amounts of paperwork struggled to cultivate the qualities required to let be, let come and let go. Similarly, rigid hierarchical structures may struggle to yield genuinely co-productive relationships. Several KTI's reflected on this in terms of how to tap into and mobilise the inner resources of individuals working in care. One described enabling staff to feel safe and valued which can trigger a subsequent unfolding of positive changes in much

the same way we would imagine in a co-productive relationship with an older person. As one KTI put it, it's a case of:

'I matter to you; therefore I'm going to respond. It's basic stuff....Once you put humanity in and appreciation, it creates energy, it creates life' (KTI 4)

Showing staff they matter and taking seriously the practical concerns of those operating at the edge should therefore not be neglected as we seek to redress the unbalanced focus between being and doing.

13.3.4 Weaving between waves – a shamanic role

A question remains which pertains to the role of those who are not only practitioners *who happen to be* working at the edge but of those who are consciously aware of it and seek to harness the potential it entails whilst supporting those who may be experiencing the adverse effects of the diminishing paradigm or wave. What is required of such practitioners and thinkers?

In many respects, the discussion so far could suggest a role of being able to purposefully operate from, and weave between, different levels of consciousness and their associated worldviews as well weaving together the strands of letting be, letting go and letting come that are ever present in each given moment. One way to conceptualise this role is to see it as a form of contemporary shamanism. Drawing from the work of Waddock (2014), who has written about what she calls 'intellectual shamans', contemporary shamanism in this context can be defined as a role which integrates healing, connecting and mediating boundaries and sense-making to enable the cultivation of wisdom for a higher end. Waddock (2014) emphasises the ability of such shamans to see what others might miss (i.e. blindspots and deeper assumptions) by virtue of journeying - either intellectually or physically - to other aspects of reality beyond their traditional territories. There they may encounter new ideas, knowledge and insights and bring a new lens to bear upon their day-to-day experiences and those of others in their communities. They operate on the borders and thresholds of levels of consciousness and aspects of society which enables them to mediate reality for others (Waddock 2014). They will seek to draw together ideas from diverse contexts and subject-areas to generate new insights and connections. Shamans

are also concerned with balance and its restoration in both individuals and society. This again feels very pertinent to the context in which those who seek to work wisely at the edge are operating. The idea of a lack of balance between being and doing, for example, has been a recurring theme throughout this thesis. Many others can also be identified, such as presencing and absencing. A focus on the balance between aspects of our experience and reality such as these does not imply dualities or polarised ideas of good and bad. Rather, it recognises the valid inclusion of all. It is a both/and perspective rather than either/or but at the same time it is a perspective that calls attention to a misalignment or neglect of particular aspects over others. It is in this way that contemporary shamans seek to bring healing. In sum, whilst the language of shamanism might at first appear esoteric, in this context what is being argued is that now, perhaps more than ever, we require individuals who can intentionally navigate and translate between ebbing and rising waves or paradigms through creative conceptual thinking as well as practical engagement with grounded issues.

13.4 Contextualising an Evolutionary Paradigm Change Lens: Exterior Dimensions of Wellbeing

At the start of this thesis, the motivations for the study were set out as relating to a deep concern for the state of the planet and a belief that a profound shift in consciousness may be important to achieving a more sustainable way of living. It was suggested that our individual and collective worldviews have led to ways of organising and conducting ourselves that are contributing to environmental, financial and social crises. Therefore, it seems fitting to end the synthesis with reflections on the link between inner dimensions of change and global political, economic, social and environmental challenges.

In Theory U, inner and outer dimensions of change are linked by what is termed the Ego to Eco framework (Scharmer 2009). In this, it is assumed that beneath the visible surface of events and crises, there are underpinning worldviews and ways of being that give rise to them. Above the surface, Scharmer (2009) lists three main divides: the ecological divide, the social divide and the spiritual divide. In the ecological divide, symptoms are described as being the depletion of natural resources, land and wildlife and rising food prices. In the social divide, Scharmer (2009) describes increasing inequality and poverty. In the

spiritual divide, disconnects between self and nature and self and other are described as being linked to burnout, suicide and depression. Beyond this level of symptoms, Scharmer (2009) goes on to explore underpinning structural and systemic disconnects, including a disconnect between:

- The financial and real economies;
- An infinite growth imperative and the finite resources of the planet;
- The ‘have’s’ and ‘have nots’;
- Institutional leadership and lived reality;
- GDP and wellbeing;
- Governance and those that are marginalised within a system;
- Ownership forms and best societal use;
- Technology creation and real societal needs;

Exploring the structural divides highlighted by Scharmer (2009) would require a different lens. Or to use Wilber’s (2001) language, it would require an examination through an exterior quadrant. However, the premise adopted in this thesis is that without an exploration of the underpinning worldviews and ways of being giving rise to structures and symptoms, an exterior-focused lens will retain a blindspot for the inner source from which we operate. As Rittel and Webber (1973) state, wicked problems have many causal levels and one can always look deeper and in doing so turn the cause of the problem into a symptom of a more fundamental issue. The lens adopted in this study has sought to explore the level of underpinning worldviews and ways of being as a more fundamental issue which gives rise to structural and systematic crises.

However, it is recognised that the interplay between exterior and interior quadrants is not linear or one-way. Material conditions and external actions impact upon our inner states and our health and wellbeing. As the Commission

on Social Determinants of Health (2008) found, 'the unequal distribution of health-damaging experiences is not in any sense a 'natural' phenomenon but is the result of a toxic combination of poor social policies, unfair economic arrangements and bad politics' (p.1). In the context of care for older people, the influence of a competitive financial market for care can be critiqued as well as funding choices made at a political level and the way in which we seek to regulate care (e.g. Kennedy 2014). However, like Beresford (2008), this study has sought to explore underpinning beliefs about care, ageing and being human and how these have given rise to a particular way of thinking about and organising care.

Focusing on our inner states as agents of change is not a way of avoiding discussions of radical structural, economic and social reform. However, what is being emphasised is that the way in which we engage at a subjective level to seek to transform material conditions matters. The lens adopted encourages us to see ourselves as part of that which we seek to transform and to challenge our thinking about the issues we face. As Einstein is famously noted to have said, 'you cannot solve problems with the same thinking that created them'.

13.5 Chapter summary

This chapter has used the evolutionary-paradigm change lens developed in chapter 6 to offer a new and more expansive narrative around care for older people, wicked problems and co-production. This narrative suggests new ways of thinking and illuminates potential blindspots relating to these areas. It also offers tentative ideas and possibilities with regards to how we might navigate the uncharted territories we face at the edge of an emerging paradigm both within and beyond the case study context. Finally, reflections have been provided in relation to the role of those who seek to intentionally work with both the messiness and potential of being at the edge. In the next part of the discussion, a more reflexive account will be provided which will enable critical reflections to be made relating to the evolutionary-paradigm change lens. In addition, the validity, utility and generalisability of the synthesis and case study findings will be discussed as well as the strengths and weaknesses of the approaches adopted in this thesis.

14 Discussion part two

14.1 Introduction

This chapter will conclude the thesis. It will do so by first providing a reflexive account in relation to the personal journey that has been undertaken to complete the thesis and the insights that this has generated. It will proceed by summarising the key findings of the study in relation to the original research questions. The main contributions of the thesis will then be outlined, in terms of both theory and practice. The limitations of the study design will then be considered. Finally, recommendations for further research will be offered.

14.2 Personal reflections and reflexive insights

In the previous chapter, it was noted that that the final generative synthesis within the study was developed in part through reflexive considerations which progressed throughout the period of research. These considerations enabled a more critical stance to be taken at times towards the Evolutionary Paradigm Lens. For example, dimensions which might be either over or under emphasised within the lens were speculated upon following particular experiences. Several of the most pertinent reflexive insights will now be shared along with the personal experiences which accompanied them. These experiences were not always, strictly speaking, within the bounds of the case study but they were associated with my wider role with the Local Authority and with participation in events and workshops relating to transformational change.

14.2.1 Include and transcend

As has been articulated throughout this thesis, an evolutionary paradigm lens emphasises a process of change whereby, as more complex and integrative forms of consciousness develop, earlier formative stages are included within the stock of capacities which can be enacted. It is a process of both transformation and integration - transcending *and* including. However, arguably those that are attracted to radical theories of change do so from a place of profound dissatisfaction with the current way of being in the world. Many individuals I encountered at workshops and events that were either explicitly or implicitly drawing from an evolutionary paradigm lens seemed to share this sense of

frustration with, and almost distaste for, the status quo. Whilst there was sometimes talk of the need to transcend *and* include, it was the former that generated the most attention. It was unusual to hear accounts that recognised the formative nature of that which we seek to transcend. Additionally, many of the conversations around a Modernist/Mechanistic worldview could as easily have come from revolutionary paradigm thinkers as evolutionary ones. It could be argued that this represents a rebalancing tendency to counteract the overreach of the previous dominant paradigm. This may well be the case: however, a perspective that is overly critical of a perceived Modernistic way of thinking, being and doing might lead to tensions and oversights in practice. For example, so-called ‘top-down’ approaches to change were seen in a very negative light whereas the case study found that there were aspects of this approach that participants genuinely valued and found motivating, such as enabling a clear vision. Similarly, the top-down project management approach was felt by participants to have achieved worthwhile ends in terms of quality of care. This caused me to reflect upon the need to take seriously the needs of individuals who are ‘working at the edge’ - for example, the need for clarity and a sense of shared purpose - and work wisely with these. Furthermore, in various workshops with senior leaders in the organisation, I encountered dedicated, passionate managers who told me they felt unable to voice concerns they had about functional aspects of their work for fear of being seen as acting managerially rather than as transformational leaders. I became aware of the risks of over-playing the focus on relational aspects of change and neglecting what can be thought of as ‘hygiene factors’. In sum, I felt that we needed to find better ways of integrating old capacities for ways of organising rather than judge them negatively as being redundant.

14.2.2 Humility and appreciation for those caring at the edge

During the earlier-to-middle stages of the research, I often struggled with a sense of overwhelm whilst juggling ‘the day job’ with doctoral studies. I felt a deep sympathy and empathy for those participants in the case study reporting feelings of stress and exhaustion. Despite my profound interest in evolutionary paradigm change and my belief in the importance of cultivating particular states of being, I all too often found myself simply fire-fighting and getting through the task list with little energy left for anything more aspirational. What made these

feelings more challenging was the sense that there was judgement attached to this way of being from those practitioners who were more removed from the operational burdens of the public sector. It was interesting to me that all the KTI's I spoke to had carved out careers outside of the mainstream public sector and had been successful in following a sense of calling to do so. I respected and admired these (often brave and difficult) choices and paths and yet I also saw that they occupied a place of privilege. How many of us get to find or create emotionally and financially rewarding work which is so closely aligned to our sense of purpose? It felt like a place that I wanted to be in - away from the noise and pressures and routine compromises inherent in large, overstretched bureaucratic organisations. Yet, I also valued the nuanced insights and affinity for those I worked alongside that was made possible only by struggling alongside them. It helped me to realise that working in a task-focused, narrow way is not necessarily the result of a mindset that is entrenched in mechanistic ways of working. I reflected on this and was reminded of the view in evolutionary terms that primitive stages of consciousness (which are included rather than eliminated) will at times be triggered in such a way that they will overrule more recently developed capacities, as in the case of the fight or flight response. It seemed to me that busy, overstretched, overwhelmed, caring, and dedicated care workers and managers are operating from these cognitive spaces frequently. They are being pulled there. This insight led to a deep gratitude towards and appreciation for those who are operating at the edge and who are keeping the 'plane in the air'² as others more removed seek to transform it. It also led to a sense of the need for more humility for those individuals at the edge. From a removed and privileged position, it is easy to talk of how others need to shift and change. Instead, I have sought to share in the real day-to-day struggles and tensions of those working at the edge. That said, I fully appreciate that those more removed from these struggles may be in a better place to create genuinely disruptive and transformative innovations that benefit wider society in a way that is perhaps not possible without a degree of incubation.

² KTI 6 used the imagery of having to redesign the plane whilst keeping it in the air when speaking of transformational change.

14.2.3 Compassionate acceptance for our current way of being

As described in the previous chapter, it is suggested that we need to avoid the Modernist trap of sustaining forward momentum in our lives through the belief of never being quite good enough. Looking back, I would say that I began my studies with this underlying belief. Potentially, as much as being motivated by external factors and the state of the world, I was motivated by a desire to change myself - to reach a superior and enlightened stage of consciousness. My underlying non-acceptance of my current way of being, in hindsight, was evident in the energy I devoted to various self-improvement and learning activities - this PhD included. It was an energy of striving and clinging - a sense of being just one more book away from finally 'getting it', one more project away from finding my true place in the world and so on. However, over time something shifted. At first the findings of an evolutionary paradigm lens made sense to me at a macro level but I did not fully relate them to my own life and development. However, through encountering a Buddhist perspective on the evolution of states of being, I was able to integrate the insights of an evolutionary paradigm lens in a deeply personal way. By this, I mean I was able to recognise the emergent nature of my own consciousness and how I act from more simplistic stages from time to time when triggered by particular experiences, thoughts or feelings. I was able to take a more compassionate stance towards these states of being and accept them as being a core formative aspect of my existence rather than something to resent or extinguish.

I also realised quite soon into my research journey that one of the main barriers to having meaningful discussions about an evolutionary paradigm lens was an individual presumption of being at the most cutting edge and progressive stage of development. I began to think that instead of concerning ourselves too much with what meme or worldview we might be operating from, our development would benefit more from an intentional openness towards our own ongoing process of evolving - a cultivated and intentioned state of hopefulness along with a belief and trust in growth towards increasingly integral and complex ways of being. This personal insight led to a very different energy towards both the PhD and my own development - one of less striving and clinging and more openness and compassion towards my current way of being/thinking/doing. This

in turn helped me to more clearly see and feel the ways in which concepts such as ‘command and control’ and ‘co-production’ showed up within my own experience and consciousness. This personal experiential understanding was seen as being deeply important by one KTI, who spoke of the need to consider how effective the fundamental assumptions are that we use to guide our own way of living and ways of relating to ourselves. Without this soul-searching, he cautioned that learning would remain at a superficial level and any subsequent attempt to share the learning with others would be a case of ‘the blind leading the blind’.

14.2.4 A personal shift in worldview insufficient

Towards the earlier stages of the research period, I had a strong belief in the need for individuals to achieve a profound shift in personal worldview. To a large extent, I continue to regard our inner states of being and the way we see the world as significant in any understanding of deep change. However, reflexive insights gained through immersion in the case study context have led me to give as much attention to the type of spaces we foster to both nurture this shift and support its embedding within a wider context. This is in line with integral views of paradigm change which stress the need to pay attention to all dimensions of reality - inner and outer. Despite this recognition at a theoretical level, at times I felt that the narrative emerging amongst practitioners of radical, transformational change placed too much pressure on individuals to ‘be the change’ in spite of day-to-day pressures and contextual factors pulling them in other directions. In the context of co-production, KTI’s focused significantly on the required perceptual shifts amongst practitioners and the ability to cultivate particular inner states of being. It was assumed that these shifts and inner states of being would be energising for individuals (perhaps because KTI’s themselves found them to be energising). However, what I saw in the case study and more broadly were deeply committed individuals with a strong passion for relational care who were at the same time exhausted and emotionally conflicted rather than energised. They were painfully aware, it seemed to me, of the gap between their individual values and the wider culture and were having to live with internal contradictions and even guilt. I also noticed the tendency from practitioners of paradigm change to take people out of their everyday contexts to have a potentially disruptive or worldview-changing experience in a workshop

setting and that far less attention was paid to supporting individuals to incorporate their insights and shifts within their everyday contexts. Additionally, I occasionally sensed a judgement towards managers who were perceived as being wedded to 'outmoded' ways of thinking, being and doing. The assumption seemed to be that if these individuals fully understood the conceptual insights being offered about new ways of being and organising, then they would let go of their limiting belief systems. However, as Chapman (2004) found, this greatly overlooks the practical difficulties changing worldviews entails. Chapman's (2004) second edition to his work on systems thinking recognises that he had originally overlooked how challenging it was for public sector managers to make changes to how they work even when they have acceptance of, and enthusiasm for, ideas around complex adaptive systems. He noted that, due to the underpinning culture, 'adopting a systemic perspective may challenge an individual's self-esteem, their perceived worth in the world and their career' (Chapman 2004 p.12). It struck me that those of us concerned with paradigm change should not simply devolve the hard work of contending with these real, practical tensions. Our task is more than simply offering some inspiring ideas and then walking away. It would be all too easy to become 'citadels of self-congratulation' (Kingsnorth and Hine 2009 p.6) whilst those on the ground grapple with trying to put into practice our pleasing models and ideas.

14.2.5 Wearing our lens lightly

Finally, I reflected throughout the process on my shifting relationship towards the various models of evolutionary paradigm change I encountered. As stated earlier, this relationship was one of striving, seeking and clinging to begin with. Then, there was perhaps a sense of comfort - a belief that this or that model could explain the turbulence, threats and uncertainty within the world and repackage them within a positive and progressive picture. I perceived this sense of comfort too in others who were passionate about evolutionary paradigm change. Some were so attached to a particular model that they would speak disparagingly about another. This prompted further reflection on our relationships to these frameworks and lenses. After a particular workshop on transformative practice, I had a conversation with a participant who said something that will always stay with me. She told me that, from a psychotherapy perspective, we are at times treating these models as transitional

objects. She reminded me that there is deep pain inherent to genuine transformation and that we are at risk of thinking that a particular model can offer us a pain-free route through the abyss. This insight leads me to tentatively conclude that we would be wise to wear our lenses lightly and to take seriously the depth of experience and potential darkness of being at the edge. We are navigating uncharted territory and our maps can only take us so far.

14.3 Summary of main findings

The main findings of the study will be summarised against the research questions set out in chapter 3.

14.3.1 How is paradigm change conceptualised in the literature and by key theoretical informants?

Paradigms were defined as being a way of seeing, thinking and doing associated with a particular vision of reality. The word ‘worldview’ can be used interchangeably with paradigms. Paradigm change was broadly defined as being a radical, profound and transformational shift. Chapter 6 demonstrated that there were two major ways of thinking about paradigm change. The first adopted a revolutionary view. It was shown that a revolutionary view of paradigm change sees paradigms as being radically incommensurable. It is an either/or perspective which believes that when an existing paradigm becomes inadequate in the face of the main challenges and questions of the time, it is overthrown and completely replaced by a new one. This way of thinking about paradigm change is associated with what has been termed ‘new paradigm literature’, in which authors tend to describe a dysfunctional and undesirable mechanistic paradigm, which is seen to be the cause of most of the world’s current problems. A holistic paradigm, by contrast, is seen as a panacea for these same challenges. A dualistic framework tends to be adopted in this view of paradigm change whereby characteristics of one paradigm are juxtaposed with characteristics of the other.

However, there is an alternative way of thinking about paradigm change which takes a more emergent and developmental perspective. Within this thesis, this perspective has been termed evolutionary paradigm change. Taking ideas from the grey literature and key theoretical informants, several conceptual models

were explored: the Fifth Wave of Public Health (Hanlon et al 2011; 2012a; 2012b), Three Horizons (Sharpe 2013), Theory-U (Senge et al 2005; Scharmer 2009) and Spiral Dynamics (Beck and Cowan 2006). The perspectives contained within, and associated with, these models provide a particular way of thinking about our worldviews and how these shift. In brief, the evolutionary perspective was found to view paradigms as shifting as human consciousness evolves in complexity in response to the existential challenges of the times. Crucially, in this view, previous stages of consciousness are not 'overthrown' but remain as cognitive capacities in a process of sedimentation. In this sense, evolutionary paradigm change is an integral, both/and perspective rather than a dualistic either/or perspective.

Adopting an evolutionary view of paradigm change leads to a particular set of ideas and insights which can be summarised as:

1. We are currently living through a great change of age
2. We are experiencing diminishing returns and adverse effects from our inherited dominant worldview
3. There are signs that a new worldview could be emerging
4. We require transformative rather than problem-solving responses to our intractable challenges

Based on these insights, an analytical lens was developed. This lens encourages sensitivity to aspects of our experience that may otherwise remain as blind-spots or as taken-for-granted assumptions. This lens documented in chapter 6 was developed primarily for use in the final synthesis of the thesis, however it was also used to offer critical perspectives on the literature associated with the substantive case study topics of wicked problems, care for older people and co-production.

14.3.2 What is known about wicked problems and ways of responding effectively to them?

Rittel and Webber's (1973) original conceptualisation of wicked problems provides a set of characteristics which leads to an assumption that wickedness is inherent to the problem itself. By contrast, it was suggested that wicked problems arise within a context of complexity but that 'wickedness' lies not in the problem itself, but in the problem/solution cognitive space. In other words, a wicked problem should not be defined in terms of a set of characteristics but as a failure to fully appreciate or effectively engage with these characteristics, i.e. as an ingenuity gap (Homer-Dixon 2002). Chapter 7 summarised the traditional accounts within the literature of how so-called taming strategies associated with a Modernist paradigm fail to address, and can in fact exacerbate, wicked problems. In the wicked problems literature, a range of alternative responses are generally considered more favourably to taming strategies. These responses tend to entail some form of collaborative approach based on a whole systems perspective of the challenge and the context in which it occurs. When critiqued from an evolutionary paradigm change perspective, the wicked problems literature may be judged as retaining a 'flat systems' view i.e. an abstract version of the whole which masks a continued desire to command and control. A flat systems perspective, it was argued, will fail to engage with the multi-dimensional nature of a wicked problem. An evolutionary paradigm perspective pointed towards more human and relation responses.

14.3.3 To what extent could care for older people be regarded as a wicked problem?

The concept of a wicked problem as an ingenuity gap was applied to the context of care for older people. It was shown that attempts to address the challenge of older people's care through the establishment of institutions and organisational arrangements with an underlying Modernist worldview have created their own tensions and adverse effects. Throughout Modernity, we have problematised dependency and failed to engage with existential questions of how to make life meaningful when independence is no longer an option. In particular, the relational perspective of caring has been neglected in favour of mechanistic perspectives which view caring primarily as a task or activity to be performed.

Thus we are now experiencing the diminishing returns and adverse effects of this way of organising care.

14.3.4 How is co-production defined in existing literature?

A narrative, scoping review of the literature on co-production was undertaken. This enabled definitions of co-production to be explored as well as the values and principles associated with it, including an underlying assets-based ethos. Co-production was defined in broad terms as well as within the context of care homes for older people. The review found that co-production is predominantly being conceptualised as a rational, linear process to the neglect of more relational interpretations.

14.3.5 To what extent does the concept of co-production fit with ideas about ways of responding effectively to wicked problems?

This study suggested that a rational, linear conceptualisation of co-production risks thwarting its transformational potential in responding effectively to wicked problems. It also suggested that the significance of the cultural shift for the health and social care workforce was being underplayed in rational-linear interpretations. From an evolutionary paradigm change perspective, co-production is being interpreted within a dominant Modernist-mechanistic paradigm, despite being seen as an antidote to the dehumanising effects of the logic of this paradigm.

14.3.6 How do care workers, care home managers and senior managers experience co-production and wicked problems within care home settings?

The case study sought to explore experiences of working in the context of care for older people within a defined setting and to describe the way in which co-production is being expressed in terms of policy, practice and patterns of activity. The site, a residential care home service managed by a Scottish Local Authority, provided a unique setting to observe recent developments. Findings were presented as a set of narratives on care, problems and change. It was found that whilst co-production was not a well-known term, most participants described co-productive relationships as being at the heart of their work and

what they most valued. It was also found that whilst formal mechanisms and project planning were being used by managers to try and foster more co-productive ways of working, it was often the unplanned, spontaneous moments of connection that frontline staff described when talking about their caring role. These were mostly very simple, 'human' interactions. Despite the seemingly ordinary occurrence of such moments of connection, participants painted a picture of resource scarcity and a culture of institutionalisation and professionalisation which they found de-humanising. These pressures appeared to reduce the cognitive space from which moments of connection spontaneously occur. Many participants appeared to be burnt out and overwhelmed with strict regimes, regulations, procedures, paperwork and professional standards combined with a felt sense of the negative connotations and expectations associated with care homes and care work more generally. Despite this largely shared experience, participants struggled to imagine another way of organising care and generally believed that more resources would address many of the challenges and problems they encountered. Whilst great frustration was expressed towards bureaucracy, it was also seemingly accepted as an essential element of being a regulated care service that could at best be streamlined and simplified. There was also found to be an assumption that the culture of care could be shifted towards being more co-productive without having to let go of many of the previously mentioned Modernist bureaucratic elements of organising care. Establishing a co-productive culture of care was, instead, seen as equipping staff with knowledge, skills and tools. This was primarily attempted through a project management approach. This was highly valued by some participants for enabling a clear sense of vision and consistency across different care homes. However, it was also recognised that although more collaborative methods of change were required, these were often not prioritised in the face of day-to-day operational demands. Furthermore, there was a gap between the espoused aspirations and values of managers in terms of engagement and empowerment of staff and residents and the persisting power imbalances and rigid hierarchies that existed within the service. Finally, within the various narratives, it was apparent that the focus of what needed to change in the mind of participants was generally externally directed. Change was desired without wanting to change oneself: or, perhaps more accurately, the self was simply a blindspot.

14.3.7 How can the experiences of case study participants and the concepts of co-production and wicked problems be re-interpreted through an evolutionary paradigm change lens?

The thesis aimed to provide a synthesis of theoretical perspectives on paradigm change together with empirical case study findings. First, an evolutionary paradigm change lens was used to provide a new and more expansive narrative around care for older people as a wicked problem. Using this lens enabled an exploration of the underpinning story and worldview that is giving rise to patterns of activity and way of organising care observed in the case study. This existing way of doing things is showing signs of fragility and breakdown, thus confirming earlier findings in the literature around the diminishing returns and adverse effects of a Modernist paradigm and way of responding to the challenge of caring for an increasing number of older people. Moreover, an evolutionary paradigm lens encourages a reframing of care for older people as an existential issue rather than a conventional wicked problem. Engaging with the challenge of care for older people will entail grappling with profound questions around what it means to be human and how we relate to the final stages of our lives. From the perspective of how second-tier levels of consciousness might engage with these issues, it was tentatively suggested that, as a society, we might have lessons to learn from the collective experience of ageing and the less atomistic, ego-driven states of 'being' that the fourth age entails.

Turning to the topic of co-production as a response to perceived wicked problems, the synthesis enabled a re-interpretation of co-production as symbolising a yearning for connection, humanity and aliveness within our health and social care services and perhaps more generally in our organisations and society. It represents a deep call in response to the dehumanising tendencies and effects of the ebbing paradigm. This call, and the dynamics that are generated in response, can be framed as a movement between 'absencing' and 'presencing', drawing from Theory U (Scharmer 2009). Using this framework, the various small and seemingly ordinary moments of connection that were reported in the case study could be viewed in terms of presencing. In these moments, it is suggested that Care Workers engage with older people with an open heart, open

mind and open will and enter into a generative mode of being with another. This mode of being was also shown to involve a mindset which is strongly aligned to assets-based approaches (Hopkins & Rippon 2015; Foot and Hopkins 2010; GCPH 2011; Morgan & Brooks 2010)) in that attention was directed to people's highest potential rather than focusing solely on their needs. However, it should be noted that in contrast to Friedli's (2012) critique, this study did not find that an assets-based mindset lead to dependency becoming seen as a failing. Rather, dependency necessitated an intentional way of thinking, being and doing that encompasses an assets-based approach. This leads to co-production being more strongly defined by its values and principles rather than as a process. It is possible that this mindset and way of relating to another represent so-called peak experiences (Maslow 1964; Wilber 2001) which could occur within any particular paradigm. However, they could also be interpreted as being part of an ever-increasing empathetic drive within humanity (Rifkin 2010).

The organisational response observed within the case study was also considered from an evolutionary paradigm perspective. Drawing heavily from Spiral Dynamics (Beck and Cowan 2006), residential care can be seen as experiencing a shift from a dominant Orange-Achievement paradigm to a Green-Relativist paradigm. There was little to no indication of second-tier modes of operating being predominant at the collective level. Instances of so-called horizon capture (Sharpe 2013) were also witnessed within the case study as it shifted from one mode of operating to another, demonstrating that the spirit of co-production could become thwarted and subsumed within mechanistic approaches.

Finally, an evolutionary paradigm change lens was used to offer ideas and possibilities about how we might navigate the uncharted territories we face at the edge of an emerging paradigm. This was framed as a process of letting be, letting go and letting come. Rather than a technical problem solving response, an evolutionary paradigm perspective proposes a focus on ways of being and acting in tune with the highest potential of what is emerging. This led to considerations of what is required of those who seek to intentionally work with both the messiness and potential of being at the edge. These considerations were framed in terms of a shamanic approach - weaving between worlds and forming new connections to bring greater wisdom and healing to the context in which the practitioner is operating.

14.3.8 How might an evolutionary paradigm change lens be modified in light of case study findings?

The personal journey undertaken and the reflexive considerations that arose throughout the research journey have been provided. It has been shown how this the researcher/employee dual-role led to insights which in turn led to reflections upon the evolutionary paradigm change lens and how it was being interpreted and used by Key Theoretical Informants. These reflections were then used to modify, soften or emphasise different aspects of the lens and how it might be used to help navigate uncharted territory at the edge of an emerging paradigm. In summary, these modifications included a greater emphasis on including and embedding earlier stages of consciousness; a recognition of the need for humility and appreciation for those caring at the edge of a new paradigm; a greater compassion for our current way of being whilst moving through stages of consciousness; a softening of the predominant focus on the need for individual shifts in worldview at the cost of recognising the importance of exterior structural and cultural dimensions; and an increased recognition of using models for paradigm change as lenses to be worn lightly.

14.3.9 What unique contributions to knowledge have been achieved through a synthesis of paradigm change insights and case study findings?

Unique contributions to knowledge are summarised in section 14.4 below.

14.4 Main contributions to knowledge

Many of the unique insights of this thesis have been developed through a synthesis of multiple concepts, theories and perspectives. However, each exploration of a substantive topic has also yielded contributions to knowledge in that area. For example, this study has drawn from, and expanded upon, substantive theories relating to paradigm change, wicked problems, care for older people and co-production. The main contributions to knowledge relating to each topic, and then to the final synthesis, will now be summarised

14.4.1 Paradigm change

This study has contrasted revolutionary and evolutionary views of paradigm change. Paradigm change is not a commonly explored theory within academic literature, and where it is (predominantly in the social sciences), Kuhn's revolutionary view of incommensurable paradigms tends to be uncritically accepted. By offering an alternative perspective to paradigm change, this thesis expands upon existing theory relating to profound, transformational change. To do this, it has brought together several different models of evolutionary paradigm change; namely Spiral Dynamics (Beck and Cowan 2006), Theory-U (Scharmer 2009), the Fifth Wave of Public Health (Hanlon et al 2011; 2012a; 2012b) and the Three Horizons (Sharpe 2013). To my knowledge, this is the first time that these models have been used together to form a single conceptual lens. The models drawn from are a nascent field within the history of ideas about paradigm change. That, combined with their somewhat niche status, means that they have not previously been subject to significant academic critique. Notwithstanding the insights yielded through synthesis, this study has offered critical reflections on an evolutionary paradigm change perspective as articulated by Key Theoretical Informants. These reflections can be taken account of into future reformulations of the models and their underpinning theory. Furthermore, this study also utilised insights from Key Theoretical Informants, who were practitioners and/or thinkers operating within the Scottish context or who had connections to, and influence on, activity in Scotland relating to paradigm change or relational care. In doing so, this study has been able to add a unique perspective in relation to evolutionary paradigm change from a Scottish context. This adds to the knowledge-base which more routinely draws on insights from those operating in the USA.

14.4.2 Wicked problems and care for older people

In relation to wicked problems, this study adds to the existing body of literature by offering an alternative conceptualisation of a wicked problem as both an ingenuity and existential gap. This is in contrast to the vast majority of studies which utilise a diluted and partial form of Rittel and Webber's (1973) original conception or others that simply equate problem wickedness with social complexity. With the exception of Watkins and Wilber (2015), there are no other

significant reformulations of the concept of wicked problems, though several have attempted to simplify and merge some of the original characteristics (Conklin 2006; Glouberman 2002). Furthermore, there have been surprisingly few explorations of how the need to provide care for an increasingly older population manifests as a wicked problem. By drawing from literature that provided a historical account of the emergence of care for older people as a challenge to be met through organised approaches, this study has been able to show the ways in which care for older people can be interpreted as a wicked problem in both the traditional and reconceptualised use of the term. In the latter case, it was necessary to draw from a more neglected aspect of Rittel and Weber's (1973) definition, namely the way in which our responses to problems can themselves generate new issues which in turn require new 'solutions'. Unlike other studies which overlook this aspect of wicked problems or even advocate for the need to tame a wicked problem (e.g. Harris et al 2009), this study has reflected on the diminishing returns and adverse effects of an industrialised approach to the organisation of care and the tensions it yields for relational dimensions of caring. In that regard, this study adds to the body of literature on relational care (e.g. Dewar and Nolan 2013; Ballatt and Campling 2011; Kirby 2003; Kitwood 2002; Greenwood 2007; Jonsdottir et al 2004).

14.4.3 Co-production

This study has made significant contributions to knowledge in relation to the topic of co-production. This is the first time that co-production has been examined through an evolutionary-paradigm change lens. This lens has been able to show the implications of rational-linear conceptualisations of co-production in terms of both theory and practice. At a theoretical level, co-production becomes reduced to an action, activity or process to the neglect of more relational dimensions. This study encourages co-production theorists to take more heed of the particular frame of reference or worldview through which they are viewing co-production and to adopt a lens which would enable the dimensions of being, doing and thinking to be brought to bear on the definition in a more balanced way. A narrative review of the co-production literature revealed that the cultural implications for a workforce shifting to co-production were neglected (Dunston et al 2009; Morris and O'Neill 2006). This study has made a contribution to knowledge in this area by exploring how co-production was being experienced

and grappled with by a Local Authority workforce. In addition, the literature revealed a very limited amount of scholarly work exploring co-production in the context of residential care for older people. Selecting residential care for older people as the case for the research has facilitated an understanding of the ways in which co-production is understood and enacted in this context. This study has more generally indicated both the deep transformational potential of co-production as well as its capacity to be subsumed within a dominant Modernist worldview. In addition, the case study explored the ways in which relational co-production took place at a day-to-day level in care homes. This led to a focus upon ordinary yet profound moments of connection between staff and residents. This finding adds to literature which focuses on moments of connections in this context (e.g. Owen and Meyer (2010)).

14.4.4 Case study

Although the case study was of an instrumental design, the insights it generated into the hopes, frustrations, challenges and day-to-day experiences of staff who work in care homes for older people are of intrinsic interest. To my knowledge, there are no other published academic studies of this particular case, so the narratives generated in the case study paint a unique and rich picture of what it is like to be a frontline worker or manager in a Local Authority managed care home in a Scottish city today. The case study narratives confirmed theoretical accounts of diminishing returns and adverse effects of a Modernist and industrialised approach to care for older people. It confirmed that tensions and contradictions were being experienced between mechanistic ways of organising of care and relational practices of care. Other studies have drawn similar conclusions in the context of nursing and hospital-based care (e.g. Patterson et al 2011) but evidence is scarce and exploring this tension in the context of residential care for older people using a broad spectrum of the workforce is novel.

14.4.5 Synthesis

This study created a lens at a high level of abstraction. However, it intentionally fostered a connection to several substantive theories in addition to an empirical grounding. This enabled a rich synthesis to be undertaken, leading to the

findings summarised in section 14.2.5. The combination of substantive theories, and their synthesis through an evolutionary paradigm lens, has enabled a unique contribution to knowledge. It is the first time that wicked problems, paradigm change, care for older people and co-production have been explored and brought together within the same framework. It is also the first time that a lens relating to evolutionary paradigm change has been brought to bear upon these topics and in an integrated way. The synthesis reveals the utility of combining two or more concepts and ideas together to reveal new and more expansive perspectives and fruitful lines of inquiry. In this case, a synthesis approach enabled a creative 'retelling' and 'reimagining' of care for older people as a wicked problem. A synthesis approach also led to a new way of thinking about how we might respond more wisely to so-called wicked problems using the framework of letting be, letting go and letting come. The approach adds to the explanatory value of some of the key insights linked to particular substantive theories, which alone would potentially remain as valid but partial. It also brings into light blindspots and aspects not focused upon in the various substantive 'parts' but which are noticeable in their collective absence. Furthermore, the synthesis itself was of a philosophical nature. This type of approach enabled the illumination of existential assumptions and dimensions to the inquiry which would likely have remained as unquestionable 'givens' in another orientation. Finally, by drawing from immersion in the case study context, the evolutionary paradigm change lens could be modified and expanded upon.

14.5 Practical implications

This section will consider the potential importance and significance of the study's findings - why were the research questions worth asking? Why should anyone care about the insights and perspectives offered in response? Why does this study matter? It will do so by considering potential implications for public policy, the management of change and the practice of caring work. Before doing so, some reflections will be offered on the potentially more receptive landscape within the public sector to some of the ideas contained within the thesis.

14.5.1 Increased receptivity to radical approaches?

When the research period began in early 2011, the research territory of evolutionary paradigm change felt subversive and almost esoteric. Indeed, this is largely what attracted me to it (though I did not know quite what ‘it’ was before undertaking the broad exploratory literature search described in chapter 6). I found models such as Theory U and Spiral Dynamics enthralling but also wondered how I would ever begin to share the ideas and language they provided with colleagues in the workplace. At the time, I imagined a resistance towards ideas associated with the evolution of consciousness and a dismissal of approaches to change which might be perceived as esoteric or impractical. At the time, I knew of no one else in the public sector engaging with these ideas. Six years later, I know that there were indeed a small but significant number of colleagues and people operating in or around the edges of the public sector (e.g. as consultants) who had been considering and working with these ideas for some time. However, broadly speaking, in 2011 it did not seem as if there was a shared discourse in the public sector around emergent and evolutionary approaches to paradigm change. Without wishing to (or being qualified to) make sweeping statement about how the Scottish imaginative and cognitive landscape has changed in that regard, I would like to offer one or two observations. Firstly, it was fascinating to observe in 2015 that the Scottish Government began organising and sponsoring ‘U Lab’ events and Massive Open Online Courses (MOOCS) based on Theory U. I participated in several of these events and experienced the learning process with others from the public sector who shared a hunger for genuinely different approaches to change. I noticed terms associated with Theory U (such as ‘sensing an emerging future’ and the ‘inner place from which we operate’) being used as a shared point of reference by a small but seemingly growing number of individuals in certain spheres. Alongside all this, with recent political events, there also seems to be a growing narrative around the idea that society might be experiencing breakdown of the type that throws deeply held beliefs, values and perspectives into question. For some, this prompts discussion about societal breakthrough and what might be emerging. Others take a more cataclysmic view. Regardless, it feels pertinent at this stage of the thesis to note that it at least feels like there is more of an appetite to engage with ideas around evolutionary paradigm change than there was at the start of the thesis.

14.5.2 Implications for public policy

Many of our public policies are formulated to address so-called wicked problems. However, the challenges they seek to address remain intractable. From the findings of this study, it is possible to suggest ways in which the formulation of policy might be re-envisioned. Policy documents tend to begin by describing and contextualising a particular issue (problem definition), before moving on to offer a desirable future vision in relation to the issue and a blueprint or set of actions for its realisation, often with measurable indicators. This way of formulating policies appeals to intuitive common sense yet it amounts to a form of taming strategy (Rittel and Webber 1973). It is an approach that is predicated on the assumption that we understand both the problem and the necessary answer, even if we accept the means to achieving it will be challenging. This study, however, has found that this belief in itself is problematic. Much energy is being directed towards utopian visions that consistently fail to materialise. One more turn of the policy wheel is arguably not going to bridge the ingenuity and existential gaps we face. This study suggests several potential alternative responses. For example, policies could shift away from being utopian towards being more overtly accepting of the messiness and tensions inherent to the territory of wicked problems. It may also be useful to take heed of any potential for horizon capture in a policy document itself - for example, measuring approaches that could undermine the spirit of an approach. Policy makers could also become more humble in their prescriptions of the future instead of having a presumed certainty of how things should be. Policies by their nature involve generalisations and abstractions but they could be formulated to ask more questions for discussion and reflection rather than prescribe blanket aspirations and wholesale solutions. In doing so, it would be recognised that bridging the so-called policy-practice gap (Hallsworth et al 2011) entails a rethinking of the role of policy as much as the challenges of practical implementation. Policies might also be bold and dig deeper into underpinning assumptions and root existential causes associated with a wicked problem and illuminate the ways of thinking that frame our current ways of understanding and engaging with an issue. Potentially, the role for policy makers might become not one of providing solutions but of helping us to 'see our seeing' and to offer alternative lenses through which complex social phenomena can be reframed. The particular lens

developed in this study might be fruitfully applied at a policy level to a range of issues to yield new perspectives.

14.5.3 Implications for organisational change

The insights offered in chapter 13 regarding navigating uncharted territory (letting be, letting go, letting come) provide a starting point to consider organisational change in the public sector. The insights are not intended as a neat 'how-to guide' but rather as ideas and avenues to be discussed, reflected upon and considered by those involved in complex, transformational change. By highlighting neglected dimensions of change, it is hoped that this will add to an organisation's capacity to act wisely in the face of uncertainty and bring greater awareness of the ways in which transformational change can be impeded through horizon capture.

Awareness of the evolutionary perspective of paradigm change should enable organisations to avoid (or at least critique) models of change that conform to simplistic, dualistic conceptualisations whereby an ideal future state is contrasted to a problematic 'status quo'. By contrast, the findings from this study encourage organisations to pay closer attention to the ways in which existing ways of being can be included within the emerging new way of being. Organisations should be critical about the notion of transformational change requires radical measures. The case study demonstrates the potential for smaller scale everyday interactions and moments occurring through ordinary activities to be transformational. Without relational level change, structural transformation may remain superficial. Furthermore, public sector organisations can often fall prey to the tendency of focusing on a desired future state at the cost of creating coherence and embedding deep change that has already taken place. Rather than rushing to the next major change programme, it is suggested that there is a need to spend a greater amount of energy in integrating new ways of thinking, being and doing within an organisation to avoid retrenchment, fragmentation and change fatigue. This may be particularly important in Local Authorities which have an extremely diverse workforce with sub-cultures and historical legacies.

14.5.4 Implications for the organisation and regulation of residential care for older people

Whilst a more expansive reimagining of care for older people could well render residential care in its current form obsolete, this study offers a range of potentially useful insights for those who currently have a management, service design or regulatory role in residential care homes. These include the need to prioritise the relational dimensions of care and the importance of creating time and space within the daily life of the home for ordinary, spontaneous moments of connection. Involving all groups of the workforce (including ancillary staff) in development opportunities may be beneficial since profound moments of connections with residents are experienced by all staff. More consideration might be given to the organisational model of care homes as a traditional, hierarchical structure may undermine some of the aspirations to engage and empower residents and staff. Equally, the physical building itself contributes to the overall culture of care and whilst larger buildings might be cost-effective, more weight might be given to the impact on relationships within the home. The findings relating to the bureaucratisation of care and the tendency of some of our codes of conduct to undermine the human dimensions of caring could be brought to bear in discussions and deliberations amongst staff, residents, relatives and regulators. There is a need to ask some searching and provocative questions such as how can we offer residents the dignity of making choices even when they entail risk? What can we let go of that is no longer serving us? Do we trust and value our care workforce and how do we show that? It is intended that these insights and questions open up a more thoughtful, nuanced and self-aware conversation and dialogue around residential care.

14.5.5 Implications for engaging with global challenges and wicked problems

At the start of the study, a concern for global challenges such as migration, climate change, depletion of natural resources and peak-oil was described. This study adds to the emerging discourse around the need to engage with such challenges at the level of underpinning worldviews and ways of being. Explorations at this causal layer may add a useful additional dimension to discussions of wicked problems that are focussed at the level of political, social and economic as a complementary layer of analysis. Whilst the main immediate

practical implications of the study pertain to the level of organisational change, these can be seen as a microcosm for more global social and environmental issues. As LaLoux (2014) explains, our way of organising ourselves has outgrown the planet's capacity and our institutions and organisations have a huge impact on our natural resources, eco-systems and climate. Seeking wiser ways of organising ourselves in response to the most wicked problems of our time may be our best hope of creating a better and more sustainable relationship with the world in which we live.

14.5.6 Outputs related to the thesis

Over the course of the research period, there have been several outputs associated with the work of this study. I was able to link emerging findings from the case study with my role as part of a Collaborative Inquiry group. I did this by creating a booklet of the various moments and stories of relational care that participants had shared with me. This became known amongst staff as the 'beautiful moments' work and generated a great deal of interest. The booklet was endorsed with a foreword from the Senior Manager for care homes, encouraging staff to use the examples to celebrate their approaches and learn from others. It was also seen as a way of sending a message that not only is it ok to spend time 'being' with a resident rather than getting on with a task, it is something to celebrate and aspire to. This felt important given the finding from staff that they sometimes felt guilty for spending time talking with residents rather than performing a functional aspect of their role or for feeling concerned about developing close bonds. This approach is in line with that recommended by Schwartz (2011) in his work on practical wisdom. He suggests that rather than create rules to encourage practical wisdom, we should celebrate the ordinary heroes who are embodying that way of being and doing the right things, for the right reasons rather than passively following procedures.

Due to the interest in and appreciation of the approach described above, I was asked to lead on a cultural change project with the Council's Home Care service (domiciliary care) to explore what personalisation means for staff and how to overcome barriers that staff encounter in seeking to work in a personalised way. To do this, I worked with two Home Care Co-ordinators to design and deliver a series of small, conversational workshops with all levels of staff. The workshops

were highly interactive and were built around an approach whereby staff reflected on their reasons for getting into care work and what they now found most rewarding. This approach generated over 100 stories and examples, which were turned into a booklet called 'All the Wee Things' (reflecting the language that frontline staff use). The booklet was also used as a means of sharing good practice and celebrating success. However, it was taken a stage further and was used with managers to explore some of the stories that they found challenging from an organisational perspective - for example, stories that contradict traditional professional boundaries guidance or health and safety rules. Through conversation, managers were encouraged to reflect on these 'grey areas' and to consider how to respond wisely. I introduced the Three Horizons framework (Sharpe 2013) with managers to explore the tensions that they experience in seeking to encourage person-centred, human approaches to care whilst also focusing on 'time and task' to ensure people can be discharged from hospital in a timely manner.

The approaches described above and the booklets produced attracted interest from the Institute of Research and Innovation in Social Services, the Care Inspectorate and the Scottish Social Services Council and as a result I have presented at several conferences and forums on the approach. It also featured as an example of innovation in a recent Joseph Rowntree publication (Andrews et al 2015).

I have been able to share emerging findings from my thesis as part of the implementation of SDS within the Council. For example, I was a part of an Evaluation and Monitoring Group for SDS and had a particular focus on cultural aspects of the change. Using emerging insights from my studies, I was able to facilitate an exercise that explicitly brought into focus emergent future potential as well as instances of 'horizon capture'. This involved undertaking an activity with a range of stakeholders to explore the change taking place using the image of a river as a metaphor to reflect on the journey to date and where the river might be heading. This piece of work also led to a presentation co-delivered with a Key Theoretical Informant on the topic of reciprocity in SDS.

In my current role as an Organisational Development Consultant within the Council, I am fortunate enough to be working on several projects that have a

strong resonance with the key themes within the thesis. For example, I am working with senior leaders using a framework that encourages a focus on their 'operating mode' or way of being and which considers the various energies that they lead through. I find that my understanding of evolutionary-paradigm change is very much aligned to this relational work with leaders. Another example is a programme seeking to foster a more human and conversational approaches to performance management in the workplace and to shift a focus away from paperwork and 'tick-boxes'. The resonances that this has with the themes around the bureaucratisation of care and the yearning for humanity explored in the thesis are striking.

I have also written blog articles on the emerging themes of the PhD for the Centre for Welfare Reform, Health and Social Care Alliance Scotland and the International Futures Forum.

14.6 Limitations

14.6.1 Theoretical limitations

There are limitations associated with theorising on the topic of evolutionary paradigm change. For one thing, models and frameworks associated with paradigm change and worldviews tend to be of a highly conceptual nature and are expansive in scope. This raises issues of generalisability, validity and utility. On the one hand, a higher degree of abstraction is associated with increased generalisability. However, any application of the lens should be done with caution. As has been stated elsewhere, insights and models used to build the lens in this study came from a predominantly Western, white male population. Whilst their insights have not been reproduced uncritically in this study, further critique and questioning of their applicability in a variety of contexts is required.

In terms of validity, there is a question of whether the insights described relating to paradigm change have any bearing upon actual processes at play. For example, the idea that we are on the edge of an emerging new paradigm might be just that - a nice idea that a nascent group of thinkers enjoy discussing but nothing more. The challenge here is that we can only describe paradigms and great changes of age with the benefit of hindsight. Given an emergent paradigm

will be by its nature in flux, it cannot be described and clarified with any degree of certainty. This study has never set out to empirically 'prove' any of the claims being made regarding changing paradigms. The lens it has developed should be seen as tentative, metaphorical and indicative rather than prescriptive. Any conceptual understanding of a paradigm will always fail to fully capture the nuanced, immensity of what it seeks to describe. On the other hand, taking a more historical rather than future-oriented perspective reveals that societies have transformed dramatically and ways of organising experience have profoundly shifted. It seems relatively un-contentious to suggest that they will do so again and that our current dominant mode of operating and organising will be a temporary phase.

By taking insights from a range of models, rather than using and critiquing a single one in depth, it may be that there are nuances and complexities that have been overlooked and other areas over-represented. The evolutionary paradigm change lens developed in this study has simplified some of the concepts it utilises. I am also mindful of Edward's (2008) caution against reductionist forms of seemingly holistic lenses. However, my intention was to utilise concepts associated with paradigm change to gain new insights into complex social phenomenon. It was not to develop a more refined version of an already eloquent and complex theoretical model. By taking a more general approach, I was able to retain a focus on the lens as simply that - a way of seeing and thinking about things rather than getting mired in ever more complicated abstractions.

A critic might argue that perspectives on paradigm change are idealistic and are too obscure or philosophical to be of practical application. However, the fact that the lens developed in this study has been applied to a very practical context and has yielded a range of unique insights suggests otherwise. Moreover, several of the major themes within the study resonate across the public sector where more human and relational approaches are being sought and in which frustration with an over-reliance on mechanistic perspectives are being voiced. However, the study has intentionally not set out any form of blueprint for change to be applied uncritically. Rather, it has offered a set of ideas to be further explored, elucidated and modified. It suggests a way to re-tell and re-imagine our current stories about the world we live in. This may or may not be liberating and helpful

to others in more fully transcending the limits and constraints of the dominant paradigm within the public sector and beyond. It is worth noting that in the field of learning disabilities, Theory U has been used by O'Brien and Mount (2015) to reconceptualise care and support, suggesting the utility of this type of lens in other contexts.

It is recognised that other analytical lenses could have been adopted within this thesis which would have highlighted aspects pertinent to care for older people at the level of structural, political and economic disconnects. After-all, as Angel & Settersten (2013) state, 'aging is a process that is intimately intertwined with other people, institutions, and structures' (p.112). However, this thesis has sought to explore those worldviews and ways of being which give rise to structural disconnects. This approach is in keeping with Rittel and Webber's (1973) view of focusing on the deepest causal level of a wicked problem.

Finally, it is worth reflecting on the potential paradox inherent to utilising a highly conceptual lens to critique an over-emphasis on rational, abstract forms of knowing and to argue for a re-balancing of more relational, subjective modes of knowing and being. Sometimes paradoxes are inevitable and the existence of one does not necessarily imply a problematic contradiction. The evolutionary paradigm perspective argues against an over-reliance on commanding and controlling the environment and suggests that mechanistic thinking can prevent us recognising and appreciating the inherent intent and order within the unfolding of life that exists without our intervention. Paradoxically, in order to highlight this blindspot, we need a conceptual framework to provide a new way of seeing that enables an embracing of, and attunement to, emergence. Concepts can light the way to a non-conceptual mode of being.

14.6.2 Methodological limitations

All research designs have challenges and limitations. In the present study, it is important to acknowledge the limitations associated with the methodologies employed for the literature search, the overall synthesis approach to the thesis and the case study design.

In terms of the approach for literature searching, chapter 5 described the need to undertake three distinct and broad literature reviews rather than a single, narrowly focused systematic review. This supported the research aims and to a large extent allowed me to follow ideas and connections as I discovered them to support the overall inquiry approach of the thesis. In hindsight, my literature search strategy (particularly for the chapter on paradigm change) followed an approach that Conle (2000) describes as a research quest and a form of narrative inquiry which involves continuously weaving explorations of the literature into the thesis when it becomes useful to understand a particular issue from a wider perspective. In that sense, like Conle (2000), my literature search was an experience of deep discovery and ongoing inquiry rather than a narrowing process designed solely to identify a gap in current knowledge. However, more traditional and systematic methods were employed to review the literature on co-production, though it was not bound by a pre-defined question. In sum, the reading was intended to provide both breadth and depth while also being logical and coherent.

Ultimately, the approach to literature searching was necessary to meet the aims of the thesis and the broad, synthesis approach it entailed. A synthesis approach also entails limitations. As a broad inquiry, it focused on connections between various concepts and ideas. For each substantive topic, there are nuances, details and alternative angles that may have been uncovered had the topic been the sole focus of the inquiry through a narrowly defined question. There were also challenges associated with scope and boundary-setting. Given the nature of the inquiry, which was dynamic and evolving, new insights, angles and connections emerged throughout the research period. There was always a temptation to build in a further line of inquiry or to revisit earlier findings from a new perspective, but pragmatic choices were made to place boundaries around the work.

It could be argued that the synthesis approach and the inquiry it followed were significantly guided by my own interests and that connections formed represented those that I wanted to see. This critique presupposes that initial interests and exposure to existing theories and ideas contaminate the data. However, as was discussed in chapter 4, the constructivist-grounded theory paradigm adopted for this study recognises that a researcher can never set out

with an empty mind and that prior knowledge and curiosity can generate innovative insights (Bryant 2009; Charmaz 2006). Furthermore, several of my initial hunches have been significantly altered and unexpected insights have occurred, suggesting that the synthesis undertaken has not simply reconfirmed my prior beliefs.

Finally, this study utilised an instrumental case study design to explore the substantive topics of co-production and wicked problems in the context of care for older people. Each research design has its merits and drawbacks and it is recognised that other approaches might have been adopted. However, it was felt that an instrumental case study design was the most suitable in order to explore a phenomenon in depth with a view to using the findings to refine theoretical understanding of concepts associated with evolutionary paradigm change. The main criticism of a case study design is a lack of generalisability (Yin 1994). The claim of lacking generalisability also pertains to the sampling strategy employed in the case study and the impact of having a sample composed of predominantly female participants aged 40 years or older. However, in reality case studies rarely seek to generalise and instead seek to place the findings in a wider theoretical narrative (Yin 1994; Mitchell 1983). The purposeful sampling strategy employed was in line with the overall purpose of the research, which was to generate and develop theoretical perspectives and ideas rather than to test a hypothesis or produce representative findings. In addition, the findings produced resonate with the existing literature on relational care (Kitwood 2012; Kirby 2003; Dewar and Nolan 2013; Ballatt and Campling 2011; Parker 2002) and on co-production in care homes (Pieper and Vaarama 2008; Owen and Meyer 2010; Meyer et al 2012; Quince 2013). Also, the rich description provided of the case study can enable others in different contexts and with different populations to transfer the findings by being aware of potential variances in the context. It is generally recognised that qualitative approaches are not seeking to 'uncover' a single, universal truth (Denzin and Lincoln 2005) and as Charmaz (2006) states, the quality and credibility of the findings of a qualitative study relate to the richness, depth, suitability and sufficiency of the data. However, it may be interesting for others to explore and use an evolutionary-paradigm lens with different populations and alternative contexts.

Other limitations relate to choices made as part of the case study design. For example, a critic might ask why residential care homes for older people were chosen rather than a newer, more innovative model of care. It is recognised that another case may well have generated unique insights not yielded by the current study and it would be of interest to use an evolutionary paradigm lens in a range of other settings. I could have picked cases that were regarded as being innovative and pioneering and again, it would be a potentially fascinating piece of research to conduct in the future. However, for the present study, the intention was to explore new perspectives which might be relevant to the complex realities in which I worked. I wanted to focus on the real, messy nature of change in the public sector rather than on a marginal example of good practice. Alternatively, the design could have taken a more comparative approach and sought to identify particular features of individual care homes that were associated with co-production (or other phenomena of interest). This study did not set out to uncover such correlations. It sought to generate rich narratives about caring, change and challenges from colleagues covering a spectrum of roles and from a number of care homes. However, where participants voiced their own views about correlations, these were captured as part of the wider narratives.

Further, the case study design did not seek the views of care home residents or their relatives. However, the aim was to focus on, and explore the experience of, the public sector workforce in relation to wicked problems and co-production. In future studies, it would undoubtedly be valuable to explore the perspectives of older people and/or their relatives to provide additional insights and add a further dimension to the narratives generated in the present study.

Finally, my dual-role as both researcher and employee could be viewed as a limitation as it could influence the responses of participants. However, in this study having a dual-role enabled a very rich picture of the workforce experience in relation to co-production and wicked problems by remaining close to what was occurring. Whilst the potential of researcher bias is recognised, it is to be considered in light of the benefits it has yielded. Furthermore, the risk of researcher bias has been mitigated by making my own position clear and explicit and through transparent reflexivity.

14.7 Recommendations for further research

In chapter 3, the nature of the inquiry at the heart of this thesis was described. The spirit of this inquiry has been one of looking beneath the waterline of surface symptoms into underlying, existential concerns and assumptions and of raising awareness of the way in which we view our world. I intend to continue with this spirit of inquiry in my work and life. In addition, I plan to more fully explore the implications of adopting a shamanic role (see chapter 13.3.4) in my work and what it could mean for me to support those working at the edge of an emergent paradigm by being both a fellow colleague and someone who takes ‘intellectual journeys’ (Waddock 2014) in order to offer and use new ideas, perspectives and insights. This type of role might not lend itself to neatly defined professional career pathways, traversing as it does very different terrains in non-linear ways, but I believe the combination of both research and practice could generate novel yet grounded insights relevant to those of us who are concerned with profound organisational and societal transformation.

In addition to this ongoing inquiry, there are several more defined avenues for further research and development suggested by this study, including:

- Further case studies to explore the extent to which some of the key themes identified through an evolutionary paradigm lens (for example diminishing returns and adverse effects of a Modernist/Mechanistic worldview; a yearning for more relational and human ways of working; horizon capture) are at play. These might be case studies in different public sector settings beyond care for older people or even health and social care more generally. It might be interesting to explore cases that are consciously trying to generate shifts in line with a perceived emergent worldview and in organisations that are regarded as operating from a second-tier level of consciousness (as LaLoux (2014) has done in ‘Reinventing Organisations’);
- Further qualitative studies of co-production in care homes for older people which include the perspective of older people and/or their relatives;

- Qualitative studies to inquire more deeply into the existential meaning people ascribe to old age, dependency and cognitive decline;
- Explorations into how far the evolutionary paradigm lens and the principles offered for navigating uncharted territory resonate with others in different contexts and are valid, accessible and useful. It would be helpful for others to use, modify and develop the lens and principles and subject them to further academic rigour and critique; and
- Explorations into the degree to which the ideas associated with evolutionary paradigm change are being explored in Scotland, by whom and in what manner.

14.8 Final hopes

I began this thesis by describing a deep concern for our way of living and a belief that our individual and collective worldviews are crucial to the survival of many species, ecosystems and potentially even humanity. Almost six years later, these concerns and beliefs feel as urgent and important as they ever did. The idea that we may be living through a great change of age - and one that will entail profound breakdown in order to breakthrough - feels far less remote and fanciful than it once did. It is hoped that this study can make even the smallest contribution to the emerging discourse on evolutionary paradigm change as part of a more intentional approach to navigating the uncharted territory we face. It is also hoped that a contribution has been made to the discourse on care for older people and those remarkable individuals who are grappling with all sorts of tensions and challenges whilst providing ordinary but beautiful moments of care. Whilst the outputs and implications summarised in this chapter are indicative of the contributions of the thesis, in many ways, it is a new way of being and a way of seeing the world that has crystallised within me as a result of the research. Whilst harder to quantify, this feels as crucial as any of the outputs described because it speaks to the inner shifts we will each have to traverse as part of any genuine transformation. It is hoped that this thesis may be of value to others who are seeking a new lens through which to make sense of their world and the emerging future. Finally, it is hoped that this thesis has sparked curiosity and prompted new questions to be pursued in an ever deepening inquiry. In that

sense, to paraphrase Lincoln and Denzin (2005), the end of this work indicates not a final word or ultimate conclusion, but a pause to take a breath.

Appendices

- 1 - Example recruitment email to participants
- 2 - Participant information sheet
- 3 - Consent form
- 4 - Interview schedule for care workers and care home managers
- 5 - Interview schedule for care home managers
- 6 - Interview schedule for senior managers
- 7 - Letter of ethics approval
- 8 - Coding framework
- 9 - Descriptions of models of paradigm change
- 10 - Characteristics of a wicked problem
- 11 - Care home descriptors

Appendix 1. Example recruitment email to participants

Dear XXXX

I am currently studying for a PhD relating to personalisation in care homes. As part of this, I wondered if I would be able to interview you. The interview would be very informal and would be to gain an understanding of what it is like working in care homes from your perspective and how you feel about your work. I attach an information sheet which gives more information.

If you are happy to take part, can you let me know if there are any days/times which are more suitable for you? I can either book a room here at XXX or meet at a place of your choosing.

Many thanks

Sarah Holiday (maiden name used at time of sending email)

Learning and Development Adviser, Health and Social Care

Appendix 2. Participant information sheet



PARTICIPANT INFORMATION SHEET

1. Study title

A case study to explore the current shift towards personalisation in care homes

2. Invitation to Take Part

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

3. What is the purpose of the study?

The aim of the study is to explore personalisation in care homes.

Personalisation is about moving to a culture of '**doing with**' rather than '**doing for**' people. The following themes relate to personalisation in care homes:

- **Relationships** - the resident has meaningful relationships with staff, other residents and relatives
- **Identity** - the identity of the resident is maintained and they are respected as an individual with a unique life story
- **Person-centred care and support** - care and support are tailored to the resident based on a deep understanding of who they are
- **Community** - residents participate in, and contribute to, the life of the care home and the local community
- **Choice and control** - residents and relatives have a say in decisions about their care and the life of the home

The study will explore personalisation in care homes from the perspective of a framework called the "Fifth Wave of Public Health". If you are interested in knowing more about this framework, you can find out more at <http://www.afternow.co.uk/>. However, it is not necessary that you do so.

It is hoped that the research will be of value to local authorities and other organizations seeking to achieve transformational change in relation to Health and Social Care.

The research is being undertaken over a 6 year period and will be complete by 2017.

4. Why have I been chosen?

You have been chosen as someone who has experience of either working in a care home or has involvement with leading change programmes relating to the shift towards more personalised ways of working in care homes.

5. Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part, you are still free to withdraw at any time and without giving a reason.

If you decide not to take part, this will not be communicated to your colleagues or manager and you are under no obligation to take part as part of your employment with the Council.

6. What will happen to me if I take part?

If you decide to take part, I will contact you to arrange a time to interview you. The interview can take place at a time and place that suits you. The interview is expected to last no more than one hour.

7. What do I have to do?

You do not need to prepare for the interview.

8. What are the possible disadvantages and risks of taking part?

There are no risks associated with taking part in this research. Disadvantages relate to the time you will need to give (1 hour plus travel time) to take part. However, the interview will be arranged at a time and place that suits you.

9. What are the possible benefits of taking part?

You will receive no direct benefit from taking part in this study. However, the information that is collected during this study will give us a better understanding of cultural change in care homes and in the health and social care sector more generally.

10. Will my taking part in this study be kept confidential?

All information which is collected about you during the course of the research will be kept strictly confidential. You will be identified by an ID number, and any information about you will have your name removed so that you cannot be recognised from it.

11. What will happen to the results of the research study?

A thesis will be produced at the end of the study in 2017. Parts of this may be published in the form of journal articles. Findings and recommendations will also be shared with the [REDACTED] Council's Department of Health and Social Care. You will not be identified in any report or publication.

12. Who is organising and funding the research?

This research is 50% funded by the [REDACTED] Council and 50% self-funded.

13. Who has reviewed the study?

The project has been reviewed by the College Ethics Committee of the University of Glasgow and by the Research and Information Team's Ethics Group within Health and Social Care.

14. Contact for Further Information

For further information, please contact:

Sarah Holiday

Tel: [REDACTED]

Email: [REDACTED]

Please retain a copy of this information sheet. If you choose to participate, you will also be given a copy of the signed consent form.

Thank you for your assistance.

Appendix 3. Consent form



University of Glasgow | College of Medical,
Veterinary & Life Sciences

CONSENT FORM

Title of Project: A case study to explore the current shift towards more personalised, co-productive ways of working in care homes

Name of Researcher(s): Sarah Holiday

Please initial box

I confirm that I have read and understand the information sheet dated September 2013 (v001) for the above study and have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights being affected.

I agree to take part in the above study.

Name of subject

Date

Signature

Name of Person taking consent
(if different from researcher)

Date

Signature

Researcher

Date

Signature

(1 copy for subject; 1 copy for researcher)

Appendix 4. Interview schedule – care workers

Opening
<ul style="list-style-type: none"> • Explain purpose of research • Clarify how long interview should take • Explain that interviewer is acting in a research rather than co-worker capacity and that the interviewee is under no obligations to participate or expected to answer in a certain way due to their employment within the Council. Explain that their responses will not be attributed to them as a named individual. • Confirm informed consent to continue
Topic 1: Background
<ul style="list-style-type: none"> • Can you confirm your name and role within the Council? • Which care home are you based in?
Topic 2: What do you do?
<p>Initial opening question: I'm really interested in what it's like for you being a XXX (e.g. social care worker). Can you talk to me about what you do?</p> <p>Possible Prompt Sub-Topics:</p> <ul style="list-style-type: none"> • Tasks • Relationships with residents • Conversations with residents • Culture in the home where you work • Tools/techniques or informal human skills •
Topic 3: Why do you do what do you do?
<p>Possible Prompt Sub-Topics:</p> <ul style="list-style-type: none"> • Initial motivation • Does the current job live up to that initial motivation? • Ongoing motivation • Aspirations for the future
Topic 3: What do you feel about what you do?
<p>Possible Prompt sub-topics:</p> <ul style="list-style-type: none"> • What is rewarding/satisfying? • How would you change your role to be more rewarding/satisfying? • What is frustrating/challenging? • Do you feel involved in daily life of the home and decision making about running of the home?
Close
<ul style="list-style-type: none"> • Thank participant for their time and check whether it is ok to contact them again in case of a need to clarify any of the information or ask further questions

Appendix 5. Interview schedule – care home unit managers

Opening
<ul style="list-style-type: none"> • Explain purpose of research • Clarify how long interview should take • Explain that interviewer is acting in a research rather than co-worker capacity and that the interviewee is under no obligations to participate or expected to answer in a certain way due to their employment within the Council. Explain that their responses will not be attributed to them as a named individual. • Confirm informed consent to continue
Topic 1: Background
<ul style="list-style-type: none"> • Can you confirm your name and role within the Council? • Which care home are you based in?
Topic 2: What do you do?
<p>Initial opening question: I'm really interested in what it's like for you being a XXX (e.g. care home manager). Can you talk to me about what you do?</p> <p>Possible Prompt Sub-Topics:</p> <ul style="list-style-type: none"> • Tasks vs relationships • Tools, techniques vs informal, human skills • Relationships and conversations with residents • How do enable other staff to build relationships with residents? • Creating a positive culture – what successes have they had? • Motivating staff - – what successes have they had? • Leadership
Topic 3: Why do you do what do you do?
<p>Possible Prompt Sub-Topics:</p> <ul style="list-style-type: none"> • Initial motivation • Does the current job live up to that initial motivation? • Ongoing motivation • Aspirations for the future
Topic 3: What do you feel about what you do?
<p>Possible Prompt sub-topics:</p> <ul style="list-style-type: none"> • What is rewarding/satisfying? • How would you change your role to be more rewarding/satisfying? • What is frustrating/challenging? • Do you feel involved in decision making for matters which affect care homes?
Close
<ul style="list-style-type: none"> • Thank participant for their time and check whether it is ok to contact them again in case of a need to clarify any of the information or ask further questions

Appendix 6. Interview schedule – senior managers

Opening
<ul style="list-style-type: none"> • Explain purpose of research • Clarify how long interview should take • Explain that interviewer is acting in a research rather than co-worker capacity and that the interviewee is under no obligations to participate or expected to answer in a certain way due to their employment within the Council. Explain that their responses will not be attributed to them as a named individual. • Confirm informed consent to continue
Topic 1: Background
<ul style="list-style-type: none"> • Can you confirm your name and role within the Council?
Topic 2: What do you do?
<p>Initial opening question: I'm really interested in what it's like for you as a senior manager with a key role to play in terms of the development of more co-productive, personalised forms of care. Can you please tell me about your role in relation to this as you see it?</p> <p>Possible Prompt Sub-Topics:</p> <ul style="list-style-type: none"> • Tasks vs relationships • Tools, techniques vs informal, human skills • Leadership style • Creating a positive culture – what successes have they had? • Motivating staff – what successes have they had? • Challenging the status quo • Mechanistic vs organic approaches
Topic 3: Why do you do what do you do?
<p>Possible Prompt Sub-Topics:</p> <ul style="list-style-type: none"> • Initial motivation • Does the current job live up to that initial motivation? • Ongoing motivation • Aspirations for the future
Topic 3: What do you feel about what you do?
<p>Possible Prompt sub-topics:</p> <ul style="list-style-type: none"> • What is rewarding/satisfying? • How would you change your role to be more rewarding/satisfying? • What is frustrating/challenging?
Close
<ul style="list-style-type: none"> • Thank participant for their time and check whether it is ok to contact them again in case of a need to clarify any of the information or ask further questions

Appendix 7. Ethics approval letter



19/05/2013

Dear Sarah Holiday

MVLS College Ethics Committee

Project Title: How Might a 'Fifth Wave' Perspective Assist Local Authority Health and Social Care Departments address 'Wicked Issues'?

Project No: 200120033

The College Ethics Committee has reviewed your application and has agreed that there is no objection on ethical grounds to the proposed study. They are happy therefore to approve the project, subject to the following conditions

- The research should be carried out only on the sites, and/or with the groups defined in the application.
- Any proposed changes in the protocol should be submitted for reassessment, except when it is necessary to change the protocol to eliminate hazard to the subjects or where the change involves only the administrative aspects of the project. The Ethics Committee should be informed of any such changes.
- If the study does not start within three years of the date of this letter, the project should be resubmitted.
- You should submit a short end of study report to the Ethics Committee within 3 months of completion.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'A Rankin'.

Prof. Andrew C. Rankin
Deputy Chair, College Ethics Committee

Andrew C. Rankin
Professor of Medical Cardiology
BHF Glasgow Cardiovascular Research Centre
College of Medical, Veterinary & Life Sciences
University of Glasgow, G12 8TA
Tel: 0141 330 2895

Appendix 8. Final coding framework

Approach to change:

- Appreciative
- Being the change and being visible
- Change is external
- Clear vision
- Experimentation
- Inner change
- Interconnected
- Learning
- Measure, predict, control
- Participative
- Reactive
- Staff support and empowerment

Care practices within care homes:

- Advocacy
- Asset focus
- Bureaucratising emotion
- Co-production as being
- Co-production as doing
- Doing for
- Doing with
- Emotion
- Functional approach
- Holistic approach
- Homeliness
- Human care skills
- Humour
- Listening
- Moments of connection
- Needs focus
- Normalising
- Person-centeredness
- Poor practice
- Professional care skills,
- Reciprocity
- Relationship focus
- Relationship with families
- Risk, health and safety
- Routine
- Sensory
- Time

- Tools

Constraints and Problems

- Bureaucracy
- Demographics and capacity
- Finance
- Group living and institutionalisation
- Management
- Media
- Mindset
- Organisational
- Paperwork
- Physical environment
- Psychological distancing
- Regulation
- Staffing issues
- Status of care for older people

Culture Change in Care Homes

Ideas for Improvement

Management Approach and Leadership

Personal Impact of Job

Personal motivations

Personal qualities

Appendix 9. Descriptions of models of paradigm change

Overview

This appendix seeks to provide a useful summary of several models relating to evolutionary paradigm change. Each has already been described in chapter 7 as part of the narrative offered by Key Theoretical Informants in order to produce an overall lens through which to view the case study. However, the summaries that follow act as a fuller stand-alone reference source without the wider narrative and critique contained in chapter 6. It should be noted that the models selected do not represent an exhaustive account of all possible models relating to evolutionary paradigm change. Nor have they been given a privileged status over other potential models. They have been selected due to their resonance with the narrative of Key Theoretical Informants and due to their use locally at the time of the research.

Spiral Dynamics

Don Beck and Christopher Cowan developed a body of work named Spiral Dynamics - a cross-cultural mapping of perceived evolving levels of human consciousness. Spiral Dynamics is a model of transformational growth and development in human worldviews. It is based on 40 years of research and development undertaken into the value systems that people have adopted through the life span (Edwards and Cacioppe 2005). The model is heavily influenced by the professor of psychology Clare Graves (1914-1986) and his work on change and transformation. Graves summarises his own view on paradigm change as follows:

‘Briefly, what I am proposing is that the psychology of the mature human being is an unfolding, emergent, oscillating spiralling process marked by progressive subordination of older, lower-order behaviour systems to newer, higher-order systems as man’s existential problems change’ (Graves in Beck & Cowan 2006 p.28).

Essentially, the Spiral Dynamics model views transformational growth developing through eight main paradigms, which in the model are called ‘memes’ (Wilber 2001). A meme is a stage of development that can be manifested in any activity. A meme is more than just a combination of ideas, beliefs and values; it is a

structure for thinking and acting which determines how people make decisions and organise their lives (Beck & Cowan 2006). Memes reflect worldviews and can be seen as a level of psychological existence (Beck & Cowan 2006). The eight main memes identified by Beck & Cowan (2006) are mapped along a spiral of development. These spirals are perceived to be present in individuals, organisations and societies. Along the spiral, each meme, 'comes in phases, either in personal passage or historic epoch, like waves on a beach, entering as a surge, dominating the scene as a strong peak, and then exiting from prominence to be replaced by another' (Beck & Cowan 2006 p.5). Whilst eight memes are presented along the spiral, it is important to note that Cowan & Beck (2006) intended the model to be open-ended and to see development as an ongoing process (Edwards & Cacioppe 2005). Whilst there is no teleological end goal in the Spiral Dynamics model, emergence of thinking systems along human spirals is seen as developing from lesser to greater complexity (Beck & Cowan 2006). However, despite this overall direction to greater complexity, Edwards & Cacioppe (2005) remind us that a core tenet of Spiral Dynamics is that no meme is intrinsically better than another and that each has its own advantages and disadvantages. Each meme is able to match a particular mode of living which is advantageous to the conditions of a particular point on the spiral. What is important is that avenues are always open for movement along the spiral at any particular point. For Beck & Cowan (2006), the ability to move towards more complex bands of thinking, when life circumstances are conducive, is what makes a human spiral healthy. As movement occurs, and human nature evolves, there is a subsequent 'restatement of what it means to be human' (Beck & Cowan 2006 p.27).

In the Spiral Dynamics model, each meme is assigned a colour code. Beck & Cowan (2006) describe each of the memes in detail, showing how they impact upon behaviour and grow and decline. However, a brief summary will suffice and is provided below:

Meme	Basic Motives and Dominant Mode of Thinking
Beige (Archaic)	This is the level of basic survival and the need for food, water warmth, sex and safety have priority. Staying alive is the primary motivation. A distinct self is barely awakened or sustained. Associated with the first human societies.
Purple (Magical-animistic)	Thinking is animistic. Magical spirits both good and bad are perceived as determining events. Ethnic tribes determine social structures. Spirits are seen to exist in ancestors and bond the tribe. Kinship and lineage establish political links
Red (Power)	The primary motive is to enforce power over self, others and nature through exploitative independence. The self emerges as separate from the tribe. Feudal lords protect others in exchange for obedience and labour. Empires are established in power and glory. Those with power give orders and underlings obey.
Blue (Order)	There is absolute belief in one right way to think and live and obedience to authority and strict moral codes prevail. People are under dominance of an order (e.g. a single religion). Everyone has to follow the code to live society and enjoy its benefits. This is a predominantly fundamentalist, conventionalist and conformist mode of living
Orange (Achievement)	This meme is associated with the scientific, rational and strategic society. There is a focus on making things better for self. People are individualistic and achievement-oriented. Materialism dominates.
Green (Relativist)	The well-being of people and building consensus gets the highest priority in this meme. Dominant traits are communication, networking, human bonding, egalitarianism and ecological sensitivity. Hierarchy is viewed negatively. Moral codes are focused on pluralism, diversity, multiculturalism and relativistic value systems.
Yellow (Integrative)	Flexible adaptation to change through connected, big-picture views. Acceptance of all belief systems and forms. Memes seen as being complementary to other memes in the right circumstance.
Turquoise (holistic)	Attention to whole-earth dynamics and macro-level actions. An integral, holistic system which involves thinking along the entire Spiral.

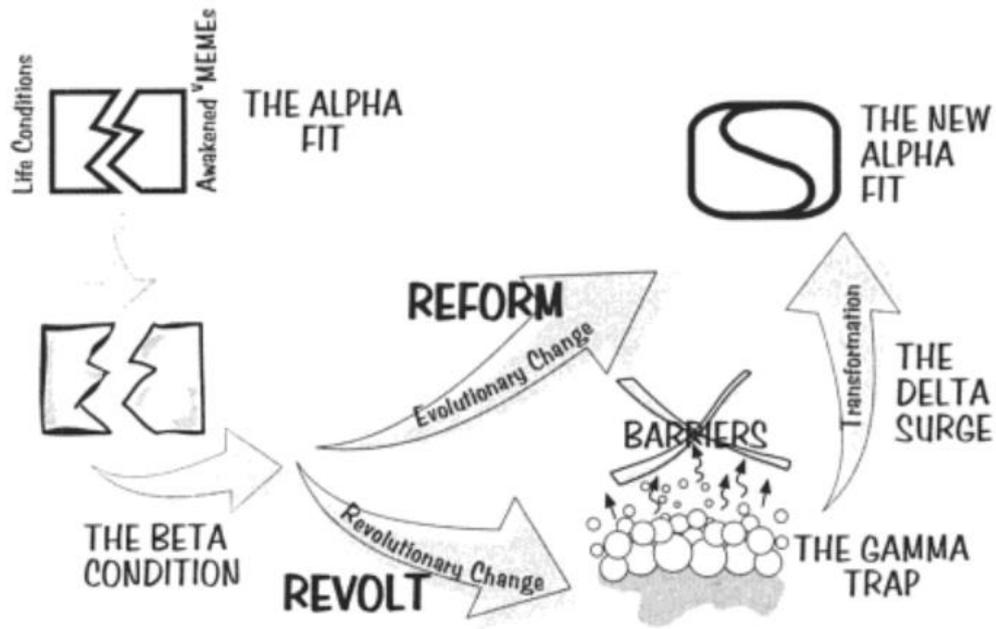
(Beck & Cowan 2006, p.41)

Beck & Cowan (2006) did not intend each meme to be seen as entirely distinct from one another and they speak of one meme 'reaching' into another. Profound change in memes, according to the model illustrated above, occurs through the emergence of a higher order and a more complex structure that individuals begin to identify with in place of the lower level. This leads to the emergence of

a new form of being human as consciousness is transformed. Whilst the self eventually dis-identifies with the preceding level, it is still able to use the cognitive 'tools' associated with that level if required (Edwards 2008). Therefore, each meme includes and transcends the previous (LaLoux 2014). Although we may have learned to operate from the green-relativist meme, we may still at times react based from an achievement-amber meme, for example. Whilst the memes above can be broadly mapped as exerting a peak impact at particular historical junctures, each is also conceived of as a way of thinking and being that can be dominant in an individual, group, organisation or society at any point after its first historical emergence.

Another key point to note about the way the memes are perceived along a spiral is the distinction between first and second tier levels. All stages up to and including green are seen as first tier, meaning that the mode of thinking is one that only allows for a single valid worldview. In that sense, revolutionary theories of paradigm change could be termed first-tier. In contrast, second-tier modes of thinking are able to recognise evolution in consciousness towards increasingly complex ways of dealing with the world and that each meme will simply take its place in history. Those that operate from second-tier levels can consciously operate from any of the memes which have occurred to date and recognise the partial validity of each (LaLoux 2014).

To describe the process of memetic change, Beck & Cowan (2006) refer to Grave's five step model, which is based on stages named alpha, beta, gamma, delta, and new alpha. These stages are shown in the diagram below:



(Beck & Cowan 2006 p.86)

Beck & Cowan's (2006) diagram above shows a process of profound change in worldviews that begins from an 'alpha state', whereby individual or societal memes are attuned to their life conditions. Alpha state is a healthy state. As conditions change and problems arise which challenge prevailing thinking, an individual or society may then leave alpha for beta state. This is a state whereby the current meme is not aligned with life conditions. In this state, people may first try 'more of the same' and put more effort into working more effectively and efficiently. People first attempt to adapt or fine tune the existing system. This often has the effect of moving further into a beta state (Beck & Cowan 2006). From this state, Beck & Cowan (2006) suggest that there are two types of change that can happen: evolutionary or revolutionary change. Evolutionary change is a relatively smooth transformation that occurs when enough people see the need for fundamental change and are open enough in their thinking to alter their course without having to reach a crisis or breaking point first. From evolutionary change, a new alpha state can be harmoniously created whereby a new meme is aligned with the life conditions of the stage once again. Revolutionary change, on the other hand, is a much more turbulent form of transformational change and involves things becoming much worse before they get better. Revolutionary change leads to what Beck & Cowan (2006) call the 'gamma trap'. In this state, denial turns into an awareness of the stark reality of

the crises being faced. However barriers appear insurmountable and lead to a sense of helplessness and/or anger. If the barriers are significant enough, a person or society in the midst of a gamma trap can retrench into the prior meme on the spiral. If the barriers are able to be addressed effectively, then a 'delta surge' heralds the way out of the gamma trap towards a new alpha state. The delta surge phase is an energetic, enthusiastic, productive period of rapid change towards a new vision. However, Beck & Cowan (2006) warn that the delta surge is not without its risks. For example, after reaching a new alpha state, people may realise the reality does not live up to the vision, and this can lead to retrenchment once again into gamma.

Development of Spiral Dynamics into Integral Theory

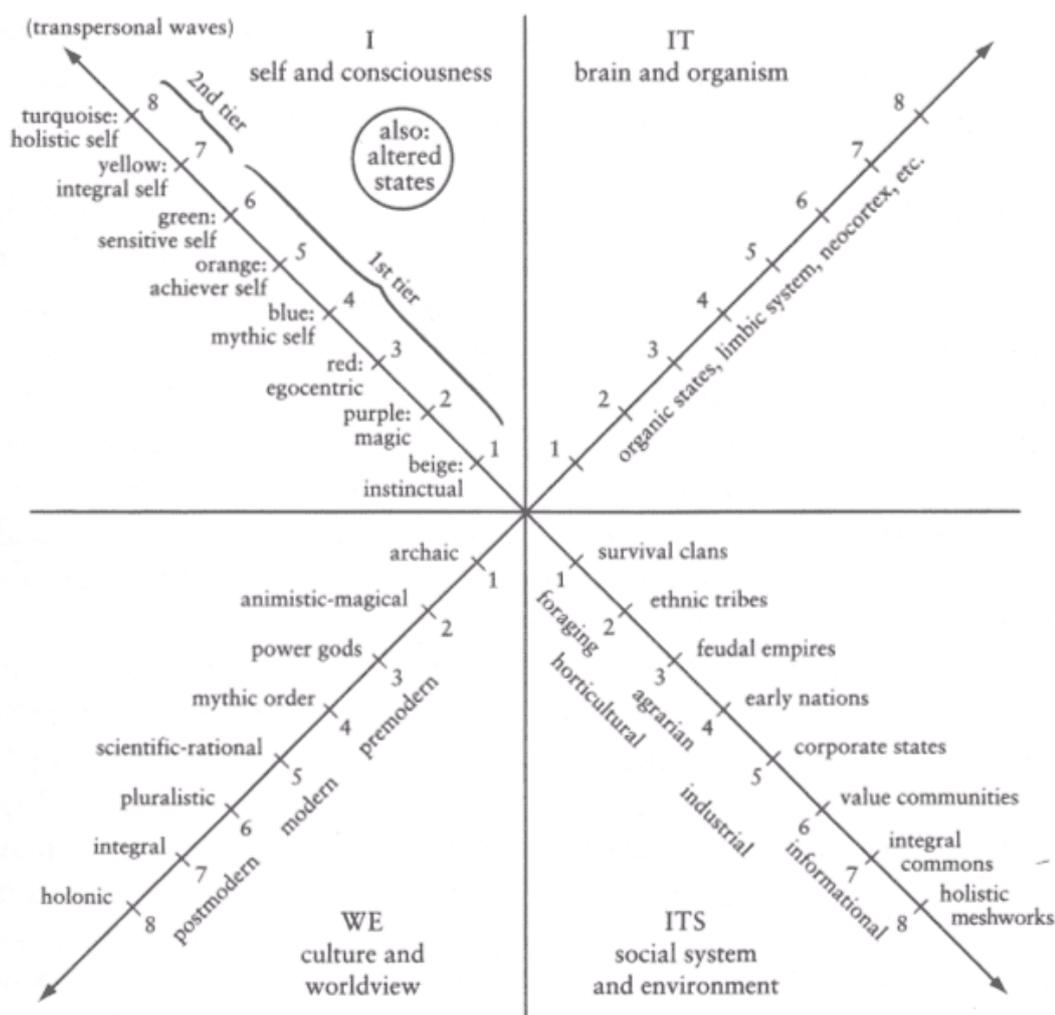
Ken Wilber builds on Spiral Dynamics in his integral theory known as All Quadrants All Levels (AQAL). Integral theories attempt to combine multiple lenses into a single, unified theory and maintain that investigation of any psychosocial occurrence requires consideration of at least two essential aspects of existence - the interior/exterior dimension (or the subjective and the objective dimension) and the individual/collective dimension (Edwards 2008). AQAL attempts to accommodate the unique perspectives and conceptual insights from a vast range of theories and models, including the natural and social sciences and Eastern and Western philosophy from the traditional, modern and postmodern eras, in the recognition that each illuminates a particular aspect of reality. Upon examination of these various theories and models, Wilber (2000) found that their perspectives on psychosocial development could be divided into four quadrants or views of reality as summarised in the grid below:

Upper Left quadrant (UL) I (self and consciousness)	Upper Right quadrant (UR) IT (brain and organism)
Lower Left quadrant (LL) WE (culture and worldview)	Lower Right quadrant (LR) ITS (social system and environment)

The quadrants as represented above reflect the belief in integral theory that all entities have an interior-exterior dimension and an individual-communal dimension (Edwards & Cacioppe 2005). The upper left quadrant represents the interiority or experiential consciousness of the individual. The upper right quadrant is the exteriority or the externally manifest behaviour of the individual. The lower left quadrant is the interiority, experiential consciousness and culture of a community or society. The lower right quadrant is the exteriority of a community or society and encompasses its outward social behaviours, systems and structures (Wilber 2000). Wilber (2000) then maps levels and lines of development within each quadrant. By paying attention to all quadrants, this view of reality and transformation offers an alternative to more traditional systems-oriented approaches which tend to predominantly focus on externalities and objects rather than interior consciousness. According to Wilber (2000), a theory can only claim to be integral if its analysis includes all four of these quadrants and recognises that change in one quadrant will have an impact of the functioning of the other quadrants in any psychosocial phenomenon.

Wilber builds on this basic model of quadrants by introducing the concepts of levels and lines of development. Levels, or waves, are stages of development. Wilber (2000) brings together various stage-based models to produce a spectrum of development (Edwards & Cacioppe 2005). In this spectrum, Wilber reminds us that levels should be thought of in a 'fluid, flowing and intermeshing fashion' (Wilber 2000 p.43). In the upper left quadrant, Wilber uses Spiral Dynamics to show the developmental potentials that individual consciousness is capable of reaching, spanning those levels of the neonatal age and infancy, through to adolescence and adulthood, reaching to higher levels of insight and wisdom (Edwards & Cacioppe 2005). For each of the other quadrants, Wilber (2000) suggests that there are parallel levels of development that progress through a comparable pattern. Through these levels, according to Wilber (2000), flow many different lines or streams of development. Edwards (2008) explains that these lines are the psychological and sociological modalities that have been identified in the various theories and models that Wilber draws upon as being the core dimensions of growth in individuals and collectives (Edwards 2008). In individuals, the lines of development are said to include the moral, interpersonal, cognitive, spiritual and affective (Edwards & Cacioppe 2005).

Wilber also proposes lines for collectives, which he speculates may include the lines of art, education, politics, communication, technology and medicine (Edwards 2008). Wilber (2000) notes that lines need not and often do not develop in a uniform fashion and that individuals and collectives may be relatively advanced in some modalities and low in others. The figure below shows the expanded quadrant grid to include lines and levels:



(Wilber 2000 p.43)

Profound change in worldviews, according to the model illustrated above, occurs through a spectrum of waves and streams in an oscillatory manner as an individual or collective reaches a significant new stage. It is not a linear model of change, as Wilber (2000) makes clear when he states that, 'development is not a linear ladder but a fluid and flowing affair, with spirals, swirls, streams, and waves' (Wilber 2000 p. 5). Edwards (2008) puts it this way - 'development is a mixture of idiosyncratic change complemented by deep patterns of structural

regularity' (Edwards 2008 p.57). The idiosyncratic, transformational change that Edwards (2008) refers to always results in a deep and dramatic change in culture and behaviour as well as in the inner states of individuals.

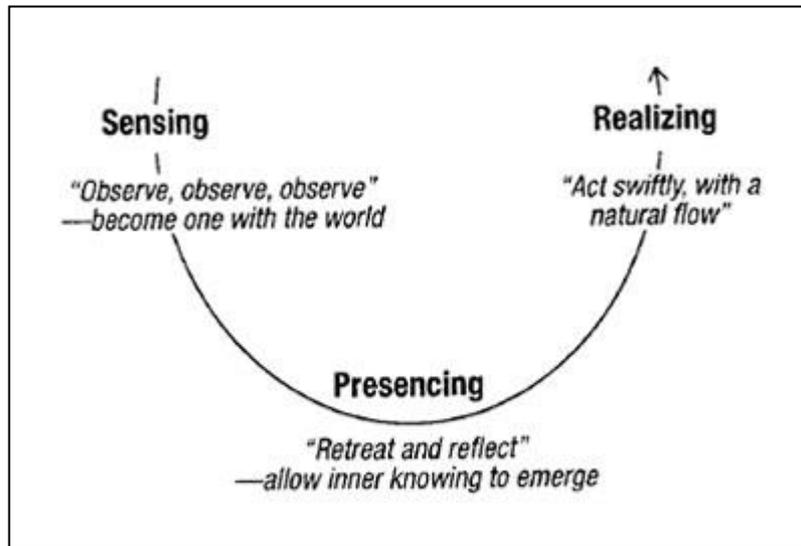
Theory U

The ideas which inform Theory U are described in 'Presence' (2005) by Peter Senge, Joseph Jaworski, C. Otto Scharmer and Betty Sue Flowers. This describes a deep learning model of change which was later expanded upon in 'Theory U' (2009) by C. Otto Scharmer.

Theory U is a framework based on the belief that transformative responses arise from what is termed 'the source' or 'the inner place from which we operate' (Senge et al 2005). According to Senge et al (2005), the Modernist worldview has a blindspot for this inner source as it focuses on abstract maps and seeks to address challenges and to map the 'whole system' through intellectual reasoning and conceptual understanding. However, Senge et al (2005) argue that this leads to an understanding of only 'the counterfeit whole'. Instead, they suggest that we need to shift to a form of attention based on connection and co-creation. This form of attention, we are told, does not just *recognise* the holistic nature of systems, but rather it *comes from* the larger whole that we are all a part of. In this view, each individual is both a part of a larger whole and is a whole in his or her own right. As a part, each individual is a place for the 'presencing' of the whole, which means 'seeing from the deepest source and becoming a vehicle for that source' (Senge et al 2005 p.89). When we see from the whole, we are told that the structure of our attention moves deeper. When our attention moves deeper, we become change agents acting in the world rather than acting on it. We are not separate from that which we seek to change.

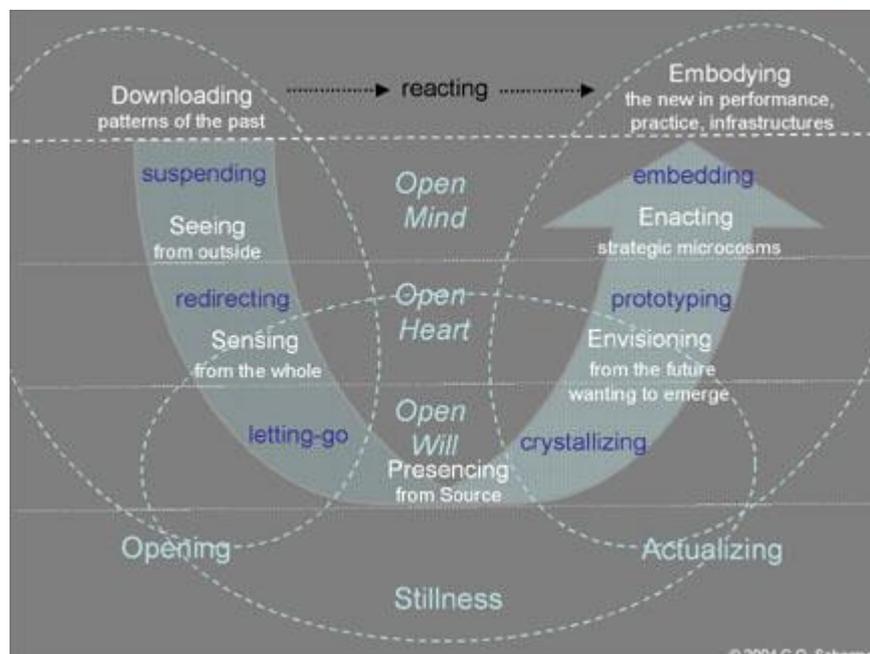
The authors believe that in order to see from the whole, people need to develop a capacity for suspending judgement and redirecting their awareness. They suggest that we need to learn to 'see our seeing' to enable profound transformations to occur on either an individual, organisational or societal level (Wackermann 2010). Theory-U is designed to enable others to develop these capacities. The model maps out different levels of perception and change along

a U shape to show different depths of attention and different levels of resulting behaviours (Senge et al 2005). The process involves three main stages, as illustrated in the diagram below:



(Senge et al 2005 p.88)

Whilst the diagram above captures the three main phases of the U process, there are seven capacities and activities which they in turn enable, as shown below:



(Scharmer 2004)

The diagram above shows that there are eight cognitive stages in the U model of learning.

Moving up the U is all about bringing ‘the new’ into being rather than reacting based on existing mental models (Senge et al 2005). From this, a new type of social technology is called for, based on capacities we all have the potential to activate (Reams 2007). These are an open mind, an open heart and an open will. Scharmer (2009) believes that we can cultivate these capacities on an individual and collective level. The various stages along the journey of the U will now be summarised:

- *Downloading* - at this level of attention, people re-enact models of the past and are trapped in their cognitive patterns. Action is limited to reaction to circumstances and the world is viewed through habits of thought (Scharmer 2009). Learning at this level is superficial (Senge et al 2005). There are four failures of attention that keep someone trapped in a ‘downloading’ cognitive space. These are: not recognising what you see; not saying what you think; not doing what you say; and not saying what you do. Once these failures of attention are reversed, one can cross the gateway into the second phase of the U (Reams 2007).
- *Seeing* - this cognitive space is about suspending our usual habits of thought and judgements and seeing the data in front of us with fresh eyes. We see things from the periphery or boundary of the system we are in and our perception becomes more acute. We become aware of what we are really facing. Cultivating a sense of wonder is important at this stage in order to shed our old patterns of thought. At this stage, the observed system is still separate from the observer (Scharmer 2009).
- *Sensing* - During the shift to sensing, perception starts to take place from within the whole system and the boundary between the observer and the observed breaks down. The system sees itself for what it is. Attention moves from “what the system is doing to us” to “what we as a system are doing” (Scharmer 2009).

- *Presencing* - This is a merging of the words 'presence' and 'sensing'. It is a moment whereby one senses, tunes in, and acts from the deepest self and one's highest future potential (Scharmer 2009). Whereas in sensing people act from a perception of the current whole, in presencing people act from the perception of the source of the emerging future (Reams 2007).
- *Crystallising* - This stage is about envisioning the emerging future. It differs from a more traditional visioning exercise because, according to Schamer (2009), crystallising occurs from a deeper place of knowing and self, but visioning could take place at any level of attention. Early intuitions about the emerging future are clarified and someone in this stage needs to cultivate capacities of 'letting come' and making space for something new (Reams 2007).
- *Prototyping* - Having clarified a sense of the future that is emerging, this stage is about exploring that future by 'doing' and experimenting. This involves trying out new things that are aligned with the intention created in early phases and seeking feedback on those experiments and tests.
- *Performing and Embodying* - This is the final phase of the U process, whereby new practices and infrastructures are enacted. Attention moves to the wider context of institutions and ecologies whilst still acting from a personal place. The 'new' is embedded in this larger context (Scharmer 2009).

One of the pertinent themes throughout 'Presence' (2005) and 'Theory-U' (2009) is the importance of the interior state of the individual - their level of awareness and their experience. Scharmer (2009) cites an interview with the cognitive scientist Francisco Varela, who stated that the, 'problem is not that we don't know enough about the brain or about biology. The problem is that we don't know enough about experience. We have a blind spot in the West for that kind of methodological approach' (Varela quoted in Scharmer 2009 p.35). Theory-U tries to bring this blind spot into focus and in this it differs significantly from other learning or change theories. It asks of the person undergoing the change not to act on the world, but to act in it (Senge et al 2005). Scharmer (2009) first began

to notice the blind spot of cognition during an interview with a CEO who had lengthy experience with facilitating large-scale change and organisational learning projects. The CEO recounted to Scharmer (2009) that his greatest insight was that, 'the success of an intervention depends on the interior condition of the intervener' (Bill O'Brien quoted in Scharmer 2009 p.7). This insight is repeated by Senge et al (2005) and Scharmer (2009) in numerous case studies and interviews. For example, Senge et al (2005) cite a case study of a health care project that had been very successful despite being regarded by experts as unlikely to succeed. When the founder of the project was asked what he thought the unlikely success was due to, he replied:

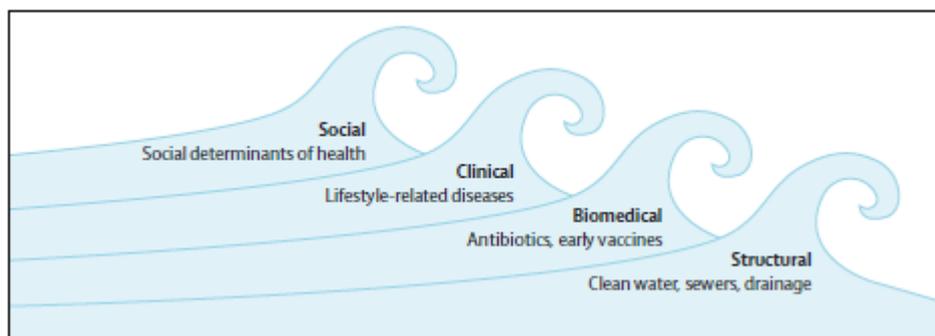
There is a highly committed core group of a hundred physicians, practitioners, and patients who bring a quality of intention that has radiated over time to affect the consciousness of all the decision makers in the system (Senge et al 2005 p.112)

Insights such as these lead Senge et al (2005) to conclude that the next great shift of worldview will be an internal one.

Fifth Wave of Public Health

Hanlon et al (2011; 2012a; 2012b) have developed a model using the metaphor of waves to map the evolution of public health improvement from the Industrial Revolution to the present time. Davies et al (2014) have since used and built on the model as part of a debate about how a new wave of public health improvement might look in practice. Hanlon et al (2011; 2012a; 2012b) characterise each wave as a metaphor for a unique outer and inner manifestation, catalysed by resource and population pressures. Each metaphorical wave is linked to major shifts in thinking about the nature of the self, society and health. The waves of health improvement are conceptualised as being cumulative and interactive. Each wave rises as a surge and maximum public health impact is experienced during this period. The wave then peaks and declines in intensity. Although public health activity continues after this time, the impact it exerts diminishes (Hanlon et al 2011; 2012a; 2012b). It should be noted that Hanlon and colleagues do not claim to report a strict historical analysis or causality when characterising the activity associated with each wave. However, in line with Davies et al (2014), the descriptions are used to discern a

distinct focus associated with each wave. Davies et al (2014) describe the four approaches as structural, biomedical, clinical and social to indicate broad areas of activity characterising each wave, as shown below:



(Davies et al 2014, p.1890)

A brief description of each wave will now be provided.

Wave 1- Structural (peak impact 1830-1900)

The first wave of public health is seen as arising in response to the social changes brought about by the Industrial Revolution and challenges such as overcrowding, lack of clean water, poor nutrition, environment associated infection, crime and alcohol consumption. The responses to these challenges involved the early application of science and rational planning. A great many structural developments ensued such as the creation of reservoirs, building of sewers, improvements in living and working conditions, and the development of governance structures for social order (e.g. modern police forces, municipal authorities, emergency services, and voluntary sector) (Hanlon et al 2011; 2012a; 2012b).

Wave 2 – Biomedical (peak impact 1890-1950)

Further advances in scientific discovery followed from the structural, top-down activity associated with first wave and a second wave emerged which was characterised by a bio-medical model of health focusing on disease prevention and treatment and scientific rationalism. In particular, the activity associated with the second wave was influenced by increased understanding of the transmission of infectious disease and the development of germ-based theories

of illness. Underpinning peak 2nd wave activity was a way of thinking associated with rationalism and the view that expertise in a narrow, specialist field is key to addressing challenges. Associated with this, a paternalistic view of healthcare developed as well as the idea of the treating the body as a machine (Hanlon et al 2011; 2012a; 2012b).

Wave 3 – Clinical (peak impact 1940-1980)

The third wave of public health followed the Second World War and its approach to health improvement was influenced by increasing understanding about risk factors for disease. Health came to be seen as inextricably linked to the conditions and choices of everyday life (Hanlon et al 2012). Increasing confidence developed during this time in the role that the scientific and medical advances would play in preventing and treating disease. The third wave saw the rise of what would later be referred to as evidence-based medicine and the use of new investigative technologies. These discoveries and developments have contributed to increased understanding of various chronic diseases such as diabetes and cancer (Davies et al 2014). In addition to clinical developments, the third wave saw welfare reforms and the origins of the NHS, social security, social housing and universal education (Hanlon et al 2011; 2012a; 2012b).

Wave 4 – Social – (peak impact 1960-2000)

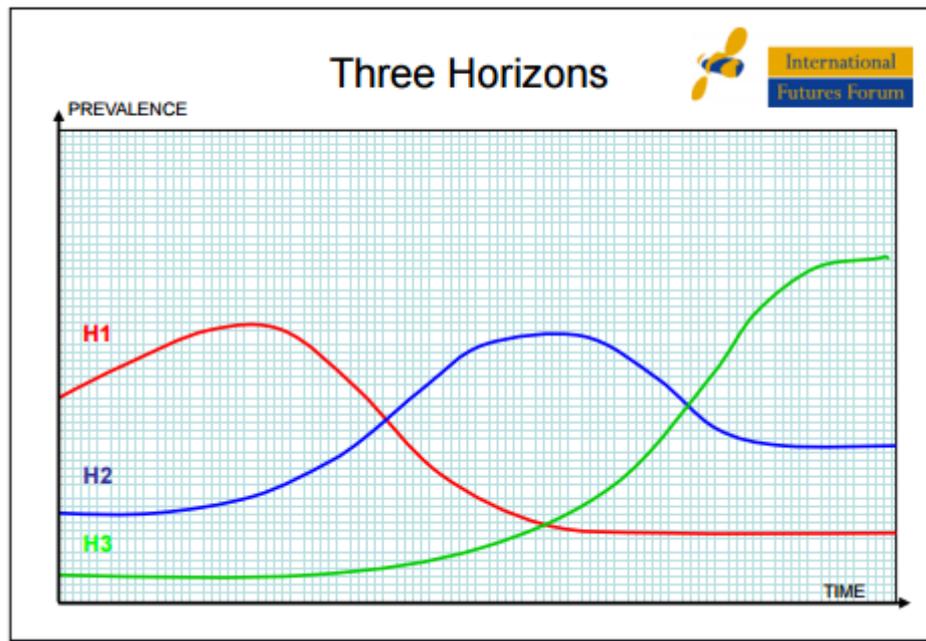
The fourth wave is seen as emerging in response to the complex context associated with the shift to a post-industrial society. Hanlon et al (2012a) cite the development of a knowledge economy, explosion of consumer choice, falling fertility rates, increasing divorce and changing family, work and gender roles as being part of this complexity. The improvement approach during this time built on the earlier interest in risk factors, but these became associated with lifestyle choices and behaviours as well as environmental conditions. Improvement approaches also became influenced by systems thinking and calls for more integrated services. In addition, whilst a disease-based model of health remained dominant, a progressive public health analysis arose during this time based on social inequalities in health (Hanlon et al 2011; 2012a)

Towards a Fifth Wave of Public Health

Whilst each wave supposedly has a unique inner and outer structure, Hanlon et al (2011; 2012a; 2012b) suggest that all four waves share a Modernistic emphasis on an external “fix it” approach to healthcare and a reliance on large bureaucracies as a key mechanism to creating a healthier society. The authors state that a key feature of the first four waves is the relative unimportance of the individual and the human spirit. They state, ‘in the modern world we have created, we appear to behave as if organizations do the work, regardless of human capacities, consciousness, energy, passion and effort’ (p.??). Hemingway (2014), drawing from the Fifth Wave model, also suggests that the improvement approaches of the first four waves have been dominated by a theoretical base associated with, ‘labelling, measuring and calculating risk, thereby negating and avoiding the need for the development of an intimate understanding of the lived experience of inequity and how we help individuals, communities and policy makers to develop capacity to positively influence these issues’ (Hemingway 2012 p.??). Davies (2014), Hemingway (2012) and Hanlon et al (2011; 2012a; 2013b) argue that we are now experiencing diminishing returns from these previous waves and that a new wave is needed to address the types of issues we are facing today such as loneliness and isolation, addictions and obesity.

What might a Fifth Wave look like? Hanlon et al (2011) outline some tentative possibilities for emergent qualities of a fifth wave in line with a worldview which is able to more fully embrace organic metaphors for public health communities. In this worldview, relationships are seen as vital for staying well. Whereas previous waves attempted to ‘scale up’ and abstract from relationships in a command and control form of organisation, the Fifth Wave would allow for perspectives which include a focus on the inner, subjective life of individuals and their innate capacities for health and healing which can be nurtured and harnessed. Crucially, Hanlon et al (2011) do not suggest that a fifth wave is in conflict with earlier waves but will include and transcend them. They use language such as ‘re-balancing’ to show that one perspective will not replace another but will co-exist alongside it.

Three Horizons



The Three Horizons framework was developed by Bill Sharpe and the International Futures Forum (IFF). Sharpe (2013) describes the model as a way of working with change and as a foresight tool. The model is based on three patterns of activity and the ways in which the interactions between them lead to change over time (IFF 2013). Each horizon characterises a distinct type of behaviour that is either maintaining an existing pattern or starting a new one that may flourish or dissipate (Sharpe 2013). The three horizons are described as:

- The first horizon (H1) - the current mindset and way of doing things. Sharpe (2013) also describes this as the managerial voice and it is the mode by which the various existing systems and structures we depend on are maintained. When change occurs in this horizon, it is limited to sustaining the status quo or extending it in a planned and orderly way
- The second horizon (H2) - when new challenges and pressures occur, H1 activity may no longer meet expectations and needs. The cognitive tools and approaches to improvement are perceived as inadequate (Sharpe 2013). Change in this horizon is entrepreneurial, messy and often opportunistic rather than planned. Some ideas and innovations may

provide transition to horizon 3, however others will be subsumed by the powerful voices of horizon 2 and will be used to maintain status quo.

- The third horizon (h3) - the future system. In this horizon, new ways of thinking, being and doing align better with emerging need and opportunity (Sharpe 2013). Change in this horizon is transformatory and leads to radically new patterns of activity. The H3 mindset is visionary and aspirational, even if those visions and aspirations are at odds with existing knowledge and values (Sharpe 2013)

The purpose of the model is not to present the three horizons as distinct phases in time, but as perspectives that are always present in the moment (Sharpe 2013). Its authors and advocates see the model as being able to foster awareness of and sensitivity to patterns of activity that are continuously emerging, shifting and dying. In doing so, it is suggested that we can develop a “future consciousness” which will enable us to develop our capacity for a transformational response (Sharpe 2013 p.15). It can also help us to be aware of the potential for horizon capture. This takes place in the second horizon when innovation becomes co-opted by the first horizon to support or extend the current system. This is referred to as sustaining innovation or H2- (IFF 2013). In contrast, transformative innovation might take place (H2+), which paves the way for a radically new future. By having conversations about the differing horizons, the nature of the tensions and dilemmas between them and signs of hope in the present can be brought into awareness and skilfully worked with, according to the IFF (2013).

Sharpe (2013) identifies three practices to enable skilful work with the framework. The first is to perceive systemic patterns rather than isolated events or trends and to see these patterns as resulting from the activity and behaviour of those who are maintaining or creating them in the present. The second is to see ourselves as part of these patterns. The third is to pay attention to the ‘voices’ of the three horizons (managerial, entrepreneurial and visionary).

Appendix 10. Characteristics of a wicked problem

Rittel and Webber (1973) provided ten characteristics of wicked problems:

1. **There is no definitive formulation of a wicked problem** - a key characteristic of a wicked problem is that it defies definitive definition. It is not possible to first objectively understand the problem and then proceed to identify an appropriate solution because a 'solution concept' is required to first orient the search for information. For this reason, wicked issues often entail disagreement on the nature of the problem itself and what ought to be done (Jordan 2011; Durant and Legge 2006; Devaney & Spratt 2009). The problem statement remains elusive and difficult to pin down (Kreuter et al 2004). Also, since wicked problems are dynamic and evolve, a fixed definition is not possible (Raisio 2009; Westbrook et al 2007).
2. **Wicked problems have no stopping rule** - Unlike a maths equation or a chess problem, wicked issues cannot ever be said to have been solved once and for all as it is not possible to say when an end point has been reached (Westbrook et al 2007; Harris et al 2009). This is because wicked problems tend to involve a range of interrelated issues and there is no finite or ultimate end to the range of actions which could be implemented in any given case (Hannigana & Coffey 2011).
3. **Solutions to wicked problems are not true-or-false, but good or bad** - there are no objective criteria for determining whether a response to a wicked issue is right or wrong. Whether a response is seen as good or bad, better or worse will depend on the social context from which it is viewed. Judgments will vary depending on personal interests, worldviews, cultures and ideologies. As Patterson et al (2013) state, wicked issues are, 'inseparable from deeper issues of values, equity, social justice and power (Patterson et al 2013 p.??)
4. **There is no immediate and ultimate test of a solution to a wicked problem** - After a solution to a wicked problem is implemented, waves of both desirable and non-desirable consequences will be generated over a

potentially unlimited time frame (Westbrook et al 2007). Other latent problems may also be triggered (Hays 2012). This prevents the final impact of a solution ever being definitively appraised (Rittel & Webber 1973).

5. **Every solution to a wicked problem is a "one-shot operation"** - Rittel and Weber (1973) argue that wicked issues cannot be addressed through trial and error due to the scale and complexity of the problem. One cannot stand back and fully appraise the pros and cons of a potential solution without first trying the solution (Devaney & Spratt 2009). However, every solution implemented has consequences and counts significantly, potentially irreversibly affecting thousands or even millions of people's lives (Rittel & Webber 1973)
6. **Wicked problems do not have an enumerable (or an exhaustively describable) set of potential solutions** - With wicked issues, there is no objective means of determining that all potential solutions have been identified and considered. It is therefore a matter of judgement and creativity to determine which course of action to pursue (Rittel & Webber 1973; Devaney & Spratt 2009).
7. **Every wicked problem is unique** - Wicked issues are embedded within particular historical and social contexts and therefore no two wicked issues are the same (Patterson et al 2013; Devaney & Spratt 2009). Despite appearing similar to another issue, there is always a possibility that the particulars of a wicked problem override its commonalities (Rittel & Webber 1973).
8. **Every wicked problem can be considered to be a symptom of another problem** - Rittel and Webber (1973) argue that the process of resolving a wicked issue involves searching for causal explanations. However, wicked problems exist within a dynamic social context and intertwine with a range of other issues and factors, some of which shift during the process of responding to the problem (Durant and Legge 2006; Kreuter et al 2004; Patterson et al 2013; Jordan 2011). The roots of a wicked issue are therefore tangled and complex and have many causal levels (Signal et al

2013). There is no 'natural' level at which to tackle a wicked issue. One can always look deeper and in doing so turn the cause of the problem into a symptom of a more fundamental issue (Rittel & Webber 1973).

9. **The existence of a discrepancy representing a wicked problem can be explained in numerous ways. The choice of explanation determines the nature of the problem's resolution** - there are many possible lines of response to a wicked issue, depending on the choice of explanation. For example, street crime could be explained by lack of police resources, ineffective laws, cultural deprivation, poverty, unemployment, declining societal morals etc. Each of these explanations would offer a different course of action. However, it is not possible to say with any degree of certainty which explanation or combination of explanations is correct (Rittel & Webber 1973).

10. **The social planner has no right to be wrong** - The final characteristic relates to the fact that those responding to wicked issues are seeking to improve some aspect of the world in which people live - their actions matter (Rittel & Webber 1973).

Appendix 11. Care home descriptors

A brief portrait of individual care homes within the case study based on official Care Inspectorate descriptions:

Care Home 1 - This care home is registered to provide residential accommodation and support for up to 35 older people. The accommodation is a small flat arrangement offering a homely and comfortable environment. Residents are able to use a large forum area for shared events such as entertainment and activities. Accommodation for residents' use is on the ground level. This is divided into five units each of which accommodates up to seven people. Each unit has a lounge/ dining area. All bedrooms have a wash hand basin. A large open plan forum area, catering, laundry and designated smoking area are also on this floor. The Manager's office and staff facilities are on the upper level where there is also a room which can be used by relatives/carers. Gardens surround the perimeter of the building. The home is situated close to local shops and near a bus route.

Care Home 2 - The building is a purpose-built care home service registered to provide care and accommodation for up to sixty older people. It is situated in a residential area. The home is divided into four units for 15 people. Each unit has a sitting room, dining room, assisted bathroom and ten bedrooms with en-suite shower and toilet. There is an attractive enclosed garden to the rear. The sitting rooms in the first floor units also have small balconies. There are a number of public areas for service users and their visitors to use, including a large public room used for hosting activities and events, and pleasant seating areas in the hallways and entrance hall. There is a smoke room for the use of residents who smoke.

Care Home 3 - The service is split into small flats resulting in a homely and relaxed environment. All of the flats have a balcony or access to a garden with a patio and seating areas and it is easy for residents to sit outside. It provides care and support for up to 43 older people, with a maximum of 16 short stay places. It has shops and community services nearby. The care home has two floors, with both lift and stairs to the first floor. There are four units. A unit on the ground floor caters for people with memory impairment, and a unit on the first floor is

for those having a short break in the care home. Each unit has a small kitchen area where residents can get help to make a drink or snack. There is a large lounge at the entrance to the home. This is also used for larger group activities and social occasions.

Care Home 4 - Accommodation is provided over two floors. There are two flats on both floors, each of which has bedrooms for single use, a lounge, dining room/kitchen and toilet and bathing facilities. The upper floors can be accessed by stairs, or a lift. There is a large shared sitting and TV area on the ground floor. Kitchen, laundry and office facilities are also on the ground floor. There are gardens around the property. It is registered to provide residential care and accommodation for up to 36 older people. The home is situated close to local shops, amenities and public transport.

Care Home 5 - A purpose built care home with modern facilities. It provides a comfortable environment with a range of communal rooms for sitting, dining and recreational activities and events. The home has accessible gardens which are enjoyed by the residents. It accommodates up to 60 residents in five units. The building is situated in its own grounds, adjacent to a Primary School on the edge of a park. Accommodation is on two floors with lift and stair access between the floors. All bedrooms have ensuite toilet, hand basin and shower facilities.

Care Home 6 - The home is registered to provide residential care and accommodation for up to 32 older people. The home is a purpose built single storey property in a residential area. There is a large, open plan and comfortable seating area at the entrance of the home. Accommodation for residents' use is provided in four flats. These flats have bedroom, sitting/dining and toilet bathing/shower facilities. All bedrooms have en-suite facilities and are for single occupancy. There are separate catering, laundry and office facilities. There are gardens around the property and the home is close to local amenities such as shops, post office, church and health centre. The home also offers limited respite breaks to older people. Within the same building there is a day care service but this has separate accommodation.

Care Home 7 - The environment is bright and spacious. It is split into six small units for up to ten residents. This makes it is easier for residents and their

families to get to know each other. It provides care and accommodation for a maximum of 60 older people in total. The care home is in a residential area of the city and is close to local services and shops. The home is on two floors. Each individual unit has its own lounge, dining room and en-suite bedrooms. Four of the units provide care and accommodation for frail older people and there are two specialised units for older people with complex needs.

Care Home 8 - The home consists of small units which creates a homely place for residents to live. There are two pleasant gardens that can be easily used by residents. It is a purpose built home registered to provide care for up to 42 older people which can include respite for a maximum of two older people. The home is close to many local amenities such as shops, church, library, health centre and dental practices. The home comprises of six flats with seven bedrooms in each, located on the ground and first floor. Each flat has its own living room, kitchenette, toilet and bathroom facilities. The home has a lift and a number of communal living spaces such as the forum, the conservatory, and a designated smoking room.

Care Home 9 - The home is registered to provide residential care and accommodation to up to 42 older people. It is situated in a busy residential area near to local shops, amenities and bus routes. Accommodation for residents' use is provided over the ground and first floor of the home in six separate flats. Each of the flats comprises bedrooms, sitting and dining areas, toilet and bathing/shower facilities. The catering and laundry facilities are on the ground floor where there is also a large sitting area at the entrance to the home. The upper floor can be accessed by stairs and a lift.

Care Home 10 - A purpose built care home providing care for up to 46 older people. Accommodation is provided in six small units located over three floors. These can be accessed by lifts or stairs. There are no en suite facilities but shared toilet and bathing facilities are available on each floor. There are small open plan sitting and dining areas in each unit and a large open plan lounge area on the ground floor. The home has a courtyard to the rear and has a view over a park at the front. It is close to local shops and amenities.

Care Home 11 - Resident accommodation is provided over three floors and there are bedrooms, communal kitchen, dining and sitting rooms as well as bathing/shower and toilet facilities on each floor. There is a large and spacious entrance hallway, designated smoking area, laundry, rehabilitation room, film room, catering and office facilities on the ground floor. The third floor is used for permanent residents only, with the ground floor accommodation and most of the first floor being utilised for short stay. The care home is situated in its own grounds with views to the rear of the sea. There are local shops, amenities and bus routes close to the home. At the time of the fieldwork, the care home was in a period of transition having being marked as a site to support discharge from hospital by offering intermediate, short term care. It was undergoing significant re-decoration at the time. Therefore, it was only utilising 22 places for long stay residents at the time.

Of all the units, care homes 1, 5 and 10 were regarded as being particularly strong in the area of co-production and involvement of residents. This was reflected in Care Inspectorate reports at the time, although these tended to focus on formal mechanisms for enabling choice and control. Extracts from these 2012 reports state:

We found that the service continues to use a variety of methods to gather the views of residents and their relatives/representatives. These include: 6 monthly care review meetings, resident group meetings, informal discussions, satisfaction surveys and the service complaints procedure (Care Home 1)

People who use the service told us they were very confident any suggestions and comments they made would be addressed appropriately and promptly. Comments from residents included; 'I am very happy with life here, I get choices in all aspects of my life.' And 'We have meetings and the staff ask us all our opinions about everything'" (Care Home 5)

When we observed practice we saw that those people who were able to express their views could make choices in their day to day life. For example we saw that people made choices at meal times, or chose where they spent their time. We saw that staff respected those choices" (Care Home 10)

Glossary

Absencing	A quality of attention and way of relating to others and the external world which, according to Theory U, is characterised by a lack of openness and a rigid clinging too pre-existing patterns and beliefs, often based on an abstraction of reality.
Bureaucratising care	Reducing relational aspects of caring to techniques, commodities, rigid processes and standardised procedures.
Complex Adaptive System	A metaphor, taken from natural systems, to understand social and organisational life which focuses on dynamic patterns, relationships and interdependencies between different parts.
Collision Zone	The space, according to the Three Horizons model, where an ebbing paradigm and an emergent paradigm meet. In this zone, traditional and emergent ways of thinking, being and doing collide and diverge.
Co-production	A way of delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and other citizens.
Dualistic paradigm change	The idea that a new paradigm completely replaces the previous paradigm, based on the notion of paradigms being radically discontinuous and in conflict with each other.
Emergence	A process of unfolding and coming into existence. A sense of being on the brink or cusp of profound or disruptive change without having a full understanding of what the change will entail.

Evolutionary paradigm change	The view that paradigms change as human consciousness evolves in response to the existential challenges of the times. Earlier paradigms are not completely replaced but remain as cognitive capacities in a process of sedimentation.
Fifth Wave of Public Health	A model developed by Hanlon et al (2011) which uses waves as a metaphor for phases of public health improvement since the Industrial Revolution, linked to major shifts in thinking about the nature of society and health. It is argued that a new fifth wave is now needed in responses to complex public health challenges.
First-tier consciousness	A mode of thinking that only allows for a single valid worldview whilst also not recognising this mode of thinking as a mode at all.
Fourth age	Our final years of life, associated with a high degree of frailty, dependence and cognitive decline.
Holistic paradigm	A worldview based on an organic systems view of life which suggests that wholes have irreducible properties that are more than the sum of their parts. This paradigm contains several ideas and perspectives which together create a meta-theory of unity.
Horizon capture	The idea with the Three Horizons model (Sharpe 2013) that some ideas and innovations that might otherwise provide transition to a new paradigm become subsumed within the dominant and powerful tendencies of the existing paradigm to maintain status quo.
Industrialisation of care	The extension of the logic of industrialisation to the organisation of care based on a belief in the

importance of standardisation, subdivision of labour, efficiency of work processes, economies of scale, specialisation of tasks etc.

Ingenuity gap	The dynamic space between the problem and our capacity to resolve it given our existing cognitive tools Homer-Dixon (2002).
Memes	Within the Spiral Dynamics model, memes are equivalent to a paradigm or worldview. These memes are mapped along a spiral of development.
Modernist/mechanistic paradigm	A worldview associated with a way of thinking and organising experience based on exerting control over nature and the environment through the application of positivist knowledge and instrumental rationality.
Modernity	Modernity broadly refers to arrangements which developed in Europe to supplant those of the medieval era. In this thesis, the term is used to more specifically focus on changes during the Scientific Revolution of the 17 th and 18 th centuries and the developments since the Enlightenment period and Industrial Revolution.
Paradigm	A way of thinking, being and doing associated with a particular vision of reality. A lens through which we view the world. The term is used interchangeably with worldview in this thesis.
Presencing	A quality of attention that involves sensing, tuning into and acting from the highest future potential, according to Theory-U (Scharmer 2008).
Relational care	A perspective that views care as more of a reciprocal interaction than a task to be performed. Caring is a dialogical process with the cared for person being an

active participant in the relationship and not merely a passive recipient of care.

Relational self	The notion that personhood arises in relationship and that the relational encounter has ontological primacy over the individual self.
Second-tier consciousness	A mode of consciousness which can recognise and appreciate other worldviews and the partial validity of each.
Spiral Dynamics	A model of evolving levels of human consciousness developed by Beck and Cowan (2006). It entails mapping eight colour-coded memes along an ever unfolding spiral of unfolding consciousness.
Tame problems	Problems which occur in stable, linear systems and can be well defined. Tame problems have a clear goal and can often be solved by identifying and applying an objectively defined 'best' solution.
Taming strategy	Term used by Rittel and Webber (1973) to describe attempts to deal with wicked problems using rationalistic, mechanistic techniques. Taming strategies artificially reduce wickedness but are not able to address the problem and may exacerbate it.
Theory U	A framework developed by Scharmer (2009) which offers principles and practices to bring about transformation through a process of inner knowing and social innovation.
Three Horizons	A framework developed by the International Futures Forum (IFF) and written about by Sharpe (2013) which is based on three patterns of activity and the ways in which the interactions between them lead to change

over time. Each horizon characterises a distinct type of behaviour that is either maintaining an existing pattern or starting a new one that may flourish or dissipate.

- Transcend and include The notion that earlier paradigms are not completely replaced or overthrown by newer paradigms. It is a perspective which recognises the partial validity of all worldviews. See also: evolutionary paradigm change.
- Wicked problems A complex issue that is not amenable to rational, mechanistic problem-solving approaches (Rittel and Webber 1973). It is an issue that defies ultimate definition, is multi-dimensional (entailing both subjective and objective elements), is constantly evolving and has multiple symptoms, causes, stakeholders, potential ways to frame a solution (Watkins and Wilber 2015). A wicked problem entails aspects of an ingenuity and existential gap i.e. poses a limit to our current cognitive capacities and the underpinning stories we live by.

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