Empowering involvement: The role of front line social care workers in community planning in Scotland – a Capabilities Approach

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Abstract

This study seeks to contribute to the body of work on involvement which leads to empowerment (hereafter empowering involvement), in community planning with front line social care workers in Scotland through the lens of Nussbaum's Capabilities Approach (hereafter CA^N) and the Community Empowerment (Scotland) Act 2015.

The timeliness of this study is considered in the context of the Coronavirus pandemic, the Independent Review of Adult Social Care in Scotland, increasing demand for health and social care, sector recruitment and retention issues (Scottish Government 2019; 2021) and the introduction of Public Health Scotland, a public body focused on prevention and supporting a whole system approach to tackling inequalities (Public Health Reform, 2019).

I have sought to keep people and learning from lived experience at the heart of this study by drawing on the CA^N as the philosophical lens through which to explore my research question and through my chosen methodology. This interpretivist study combines participatory and conceptual elements and includes triangulation of data from participant appreciative inquiry sessions involving a front line social care worker, my own autobiographical reflections of working in front line social care, and a review of policy and available literature including research led by people with lived experience of social care. Creative involvement approaches and participant views of their role and engagement in community planning and involvement were explored.

From this small-scale, in-depth research study I offer some tentative conclusions which include the need to consider involvement as both a (potentially fertile) capability and functioning in contrast to a neoliberal/utilitarian inspired instrumental view of involvement which may have a corrosive effect on capabilities and functioning and fail to recognise the transformational potential of involvement and the full potential of people including front line social care workers. This, I argue has implications for planning, practice, evaluation, quality, research, policy and innovation. Findings are presented graphically as an adaptive framework, constellation and galaxy for empowering involvement, shedding new light on the front line social care worker's role in empowering involvement in community planning. The framework, constellation and galaxy offers potential as a way of promoting and supporting a whole person, life-wide approach to planning for involvement with people at the heart, and live mapping and support for planning and connections with all contributing to improving together for empowering involvement in community planning.

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Acknowledgements

I have had many privileges in my life for which I am truly thankful. When I think about 'dignity' and 'reason to value', as the capabilities approach invites us to do, I think about people: Family, friends, teachers, people with lived experience of social care and caring including front line social care workers, people who have generously shared their stories, learning and ideas with me including the participant in this study. My supervisors Sinead Gormally and Nicki Hedge, line managers, colleagues, healthcare workers, fellow students, shop assistants, neighbours, volunteers, people in different roles in communities locally and globally. People who I have had the good fortune to have encountered in my life journey so far who have been and continue to be part of my constellation for empowering involvement. I would like to dedicate this dissertation to all those people. In particular, I would like to thank and dedicate this dissertation to my Mum, June Johnston. Though she is no longer with us, her light burns bright as part of my constellation for empowering involvement as I know it does for many others too.

I would like to thank my husband Mike for his support and for helping me to stop and really notice things around me, to smell the flowers, notice the birds, listen to the music and see, feel and appreciate the textures and colours in life. To my children Josh and Jenna, now grown up, I am so privileged to be your Mum. Thank you for your smiles, your kindness, the treasured memories I carry and build on every day with you and the excitement and hope I feel for you both in living your best life while also helping others to do so. I would like to thank my Dad for his tireless and unstinting interest in my studies and anything I have done in life, his encouragement and the infectious excitement he has for life. To my grandchildren, Leah, Caleb and Zander I am looking forward to more painting with you, making pancakes together and to you teaching granny how to paddleboard. To my brothers Richard and Stuart and my sister Maggie and their families, thank you for the laughter, kindness and sense of belonging no matter how far geographically we are apart and what stage we are in life. To Irene for your valued friendship and to Amanda for sharing your passion for 'exciting life'. Thanks to my family and friends for their love and support and all others who have inspired and continue to inspire my involvement and my leadership journey.

Authors declaration

I declare that, except where explicit reference is made to the contribution of others, this dissertation 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.

Maxine E. Johnston

Chapter One: Introduction

During the current Coronavirus pandemic there has rightly been increased public recognition of the important role and contribution of people working in the NHS. Many of us have participated in the weekly doorstep clap for our NHS colleagues which was broadened to include other key workers including social care workers. Stories have been shared of the role and contribution of front line social care workers (hereafter referred to as FLSCW) in helping to keep people, families, friends and communities connected during the pandemic (SSSC, 2020(a); ARC, 2020) and the difference this has made to people and communities.

Before lockdown in Scotland, in January 2020 the Scottish Government launched an adult social care recruitment campaign as part of the reform of adult social care in Scotland entitled 'There's more to care than caring' (Scottish Government, 2020a). In response to the demand and projected increasing demand for social care and recruitment and retention challenges in many parts of Scotland (Scottish Government, 2020a) the campaign aimed to enhance public appreciation of adult social care as a career. Prior to the pandemic,

> changing attitudes towards social care support, so that it is seen as an investment in Scotland's people, society and economy (Scottish Government, 2019(b)

was among the priorities identified within the program for reform. The 'There's more to care than caring' campaign articulates career pathways and routes into careers 'to promote social care as a meaningful, valued and rewarding career choice' (Scottish Government, 2019a). Aimed at attracting people at early or mid-stages in their career and recognising that redundancies through technologies and service redesign in other sectors may present opportunities for people to change careers and choose a career in social care, the campaign highlights the qualities required for those wishing to start a career in adult social care as

> the right attributes and behaviours, understanding, empathy, commitment, respect and willingness to learn (Scottish Government 2020(a), online)

However, a narrative of social care as being a low skilled occupation persists, not helped by the impact of Brexit and effects on immigration regulation on the social care workforce as well as debates surrounding a proposed UK points based immigration system (BBC News, 2020). It is beyond the scope of this study to offer a full account of the aforementioned factors and they are mentioned here as important context for this study. The recently published Independent Review of Adult Social Care in Scotland calls for a 'valuing of the social care support workforce' (Feeley, 2021, p.19) and parity of esteem with NHS workers. The review calls for a new paradigm for social care support, away from the current crisis led task orientated narrative.

> Social care support is the means to an end, not an end in itself. The end is human rights, wellbeing, independent living, and equity, as well as people in communities and society who care for each other (Feeley, 2021, p.19).

Having underlined the current importance placed on social care and related challenges as context for this study I now turn to detail the background and aims of this study.

1.0. Background and aims of this study

The aim of this study is to explore perceptions of FLSCWs and their role in community planning in Scotland through the lens of Nussbaum's Capabilities Approach (CA^N) and National Standards for Community Engagement in Scotland (NSCE). Through appreciative inquiry this study began with the research question of how do FLSCWs engage in community planning in Scotland? and to address that question I explored participant best experiences of involvement and involving people, what helps in involving people/getting involved? and what difference does involvement make? My research question arose from previous research which focused on meaningful involvement of people with lived experience of social services and caring in personal outcomes planning (support planning for individual and/or unpaid carer). My research question has also been shaped by readings to date and participatory research led by and involving people with lived experience of social services and caring (including former Scottish Social Service Council (SSSC) colleagues with lived experience) in developing the Scottish Social Services Council (SSSC) Involving People Plan (SSSC, 2019(a)). Research findings identified key themes as important to involving people and getting involved (figure 1). Central themes

were the importance of values and that we may have and move between multiple roles and identities in life.
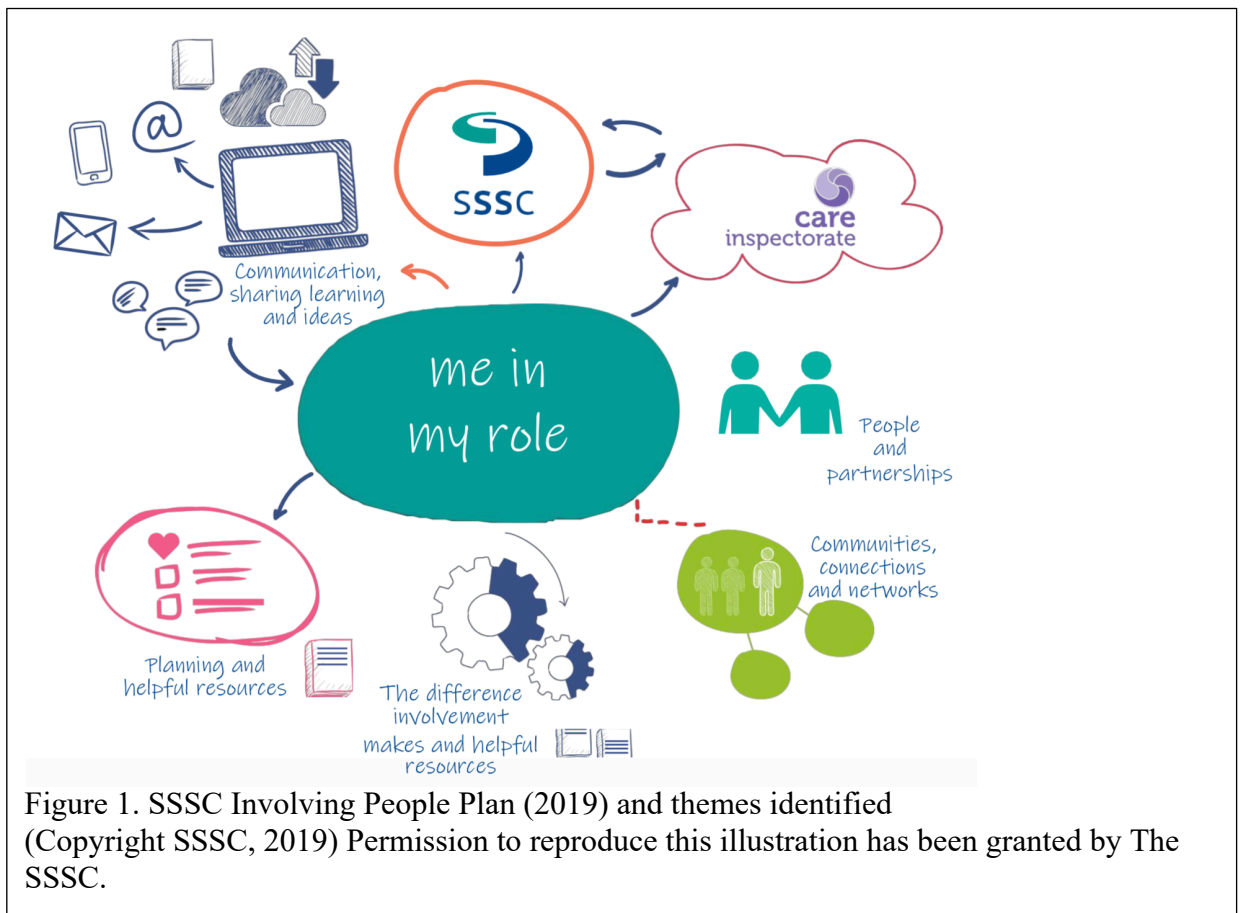
Figure 1. SSSC Involving People Plan (2019) and themes identified (Copyright SSSC, 2019) Permission to reproduce this illustration has been granted by The SSSC.

Figure 1 (above) is from the SSSC (2019) Involving People Plan and illustrates themes identified as important to involving people and getting involved. The diagram is also designed to illustrate the connection between roles in involvement and the roles of SSSC and Care Inspectorate. The SSSC is the regulator of the social service workforce in Scotland including those working in social work, adult social care, or with children and young people (SSSC, 2023, online). The Care Inspectorate is a body which works across health, social care, early learning and childcare, community justice and social work and has a role in scrutiny and improvement (CI, 2023, online).

The important role which SSSC, other organisations, education providers, communities and health and social care workers have in reaching and involving people and the importance of relationships and interconnections is also identified. The empowering potential of involvement, with involvement for one purpose potentially leading to other

kinds of opportunities and of using creative approaches to involve people and in telling the story of the difference this makes was also highlighted.

All of this led me to further explore involvement in outcomes planning as a space of possibility and 'narrative imagination' (Nussbaum, 2010, p.95-96) and to consider the connection between meaningful involvement in personal outcomes planning at individual level and empowering involvement in community planning. Related to this as an area of exploration is the role of FLSCW and the discourse of creativity in care. Drawing on Nussbaum's Capabilities Approach (CA^N) and the NSCE as frameworks. I undertake this study as someone with a background in front line social care having had the privilege of working in health and social care and community engagement and development in Scotland in a variety of roles for twenty six years. This research includes an autobiographical element, though (as detailed in Chapter Six, along with my reasoning for this), I did not originally intend to do so.

The timeliness of this study is considered in the context of the Coronavirus pandemic, the aforementioned Independent Review of Adult Social care in Scotland, current and future challenges of increasing demand for health and social care, front line health and social care worker recruitment and retention issues (Scottish Government 2019; Feeley, 2021) and the introduction of a new public health body in Scotland. Public Health Scotland came into being in April 2020 to support a whole system approach to tackling inequalities, focus on prevention, community participation and collaboration across organisational and community boundaries including health and social care and community planning (Public Health Reform, 2019).

Community planning

> is the process by which Councils and other public bodies work with local communities, businesses and voluntary groups to plan and deliver better services and improve the lives of people who live in Scotland (Audit Scotland, 2018 (a), p.5).

In the community planning guidance for community planning partnerships there appears to be no explicit mention of the contribution of FLSCW to community planning. Similarly,

though National Health and Social care standards in Scotland refer to involving people in their community and in decision making about services and support, again there appears to be no explicit link made to community planning and the FLSCW role. The need to support 'effective voice in design, development and delivery of social care services' including the voice of front line workers (Fair Work Convention, 2019 p.37) and to promote and support inclusion and community connections (Scottish Government, 2018 (a)) is also relevant as is consideration and appreciation of the difference involvement can make to everyone involved in involvement activities. Involvement opportunities may include democratic participation such as volunteering (Scottish Government, 2019 (c)).

The language of meaningful and empowering involvement in personal and community outcomes planning in Scotland is reflected in several public policies and practice standards relating to health and social care and community planning. National Health and Social Care Standards and Scottish Social Services (SSSC) Codes of Practice for Social Service Workers and their employers (SSSC, 2016) articulate involvement in personal outcomes planning as a right. In Chapter Three I explore the policy and practice landscape for empowering involvement, community planning, social care and the FLSCW role including the Community Empowerment (Scotland) Act 2015 and related National Standards for Community Engagement (NSCE) in Chapter Five. Prior to this, and in setting the context for this study, I now move on to consider previous research and theory relevant to my research question.

1.1. Previous research and theory

Among the current and future challenges identified to involving people with lived experience of social services and caring in outcomes planning in Scotland are inequalities of power and opportunity and social isolation (Scottish Government, 2018 (a)). My review of previous research and theory included accounts of tokenistic involvement (Ocloo and Matthews, 2016) identified in relation to patient and public involvement and healthcare improvement in the UK. The authors recommend the embedding of a focus on inclusion, empowerment and equalities within involvement strategies and for healthcare staff to work together with patients as equal partners. Postle and Beresford (2007), review the role of Social Workers in building capacity and promoting active citizenship, commenting on the negative impact of managerialism and performance targets on social work practice and the

morale of Practitioners. Calling for a personal outcomes approach underpinned by engagement with the lived experience of the person in the context of their whole life, Miller and Barrie's (2018) review of person centred approaches in Scotland cite the impact of neoliberalist inspired managerialism and performance management regimes in perpetuating inequalities. The authors comment that such managerialist practices and performance regimes are underpinned by an assumption that standardisation of provision will address inequalities. I revisit neoliberalism in the following chapter. Miller and Barrie (2016) highlight the importance of good conversations to personal outcomes planning with outcomes measures flowing from those conversations and conversations not being constrained by outcomes measurement tools.

Several studies relate to involvement and creativity in dementia care and personhood (Bellass et al, 2018, Mondro et al, 2018, Zeilig et al, 2019) with the latter advocating co-creativity using music and dance as an inclusive non-hierarchical way of involving people with dementia and democratic participation. The authors comment on the positive effects on the agency and wellbeing of the person and argue for wellbeing and agency to be seen as interconnected 'ongoing social practices rather than complete states' (Zeilig et al, 2019, p.17). This view would appear to accord with this study's use of the CA^N as a framework (the CA and the CA^N is outlined in Chapter Two) for exploring how FLSCW conceptualise their role and involvement in community planning, also considering Nussbaum's recognition of the fluid nature of roles and interdependencies which we may have in life (Nussbaum, 2011, p.21).

1.2. The structure of this dissertation

This dissertation is structured as follows: In Chapter Two I explore the Capabilities Approach and in particular Nussbaum's version of that approach. I then set out my reasoning for positioning this at the heart of the framework and lens for consideration of my research question on empowering involvement and the FLSCW's role in community planning. Chapter Three presents a review and discussion of the policy and practice environment for front line social care in Scotland and empowering involvement of people and communities. In Chapter Four I explore concepts of community before moving on to revisit place based approaches and community engagement as context for an exploration of communities of practice. Chapter Five explores issues of power and empowerment before

considering the FLSCW's role in the context of a whole systems approach to empowering involvement in community planning. In Chapter Six I set out my reasoning for my choice of research paradigm and methodology before moving on to discuss ethical concerns and data collection. Chapters Seven and Eight are focused on lived experience with the former comprising an appreciative inquiry autobiographical account of my own experience of working in social care in Scotland and the latter data from front line social care participant online appreciative inquiry sessions. In Chapter Nine I present an analysis and discussion of themes identified and how this relates to the National Standards for Community Engagement and the CA^N, including Nussbaum's central list of capabilities which foregrounds Chapter Ten where I set out conclusions, implications for research, policy, practice, innovation, quality and improvement along with limitations of this study.

Chapter Two: People at the heart, a Capabilities Approach

2.0. Introduction

In this chapter I justify my choice of the Capabilities Approach (CA) and in particular the version proposed by Martha Nussbaum (CA^N). I begin by contextualising the CA within some other philosophical theories before exploring the CA^N in more depth. I then revisit the framework as depicted in figure 1. in the preceding chapter (reproduced below) which reflects the themes identified from research led by people with lived experience of social care in Scotland as important in involving people and getting involved (SSSC, 2019).

Figure 1. (reproduced from Chapter One) SSSC Involving People Plan (2019) and themes identified
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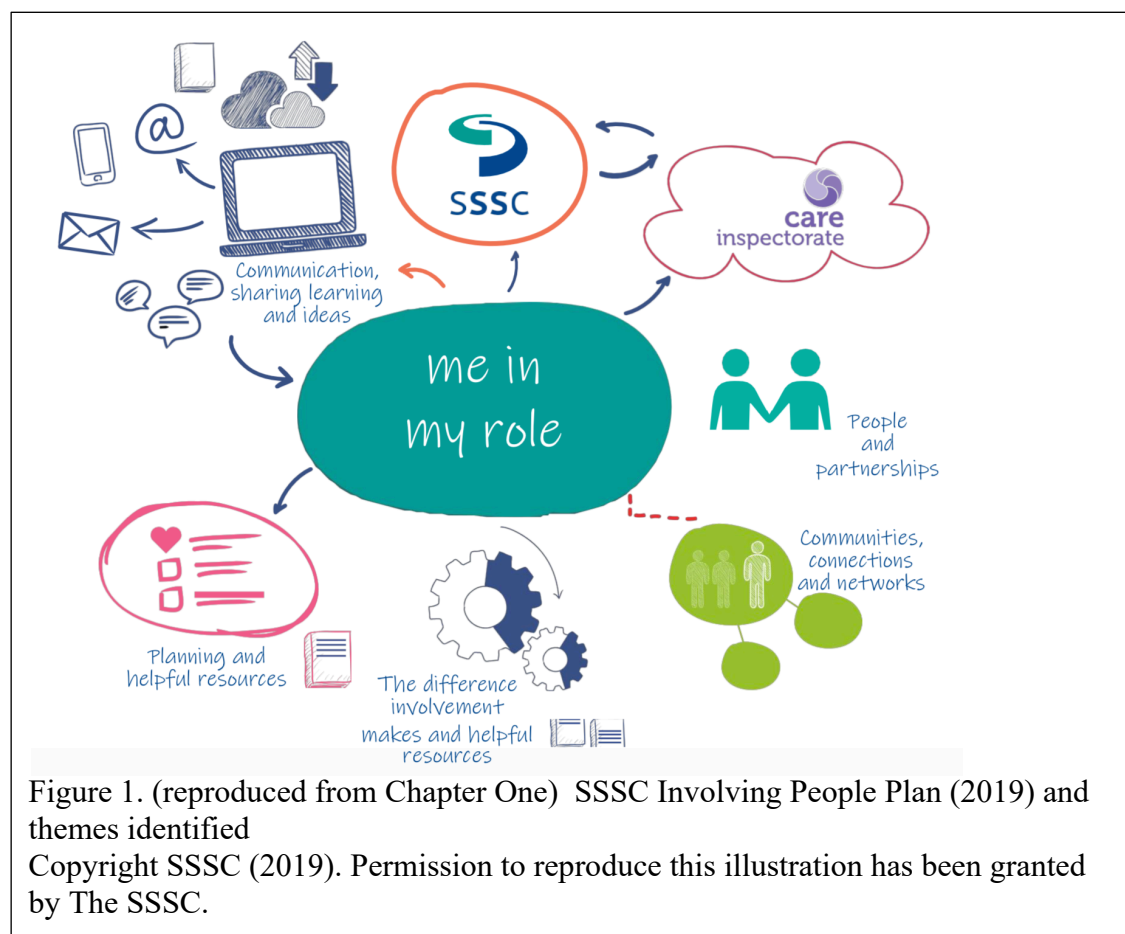
In doing so I expand on my reasons for positioning the CA^N at the heart of the framework through which to explore my research question of how FLSCWs engage in community planning in Scotland.

2.1. The Capabilities Approach: A counter theory of development

First introduced by the economist and philosopher Amartya Sen in the 1980's, the CA is a quality of life framework grounded in consideration of the importance of people having the capability and freedoms to live the kind of life they have reason to value. Sen made a major contribution to the incorporation of the 'notion of the CA' (Nussbaum, 2011, p.17) within the revised Human Development Index and associated reports to reflect a broader and deeper concern and measure for human development than purely economic growth measured by Gross National Product (GNP). This was driven by increasing recognition that solely relying on GNP as a measure and indicator on which to base global rankings of a nation's development progress failed to consider and reflect the distribution of resources and actual quality of life of the people of that nation (Sen, 1999), (Nussbaum, 2006; 2011). On this Sen (1999, p.44) argues,

> …the basic point is that the impact of economic growth depends much on how the fruits of economic growth are used.

An important element of both Sen (CA^S) and Nussbaum's (CA^N) version of the Capabilities Approach is that their approaches are rooted in their critique of alternative philosophies such as utilitarianism and aspects of the social contract theory. The following is presented as only a brief overview of these philosophies with examples of such critiques rather than an in-depth analysis of each philosophy.

2.1.1. Utilitarianism

In its classic form utilitarianism as proposed by Jeremy Bentham defines and measures utility as expressions of pleasure, satisfaction, or happiness and whatever produces this for the greatest number (Sen, 2001; Nussbaum 2006). Sen comments on utilitarianism's 'indifference to freedoms, rights, and liberties' (2001, p.57), characteristics which, he argues, also apply to modern versions of utilitarianism which he says seek to redefine utility as fulfilment of desire or a person's choice. An example of this may be seen in Neoliberal utilitarian concepts of preference and choice which conceive of education as something an individual might choose to further their marketable skills. Neoliberalism, is a

> …..theory of political economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterised by strong private

property rights, free markets, and free trade. (MacLeod and Emejulu, 2014, p. 431-432)

I shall return to Neoliberalism, exploring this more fully in relation to the current policy context in Chapter Three. In relation to conceptions of choice within Sen and Nussbaum's versions of the Capabilities Approach, I revisit this in a subsequent section of this Chapter. Sen (2001) and Nussbaum (2006) share their concern that years of utilitarian inspired welfare economics and public policy have failed to consider 'distinct lives and distinct elements of life' (Nussbaum, 2006, p.72). Utilitarian conceptions of social goods such as education, liberty and health and wellbeing as being exchangeable to maximise 'average utility' together with 'distributional indifference', ignoring of inequalities, rights and freedoms (Sen, 2001, p.62) also fails to recognise the variables between such social goods which leads to the marginalisation of those in need of such goods (Nussbaum, 2006). This is of particular significance to my research question and focus on empowering involvement in community planning as is utilitarianisms dependence on 'mental achievements' (Sen, 2001, p.57) of pleasure, happiness and satisfaction of desires as indicators and comparators of wellbeing. Furthermore, dependence on such as indicators fails to recognise the potential of adaptive preferences whereby:

> …people adjust their preferences to what they think they can achieve, and also to what their society tells them a suitable achievement is for someone like them (Nussbaum, 2006, p.73).

Both Nussbaum and Sen in his more recent works (Sen, 2001) argue for wellbeing to be conceptualised as being capability based (Nussbaum, 2011) rather than based on mental state or satisfaction of desires. I return to consideration of notions of wellbeing and adaptive preferences in further detail in my exploration of the CA. For now, I move on to briefly outline social contract theory and examples of Nussbaum and Sen's critique of this perspective.

2.1.2. Social Contract Theory

Nussbaum refers to Rawls' 'needs of human beings for basic goods of life' within his version of social contract theory along with his account of the 'primary goods' (Nussbaum, 2006. P.276). Education in the social contract tradition as proposed by Rawls, is regarded as a 'primary good' central to the formation of individual wants and knowledge necessary to participate in society (Nussbaum, 2006). Both Sen and Nussbaum highlight the

influence and impact of political, cultural, and social structures on the individual's ability to convert such goods into outcomes. Rawls' social contract proposition and notion of primary goods is underpinned by a commitment to the use of income and wealth as measures of relative social positions once provision of liberty is secured (Nussbaum, 2006). Nussbaum draws attention to Rawls' associated 'Difference Principle' which 'states that inequalities will be acceptable only if they raise the level of the least well-off' (2006, p.64).

Social contract theory is underpinned by a notion of participation and cooperation with others motivated by mutual advantage with mutual advantage framed, often, in economic terms. This is an important consideration when thinking about perceptions of involvement and who might be excluded (Johnston, 2019). The nation state, in social contract theory, is considered as the basic unit for the choosing of principles. Rawl's notion of the 'veil of ignorance', a thought experiment whereby representatives involved in the choosing of principles for the nation state have no knowledge of the social positions of themselves or of those they are purporting to represent, is premised on the assumption that parties are 'roughly equal in power and ability' (Nussbaum, 2006, p.66) and the purpose of mutual advantage further compounds the potential for this exclusion. Nussbaum further notes that such representatives concern 'to advance their own conceptions of the good, not those of others' (Nussbaum, 2006, p.33) fails to consider the interest of people who for some or all of their lives are 'markedly unequal' (2006, p.33). Thereby there is a failure to consider in conceptualising the primary goods of human life such issues as

> …the allocation of care, the labour involved in caring, and the social costs of promoting fuller inclusion of disabled citizens (Nussbaum, 2006, p.33).

The issues of care, inclusion, and representation are pertinent to my exploration of empowering involvement in community planning and the front line social care worker's role and is one I shall revisit in Chapter Seven. The belief in the fixed nature of the principles chosen and so embedded within social contract theory, fails to consider intra and international interdependencies (Nussbaum, 2006). This too is relevant to this study in considering developments within the current policy and practice landscape in Scotland for social care, a focus on citizen leadership, empowerment of people and communities and aspiration for policy coherence which I go on to explore in the next Chapter. Indeed, the current global pandemic continues to further underline the importance of recognising such intra and international interdependencies as does the outfall from Brexit. While it is

beyond the scope of this study to focus fully on the impact of Brexit, I mention it here by way of context. The need to recognise such interdependencies, fluidity of roles and the difference and influence of contexts is reflected in the CA. In both the CA^N and the CA^S development recognises the impact of social, political and economic contexts and is about expanding capabilities. This is relevant to my research question and consideration of empowering involvement in community planning and who and what may have a role and impact on this. I now move on to set out my reasoning for focusing on theories of social justice as relevant to my research question.

2.1.3. Why consideration of theories of social justice is important to my research question

Social justice may be defined as 'justice exercised within a society' (Stronks et al, 2016, p.5). Nussbaum argues the need for theories of social justice to be

> responsive to the world and its most urgent problems and must be open to changes in their formulations and even in their structures in response to a new problem or an old one that has been culpably ignored. (2006, p.1)

She identifies three unsolved problems of social justice which remain unaddressed by existing theories; disability, nationality and species membership (Nussbaum, 2006). In doing so she reminds us that such unsolved problems are not restricted to 'academic philosophy' (Nussbaum, 2006, p.4). She elaborates in relation to social contract theory that doctrines have a

> deep and broad influence in our political life. Images of who we are and why we get together shape our thinking about what political principles we should favour and who should be involved in their framing (Nussbaum, 2006, p.4).

'Reigning theories' at global and national level influence the decision making of 'political leaders and policy makers' and 'lives everywhere' Nussbaum (2011, p.46). Consideration of these influences and effects on real lives of such theories and associated ethics is fundamental to my research question and thinking about the importance of learning from lived experience and role of FLSCW in empowering involvement in community planning. Nussbaum's and Sen's reference to the pervading influence of such theories invites consideration of the effects of that influence on spaces of involvement. Personal outcomes planning and community planning in Scotland may be considered as spaces of involvement with the latter being

about how public services work together with local communities, to design and deliver better services that make a real difference to people's lives (Scottish Government online, 2021).

Of relevance to my research question is the need to consider how such reigning theories can serve to narrow or broaden and deepen those spaces of involvement and the potential role of involvement in perpetuating such theories. A related concern is the role of involvement in how we understand what matters to people and what would make a real difference to people's lives. This leads me to return to the issue of adaptive preferences whereby

> people adjust their preferences to what they think they can achieve, and also to what their society tells them a suitable achievement is for someone like them (Nussbaum, 2006 p.73).

Criticism of Nussbaum's conceptualisation of adaptive preferences includes claims that this is rooted in a westernised viewpoint which may also perpetuate the view that such preferences can only be identified and challenged by westerners (Jaggar, 2005). Baber (2007) criticises Nussbaum's notion of adaptative preferences as being condescending with regard to deprived people and reminiscent of 'fictional cases in which individuals are manipulated through brainwashing, psychosurgery, or genetic engineering' (Baber, 2007, p.118). In further defence of this position, Baber asserts that as long as the adaptive choices are 'authentic, informed and rationally considered' the person is better off for having that preference satisfied."Adaption" is irrelevant. 'If I want something, getting it is good for me regardless of how I came by that desire' (Baber, 2007 p.110). Others claim the concept of adaptive preferences is an example of a 'covertly authoritarian method of practical reasoning' (Jaggar, 2006, p.319). Begon (2014) encourages a view of adaptive preferences as relating to the issue of rights and redistributive entitlements without inferring 'someone's incompetent or defective agency'(2014, p.242). In considering adaptive preferences as being inextricably linked to empowerment and choice, an important distinction between 'having a choice and making a choice' is highlighted by Khader (2011, p.183).

> To have a choice is to have acceptable options; to make a choice is to go through a type of deliberative process. (Khader, 2011, p.183)

Khader, a critic of Nussbaum's adaptive preferences, nonetheless also refers to the reflection that is involved in making such choices. If outcomes planning in Scotland is a

space for empowering involvement and for exploring possibilities and for decision making, it is imperative that we understand the impact of reigning theories on such deliberative processes and adaptive preferences. A related concern is the potential role of involvement activities in perpetuating inequalities through 'reducing participation to a technical exercise' which fails to address structural inequalities and power imbalances as noted by Frediani et al (2019) in Clark et al, (2019, p.20). This is an important consideration in the context of transformational leadership and the front line social care worker's role which I explore in chapter five. Transformational leaders 'role model' (Northouse, 2019, p.178) core values of concern for the good of others, going beyond self-interest. They are focussed on treating people as 'full human beings' and 'concerned with emotions, values, ethics, standards, and long-term goals' (Northouse, 2019, p.163-164). This is particularly relevant in the context of the Independent Review of Adult Social Care in Scotland, also explored in the following chapter. The review calls for a recognition that 'strong and effective social care support is foundational to the flourishing of everyone in Scotland' and it identifies a need to 'shift the paradigm, strengthen the foundations and redesign the system' (Feeley, 2021, p.4). The paradigm shift proposed is a move from social care seen as managing need to social care about 'enabling rights and capabilities.' (Feeley, 2021, p.4). On the issue of rights and capabilities, before I move on to explore Nussbaum and Sen's versions of the CA in relation to my research question, I now turn to the issue of health inequalities in Scotland. My purpose in doing so is to further underline the impact of prevailing philosophical theories on individual lives and as important context for consideration of social justice and Nussbaum and Sen's respective versions of the CA.

2.1.3.1. Social justice and health inequalities in Scotland

The impact of reigning philosophical theories at global and national level and their influence in decision making of 'political leaders and policy makers' and 'lives everywhere' Nussbaum (2011, p.46) may be seen in the form of health inequalities. Health inequalities refer to

> the unfair and avoidable differences in people's health across social groups and between different population groups. (Public Health Scotland, 2021, online).

Over the past five years in Scotland there has been an increasingly widening gap between life expectancy in the most and least deprived areas with a current estimate that people in poorer areas have twenty-four fewer years of good health than those

living in the least deprived areas (Health Foundation, 2022, online). Pre-existing health inequalities in Scotland have been exacerbated by the Covid-19 pandemic (Health Foundation, 2022, online). Scotland has one of the lowest life expectancies at birth in Europe and has the lowest in all the nations of the UK (Health Foundation, 2022, online).

Determined by social factors and circumstances which, in the main, are outwith the control of an individual, the principal cause of health inequalities is rooted within 'political and social decisions and priorities that result in unequal distribution of income, power and wealth across society and between groups'(NHS Health Scotland, 2015, p.3). The World Health Organisation calls for 'a redistribution of power and an empowerment of deprived communities and marginalised groups', to achieve a 'right to health' (NHS Health, Scotland, 2015, p.4). I return to the issue of power in Chapter Five to offer a fuller account as context for the exploration of my research question of empowering involvement and 'how do FLSCW engage in community planning?'. I briefly include reference to power here in the context of inequalities and in considering the impact of reigning philosophical theories and associated decision making processes and priorities. The need to move 'beyond the contemporary concentration of the immediate causes of diseases and include a focus on the causes of the causes' (Stronks et al, 2016, p.12) and to view health inequalities as 'not the only moral concerns of social equality and justice' and to consider health inequalities within the context of 'the unequal distribution of other socially produced goods' (Stronks et al, 2016, p.8), is highlighted by a WHO review into the social determinants of health. Review findings advocate a capabilities approach to addressing health inequalities to 'broaden the focus from solely inequalities in health outcomes to include the inequalities in determinants of health' (Stronks et al, 2016, p.8).

> The unfairness or injustice is perceived to be even more acute if inequality in health correspond with the unequal distribution of other socially produced goods such as income, access to educational opportunities, built environments and opportunities for social participation (Stronks et al, 2016, p.8).

The importance of empowering involvement and planning and improvement driven by the lived experience of people and communities is amplified in considering that the health of

people is impacted by the 'conditions in which they are born, grow, live, work and age, and experiences in their day-to-day lives' (Health Foundation, 2022, online). The tensions which may arise between health policy decisions and other policy areas such as economic policy is also noted by the WHO review. Such policy tensions are an important consideration in relation to my research question and community planning and integrating the health and social care landscape in Scotland which I revisit more fully in the next chapter which focuses on the policy context in Scotland.

Scotland has many areas of multiple inequality. Listed as 'an area-based measure of relative deprivation' (SIMD, 2020 online), The Scottish Index of Multiple Deprivation (SIMD) indicates that deprivation identified in an area may relate to income, employment, education, health, access to services, crime and housing and can also mean there are fewer resources or opportunities. The SIMD was designed with the aspiration of improving understanding of outcomes of people living in deprived areas to allow for more targeted policies.

Figure 2. below is a diagram showing the causes of health inequalities (Public Health Scotland, 2021, online).

Figure 2.
Causes of health inequalities
(Public Health Scotland, 2021, online). Public sector information licensed under the Open Government Licence (OGL).
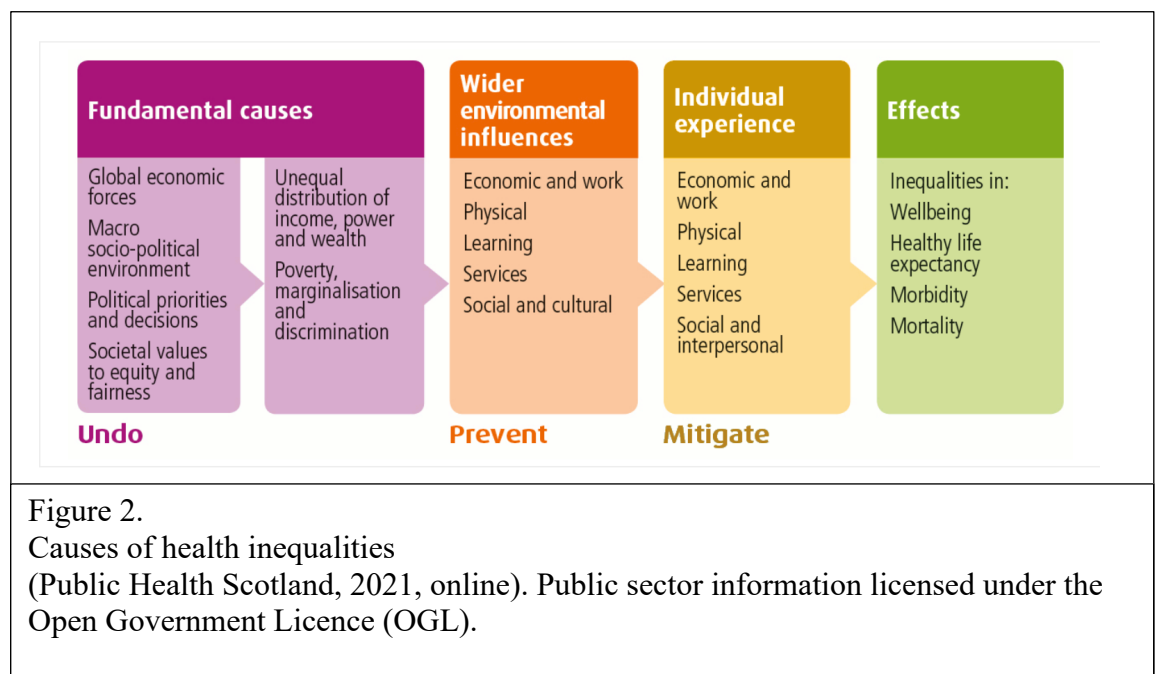
Having outlined the impact of prevailing philosophical theories on wider social inequalities and health inequalities in Scotland, I now move on to explore the CA and Sen and

Nussbaum's respective versions of this before justifying my decision to place the CA^N at the centre of the framework of analysis for my research question.

2.2. The CA^S and the CA^N - some commonalities and differences

While acknowledging the existence of other accounts of the CA it is outwith the scope of this study to focus on these. In justifying my choice of the CA^N, I do so in the context of considering some commonalities and differences between Nussbaum (CA^N) and Sen's (CA^S) accounts. The term 'capability' is used by Sen to refer to the extent of the freedom people have in pursuing valuable functionings or 'beings and doings' (Sen, 1990, p.113). Sen refers to the 'capabilities set' as being 'the actual freedom of choice a person has over alternative lives he or she can lead' should they choose to do so (Sen, 1990, p.114). Sen (1992, p.39) argues that 'living may be seen as comprising a set of interrelated 'functionings' consisting of beings and doings'. He uses the term 'functioning vector' to refer to the life the person actually leads and combination of functionings this comprises. Sen argues the need for considerations of individual wellbeing to include not only a focus on the functioning vector but also a consideration of the capability set of the person and their freedom to do or to be this or that.

Sen's predominant focus is on the 'freedom to achieve valuable ways of functioning'(Sen, 1990, p.52), at times drawing on his own lived experience of growing up in India to illustrate this. His writing from lived experience includes a harrowing experience of human lives lost to the Bengal famine of 1943. He refers to positive and negative freedoms and the 'part that interferences by others play in making a person "unfree" to do something.' (Sen, 1990, p.103). In this case, the failure of the authorities in British India at the time who, as it later transpired, failed to invoke the necessary famine codes. This was further compounded by the related discovery that the food supply in Bengal at the time of the famine was not particularly low (Sen, 1990, p.102). Sen argues that 'the social commitment to individual freedom has to be concerned with both positive and negative freedoms and with their extensive interconnections' (1990, p.105) also underlining the importance of democracy, the free press, democratic frameworks and active opposition parties. Though Sen has given illustrations of what may constitute capabilities and functionings, he has resisted specifying a list of core capabilities. Nussbaum, in defence of her position and with reference to Sen's stated purpose of the CA to be used as a tool for

evaluating issues such as those relating to social justice states that 'one cannot say, 'I am for justice, but any conception of justice anyone comes up with is all right with me' (Nussbaum, 2003, p.47). Sen counters that it 'could be dogmatic' to insist on a final list of capabilities (Sen, 2004. P.79).

> The problem is not with listing important capabilities, but with insisting on one predetermined canonical list of capabilities, chosen by theorists without any general social discussion or public reasoning. To have such a fixed list, emanating entirely from pure theory, is to deny the possibility of fruitful public participation on what should be included and why (Sen, 2004, p.77).

Sen has also resisted articulating the relative value of one capability set over another. This is a position which Sugden (2006 p.38) argues is inconsistent with Sen's 'reason to value formula' and its associated implication of a person valuing a capability set which affords them the opportunities and functionings that they have reason to value. Sen's starting position in framing capabilities is reason to value whereas Nussbaum's version begins by considering human dignity (Robeyns and Morten, 2021). Unlike Sen, Nussbaum identifies a list of central capabilities, explored later in this chapter, which she deems are essential for a life of dignity. Though, perhaps in some ways reminiscent of Sen's position on relative value, she argues that one capability cannot be exchanged at the cost of another on her list. However, Nussbaum does highlight the 'architectonic' significance of two of the capabilities on her list which I move on to explore in the context the CA^N and the CA^S's position on democracy and choice. Sen argues that priorities may vary depending on context and social conditions citing an example of developments following independence in India where he said that given the nature of poverty and available technology at the time it was 'entirely reasonable' to primarily focus on developing capabilities such as education and basic health rather than the ability of peoples to communicate across and beyond the country. While not wishing to disagree with this prioritisation, Sen's account of the reasoning for prioritisation as the nature of poverty and available technology, without reference to a democratic process for prioritising, seems to undermine his argument against specifying key or central capabilities without due democratic process. I find myself agreeing with Pham's defence of Nussbaum's position on central capabilities. Pham (2018) cites Walzer's (1994) notion of 'thin and thick morality' (2018, p.172) with thin morality arising when we see elements of our own concerns in other communities. Recognition of such, allows for the building of a 'thin set' of values (Pham, 2018, p.172), what may then be considered as universal values which in turn affords space for negotiation of context specific 'thicker' sets of values.

Nussbaum also draws on lived experience in her writing which is often interspersed with stories of lived experiences of herself and others so bringing her version and vision of the capabilities approach to life. Situating the CA^N at the centre of the evaluative framework from which to explore my research question of the role of FLSCW in empowering involvement in community planning places people and lived experience at the heart of the framework. It also affords concern for the person in the context of their whole life and with respect to any 'deprivation of capabilities' (Pham, 2018, p.170). Nussbaum underlines the importance of democracy; indeed, this is reflected within her list of central capabilities which I will shortly move on to outline and explore. In considering democracy, it is perhaps helpful to first understand Sen and Nussbaum's respective conceptualisations of 'choosing' as this is relevant to my research question.

Crocker (1995) comments on the differences between Sen and Nussbaum's positions on 'choosing' as a distinct functioning with Sen subscribing to this notion Nussbaum appears to argue that to do so would mean choosing is an inner act of will to be chosen or not. Crocker refers to this conundrum as 'infinite regress' and notes Nussbaum's apparent preference to instead consider choosing as an element of intentional functioning made possible by the capability of practical reasoning. Practical reasoning, 'being able to form a conception of the good and to engage in critical reflection about the planning of one's life' (Nussbaum 2011, p.34) is identified by Nussbaum as one of two 'architectonic' (2011, p.39) capabilities within her list of central capabilities. I will explore the latter in a subsequent section of this Chapter but Nussbaum argues for

> the opportunity to plan one's own life is an opportunity to choose and order the
> functionings corresponding to the various other capabilities (2011, p.39).

She explains that the architectonic significance of the capabilities of practical reason and affiliation in that 'they organise and pervade' (2011, p.39) the other capabilities on her list. When the other capabilities on her list are present in a form in accordance with human dignity, the architectonic capabilities are woven into them. This is particularly relevant to my research question and thinking about the front line social care worker's leadership role in creating a climate for empowering involvement and planning for involvement that makes a difference. I now move on to explore the CA^N more fully, though the following is not presented as an exhaustive account of Nussbaum's approach.

2.2.1. Nussbaum's Capabilities Approach (CA^N)

The CA^N is offered by Nussbaum as a partial political liberal doctrine and evaluative framework for specifying some entitlements for all citizens deemed necessary for a 'decently just society' (Nussbaum, 2006, p.155). Capabilities, for Nussbaum, are 'the answers to the question, "what is this person able to do and to be?" (Nussbaum, 2011, p.20). This is an important question and a question very relevant in considering the front line social care worker's role in empowering involvement in personal outcomes planning and how this should flow into and inform community planning. Nussbaum considers capabilities as not solely comprising the abilities within a person but also the 'opportunities created by a combination of personal abilities and the political, social, and economic environment' (Nussbaum, 2011.p.20).

Nussbaum identifies the following ten capabilities as central to living a dignified life (reproduced including notes from Nussbaum, 2011, p.33-34):

- **Life**. Being able to live to the end of a human life of normal length; not dying prematurely, or before one's life is so reduced as to be not worth living.
- **Bodily health**. Being able to have good health, including reproductive health; to be adequately nourished; to have adequate shelter.
- **Bodily integrity**. Being able to move freely from place to place; to be secure against violent assault, including sexual assault and domestic violence; having opportunities for sexual satisfaction and for choice in matters of reproduction.
- **Senses, imagination and thought**. Being able to use the senses, to imagine, think, and reason – and to do these things in a "truly human" way, a way informed and cultivated by an adequate education, including, but by no means limited to, literacy and basic mathematical and scientific training. Being able to use imagination and thought in connection with experiencing and producing works and events of one's own choice, religious, literary, musical, and so forth. Being able to use one's mind in ways protected by guarantees of freedom of expression with respect to both political and artistic speech, and freedom of religious exercise. Being able to have pleasurable experiences and to avoid nonbeneficial pain.
- **Emotions.** Being able to have attachments to things or people. Being able to have attachments to things and people outside ourselves; to love those who love and care for us, to grieve at their absence; in general, to love, to grieve, to experience longing, gratitude and justified anger. Not having one's emotional development blighted by fear and anxiety. (Supporting this capability means supporting forms of human association that can be shown to be crucial in their development.)
- **Practical reason**. Being able to form a conception of the good and to engage in critical reflection about the planning of one's

life. (This entails protection for the liberty of conscience and religious observance.)

- **Affiliation.** Being able to live with and toward others, to recognise and show concern for other human beings, to engage in various forms of social interaction; to be able to imagine the situation of another. (Protecting this capability means protecting institutions that constitute and nourish such forms of affiliation, and also protecting the freedom of assembly and political speech). Having the social bases of self-respect and non-humiliation; being able to be treated as a dignified being whose worth is equal to that of others. This entails provisions of non-discrimination on the basis of race, sex, sexual orientation, ethnicity, caste, religion, national origin.
- **Other species.** Being able to live with concern for and in relation to animals, plants and the world of nature.
- **Play.** Being able to laugh, play and enjoy recreational activities.
- **Control over one's environment.** Political. Being able to participate effectively in political choices that govern one's life; having the right to political participation, protections of free speech and association. Material. Being able to hold property (both land and moveable goods) and having property rights on an equal basis with others; having the right to seek employment on an equal basis with others; having the freedom from unwarranted search and seizure. In work, being able to work as a human being, exercising practical reason and entering into meaningful relationships of mutual recognition with other workers.

Of related significance to my research question is Nussbaum's identification of what she calls 'internal capabilities', a term she uses to describe 'states of a person' (2011, p.21) which include health, emotions, inner learning and personality traits of a person. Her conception of the nature of the internal capabilities as being 'fluid and dynamic' (Nussbaum, 2011, p.21), as opposed to fixed and developed through 'interaction with social, economic, familial, and political environment' is also relevant in considering the role of personal outcomes planning and community planning. The CA^N's illumination of internal capabilities, points of influence on their development together with Nussbaum's (2011, p.21) notion of 'combined capabilities' which she uses to describe the 'substantial freedoms' or 'opportunities for choice and action' afforded by the person's situation within their social, economic, and political context, is of key importance to my consideration of empowering involvement and the role of FLSCW in community planning. Nussbaum's reference to opportunities not solely relating to choice but also to action is of relevance to my research question in considering the empowering potential of involvement and the front line social care worker's role in community planning. Her focus on opportunities for choice and action is also relevant to the following ambition and vision articulated within

the recent Independent Review of Adult Social Care which I revisit more fully in the next chapter.

> Everyone in Scotland will get the social care support they need to live their lives as they choose and to be active citizens. We will all work together to promote and ensure human rights, wellbeing, independent living and equality. (Feeley, 2021, p.18).

As previously mentioned, while highlighting the importance of empirical research to test her CA and to evaluate her framework, Nussbaum draws on her own lived experience and that of others to convey how her philosophy relates to real people and real lives. The CA[N]'s underpinning concern for personhood, dignity and respect for all regardless of race, gender and disability also recognises that as human beings we may experience forms of need and dependency during our lifetime 'both physical and mental, and both permanent and temporary' (2006, p.109). The belief reflected within the CA[N] that people should be viewed as and of ends in themselves and not used to effect the ends of others and the importance placed on choice and addressing inequalities is particularly relevant to my research question in consideration of the front line social care worker's role in empowering involvement. Returning to the issue of health inequalities, Venkatapuram (2011), argues for the notion of health as a capability. In doing so the author states that the WHO's definition of health (as being 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity' (WHO, 2022, online) may be understood as comprising Nussbaum's central list of capabilities (Venkatapuram, 2011). Though Venkatapuram comments that Nussbaum's central list of capabilities is designed to articulate 'a conception of life of minimal human dignity and not as a conception of health' (2011, p.65) the author draws parallels between the CA[N] and philosophical debates about health, causation, health capability and related distribution. The social determinants of health are noted to be among the structural 'macro-level forces that shape social justice outcomes' (Brennan, 2015, p.8) along with 'the structure of capitalism, dominant social and cultural norms about what kinds of lives are socially valued' (p.8). I now briefly revisit the social determinants of health and causes of health inequalities as referred to in section 2.1.3.1. of this chapter through reproducing the diagram below.

Figure 2. reproduced below and referenced earlier in this Chapter.
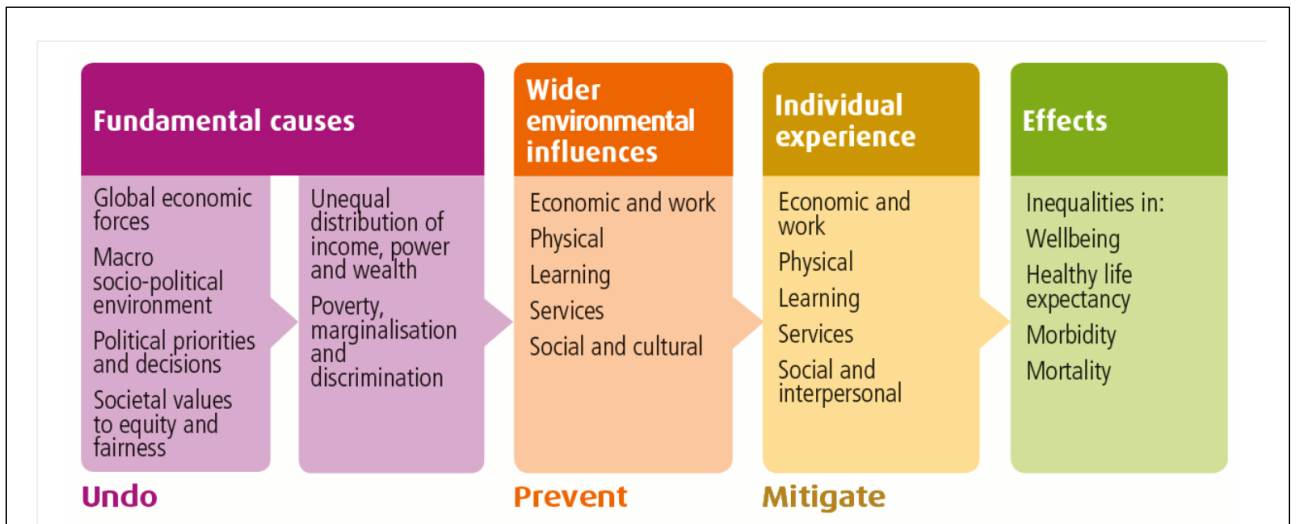
Figure 2.
Causes of health inequalities
(Public Health Scotland, 2021, online). Public sector information licensed under the Open Government Licence (OGL).

Figure 3. below illustrates the social determinants of health (ESS, 2020, p.6).
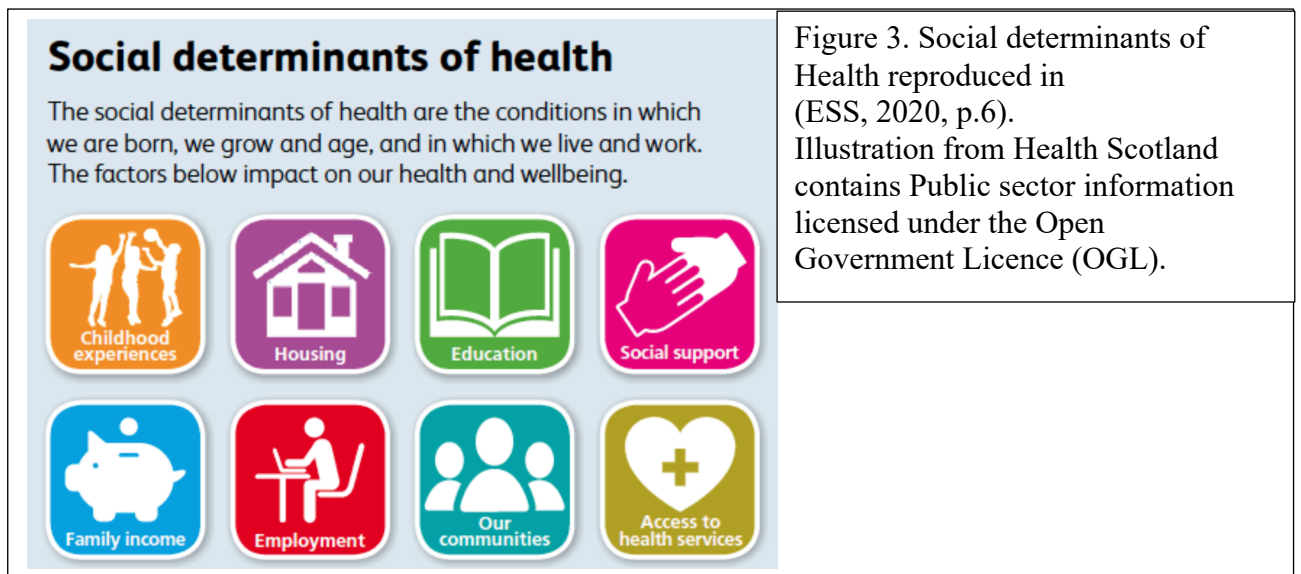
Figure 3. Social determinants of Health reproduced in (ESS, 2020, p.6). Illustration from Health Scotland contains Public sector information licensed under the Open Government Licence (OGL).

Nussbaum includes participation (2004) and planning (2006; 2011) as capabilities within the CA and her concern for involvement of those who have been excluded from the choosing of political principles is evident (2006). Extending this, I would consider the application of the CA[N] may broaden and deepen the potential value of involvement so avoiding the narrow view of involvement indicative of the utilitarian or social contract tradition by inviting consideration of where we might reach people or be reached and what we might need in order to get involved. As I explore in Chapter Five, people come from different starting points and may face different challenges and barriers to getting involved. For example, social isolation and inequality of power and opportunity may be compounded

by the labelling of people by the illness they have or as 'service users' with impact on the identity of the person. The CA^N and The CA^S note that a person's ability to convert resources to functionings may differ due to personal, social, and environmental factors.

2.3. Resources and conversion factors

Resources, Robeyns (2017) asserts, may, along with consumption, be 'conceptualised as capability inputs' or 'the means to the opportunities to be the person one wants to be and do what one has reason to value doing'(p.81). Robeyns (2017) encourages a wide view of resources to include resources 'created by non-market production' rather than focused on material resources alone which, she notes, is commonly espoused by 'economics and quantitative empirical social sciences' (p.81). She notes that different means may be required for capabilities. While some capabilities may require economic resources, an appropriate means for others may include

> ..a change in political practices and institutions, such as effective guarantees and protections of freedom of thought, political participation, social or cultural practices, social structures, social institutions, public goods, social norms, and traditions and habits (Robeyns, 2017, p.51).

Additionally, Nussbaum (2011) suggests that a person's ability to convert resources to functionings may differ due to personal, social and environmental factors and she exemplifies this noting that the nutritional needs of a woman who is pregnant or lactating would be higher than a woman not in that situation. She adds that a 'sensible public policy would not give equal nutrition related resources to all' and that 'a sensible policy goal is not just spreading some money around but giving people the ability to function' (Nussbaum, 2011, p.57).

This is an important consideration for my research question of the FLSCW's role in empowering involvement in community planning: what helps in involving people/getting involved? and what difference does involvement make?. Relatedly, this is also relevant to the FLSCW's role in involving people in personal outcomes planning, understanding barriers to involvement, and recognising the need for personal outcomes planning to flow to community outcomes planning (Miller and Barrie, 2016). Such personal outcome planning 'good conversations' (Miller and Barrie, 2016, SSSC, 2018) are central to an understanding of what may help promote or constrain a person's capabilities. In this regard

it is important to note the adverse impact which structural constraints can have on capabilities and conversion factors (Robeyns, 2017). Robeyns (2017, p.65) elaborates, suggesting that structural constraints are 'the institutions, policies, laws, social norms' that people face. Among those structural constraints noted by Robeyns (2017) are discrimination or stigmatisation of people and this is relevant to the policy landscape for FLSCWs in Scotland which I explore in the next chapter.

The CA^N and the CA^S recognise that a person's ability to convert resources to functionings may differ due to personal, social and environmental factors and the impact of structural constraints. I now depart briefly from the CA^N to explore the concept of conversion factors as proposed by Sen (1992). Conversion factors are 'the factors which determine the degree to which a person can transform a resource into a functioning' (Robeyns, 2017, p.46). Such conversion factors may be personal, social and environmental in nature. Personal conversion factors include 'metabolism, physical condition, sex, reading skills, or intelligence' (Robeyns, 2017, p.46) while social conversion factors relate to societal factors such as 'public policies, social norms, practices that unfairly discriminate, social hierarchies, or power relations related to class, gender, race or caste' (Robeyns, 2017, p.46). Environmental conversion factors 'emerge from the physical or built environment in which a person lives' (Robeyns, 2017, p.46). Specific reference is made to the role of social care as one of the 'social' conversion factors in Brunner and Watson (2015) and Ward (2022, p.7) notes the presence and impact of structural conversion factors such as 'income, benefits, housing costs, and other factors associated with poverty'. Conversion factors, Robeyns (2017, p.47) asserts, can be influenced 'by policies and choices that we make'. I return to this in my consideration of policy, resources and conversion factors in Chapter Nine.

Returning to the CA^N, and as I go on to explore in the next section, the concepts of interconnected internal and combined capabilities and the fluid nature of these and impact of changing contexts would seem to reinforce the need for planning, policy and development to be considered as a live activity, subject to adaptation and change from what is being learned from implementation. This underlines the importance of understanding the context, challenges, and opportunities for involvement as part of planning for involvement that makes a difference. In this respect, and as important context for consideration of the policy and practice landscape for social care and empowering

involvement which I move on to in Chapter Three, I now briefly turn to some of the challenges identified within the available literature in relation to operationalising the CA^N.

2.4. Operationalising the CA^N

As noted earlier, the CA underpins the revised Human Development Index. Studies relating to operationalising the CA include those incorporating the CA^N as a framework for; research design relating to and across different disciplines such as Holywood et al, (2012); Atzmüller (2009); Galster et al. (2009); Zimmerman (2006); Shaping and evaluating policy such as Brunner and Watson, (2015); Harnacke, (2013); and evaluating community development programmes such as Pham, (2018) with these examples far from exhaustive. Issues identified in operationalising the CA in empirical research include reference to the danger that this comprises solely a focus on functionings (what people do) without concern for capabilities (opportunities and freedoms), according to Verd and Lopez Andreu (2011). These authors, in highlighting a related concern, acknowledge it is possible to observe outcomes for individuals but more difficult to observe the capabilities people have to make them. A further concern relates to which capabilities to measure and how to measure capabilities (Hollywood et al, 2012).

With its central list of capabilities which, as Nussbaum asserts, are subject to context specific interpretation and deliberation, the CA^N has been noted to afford 'something to benchmark against' (Holywood et al, 2012, p.2) and as a framework consistent with the aspirations of the UN Disability Rights Convention (UNDRC) (Harnacke, 2013) though the latter author points to the unsuitability of the CA^N in 'guiding the implementation process' (p.12). Harnacke appears to centre this argument on the non-fungibility of each of Nussbaum's ten central capabilities, claiming that this prohibits the prioritisation of rights required to implement the UNDRC. Relatedly, Hedge and Mackenzie (2012) note Nussbaum's (2011) acceptance of Wolff and De-Shalit's (2007) 'modifying concept' acknowledging that there may be, at times, a need for a prioritisation of capabilities 'if a capability is particularly fertile or has the potential to remove a corrosive disadvantage' (Hedge and Mackenzie, 2012, p.334). Harnacke's (2013) concern for the usefulness of CA^N in guiding policy implementation might benefit from a consideration of the architectonic capabilities of affiliation and practical reason (Nussbaum, 2011, p.39)

mentioned earlier in this chapter. The capability of practical reason has a role in 'organising and suffusing' the other capabilities (Nussbaum, 2000, p.82). As Nussbaum asserts, these architectonic capabilities pervade the other capabilities on the list in the sense that when the other capabilities on her list are present in a form in accordance with human dignity, the architectonic capabilities are woven into them. Nussbaum states that it is the role of governments to promote and support the central capabilities for its citizens (Nussbaum, 2011; 2006) and that the list is

> open ended and subject to ongoing revision and rethinking, in the way that any society's account of its most fundamental entitlements is always subject to supplementation (or deletion) (Nussbaum, 2004, p.197).

This would appear to encourage implementation informed by involvement and learning from lived experience and, indeed Nussbaum comments that the list is intentionally designed to 'leave room for the activities of specifying and deliberating by citizens and their legislatures and courts' (Nussbaum, 2004, p.198). On the issue of Nussbaum's inclusion of voices of lived experience in development of the CA[N], Okin (2003), accused Nussbaum of failing to reproduce the actual words of the women she refers to in 'Women and Human Development' and of filtering their lives through her own perceptions. In response to this critique Nussbaum asserts that, in formulating her list, she is not seeking to justify a procedure for political principles but is instead 'making intuitive arguments about what a good outcome is, in the form of a minimally decent and just society' (Nussbaum, 2006, p.197) adding that 'political procedures would be defined in accordance with what promotes that outcome'. Jaggar (2006), continues to pursue the argument, expressing concern for, in her view, a lack of concern for inequalities of power and she accuses Nussbaum of an 'authoritarian' approach as a philosopher citing Nussbaum's 'ultimate control' (p.313) over the list and the absence of evidence that the list has been arrived at through inclusive participation and representation. On the issue of power, Jaggar (2006, p.313) elaborates

> Nussbaum is well aware that no consensus is trustworthy if it results from a discursive process characterised by power inequalities, but she does not consider how social inequalities might have affected the reliability of her own conversations. For instance, she does not question how the disparities in power and prestige between herself and poor Indian women might have undermined the possibility of her engaging with them in discussions designed to exemplify certain values of equal dignity, non-hierarchy and non-intimidation'.

The issue of lived experience and concern for power and empowerment is relevant to my research question and focus on empowering involvement and the FLSCW role in

community planning. For this reason, I have included reference to the above critiques. I would, however, comment that Jaggar (2006), does not appear to have fully considered Nussbaum's (2004) response to Okin in which she articulates her own positionality and underlines how involvement and empowerment are at the core of her conception of the CA. Nussbaum illustrates the latter by reinforcing that 'implementation must come through the internal political processes of each nation' (Nussbaum, 2004, p.199) with the importance of 'reflective equilibrium'. Reflective equilibrium 'is the end point of a deliberative process in which we reflect on and revise our beliefs about an area of inquiry, moral or non-moral' (Daniels, 2016). In this regard Nussbaum emphasises the importance of people being involved in decision making and of 'dialogue among one's fellow citizens' (Nussbaum, 2004, p.199). Nussbaum also states, in relation to inclusion and 'hearing the voices of poor and disadvantaged people', that 'many of the capabilities (on her list) are prerequisites for those voices to be heard' (Nussbaum, 2004, p.199). This is central to my research question on empowering involvement and the FLSCW role in community planning. I return to explicitly explore the issue of power and involvement in Chapter Five while acknowledging that the issue of power pervades all chapters as referred to in Chapter Six. For now, I move on to consider the CA^N and creativity and innovation which foregrounds a fuller account of the policy landscape in the following chapter.

2.5. The CA^N and creativity and innovation

Andreoni et al (2021, p.179) refer to 'collective' and 'productive' as being two 'missing dimensions' of the CA. Offering a 'productionist perspective' (2021, p.180) to advance their notion of 'production capabilities' defined as

> human or technical abilities (to make goods and services) that are individually or collectively held, but always collectively constructed and deployed (Andreoni et al 2021, p.180).

the authors further call for a focus on 'collective productive capabilities', defined as those which can only be held by collectives or productive groups such as co-operatives or social groups. This emphasis on the need for production and collaborative production is reminiscent of the language and focus on co-production within the Scottish policy and practice landscape and 'power with' (Rowlands, 1997; Gaventa, 2021), both of which I explore in Chapter Five. Such collective productive capabilities also invite consideration of innovation and who may be involved and contribute to such innovations. In relation to innovation, Nussbaum argues the important role of the liberal arts in schooling, '….we

cannot have innovation without cultivating the imagination and critical thinking' (2013, online). As noted, Nussbaum's central list of capabilities also includes the importance of senses, imagination and thought and play throughout a person's life. A central feature in exploring my research question is a consideration of the discourse of creativity in care and the contribution of design thinking to the concept of planning (Brown, 2019) and I have sought to reflect this through my chosen methodology and choice of appreciative inquiry as an approach. Design thinking recognises we may all have a role in design and it

> taps into capacities we all have but that are overlooked by more
> conventional problem-solving practices. It is not only human centred; it
> is deeply human in and of itself. (Brown, 2019, p.10).

This is of relevance to my exploration of empowering involvement and my research question of how FLSCW engage in community planning in Scotland. The FLSCW role in personal outcomes planning and in facilitating good conversations may be considered in the context of the importance of recognising the potential value of these conversations for all parties involved. As previously highlighted, such conversations can have therapeutic value (Miller and Barrie, 2016), are opportunities to learn from each other, for meaningful involvement and active participation. This has influenced my chosen methodology of appreciative inquiry (AI) (explored in Chapter Six) as this can afford a creative space for sharing learning and ideas.

2.6. Keeping people at the heart

In placing the CA^N at the heart of the framework through which I explore my research question of how do FLSCW engage in community planning in Scotland? and in adapting that framework from learning from this research I recognise that this study engages with and, it is hoped in some way, contributes to the existing body of knowledge and resources in relation to operationalising the CA^N and, specifically, the contribution of FLSCWs.

The theme of keeping people at the heart and operationalising the CA^N continues in the following chapter where I explore the policy landscape for front line social care in Scotland as a matrix of interconnected policies. Chapter Five is relevant to my policy focus and is where I build on the framework depicted in Figure 4. to reflect learning from my review of the literature related to power and empowerment.

2.7. Chapter summary

Both Sen (1990) and Nussbaum's versions of the CA recognise the importance of education and development as central to human empowerment, democracy and flourishing, reinforcing human connection and a 'love of justice as well as the need for justice' (Nussbaum, 2006, p.157) and as key to achieving the other capabilities. However, as mentioned earlier in this chapter, the role of education can be seen in many ways. Global neo-liberal ideology has created a perception for some that education is an instrument to grow the nation state's human capital in the context of the knowledge economy and global competition (Olssen, 2004). This is an important consideration when thinking about the underpinning philosophical ideologies for involvement of people and communities in outcomes planning, decision making, and measures of success.

Nussbaum refers to cultivating a 'participatory type of education that activates and refines the capacity to see the world through another person's eyes' (2010, p.96). This is relevant to my research question and thinking about empowering involvement and the role of FLSCW in community planning as is the holistic and life wide nature of education within the CA. This holistic and life-wide view of education affords consideration of the places and spaces for that education. Furthermore, the CA's recognition of the intrinsic and generative nature of education and joy arising from learning and learning together is very relevant to considering outcomes planning as one of the places and spaces where this may occur through empowering involvement.

In placing the CA^N at the heart of the framework through which I explore my research question of 'how do FLSCW engage in community planning in Scotland?' and in adapting that framework from learning from this research I recognise that this study engages with and, it is hoped in some way, contributes to the existing body of knowledge and resources in relation to operationalising the CA^N and specifically the contribution of front line social care workers.

Figure 4. below is adapted from SSSC (2019) reflecting themes identified as important to involving people and getting involved. The CA^N has been added to the centre of this framework to reflect the importance of values and keeping people at the heart.

Figure 4.

Communication, sharing learning and ideas

People and partnerships

Planning and helpful resources

People at the heart
CA^N

The difference involvement makes

Communities, connections and networks

Me in my role

At individual level (recognising multiple roles and identities) organisational, community, governments

Adapted from SSSC 2019 Drawing on the original framework (SSSC, 2019 which reflects themes identified as important to involving people. Placing values and people at the heart through Ca^N.

Having set out my reasoning for choosing the CA^N as the theory through which to explore my research question and briefly explored the CA^N and creativity and innovation I now move on to a related consideration namely the policy context for front line social care and empowering involvement.

Chapter Three: The policy landscape and front line social care in Scotland

3.0. Introduction

This chapter begins by exploring the effects of neoliberal philosophy on policy in Scotland, the policy and practice environment for front line social care in Scotland and empowering involvement of people and communities. Drawing on a diachronic perspective (how policy and policy language has evolved over time) I explore the impact of earlier policies and policy making process or 'feedback and spillovers' (Kingdon, 1995, p.225) In this chapter I set out the aspiration within key policies within the policy landscape.

I explore the policy landscape for empowering involvement, social care and the FLSCW role in Scotland drawing on the CA^N as a framework for review. The policy landscape for empowering involvement may be conceptualised as a matrix of interconnecting policies in furtherance of the Scottish Government's stated aspiration of policy coherence (Scottish Government, 2020) and a whole systems approach. Policy coherence is defined by Scotland's International Development Alliance as being

> about different parts of government (and society more broadly) working together to find the most effective outcomes. It is about identifying common goals while ensuring the work of one part does not undermine the work of another (2020, p.2)

The policies selected in this chapter are not presented as an exhaustive list and are noted here for their relevance to my research question on empowering involvement and the FLSCW role in empowering involvement in community planning. I have sought to illustrate these and other relevant policies within figure 5. as comprising a matrix of interconnected public policies along with relevant global policies. I am unable to present a review of all polices reflected within figure 5. due to space restrictions, however, several key policies have been selected for their relevance.

Figure 5. A matrix of interconnected policies for empowering involvement are integral parts of the front line social care worker's practice landscape

Sustainable Development Goals

UN Convention on the Rights of Persons with Disabilities

UN Convention on the Rights of the Child

National Performance Framework (Scotland)

Digital Strategy for Scotland (2021)

Christie Commission (2011)

Public Service Reform (Scotland) Act 2010

The Equality Act 2010

Planning (Scotland) Act 2019

Fairer Scotland Duty

Community Empowerment (Scotland) Act 2015

Public Bodies (Joint Working) (Scotland) Act 2014

Local government (Scotland) Act 2003

Regulation of Care (Scotland) Act 2001

Volunteering for all

Health and Social Care Standards

Social Security (Scotland) Act 2018

A connected Scotland: our strategy for tackling social isolation and loneliness and building stronger social connections (2018)

Palliative and End of Life Care Strategy

Carers Act (Scotland) 2016

Education (Scotland) Act 2016

National Health and Wellbeing Outcomes

Mental Health (Scotland) Act 2015

Social Care (Self-Directed Support) (Scotland) Act 2013

National Dementia Strategies

GIRFEC (2006)

Adults with Incapacity (Scotland) Act 2000

Exploring policy touchpoints and connections	
Individual	
Community	
National	
Global	

3.1. Public policy in Scotland and the effects of neoliberal philosophy

Public policy discourse in Scotland has featured the language of 'outcomes' and involvement of people as 'service users' or 'carers' for many years with a number of conflicting narratives as to what a good outcome looks like and who and what contributes to this (Johnston, 2019). Neoliberal inspired policy feedback and spillovers have influenced notions of involvement, identity, empowerment, social care and public perceptions of the social care workers role and contribution to 'what matters' to people and communities. MacLeod and Emejulu, p.431-432) describe neoliberalism as a

> theory of political economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterised by strong private property rights, free markets, and free trade.

New Right Neoliberal ideologies of marketisation, consumer choice and individual responsibility may be seen in the Carers (Recognition of Services) Act (1995) which predates the Carers (Scotland) Act 2016. Though the former Act meant unpaid carers could request 'an assessment of ability' to continue providing care, the Local Authority was not required to offer support identified from such an assessment. The language of 'assessment' infers a hierarchy of knowledge and power residing in the professional who is carrying out the assessment (Johnston, 2019). The Community Care and Health (Scotland) Act (2002) which introduced a requirement for care assessors to assess whether the carer was providing 'regular and substantial care' when considering carer entitlement to support, appears to reinforce this hierarchy of knowledge. Consideration of perceptions of hierarchies of knowledge are central to my research question and exploration of empowering involvement, the valuing of skills and contribution and the FLSCW role. Such perceptions may dictate who is involved in decision making and who may be (or feel) excluded from the decision-making process.

Brown and Baker (2012 p.1) comment on how 'subtle authoritarianism' of neoliberal inspired public policies in the UK resulted in a 'governance through responsibility' through increasing emphasis on the individual's responsibility for their own welfare. Under the auspices of promoting choice and self-determination, neoliberal policy

saw a reduction in state provision of health and welfare and created an 'appearance of free, enterprising, autonomous individuals' (Brown and Baker, 2012, p.45).

An example of neoliberal policy thinking may be seen in the words of the former Prime Minister, Margaret Thatcher who commented that

> the appetite of the education service and health and welfare has proved insatiable, we must try to put responsibility back where it belongs with the family and with people themselves (Stewart, 2004, p.115).

Following the earlier closure of institutions by virtue of The NHS and Community Care Act (1990) and under the guise of maximising choice and creating a 'mixed economy of care' (Sunday Herald, 1990) the predominant neoliberal ideology increased the role of the voluntary and private sector. Local Authorities responsibilities for community care planning funded through means testing (Stewart, 2004; Moffatt et al, 2011) saw the role of the social care worker as effectively gate keeper of resources (often at crisis situation) through assessment. For 'service users', assessment, principally through a task-based deficit model does little to promote and support recognition of the strengths of the person and often results in the social care practitioner selecting from a restricted menu of service options for the individual which generally constitutes residential care or care at home services. This one size fits all approach to service design and commissioning is perhaps symptomatic of what Ball (2013) describes as policy making often being made far away from the context of policy implementation, often by neoliberal think tanks.

Brought in by the UK government the Local Government Finance Act 1992 and the Local Government (Scotland) Act 1994 introduced changes to resourcing and infrastructure in Scotland. The former saw the introduction of the Council Tax to replace the unpopular poll tax which had previously been trialed in Scotland by the Conservative Government under Margaret Thatcher, one year before it was introduced in England and Wales. The Local Government (Scotland) Act 1994 changed the local authority landscape in Scotland from the previous nine Regional and three Island Council areas to the thirty-two unitary local authority areas (Scottish Parliament, 2019, online). Perceptions of policy as being something that is handed down (Ball, 2013) and of leadership as being something which is the sole preserve of the elite (Northouse, 2019) also served to perpetuate a narrative of 'them and us'. This othering was reinforced through the prevailing commissioning culture and marketisation of social care and resultant influence on professional and societal discourses relating to care.

Miller and Barrie (2018) comment on the impact of a neoliberal inspired managerial culture with focus on performance targets which do not relate to other parts of the system. This too, may exacerbate the disjointed nature of policy and practice. Consideration of the impact of neoliberal policy, associated managerial culture, local governance infrastructure, and performance management targets is relevant to this study as this has a direct bearing on the policy and practice context for FLSCW and notions of empowering involvement. Importantly, this has an impact on personal and community outcomes planning, understanding and appreciating what constitutes a good outcome, what and who contributes to this, and the difference made for people and communities. For the FLSCW and for the public, such an environment can make it difficult to fully understand and appreciate the difference social care makes and the skills and contribution of FLSCW. Discourses of care as transactional and task focused in nature prevailed (and in some cases still do), rather than care as something that is human, compassionate, holistic, and relational.

Nussbaum (2006, p.168) conceptualises care as being

> among the primary needs of citizens, the fulfillment of which up to a suitable level, will be one of the hallmarks of a decently just society.

'Thinking well about care', Nussbaum (2011, p.168) asserts, involves considering 'a wide range of capabilities' for the person being cared for and also the person giving care.

Policy relating to the regulation of social care which came into being in 2001 sought to reinforce a human rights-based approach and introduced a model of governance through compliance-based regulation of social care workers and employers. Service based categories of registration and regulation further perpetuated the notion of social care as comprising service-based models of support.

3.2. The Regulation of Social Care

The Regulation of Care (Scotland) Act 2001 saw the creation of two new regulatory bodies for Social Care in Scotland; The Scottish Commission for the Regulation of Care (Care Commission) and the Scottish Social Services Council (SSSC). The

former was established to regulate and inspect care services in Scotland with the latter responsible for regulating the social care workforce in Scotland. The Care Commission inspected registered care services against National Care Standards based on the principles of dignity, privacy, choice, safety, realising potential, equality and diversity (Scottish Executive, 2002). The Act and National Care Standards mapped to articles within the Convention of Human Rights and associated PANEL principles of participation, accountability, non-discrimination, equality, empowerment and legality. The National Care Standards were embedded through the first version of The SSSC Codes of Practice for Social Service Workers and Employers (SSSC, 2003). Underpinned by compliance as a regulatory model, the Codes of Practice set out the standards of behaviour and practice to be met by all social service workers and employers. Consideration of the impact of regulatory policies on social care, empowering involvement and the FLSCW role is relevant to this study not least as regulatory legislation has a bearing on professional identity, practice and the agency of the practitioner (Forde et al, 2006). The introduction of National Care Standards underpinned by human rights including participation and empowerment is also relevant. Particularly considering that regulation also determines what is measured which in turn influences practice, our thinking about what is important and what good looks like as a practitioner or person accessing services and supports. All of which are also affected by the impact of social care commissioning policies and practices as I will shortly move on to explain. Before doing so, I briefly turn to outline infrastructure changes relating to community planning in Scotland.

3.3. Community planning and involvement

Post devolution in Scotland, Community Planning Partnerships in Scotland (CPP's) were introduced by virtue of The Local Government in Scotland Act, 2003. The Act placed a duty on local Council's to 'collaborate with local bodies to deliver services as part of the community planning process' and to 'seek best value and advance wellbeing' (Scottish Parliament, 2019, online). The Act introduced a requirement for

> local authorities to initiate, facilitate and maintain Community Planning;
> core partners - Health Boards, the Enterprise Networks, Police, Fire and

Regional Transport Partnerships - to participate in Community Planning; and Scottish Ministers to promote and encourage Community Planning (Campbell, 2015, p.3).

An aspiration of the Act was to ensure joint up strategies and importantly to mainstream inclusion through incorporating Social Inclusion Partnerships and initiatives focused on regeneration into statutory decision-making structures with an associated Community Planning performance framework developed (Carley, 2006, p.254). Challenges identified in implementing the Act include a need for improved citizen participation to 'revitalise local democratic processes by genuine rather than token empowerment' (Carley, 2006, p.252).

The role of the third sector in supporting voluntary organisations, promoting, and supporting volunteering and connection between community planning partnerships and respective local third sector organisations was consolidated through the creation of the Third Sector Interface Network (TSIs) in 2008 (Scottish Government, 2016(a)). Comprising thirty-two TSIs aligned to the thirty-two locality areas in Scotland, the network previously fed into Voluntary Action Scotland (VAS), a national intermediary body charged with representing TSIs (Scottish Government, 2016(a), p.52). Following a review of TSIs commissioned by the Scottish Government, VAS was disbanded, and an outcomes framework was developed through collaboration with the TSIs, Scottish Government and Evaluation Support Scotland (ESS). The framework recognises the role and contribution of the TSIs to the National Performance Framework in Scotland (NPF) (revisited in section 3.5. of this chapter) and articulates the role and purpose of TSIs to be

> **a central source of knowledge about**: third sector locally, local and national policy and how it might affect local third sector, communities and citizens. How the third sector can contribute to those agendas.
>
> And, dependent upon local context, (needs, other providers etc.): **voice**, ensuring a strong third sector voice at strategic level within local planning structures and nationally. **Building capacity**, developing the capacity of volunteering, community groups, voluntary organisations and social enterprise to achieve positive change. **Connect**, providing leadership, vision and coordination to the local third sector to better respond to local priorities, including through partnership and collaboration (Scottish Government, 2018(b), p.7).

In 2019 'Volunteering for all' National Framework was published, setting out an aspiration for 'a Scotland where everyone can volunteer, more often, and throughout their lives'

(Scottish Government, 2019(c), p.30), and articulating principles and outcomes which map to the NPF. Within the framework volunteering is conceptualised as

> the ultimate exercise in democracy…when you volunteer you vote every day about the kind of community you want to live in (2019(c), p.7).

Jointly developed by the Scottish Government 'partners from the volunteer and community sector, local government, NHS, academics, social researchers and with volunteers' (Scottish Government, 2019 (c)) it is notable that there is no mention of involvement from the social care sector in the development of the framework. There is mention of the role of health and social care in implementing the strategy and acknowledgement under NHS and social care that 'for many who are socially isolated the interaction with a volunteer can be hugely significant' (Scottish Government, 2019, p.14). This seems to cast the person who is isolated as a recipient of volunteering, which may, for some people be the case, however the statement fails to recognise that the person may also have the opportunity of being a volunteer. This appears to be further compounded by the following

> Volunteering has a ripple-effect that not only impacts on recipients of volunteering endeavour, such as patients or service users; it plays a role in 'health-gain' for volunteers and communities alike (Scottish Government, 2019 (c), p.14).

Policy developments relating to volunteering and the third sector in Scotland are included here as relevant to my research question in considering empowering involvement and the front line social care worker's role in community planning. Community planning and the integrating landscape for health and social care (which I go on to outline in section 3.7.2. of this chapter) have created new spaces for involvement of the third sector and the contribution of the third sector in helping to tackle health inequalities has also been recognised (ESS, 2020). Perhaps also inviting a renewed appreciation of the holistic and diverse nature of the sector together with the representational and capacity building roles which voluntary organisations may have and/or move between. Having set out developments in relation to community planning, involvement and the role of the third sector, I now move on to outline the policy landscape in relation to social care commissioning policies and practices.

3.4. Social care commissioning policies and practices

Local Authority commissioning for services and supports, underpinned by a neoliberal economic policy designed to support creation of an internal market and contract culture with an associated competitive tendering process meant, and still means in some cases, that providers compete against each other for contracts. This competitive contract culture effectively can lead to provider organisations working in silos and a reluctance to share knowledge, learning and ideas. This contract culture also places restrictions on involvement opportunities, adversely affecting the climate for collaboration, creativity, and innovation. Importantly, a one size fits all approach and task-based commissioning has an adverse impact on quality of support (Christie, 2011) and, as has been recognised, can have the effect of perpetuating inequalities (EHRC, 2017).

There have been damning reports on the impact of task based 15-minute care at home visits (BBC 2016, Unison 2017), which fail to take account of the whole person and their individual needs, strengths, and aspirations. A Leonard Cheshire 2018 Freedom of Information request showed that one third of Scottish Councils were commissioning fifteen-minute personal care visits with the Director of one disability charity in Scotland commenting that

> "We need to ensure people receive the person centred care they deserve. No one should have to choose between going to the toilet or having a cup of tea." (Enable Magazine, 2018 online).

This approach to social care commissioning and delivery effectively leads to some people reaching crisis point, often resulting in unplanned hospital admissions. Due to overstretched services and lack of available support in the community, hospitilisation could last for many weeks or months. For some people this has become a vicious cycle (Farmer, 2019).

The Social Care Self Directed Support (Scotland) Act 2013 came in to force in 2014 with the aim of putting the supported person in control through increased choice of provider with support personalised to the individual's needs and wishes'(Care information Scotland, 2020 online). Access to resources were still subject to existing Local Authority eligibility criteria. The general principles of the Act state that

a supported person must have as much involvement as they want in assessment of need and provision of support (Scottish Government, 2013(a) .

By virtue of this Act, the language of social care purchaser or 'customer' of social care support began to emerge. The impact of the conflicting ideologies of consumerism and politics of social movements on the spaces and opportunities for participation and involvement are noted by McKeown et al (2014) and Miller and Barrie (2018). The latter authors comment on the tensions between these ideologies and the effects of

> managerialist thinking that you can tackle improved outcomes and inequalities through standardisation of provision and its measurement through performance management regimes (Miller and Barrie, 2018, p.7).

Consideration of the effects of performance management regimes and approaches on spaces and opportunities for involvement along with the associated labelling of people, effectively ascribing an identity to a person is important to this study because it places limits on involvement, possible outcomes, and the potential of people. With regard for this I now move on to set out policy developments in Scotland relating to outcomes measurement.

3.5. Measuring outcomes

Presented as a whole systems framework, The National Performance Framework (NPF) for Scotland (2016(b), p.7) defines an outcome as 'An impact or consequence for the community of the activities of the government, or what an organisation is trying to achieve'. A key ambition of the initial NPF for Scotland was 'raising the GDP growth rate of Scotland to UK level by 2011' with an associated Scottish Government commitment to 'move towards an outcomes focused approach to performance' (Scottish Government 2007(a), online).

Alex Salmond who was First Minister of Scotland at the time, heralded Scotland's people as key to Scotland's global success

> Scotland has real strength in the most vital factor for modern economies – the human capital offered by our greatest asset, Scotland's people. (Scottish Government Economic Strategy 2007(b), p.7)

Nussbaum (2010) attributes the discourse of human capital as being symptomatic of global neo-liberal ideology. The impact of neo-liberalism (as defined earlier in this chapter), in creating a belief that social inequality would encourage individual entrepreneurialism, competition and growth is noted by Harvey (2005) who also comments on the role of the 'upper-class' (p.156) controlled media in perpetuating a narrative that economic failure was due to a failure in being competitive. The implication for the person being that inequalities were due to them not developing their own human capital. Also as mentioned in the preceding chapter, Scotland has many areas of multiple inequality. Listed as 'an area-based measure of relative deprivation' (SIMD, 2020 online), The Scottish Index of Multiple Deprivation (SIMD) indicates that deprivation identified in an area may relate to income, employment, education, health, access to services, crime and housing and can also mean there are fewer resources or opportunities.

3.5.1. A human rights based whole systems approach

Wilks and Wright (1987) in Hill (2013, p.60) propose that there exists a 'continuum from community to networks' depending on the degree of agreement of policy focus. The notion of specific communities being 'nested within larger networks' is also proposed by others (Chadwick, 2000; Dudley and Richardson, 1999). In the aftermath of the 2008 global financial crisis, a matrix of interconnected public policies underpinned by the language of outcomes and human rights have been introduced in Scotland, many of which have been created, developed, and implemented with involvement of people with lived experience. Key public policy developments in relation to empowering involvement and the FLSCW role include the development of National Dementia Strategies in Scotland (Scottish Government, 2010; 2013-2016 (2013(a); 2017-2020). People with lived experience of dementia including people living with a diagnosis and their families, friends and carers have been, and continue to be, instrumental in policy creation, development, and implementation of National Dementia Strategies in Scotland.

With a policy aspiration of promoting and supporting recognition of personal outcomes planning, personhood, prevention and post diagnostic support, dementia strategies are embedded in health and social care practice through the associated Promoting Excellence Knowledge and Skills Framework (NES and SSSC, 2011). The framework is for all health and social care workers in Scotland regardless of role and practice context. At the core of

the framework are the values and principles articulated within the Standards of Care for Dementia in Scotland which are underpinned by the Charter of Rights for People with Dementia and their Carers in Scotland (2009) developed by people with lived experience of dementia. The Scottish Dementia Working Group, comprising people who are living with a diagnosis of dementia, have been and continue to be instrumental in dementia policy and practice development in Scotland as has the National Dementia Carers Action Network for informal Carers of people with dementia. People sharing their lived experience of dementia has powerfully influenced the dementia policy and practice landscape in Scotland and has also underlined the impact of the FLSCW role to the dementia journey of the person living with a diagnosis and also their family and friends.

> What I would say to the professionals is that – you can pull be back, give me my life back, pull me back and pull me into the light. And by the same token, ignorance, arrogance, couldn't care less, you can shove me down into the darkness and just cast me away. I can't do it. I need your help to do it (Scottish Dementia Working Group, 2010).

National dementia strategies in Scotland also promote and support personal outcomes planning and community connections through Alzheimer Scotland's five pillar model of post diagnostic support, eight pillar model of community support and Advanced Dementia Practice Model which are underpinned by a biopsychosocial model of disability. The biopsychosocial model recognises the impact of 'physical, social and psychological' (Alzheimer Scotland, 2015) factors on the lived experience of the person. Underlining the importance of a holistic understanding of lived experience and a whole systems holistic response. (Figure 6. below)
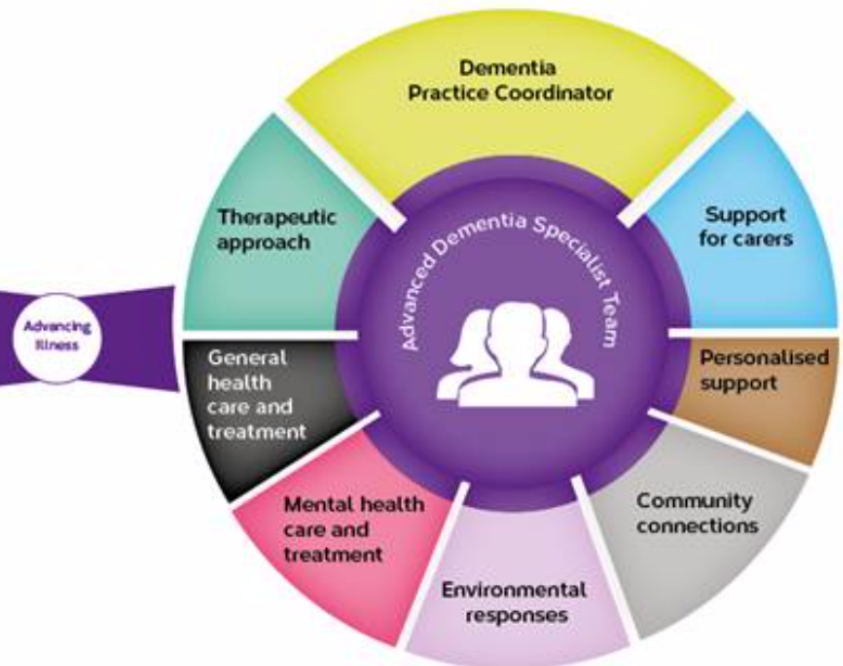
Figure 6. Alzheimer Scotland's 5 and 8 pillars and
Advanced Dementia Practice Model (Alzheimer Scotland, 2015)
Permission to reproduce this illustration has been granted by Alzheimer
Scotland.

Recognition of the role of digital technology for citizen involvement, inclusion and health and social care practice is reflected within National Dementia Strategies and the associated Promoting Excellence Knowledge and Skills framework in Scotland, Technology Enabled Care Strategy (2016) and digital strategies (Scottish Government, 2017, 2021). The importance of inclusive communities is also an important feature of dementia policy and associated Promoting Excellence Knowledge and Skills Framework in Scotland with the creation of dementia friendly communities led by people with lived experience of dementia (Life Changes Trust, 2015; Alzheimer Scotland, 2022)

A dementia friendly community is defined as being

> made up of anyone who wants to come together to make their local area more welcoming for people with dementia. Anyone from shop assistants, public service workers, faith groups, businesses, police, fire and ambulance staff; to bus drivers, school pupils, local clubs and societies and community leaders (Alzheimer Scotland, 2022, online).

Dementia policy in Scotland also encouraged recognition of the multiple roles and identities which we may have and the difference we can make to creating more inclusive communities whether in our professional or our personal life. Recognition of multiple roles and identities was further reinforced through subsequent carers legislation in Scotland. Currently it is estimated that 788,000 people in Scotland are carers including 44,000 aged under 18 (Scottish Government, 2017). The support provided by unpaid carers is estimated to be equivalent to the cost of the NHS at £132 billion per year (Carers UK, 2018). The Carers (Scotland) Act 2016 (Scottish Government, 2016(b)) introduced the right of adult carers to an adult carer support plan (ACSP) and young carers to a young carer statement (YCS). In contrast to the aforementioned Carers (Recognition of Services) Act (1995), entitlement to ACSP and YCS is not restricted by the number of hours carers are caring for. The 2016 Carers Act also placed a duty on Local Authorities to provide identified support to carers within eligibility criteria and to offer a carer advice and information service to promote and support carers rights and futures planning. Underpinned by a personal outcomes planning approach the aim of the act is to improve consistency of support for carers

> so that they can continue to care, if they wish, in better health and to have a life alongside caring (Care Information Scotland, 2021 online).

Alongside the development of dementia strategies in Scotland, the Public Bodies (Joint Working) (Scotland) Act 2014 (Scottish Government, 2014(a)) was created to provide a framework for the integration of health and social care in Scotland with aspiration of improving the 'quality and consistency of health and social care services in Scotland (Scottish Government, online). New rights, spaces and opportunities for involvement of people and communities have arisen from the associated creation of thirty-two Integrated Joint Boards in Scotland and thirty-two Community Planning bodies with the latter formed through the Community Empowerment (Scotland) Act 2015 (Scottish Government, 2015(a)). Perhaps in a further step towards policy coherence, defined by Scotland's International Development Alliance as

> about different parts of government (and society more broadly) working together to find the most effective outcomes. It is about identifying common goals while ensuring the work of one part does not undermine the work of another (2020 p.2).

Policies such as the Public Sector Equality Duty (UK Government, 2010), Fairer Scotland Duty (Scottish Government, 2018(e) and Community Empowerment Act (Scotland) 2015 articulate a narrative of, and seek to embed, active citizenship and active participation. Introduced in 2018, the Fairer Scotland Duty places a legal duty on specific public bodies in Scotland to 'pay due regard to how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions' (Scottish Government, 2021, online). A related consideration is the importance which has been placed within the policy and practice landscape of listening to and learning from lived experience (SSSC, 2019; Independent Care Review, 2020; Feeley, 2021).

The United Nations Disability Inclusion Strategy (2019) underlines the importance of mainstreaming as being key to the strategy for 'achieving the inclusion and empowerment of persons with disabilities and their human rights' (UN, 2019, p.6) along with specific measures. They describe the concept of mainstreaming as

> The process of ensuring that the rights of persons with disabilities are embedded into the organisation's work, ensuring their meaningful participation and assessing the implications for persons with disabilities of any policies or programmes. It is also a way to make the concerns and experiences of persons with disabilities an integral dimension of design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres, so that persons with disabilities benefit equally and inequality is not perpetuated (UN, 2019, p.6).

It is beyond the scope of this study to discuss the term mainstreaming as referred to in the UK school system, a subject explored in relation to inclusion through the lens of the CA^N by Hedge and Mackenzie (2012). My reason for referring to mainstreaming, drawing on the UN definition here is as important context for consideration of my research question. Several studies relating to operationalising the CA refer to the need to consider Micro, Meso and Macro level dimensions (or spheres) for implementation (Brunner and Watson, 2015; Grunfeld et al, 2010; Ward, 2019;) with varying reference to Sen's 'conversion factors' which can be personal, social or structural in nature. Specific reference is made to the role of social care as one of the 'social' conversion factors (Brunner and Watson, 2015). Though not explicitly mentioned within the UN strategy, the CA^N and associated concepts of interconnected internal and combined capabilities and the fluid nature of these and impact of changing contexts would seem to reinforce the need for planning, policy and development to be considered as a live activity, subject to adaptation and change from what is being learned from implementation. Indeed, as detailed in chapter six concerning the methodology for this study, this live approach to planning is one which I have taken for this study and underpins the related conceptual framework for planning for involvement offered within this study. The pandemic has further underlined the need for planning to be a live activity.

3.6. Outcomes planning, quality, involvement and improvement

The National Care Standards were replaced in 2018 by new Health and Social Care Standards (Scottish Government, 2018(d)), which are for everyone in Scotland and further embed the language of rights to involvement in planning and include the right to participate as a citizen and to be meaningfully involved. The Health and Social Care Standards map to the revised NPF for Scotland which are designed to represent Scotland's commitment to the global Sustainable Development Goals (SDG's) and to reflect those goals. The revised NPF articulates a purpose of

> creating a more successful country with opportunities for all to flourish through increased wellbeing and sustainable and inclusive economic growth (Scottish Government, 2022, online)

The NPF outcomes, values and aspiration of individual flourishing, wellbeing and inclusive growth appear to map to the CA^N and seem in stark contrast to the language of 'human capital' within the former version of the NPF (Scottish Government, 2007(a)). In common with the SDG's the NPF for Scotland is a whole systems approach underpinned

by a human rights-based CA. The crucial importance of meaningful involvement and active participation of people; people with disabilities, workers and local communities to the Sustainable Development Goals is recognised within the SDG's and underpin the goals. (United Nations, 2012, p.8). Scotland's NPF also promotes and supports recognition of contribution rather than attribution to outcomes and that we all have a role. Related developments in social care to promote practitioner and citizen leadership in Scotland, which I will revisit later in this chapter, including the Strategy for enhancing the leadership capability of Scotland's Social Services delivery plan (SSSC, 2017-2020). This strategy promotes and supports a narrative of leadership as being something that is accessible to us all and not the sole preserve of the elite.

The importance of community involvement and citizen participation in Scotland is emphasised in a recent report on Scotland's progress towards the SDGs (SCVO, 2019). Informed by the Scottish Government 'Democracy Matters' conversations which involved 4,000 people across hundreds of locations in Scotland to explore involvement in decision making the current Local Governance Review aims to consider how power and resources should be shared between local and national government. The Local Governance Review is being seen as an opportunity to enhance community involvement and to address the challenges presented by current structures for representation. Elected members in Scotland are currently required to represent more people than their counterparts in other developed countries (Scottish Government, 2018(f)).

3.6.1. The Community Empowerment (Scotland) Act 2015

Lewis (2014, p.2) comments on the effects of

> Prevailing consumerist approaches to user involvement grounded in neo-liberal principles in which consumer feedback and choice drive up standards because these 'risk replicating and reinforcing existing inequalities' privileging those with more knowledge and resources.

This would seem to further reinforce the importance of considering the philosophical foundations for involvement and improvement. The Community Empowerment (Scotland) Act 2015 aims to 'help communities to do more for themselves and have more say in decisions which affect them' (Scottish Government, 2015, online). Within the act, communities in Scotland are cited as being

A rich source of energy, creativity and talent' and 'made up of people with rich and diverse backgrounds who each have something to contribute to making Scotland flourish.

The Act is a core pillar in what has been termed as the 'Scottish approach' to public service reform (Elvidge, 2011; Housden, 2014). Underpinned by a philosophy of improvement, co-production and an asset-based approach, the Scottish approach arose from the findings of the Christie Commission's Report on the Future Delivery of Public Services (Christie, 2011). The Community Empowerment Act's values and principles of equality, fairness, learning and continuous improvement are embodied in the associated community engagement standards which I revisit in Chapter Five.

Community Empowerment Act Guidance (Scottish Government 2015(b), p.12) articulates the following aspiration for the Act

Effective community participation is essential to assist the Community Planning Partnership to secure improved outcomes and reduce inequality. It can also stimulate improved self-esteem, raise aspirations within these communities, and capacity to try to do more.

A focus on wellbeing and reducing health inequalities and a whole system approach to leading and supporting partnership and collaboration across sectors, communities and boundaries is the aim and function of the new public health body, Public Health Scotland, which came into being in April 2020. Research, evidence, innovation, partnership, data, intelligence and the public health workforce have been identified as key areas of attention for the new body. The focus on the public health workforce invites consideration of the role and contribution of FLSCW as part of that whole system of improvement and is relevant to my research question.

The complexity of the context social care workers are working in, and the reflexive nature of practice, appears to be recognised in the revised SSSC codes of practice which were revised in 2016 with involvement of people with lived experience of social care. These codes are in place today and reflect the SSSC's move from a compliance to a fitness to practise model of regulation.

The SSSC considers a worker is fit to practise

> …if they meet the standards of character, conduct and competence necessary for them to do their job safely and effectively with particular regard to the Codes (SSSC, 2016, p.5).

Among the grounds listed for impairment of fitness to practise are misconduct, deficient professional practice and health.

The recently published findings of the Review of Adult Social Care identified a need for the social care workforce to feel valued, engaged and rewarded and for the voice of lived experience to be amplified at every level to co-produce a new system individually and collectively. This, I argue, further amplifies the need to revisit what we mean by involvement. The review also articulates the need for recognition that 'strong and effective social care support is foundational to the flourishing of everyone in Scotland' (Feeley, 2021, p.10). I now move on to social care reform policy developments further as part of wider public policy reform in Scotland.

3.7. Social Care in Scotland

Social care reform in Scotland forms part of a wider aspiration for public policy reform in Scotland as articulated within the Christie Commission on the future delivery of public services (Christie, 2011). Key objectives of the reform programme include a focus on services being 'built around people and communities' (Christie, 2011, p.72) and for organisations to collaborate to achieve outcomes prioritised as prevention, equality and reduction of inequalities. The Auditor General for Scotland, writing of the progress to date ten years on from the Christie Commission, cautions of the 'major implementation gap between policy ambitions and delivery on the ground' (Boyle, 2021, online).

The feedback and spill over from previous policies and legacy of previous and, in some cases, current social care commissioning practices have effectively created organisational silos and an associated reluctance to share learning and ideas. The issue of practice being driven by what is measured in the system with performance management targets measuring 'what matters to the system' rather than 'what matters to people' (Feeley, 2021) is compounded by the disjointed and disconnected nature of such targets which do not relate to one another (Miller and Barrie, 2016; Independent Care Review, 2020). The recently

published Independent Care Review which focused on the lived experience of young people within the care system noted that Scotland's data is centred around episodes of care rather than the 'entirety of the child's care experience' (Independent Care Review, 2020) which may 'hit the target' for service delivery but fails to understand the child's whole journey and the wider context of their lives, families and communities. Furthermore, gaps in information and data and the system wide 'inability or unwillingness' to share data often results in people and families having to repeatedly share, what may be for some, traumatic information with the various agencies they encounter as part of that journey. Data sharing and integration has been noted as a further barrier to the progression of integration, improvement and 'the harnessing of data for the benefit of citizens and services' (Audit Scotland, 2022, p.13).

The 'huge challenge' (Audit Scotland, 2022, p.2) to the sustainability of social care and the integration of health and social care itself includes pressures from demographic changes and increasing demand for social care along with slow pace of integration. As previously outlined, these challenges existed before the pandemic but have been exacerbated by the pandemic, impact of Brexit and recruitment and retention issues (Audit Scotland, 2022; Scottish Government, 2021).

3.7.1. The social care workforce in Scotland

There are currently estimated to be over 209,000 people working in the social care sector in Scotland with 148,000 working in adult social care (Feeley, 2021). In 2018 82% of social care workers were in front line roles (SSSC, 2019). In December 2021, 36% of social services in Scotland reported having vacancies. A vacancy rate which is three times higher than across all other types of employment in Scotland (Audit Scotland, 2022). Among the services reporting high vacancy rates are care at home and housing support services which respectively reported 59% and 60% (Audit Scotland, 2022).

The Independent Review of Adult Social Care comments on the highly gendered social care workforce in Scotland and the devaluing and marginalisation arising from this, all of which have been amplified during the pandemic (Feeley, 2021). It is estimated that 83% of social care workers are female. The assumption that intrinsically women are more caring

and that care is women's work as it is historically part of a woman's role has led to an undervaluing of care as a profession with fair pay being substituted by 'perceived job satisfaction' (Close the Gap, 2020, online). This has contributed to higher levels of in work poverty for women with many FLSCW being paid close to the minimum wage. In January 2022 the average hourly rate of pay for social care workers in Scotland was £9.79 per hour with 11% of social care workers being on zero hour contracts (Audit Scotland, 2022). The following account is among those informing the recent Independent Review of Adult Social Care in Scotland:

> One of our staff has decided to work for the NHS as a cleaner for £13 an hour, rather than the £9 we pay to work with most complex needs in the communities. How do we value this workforce when you have disparity of pay like that? (Health and Social Care Alliance, 2020, p.9).

This undervaluing of care and the skills of FLSCW continues to perpetuate gender specific assumptions around roles, capabilities and associated stereotypes and has led to the system wide undervaluing of care and social care. Furthermore, as I will go on to explain, it also has an impact on the valuing of the self.

3.7.2. An integrating health and social care workforce

The need for social care in Scotland to have parity of esteem with the NHS has been recognised within the Independent Review of Adult Social Care in Scotland (Feeley, 2021). The Public Bodies Joint Working (Scotland) Act 2014 and creation of thirty two Health and Social Care Partnerships is designed as a framework to

> ensure a consistent provision of quality, sustainable care services for the increasing number of people in Scotland who need joined-up support and care, particularly people with multiple, complex, long-term conditions. (Care Information, 2022, online).

The aspiration of joined up support and care recognises the complexity of the current health and social care system which can be difficult to navigate and which is centred on crisis based support rather than prevention (Feeley, 2021). As part of this integrating landscape, Regional Improvement Collaboratives (RIC's) were formed by Local Authorities. Formed as virtual bodies RIC's work across traditional Local Authority boundaries with focus on 'improving education and closing the poverty related attainment gap' (Connect, online 2019) including a focus on care experienced young people. A requirement for RIC's to develop Regional Improvement Plans was also introduced

through the National Improvement Plan for Scottish Education (2018). The RIC's and HSCP's and community planning partnerships are also connected to area specific Developing the Young Workforce Regional Networks and Creative Learning Networks. The former is the Scottish Government employer led initiative focused on helping to connect education and employers to support the Scottish Government's Youth Employment Strategy while the latter is designed to support delivery of the Scottish Government's Creative Learning Plan and 'vision to create a more creative society' (Education Scotland, 2022, online). A key focus of the Creative Learning Plan is 'to sustain strategic partnerships between the education, community and cultural sectors locally and nationally' and 'to stimulate creativity in our leaders, practitioners and learners (Education Scotland, 2022, online).

Figure 7. below is a map showing one of the six RIC's in Scotland and the connections to college regions, creative learning networks and Developing the Young Workforce Groups.

Figure 7. (Education Scotland online 2022) public sector information licensed under the Open Government Licence v3.0.
Map depicting one of the six RIC's in Scotland and associated network links.
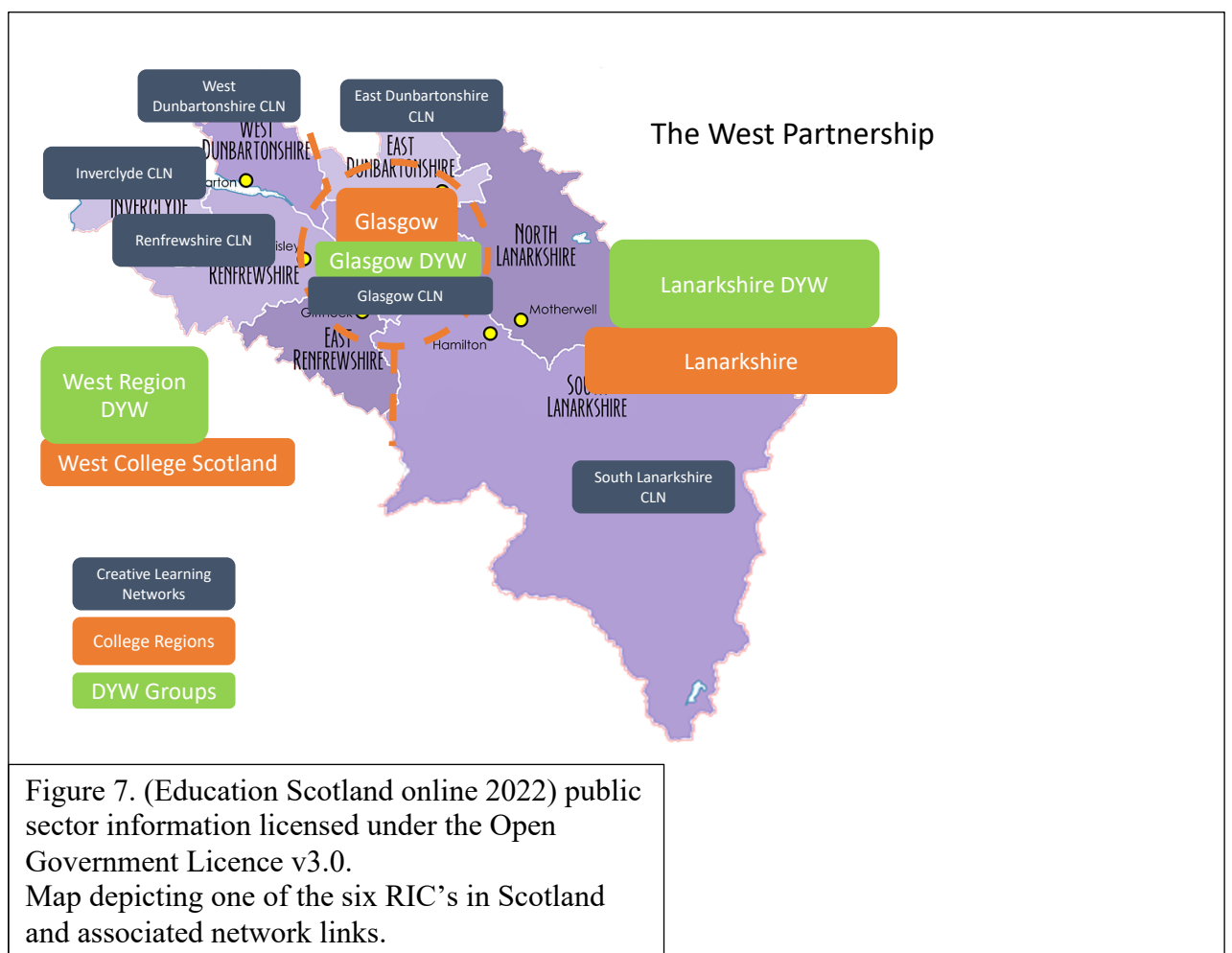
It is interesting to consider the role of social care and community planning in relation to the RIC's and development of Regional Improvement Plans, introduced through the

National Improvement Plan for Scottish Education (2018) (Scottish Government, 2019(e)). The importance of involvement in 'outlining clearly how key partners such as parents, communities, third sector and young people have contributed to the development of the plan' and gathering of data and information 'from other key sources such as health, justice and local community planning information' is also emphasised in the associated guidance for RIC's (Scottish Government, 2018(e) p.6). The role of education authorities and education professionals in helping to identify young carers and in supporting planning with young carers in the form of a young carer statement (YCS) is reflected within the Carers (Scotland) Act 2016.

3.7.3. Leadership, Improvement, and quality – the science and art

The need for transformational change, 'imaginative' and 'enabling' leadership to 'make better use of the skills of the whole workforce' (Scottish Executive, 2006) were among the recommendations arising from the 'Changing lives: Report of the 21st Century Social Work Review'. Informed by research carried out by the SSSC (2016), 'Step into Leadership' was developed as a workforce development resource with involvement of people with lived experience of social care in Scotland and social carer workers, recognising that people within the work force may have or do access social care. The resource reflects leadership pathways relating to management, front line social care worker and citizen leadership roles with common capabilities identified and articulated across each pathway including those relating to transformational leadership and adaptive leadership. Adaptive leadership recognises the complexity of the environment and proposes that many of the problems we face as people are located within a complex and dynamic interactive system involving 'self, organisational, community and societal' (Northouse, 2019, p.257-258). Transformational leadership 'involves an exceptional form of influence' (Northhouse, 2019, p.163) and is rooted in relationships. Inspiring and helping others to develop their strengths and fulfil their aspirations underpinned by a strong emphasis on morals, ethics and values transformational leadership includes treating people as 'full human beings' (Northouse, 2019, p163-164). Transformational leaders are often described as 'role models' who stimulate people to be creative and innovative, encouraging them to challenge their assumptions, values and beliefs and those of the leader (Northouse, 2019). Of note here is the leadership role of people with lived experience of health conditions and disability in driving change and improvement and challenging assumptions, values and beliefs and the impact this has had and continues to have on the policy and practice

landscape in Scotland (Scottish Government, 2010; 2013-2016; 2017-2020; SSSC, 2019). 'Step into Leadership' includes stories of these capabilities in action including stories from young carers on their leadership role.

Figure 8. below is a diagram from SSSC (2016) illustrating leadership capabilities and the interconnection between each of these capabilities.

Figure 8. Diagram from (SSSC, 2016), Step into Leadership, illustrating leadership capabilities.
(Copyright SSSC, 2016). Permission to reproduce this illustration has been granted by The SSSC.
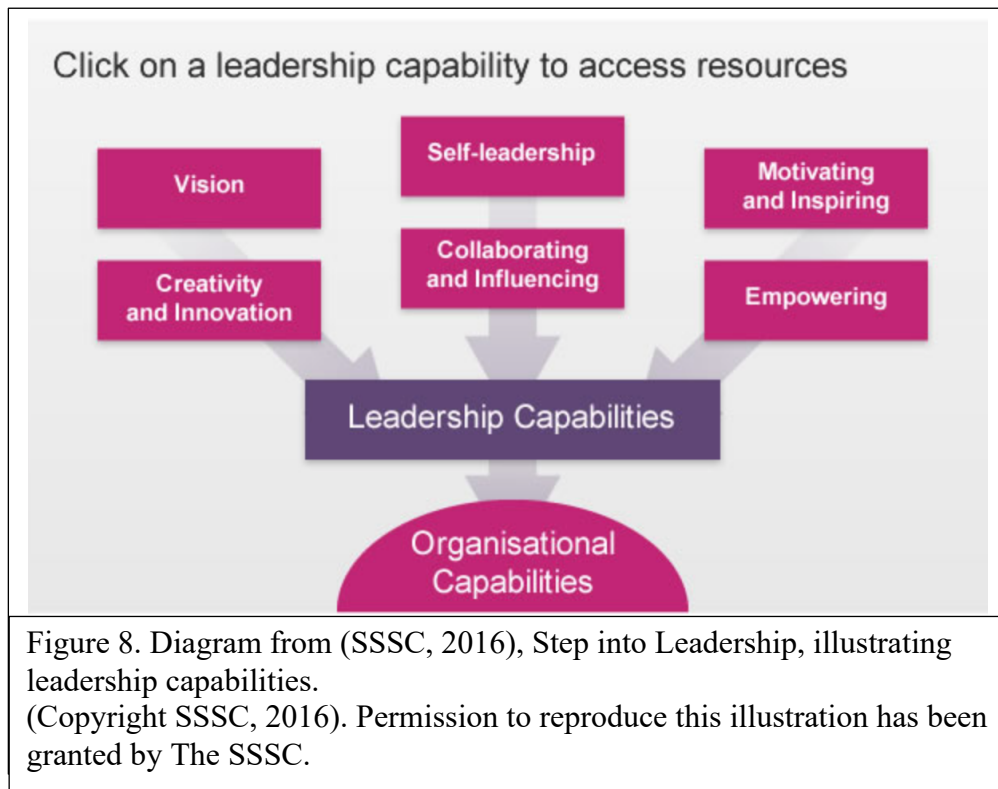
The relationship between the status of social care, associated high turnover within the social care workforce and effect of eroding quality of support for people and communities has been underlined in numerous reports (Fair work Convention, 2019; Feeley, 2021; Scottish Government, 2022). The issue of quality should be considered in the context of the increased focus on improvement and quality within public service reform in Scotland, driven by the earlier Christie Commission Report and underpinned by the Scottish Approach to Service Redesign and model for improvement (figure 9.). This has given rise to an associated Scottish Improvement Leaders Programme. The Scottish Government's three step improvement framework and model for improvement (Figure 9. below) is centred on first understanding the aims of the change, then asking how we will know that a change is an improvement and what change can we make that will result in an improvement? (Scottish Government, 2013(b)).

Figure 9.
The model for improvement Langley et al, 2009. Permission to reproduce this illustration has been granted by the publishers.
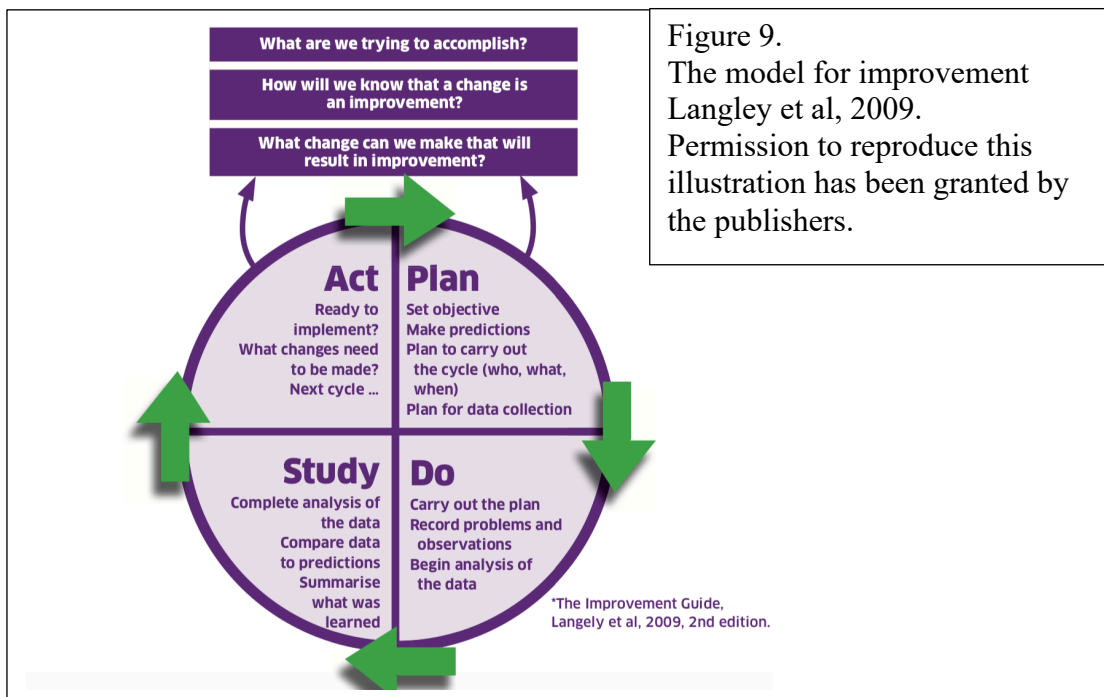
The principle of quality and improvement as a context specific iterative process, is useful to consideration of personal and community outcomes planning in social care and for a whole systems approach. Particularly considering the identified need for outcomes improvement plans to be 'live' plans and for public bodies to monitor and report on how far people's personal outcomes are being met with 'information being used to help plan for future processes and services' (Audit Scotland, 2019, p.14). This iterative approach also reflects the policy cycle process. The importance of meaningful involvement of people and communities in all elements of the policy cycle and learning from lived experience is increasingly being recognised within the policy landscape in Scotland. This is also key to addressing the identified research, policy, practice implementation gap (Boyle, 2021 online).

3.8. Chapter Summary

Cautioning against 'seeing the policy process as if it exists on a desert Island', Hill (2013, p.6) calls for an understanding and appreciation of how other policies, ideologies and institutions influence that policy space. In considering the policy landscape for empowering involvement, social care and the FLSCW role in Scotland through the lens of the CA[N], the policy field in Scotland comprises a matrix of interconnected policies, in

furtherance of the Scottish Government's stated aspiration of policy coherence (Scottish Government, 2020) and a whole systems approach.

In this chapter I have set out the aspiration within key policies within the policy landscape. Policies selected are not presented as an exhaustive list and are noted here for their relevance to my research question on empowering involvement and the FLSCW role in empowering involvement in community planning. I have illustrated this in figure 5. (at the beginning of this Chapter) as comprising a matrix of interconnected public policies while also reflecting some key global policies for empowering involvement relevant to the FLSCW practice landscape. Figure 5. is not presented as an exhaustive list of public policy developments in Scotland but have been included as relevant to this study, not least by reason of their role in promoting a whole life, whole systems approach which recognises that we may have multiple identities in life. Of relevance to this study and focus on empowering involvement and the front line social care worker's role is how these policies contribute to challenging perceptions of who can be involved in outcomes planning, policy initiation, policy formulation and policy implementation and what constitutes data and evidence.

There is an increasing focus on involvement of people and communities in the policy cycle and learning from lived experience in Scotland. Within this policy landscape, the role of the front line social care worker has changed, impacted also by changes to regulation when the Scottish Social Services Council (SSSC), the regulator for social care in Scotland moved from a compliance to a fitness to practise based model of regulation. Most recently, findings from the Independent Review of Adult Social Care in Scotland have underlined the importance of social care to the individual flourishing of everyone in Scotland, the contribution of the social care workforce and the importance of meaningful involvement and learning from lived experience.

In the next chapter I move on to offer an account from my review of related literature of prevailing concepts of community before moving on to discuss community; planning, engagement and communities of practice as context for exploration of my research question.

Chapter Four: Community; place, engagement, and communities of practice

4.0. Introduction

I begin this chapter by briefly exploring concepts of 'community' before moving on to briefly revisit place based approaches and community engagement as context for an exploration of communities of practice.

4.1. Community as a concept

The word 'community' has been a feature within public policy in the UK for many years. The word itself can convey perceptions of caring, 'nurturing environments' (MacLeod and Emejulu, 2014, p.436). The role of neoliberal inspired narratives of community in effectively marketising community as a commodity through associated notions of the 'goodness' and 'belonging and social cohesion' is noted by Coburn and Gormally (2017, pp.77-78). The term community has long since been used for such purposes as a prefix to policy, practice, products, programmes, and roles. The term is also used to describe local to global geographical areas and networks, communities of interest, practice, and virtual communities (Coburn and Gormally, 2017). In the context of co-production, which I move on to explore further in the following chapter, the term community is also increasingly being used to underpin a related approach to asset mapping.

Coburn and Gormally (2017, p.91) note the 'contested and fluid nature of community' and refer to Bauman's (2000; 2012) idea of 'liquid modernity'. The authors explain that the notion of liquid modernity is used by Bauman to convey the current uncertain and insecure period we are living in where the notion of community may offer, for some people, comfort, security and 'roots' (Coburn et al, 2017, p.83). In setting out various forms of community, Coburn et al (2017) assert that the concept and those different forms of community remain important 'for the animation of people and praxis' (2017, p.91) and collaboration 'for the common good'. The authors propose the concept of a 'bricolage' (depicted in figure 10. below) as being

> useful in drawing together old, new, and as yet unimagined forms of community in local and global communities (real or virtual) without privileging one form over another (Coburn and Gormally, 2017 p.85).

Figure 10. Illustration adapted from (Coburn and Gormally, 2017, p.90). Community as bricolage
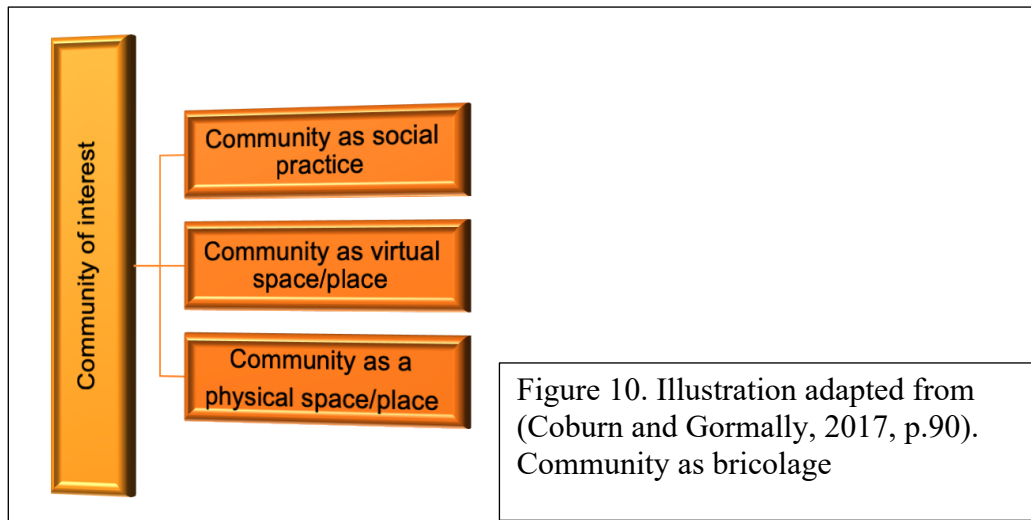
This concept of community as bricolage and that all elements of the bricolage have a role and contribution to creating possibilities and addressing inequalities and social injustice is relevant to my research question of how do FLSCWs engage in community planning in Scotland? and best experiences of involvement and involving people, what helps in involving people/getting involved? and what difference does involvement make? Its relevance stems from Coburn and Gormally's assertion that all types of community reflected within the bricolage 'are important aspects of emancipatory practice' (2017, p.89) and that they interact with each other to 'affirm community practice and to consolidate what the practice does' (2017, p.89). This is an important way to think about the role of the FLSCW as part of that bricolage, the role of planning (including community planning) in reinforcing connection between all elements of that bricolage, and how elements of the bricolage may interact with and influence (and be influenced by) the FLSCW. If we consider this in the context of the policy landscape for empowering involvement as outlined in figure 5. in the previous Chapter, empowering involvement in community planning and the context, role and impact of front line social care through the lens of the CA^N, as I go on to argue, all elements of the bricolage have relevance to the FLSCW's role and practice.

4.2. Place based approaches in Scotland

As previously explored in Chapter Three, public policy changes in Scotland have created new spaces for planning and involvement in decision making in Scotland. This locality-based approach to outcomes planning is further underlined through the Scottish Government and Convention of Scottish Local Authorities (COSLA) Place Based

Principle (Scottish Government, 2019) and related place based approaches. The latter include community planning which I will shortly move on to explore, community wealth building and 20-minute neighbourhoods. Community wealth building is centred on addressing inequalities through 'inclusive economics' (IS, 2022(a), online). The Scottish Government's aspiration for 20-minute neighbourhoods is underpinned by a desire 'to enable more local living and thereby support everybody's choices to enhance wellbeing for our people and planet' (IS, 2022(a), online). The Place Based Principle recognises that

> place is where people, location and resources combine to create a sense of identity and purpose and is at the heart of addressing the needs and realising the full potential of communities. Places are shaped by the way resources and assets are directed and used by the people who live in and invest in them. (Scottish Government, 2019(a), online).

Described as a strengths-based approach to mapping community resources, community asset mapping, when undertaken collaboratively, can afford opportunity to raise awareness of holistic community networks and resources. Supporting links within and between communities of place and interest. The need for concern for the values underpinning community asset mapping is highlighted by MacLeod and Emejulu (2014) who note the impact of neoliberal marketisation of community on perceived purpose of asset mapping of community connections and networks. The authors argue that this may lead to an individualistic view with perceptions of the purpose of asset mapping and networking being to further the individual's social capital. This is important in considering Miller and Barrie's (2016) assertion that community outcomes planning should flow from the personal outcomes planning conversation. In contrast to neoliberalist motivations, I argue that personal outcomes planning may be viewed as a space for Nussbaum's identified capabilities of practical reasoning, for critical reflection and making a plan about one's own life and affiliation along with consideration of the other capabilities on Nussbaum's list. Framing personal outcomes planning in this way affords a space for appreciative inquiry of 'reason to value' with identification of community assets and futures planning flowing from this process. In considering the FLSCW role in personal outcomes planning, in this sense, perceptions and notions of community and community asset mapping are relevant to this study and to exploration of my research question of how do FLSCWs engage in community planning in Scotland? and related questions of best experiences of involvement and involving people, what helps in involving people/getting involved? and what difference does involvement make?. It is relevant because of the impact of philosophical values which underpin our consideration of such questions, what constitutes an asset and purpose of mapping. As previously acknowledged, neoliberal inspired policy

has created an individualistic concept which impacts on perceptions of the purpose of planning, involvement, collaboration, notions of community, empowerment, what constitutes assets and our evaluation of the difference involvement makes.

Adoption of the Place Based Principle is in response to identified challenges caused by organisational and sectoral boundaries with aspiration of encouraging greater collaboration across such boundaries and a 'bottom-up approach to meet the unique needs of people in a given location' (Munro, 2015, online). Among the issues identified and which the Place Based Principle is designed to address within place-based approaches such as community planning are 'misdiagnosis of issues, lack of an asset-based approach, tokenistic community engagement and short-term horizons' (Munro, 2015, online). This is relevant to my research question and consideration of empowering involvement and the front line social care worker's role in outcomes planning and how this contributes to empowering involvement in community planning. The need for 'a more joined up, collaborative, and participative approach to services, land and buildings, across all sectors within a place' is cited as being key to promoting and supporting improved outcomes and more opportunities for people and communities to 'shape their own lives' (Scottish Government, 2019(a), online). Associated interconnected and interdependent place and wellbeing outcomes focusing on

> **…movement** – active travel, public transport, traffic and parks; **spaces** – streets and spaces, natural spaces, play and recreation; **resources** – services and support, work and economy, housing and community; **civic** – identity and belonging, feeling safe; **stewardship** – care and maintenance, influence and control (IS, 2022(b), p. 1)

have been developed. Informed by the principles of the earlier Christie Commission on the future of public services (Scottish Government, 2011), the place and wellbeing outcomes were also shaped by place-based evidence relating to the determinants of health in Scotland (IS, 2022, p.5). Considering Nussbaum's list of capabilities and 'control over one's environment', 'affiliation' and 'practical reason' it is interesting to note the aspiration under the outcome of 'stewardship, influence and control' that 'everyone is empowered to be involved in a place' (IS, 2022(b), p.12) where,

> ….local outcomes are improved by effective collaboration between communities, community organisations and public bodies; Decision making processes are designed to involve communities as equal partners; Community organisations co-produce local solutions to issues; Communities have

increased influence over decisions; Democratic processes are developed to be accessible to all citizens' (IS, 2022(b), p.12).

The interconnected nature of the outcomes identified recognises that 'intervention in one outcome will have a knock-on impact on achieving other outcomes' (IS, 2022, p.5) underlining the need for a collaborative approach and systems thinking to effect delivery. Systems thinking

> refers to the field of research and practice related to the study of systems (also referred to as systems science), which includes theories, methods, and approaches aimed at describing, changing, and developing systems (Silva et al, 2018, p.57).

Systems thinking also recognises that many of the issues which we face as a society are complex, contextual and involve a number of 'overlapping and interacting sources of influence' and do not lend themselves to linear solutions (Silva et al, 2018, p.57). This is relevant to consideration of empowering involvement and the front line social care worker's role in community planning in consideration of the leadership role of front line social care practitioners (discussed in the preceding chapter), including their role in promoting and supporting citizen leadership, systems leadership and adaptive leadership. Systems leadership is 'about building relationships and connectivity across organisations and sectors to drive the improvement, innovation and transformation of services (SCIE, 2018, online). Adaptive leadership, as noted in chapter three, recognises the complexity of the environment and proposes that many of the problems we face as people are located within a complex and dynamic interactive system (Northouse, 2019).

4.3. Community engagement

The concept of a dynamic interactive system, consideration of leadership domains articulated within Step into Leadership (SSSC, 2019) together with Coburn and Gormally's (2017) concept of community as bricolage and recognition that all elements of the bricolage have a role and contribution to creating possibilities and addressing inequalities and social injustice is helpful in foregrounding consideration of community engagement and what this means.

Considered as a vital aspect of the Act, community engagement, as a term, has been variously described as 'the democratic process by which civil renewal is advanced'

(London Councils, 2008), 'the 'glue' that links problems to health promotion actions' (WHO, 2020, p.16) and 'an approach that encourages productive relationships between communities and public bodies' (Scottish Government, 2021, p.17). Within CPP's community engagement has been described to 'rarely entail devolving substantial power and resources to communities' (Weakly and Escobar, 2018, p.1). Related to this is concern for inclusion and diversity in that processes for community engagement may 'simply replicate the power inequalities at play in communities' (Weakley and Escobar, 2018, p.2) through always involving the same groups and individuals rather than seeking to involve a cross section of the community or communities of focus.

The issue of power and inclusion also has an impact on the nature of evidence, power and hierarchies of knowledge. Weakly and Escobar, (2018, p.5) note the need for evaluations of Local Outcome Improvement plans and Locality Plans to

> …assess to what extent community priorities are shaping the strategic priorities of a CPP. Evaluations must pay particular attention to inequalities in power and influence among communities.

This is relevant to my research question of how do FLSCW engage in community planning in Scotland? and related questions of best experiences of involvement and involving people, what helps in involving people/getting involved? and what difference does involvement make? This is because the answers to such questions are important to Local Outcomes Improvement Plans and Locality Plans and associated evaluation of the shaping of priorities with concern for power and influence.

I return to the issue of power in the next chapter. A further related consideration is that of notions of evidence and knowledge used in community planning. Bynner and Terje, (2018, p.1) comment that

> evidence use in community planning is a craft that involves valuing and interweaving different forms of evidence and knowledge – recognising that evidence becomes meaningful through communication.

The authors comment on the importance of three types of knowledge as relevant and useful types of knowledge and evidence in community planning, namely empirical and craft knowledge and practical wisdom (depicted in figure 11.).

Figure 11.
Model of knowledge types for public service reform (Bynner and Terje, 2018, p.25).Permission to reproduce this illustration has been granted by Dr C. Bynner.
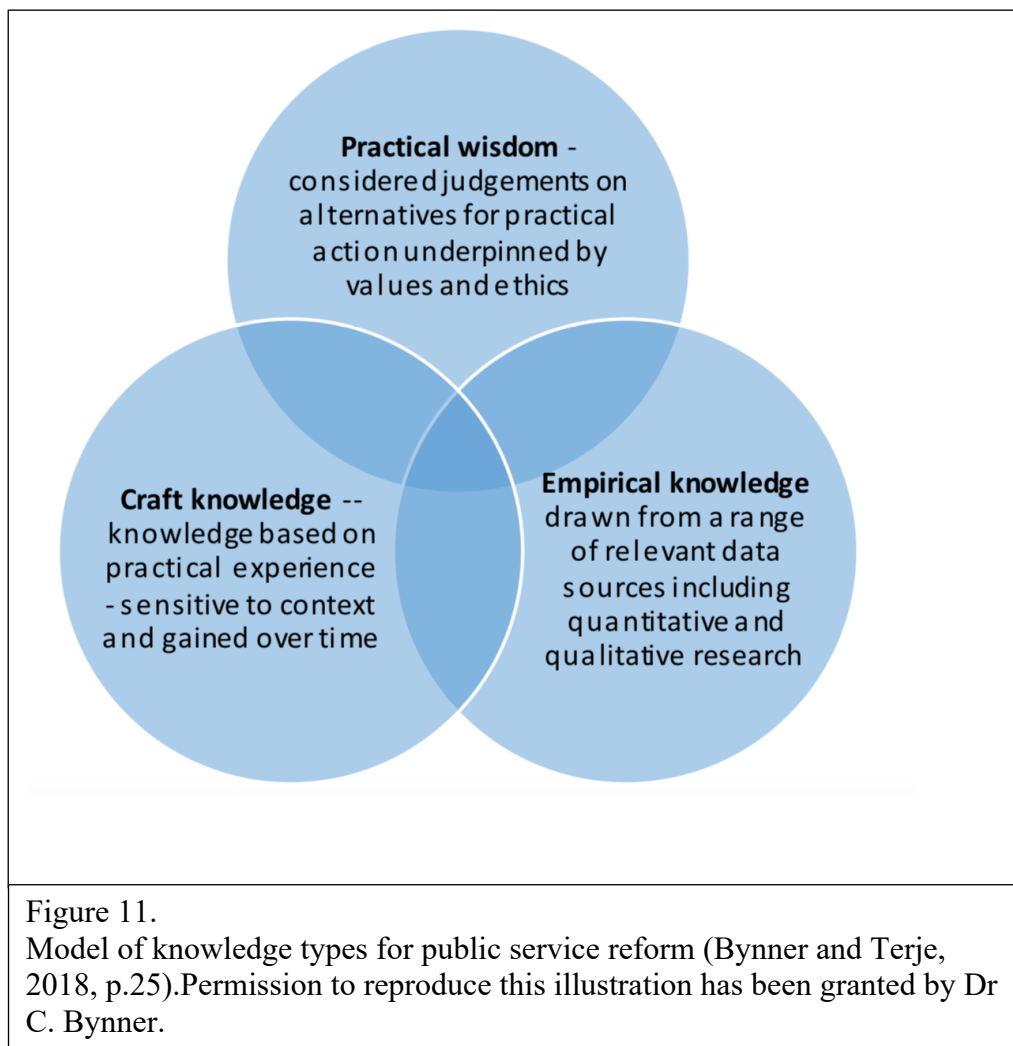
Though Bynner and Terje (2018) do not refer specifically to social care workers in their use of the term front line workers they do underline the importance of the craft knowledge which front line workers bring through working in the community. I argue that FLSCW also bring and draw on practical wisdom and empirical knowledge through practice wisdom. Practice wisdom is defined by Collins and Daly (2011, p.36) as 'an 'integrating vehicle' which allows a practitioner to make sense of multiple sources of evidence to reach conclusions.' Bynner and Terjie (2018, p. 2) comment that

> A desirable Scottish approach to evidence in public policy entails integrating empirical evidence, craft knowledge and practical wisdom in a way that recognises the value of all three. This requires understanding, recognition and respect for different types of knowledge, providing a basis for using evidence wisely in the ambition to achieve positive outcomes through public service reform.

Practice wisdom then, adds a further dimension to consideration of my research question and the front line social care worker's role and contribution to empowering involvement in community planning. Practice wisdom is noted as being a key element to evidence informed practice (Collins and Daly, 2011). In the context of systems thinking evidence

informed practice recognises the complex nature of problems we face as a society and the multiple, interacting and overlapping factors which have a bearing on this (Silva et al, 2018) in contrast to best practice which is best suited to more linear problems where cause and effect are more easily determined.

Having briefly considered practice wisdom in the context of community engagement and evidence informed practice, I now turn to explore the concept of communities of practice to consider community engagement and practice within communities of practice as context for exploration of my research question.

4.4. Communities of practice

Wenger defines knowing as 'an act of participation in complex social learning systems' (2000, p.226). The author proposes a conceptual framework with associated key elements to understanding social learning systems namely 'a social definition of learning' and 'modes of belonging' (Wenger, 2000, p.226). The former includes reference to social competence and personal experience while the latter focuses on how we may participate in the social learning system such as through 'engagement, imagination, and alignment' (Wenger, 2000, p.226). To this Wenger (2000, p.226) adds three pillars of social learning systems identified as 'communities of practice, boundary processes among these communities, and identities as shaped by our participation in these systems'. Wenger (2000) proposes that definitions of competence 'what it takes to act and be recognised as a competent member' (p.227) within a social learning system are shaped by an historical element and social elements with the latter including our ongoing lived experience. Learning, Wenger asserts, is a 'dynamic, two way relationship between people and social learning systems' (2000, p.227). Learning occurs at the juncture of socially defined competence and our ongoing lived experience. The author highlights the contextual nature of this citing situations such as when we start a new job when we feel driven to align our experience to the competence defined by the organisation. Wenger also gives examples of situations where we feel competent and then we have an experience which changes our previously held ways of thinking about competence such as when we attend a conference, meet someone with a different view or engage in conversation with a friend. This leads us to question how this new knowledge we have gained fits with the socially defined competence within our community and to seek to influence and pull our community's

competence along through sharing our learning from the experience. Wenger distinguishes between the aforementioned three ways of belonging defining engagement as 'doing things together' (2000, p.227) such as having conversations, co-producing artifacts, collaborating through teamwork or participating in meetings. Our engagement with each other and the world and our experiences and responses elicited from others through our engagement with them influence our view of self and identity and is how we discover what we can do. Imagination as a way of belonging is when we construct imagery to reflect and 'orient ourselves' (Wenger, 2000, p.228) imagery of self, our communities and as a citizen of the world. This may involve storytelling, developing scenarios to explore options or drawing maps. The notion of imagination is required, Wenger asserts, in order to visualise ourselves as a member of a national or global community where it would be impossible to interact with all of our fellow human beings. Imagination is therefore central to our ability to gain and appreciate our sense of self and participation as a citizen of the world. Alignment as a mode of belonging is when we have concern for the alignment of our local activities to wider systems and processes. Alignment involves coordination and collaboration and is driven by a desire to ensure local activities can have wider impact beyond our own involvement and can 'realise higher goals' (Wenger, 2000, p.228). Our methods of alignment and decision making may include adhering to a moral or professional code or talking important decisions with a loved one all of which, Wenger argues, may become embedded elements of our identity. The author considers all three modes of belonging as being 'a foundation for a typology of communities' (Wenger, 2000, p.228) which we should strive to develop in combination. This leads me to revisit Coburn and Gormally's (2017) concept of community as bricolage, where all elements of the bricolage may have a role and contribution to creating possibilities and addressing inequalities and social injustice which I briefly explored earlier in this chapter.

It is interesting to consider how all the elements of Coburn and Gormally's (2017) bricolage may interact and help promote and support expansion of capabilities and development of Wenger's modes of belonging. This is of relevance to my research question of how do FLSCWs engage in community planning in Scotland?' and related questions of best experiences of involvement and involving people, what helps in involving people/getting involved? and what difference does involvement make? It is relevant because Wenger's modes of belonging, combined with the concept of bricolage invite consideration of the FLSCWs role and contribution to modes of belonging as part of that bricolage but also how the FLSCW's modes of belonging may be impacted by that

bricolage. Of relevance here too is Bynner and Terje's (2018) identification of the three types of knowledge as relevant and useful types of knowledge and evidence in community planning, namely empirical and craft knowledge and practical wisdom. As set out more fully in my findings chapter, I argue that the front line social care worker, through practice wisdom and leadership, effectively engages in sense making and integration of the multiple types and sources of evidence identified by Bynner and Terje (2018) as being relevant to community planning in Scotland.

4.5. Chapter Summary

In this chapter, drawing on relevant available literature, I have outlined the various and often contested meanings of community as a concept. Coburn and Gormally's (2017) concept of community as bricolage with recognition that all elements of the bricolage have a role and contribution to creating possibilities and addressing inequalities and social injustice is helpful in situating the FLSCW's role in community planning and their engagement with the different types of evidence noted as being relevant to community planning. Considering community as bricolage is also helpful in thinking about the different kinds of communities within the FLSCW's sphere of engagement and influence and which in turn may influence the practice context, role and identity of the FLSCW including communities of practice.

Wenger refers to communities of practice as being 'the basic building blocks of a social learning system because they are social 'containers' of competencies' within larger 'constellations of interrelated communities of practice' (2000, p.229). It is interesting to consider this in the context of health and social care integration and empowering involvement in community planning in Scotland and also developments in public health in Scotland with the introduction of a new public health body and associated revisiting of who may have a role as part of the public health workforce and part of the foundations of community wellbeing (figure 13) explored in the following chapter which focuses on power and empowerment.

Chapter Five: Power and empowerment

5.0. Introduction

In this chapter I explore issues of power and empowerment before considering the FLSCW role in the context of a whole systems approach to empowering involvement in community planning. Power and empowerment in outcomes planning is at the heart of my research question of 'How do FLSCW engage in community planning in Scotland?'. The language of empowerment is a prominent feature within the public policy landscape in Scotland, not least in the title of the Community Empowerment (Scotland) Act 2015. Appreciating the potential of involvement in outcomes planning as a space of possibility and Nussbaum's 'narrative imagination' which she defines as

> the ability to think what it might be like to be in the shoes of a person different from oneself, to be an intelligent reader of that person's story, and to understand the emotions and wishes and desires that someone so placed might have (Nussbaum 2010, p.95-96)

I argued the need to revisit what we mean by involvement (Johnston, 2019). In introducing this chapter and in opening consideration of power and empowerment in outcomes planning, I return to Nussbaum's concept of 'adaptive preferences' where

> ..people adjust their preference to what they think they can achieve, and also to what their society tells them a suitable achievement is for someone like them (Nussbaum, 2006, p.73).

This seems particularly relevant to consideration of empowering involvement and the FLSCW role. Revisiting power and empowerment, notions of involvement and the ethics underpinning involvement is important in considering the reform of adult social care programme. In particular, the Scottish Government's associated commitment to 'strengthening the quality and consistency of co-production' (Scottish Government, 2019, p.2) and 'a relentless focus on involving people who use services, their families and carers' (Scottish Government, 2021, p.103), and their 'greater empowerment' at individual and community level (Scottish Government, 2021, p19). The concepts of coproduction and empowerment are explored later in this Chapter which I begin with a focus on power.

5.1. Power

The complexity of power as a concept and the range of opposing terms often used to describe power such as 'control and freedom, influence and independence, agency and commanding obedience, dominance and rebellion' is noted by Pratto (2016, p.1). Used inappropriately, power can be destructive. Pratto also notes that not having or lacking sufficient power can have an impact on 'the length and quality of people's lives, the functioning of communities, and the health of their environments' (2016, p.1). Morriss's (2006, p.126) definition of power as 'the ability to affect outcomes not the ability to affect others' portrays the positive potential of power and would seem to be particularly relevant in considering issues of power in involvement in outcomes planning. Though one might argue that Morriss's reference to power not being about being the ability to affect others seems grounded in a negative view of power and is somewhat at odds with positive notions of power embodied in some forms of leadership such as transformational leadership. Transformational leadership in the context of social care was explored in Chapter Three.

In discussing the role of community youth workers Coburn and Gormally, (2017) comment on how a positive view of power

> offers fluidity and promotes facilitation of an environment that enables or
> encourages power sharing that is complex, relational and situational. (p.93).

The need for multi-level analysis of power is highlighted by the authors and this is relevant to consideration of issues of power relevant to the FLSCW role and contribution to personal, community, national and global outcomes planning.

Larkin and Milne (2013 p.33) comment that 'disempowerment occurs as a result of the knowledge of those subject to power being subordinated to the knowledge of those who have power'. They draw particular attention to the imbalance in power relationships between unpaid carers and health and social care services. The impact of deficit-based language used and bio-medical approach which can serve to devalue the knowledge carers have of their own needs and those of the person they care for is highlighted by the authors as being symptomatic of this. Importantly this devaluing serves to perpetuate hierarchies of knowledge which privilege other ways of knowing over lived experience. The valuing of and learning from lived experience is a central consideration in my research question,

focus on empowering involvement and how front line social care workers engage in community planning. Recognition of the importance of learning from lived experience is a core element of the recommendations from the independent review of adult social care in Scotland along with a call for social care to have parity of esteem with the NHS. This call for parity of esteem comes at a time when the interdependencies between health and social care have been thrown into sharp relief. Current recruitment and retention issues in social care in Scotland (Jones, 2021) and resultant impact on support in the community reportedly 'threatens to stand in the way of the health system trying to get back on its feet' (BBC Scotland online, October 2021).

Rowlands (1997, p.13) offers a typology of expressions of power comprising 'power to', relating to 'the individual ability to act' (Gaventa, 2021, p.111), 'power with', the ability to act together with others and 'power within' referring to a sense of individual or collective self-worth, value and dignity. I have included Rowlands (1997) typology as this reflects power as a process and recognises that 'power can take many forms' (Rowlands, 1997, p.13). Coburn and Gormally (2017) highlight the importance of recognising the impact of differing contexts and the underpinning values and motivations associated with how power is employed. The authors refer to these theoretical conceptions as being within the 'powercube' framework in which they are featured as 'expressions of power' to reflect 'different forms of individual and collective agency and power' (Pantazidou, 2012, p7). To Rowlands (1997) typology of expressions of power 'power for' has been more recently added. Gaventa (2021) citing Bradley (2020, p.107) described power for as 'the combined vision, values and demands that orientate our work' (Bradley, 2020, p.107), and

> building a logic for transformative power, motivation and sustained movement that generate power to, with and within as building blocks for change.

Developed by Gaventa (2005) building on the work of Lukes (1974) and others, the powercube offers a framework for power analysis to explore the inter-connections between levels, spaces, and forms of power. Presented in graphic form as a rubik's type cube the 'forms' side of the cube refers to how power may manifest itself in visible, hidden and invisible ways. The 'spaces' aspect of the cube refers to spaces of possible involvement including closed, invited and claimed spaces. Gaventa describes the levels side of the cube as referring to various layers of authority and decision-making including household, local, national and global layers. The powercube approach encourages us to view relations of power across and within a continuum consisting of the levels. The concept has been used

for a variety of purposes including by community groups in the UK for analysis of power relationships in participation (Gaventa and Pettit, 2011). Criticism of the concept includes the assertion that it 'emphasises strategies which see success as participation within an existing institutional order' (Cox, 2011, p.305). Gaventa and Pettit, (2011), in defence of the concept, comment that Cox is predominantly dwelling on just one dimension of the cube (space) and failing to recognise the interplay between the levels and forms dimensions of the cube. He reinforces this by indicating that the Powercube approach is

> ..predicated on an approach which suggests that ultimately systematic transformation will occur as people uncover and challenge power for themselves (Gaveneta and Pettit, 2011, p.311).

Gaventa also argues that transformational change arises as a result of social actors like donors, civil society organisations and movements working across all dimensions of the cube.

Thinking of power in this way, as something which is employed and exercised through networks and systems rather than something that is the preserve of the elite, leads to consideration of citizen leadership. Hunjan and Keophilavong (2010) in Coburn and Gormally (2017, p.96), in describing the concept of 'power to' state that 'citizen education and leadership development is rooted in the belief that every individual has the power to make a difference'. This is a message which underpins developments in Scotland such as dementia friendly communities where people are working together to help promote and support more inclusive communities, to raise awareness of the condition and share learning of what can help people living with dementia and their carers to live as full a life as possible.

Though, in my view, the powercube as a metaphor infers a certain rigidity, the framework's recognition of power as a systemic and generative concept would appear to align with a network theory of power and the concepts of systems thinking and design thinking as explored in earlier chapters. For these reasons, and for the purposes of my research question, I have chosen to focus on both concepts of power to foreground the following exploration of empowerment. Adapting the cube metaphor (Figure 14. featured later in this chapter) to suggest more of an adaptive framework metaphor through which to

explore power and empowering involvement in community planning and the role of FLSCW.

5.2. Empowerment

Among the recommendations of the Independent Review of Adult Social Care in Scotland is the call for a relentless focus on involving people who use services, their families and carers' (Feeley, 2021, p.103), and their 'greater empowerment' at individual and community level (Feeley, 2021, p19). Empowerment is also reflected in the National Performance Framework (NPF) for Scotland which is designed to reflect Scotland's commitment to the global sustainable development goals. The NPF includes an aspirational outcome for a Scotland where 'we live in communities that are inclusive, empowered, resilient and safe' (National Performance Framework online, 2018). Indeed, reinforcing the central role of empowerment, it has also been stated that empowered communities will contribute to achieving the other National Performance Framework Outcomes (Audit Scotland, 2019, p.7).

Empowerment is a term which is increasingly used in policy and practice language, often without proper definition. The World Health Organisation define community empowerment as 'a process enabling communities to increase control over their lives' (Scottish Government, 2019, p.4). The Scottish Government definition similarly describes community empowerment as a process

> where people work together to make change happen in their communities by having more power and influence over what matters to them (Audit Scotland, 2019, p.4).

In the context of coproduction with people with dementia, McConnell et al (2019) call for a clear conceptualisation of what is meant by empowerment. Coproduced with people with dementia participating in their study the authors identify a definition of empowerment as

> a confidence building process whereby people with dementia are respected, have a voice and are heard, are involved in making decisions about their lives and have the opportunity to create change through access to appropriate resources (p.1).

The authors go on to argue that a clear definition of empowerment relative to dementia is necessary to support evaluation of coproduction as an empowering process, avoiding tokenistic involvement to coproduce initiatives which build agency and capacity. Citing Jacques (1996), Coburn and Gormally (2017, p.99) note that 'the feeling of empowerment is not the same as being empowered'. People may feel empowered because society has told them this is what good looks like and what 'someone like them' can expect from the experience of being involved. In recognition that power can be made palatable through remaining hidden in everyday interactions and conversations, Coburn and Gormally (2017) call for empowerment to be viewed as an ongoing critical process lest disempowerment is perpetuated.

In considering empowerment as an on ongoing critical process and something which needs definition and evaluation, it is interesting to note Sinclair's (2011) Scottish study and comments from one community planning participant interviewed that '"involved" is a word that can have any number of meanings when it comes to participation in community planning' (p.82). The author, referencing Kelly (2007) highlights the restricted view, held by some, of the role of the voluntary sector as a source of consultation in community planning rather than as active and equal partners in policy making. Such issues of power in community planning are important not least in considering Miller and Barrie's (2016) assertion, in the context of health and social care, that community outcomes planning should flow from personal outcomes planning conversations. Practitioners in many of these voluntary organisations have a role in facilitating such conversations through personal outcomes planning and promoting and supporting community involvement and development activities. Many, such as previously mentioned Third Sector Interfaces (TSIs) are involved in engaging with the new spaces for involvement and representation of people with lived experience of health and social care, carers and their representatives created by virtue of public policy developments in Scotland.

The Community Empowerment (Scotland) Act 2015

> has a specific focus on promoting effective engagement and participation to help communities achieve greater control and influence in the decisions and circumstances that affect their lives (Scottish Government et al, 2016 p.4).

The associated Standards for Community Engagement outline practice principles to support Community Empowerment Act community participation processes (figure 12.).

Figure 12. Standards for Community Engagement (Scottish Government et al, 2016, p.9). Permission to reproduce this illustration has been granted by the Scottish Community Development Centre.

Applying the spaces dimension from the power cube to the new spaces for citizen involvement created through the Public bodies Joint working Act and Community Planning legislation, the former may be considered an invited space for some (representatives) whereas the latter may be considered both an invited or claimed space. Claimed space being in the shape of the right to make a participation request to Community Planning Partnerships by virtue of Community Planning legislation. Thinking about the spaces of involvement and who is 'invited' leads to consideration of who those spaces might be closed off to and how to ensure that we are not solely listening to and

learning from those with the capabilities, confidence and resources to get involved and have their voice heard.

The creation of a new National Care Service for Scotland with parity of esteem with the NHS is proposed along with a new view of social care as 'foundational to the flourishing of everyone in Scotland' (Feeley, 2021, p.4). This proposed new paradigm for social care underlines the FLSCW role in empowering involvement of people as active citizens but also further illustrates the importance of recognising that front line workers are citizens too and their capabilities may be impacted. As mentioned in Chapter Two, of relevance here too is the Scottish Social Service Council's (SSSC) earlier move from compliance to a 'Fitness to Practise' model of regulation to include investigating concerns about practise impaired due to the health of the worker. The related Codes of Practice for Social Service Workers and Employers was updated to reflect the new model of regulation and to set out the values and behaviours expected by those parties.

As previously noted, the neoliberal marketisation of social care services and associated competitive contract culture which pitched (and in some cases still pitches) social care service providers against one another led to time and task-based commissioning. Competitive tendering also saw providers entering into contracts which were not operationally and financially viable with cost cutting ultimately impacting quality of support and FLSCW pay and conditions (Feeley, 2021) with many on zero-hour contracts (Fair Work Convention, 2019). Abramovitz and Zelnick (2010), commenting on the impact of neoliberal inspired policy on care workers in the US and South Africa similarly note the adverse impact on the person being cared for, family carers and care worker wellbeing. They highlight time pressures, staff shortages and care workers feeling unimportant, devalued and powerless in this climate.

Improving FLSCW working conditions and how this relates to the wellbeing of the worker, people they support and their families is underlined by the Fairwork Convention for Social Care. The Convention calls for a 'radical overhaul of the social care commissioning process' (Fairwork Convention, 2019, online) to reflect the associated Fair Work Framework of effective voice, opportunity, fulfilment, security and respect. There

are evident parallels between these framework themes and Nussbaum's central list of capabilities which I explored in Chapter Two.

5.3. Empowerment and involvement

Within the topology of terms used to describe involvement and participation, Arnstein's ladder (1969) is perhaps still the most recognised. Arnstein uses the metaphor of a ladder to illustrate degrees of citizen participation ranging from the lower rungs of non-participation (manipulation and therapy), through tokenism (informing, consultation, placation) to the higher rungs of citizen control; (partnership and delegation). Bovaird (2007) cautions that the ladder concept fails to fully illuminate the complexity of the relationship between the 'provider and user' (p.847). In contrast, and in the context of planning, Tippett and How, (2020) comment on the usefulness of Arnstein's ladder metaphor in analysing issues of power, noting Brownhill and Inch's assertion that 'debates about participation are debates about power' (2019, p.10). While I would agree with the latter, I share Bovaird's (2007) concern around the limitations of the ladder metaphor in reflecting the complexity of relationships. Moreover, I would argue that if we subscribe to a notion of power as operating in and being exercised through a network like manner then shouldn't a network like metaphor (Johnston, 2019) be considered as an appropriate metaphor for participation and empowering involvement?

Generally considered to be situated towards the upper rungs of Arnsteins's ladder metaphor, co-production has been cited in the context of the reform of adult social care as being 'the key to success' (Freeman, 2019, online). Co-production has been variously described as being; 'about combining everyone's strengths so that we can work together to achieve positive change' (Scottish Co-production Network, 2022, online); 'a way of working where service providers and users work together to reach a collective outcome' (Involve UK, 2018, online); and of going

> ..beyond participation and partnership working because it requires people to act together on an *equal* basis. It means we can all contribute our lived experience, skills and ideas about what works, to make our communities even better (Scottish Co-production Network, 2018, online).

Heralded by Bovaird (2007, p.846) as 'a revolutionary concept in public service' with implications for democratic practices through the central focus of putting people and

communities at the heart of decision making, coproduction, 'done well…can shift the balance of power' (Scottish Co-production Network, online). Generally promoted as an inherently good thing, Bovaird (2007) comments that, although co-production should not be viewed as 'a panacea' (p.856), it can be an antithesis to tokenistic approaches to involvement arising from neoliberal inspired New Public Management which emerged in the 1980's. New Public Management is underpinned by a Neoliberal philosophy that efficiency and better allocation of resources arise from market driven competition and entrepreneurship (van Riemsdijk, 2010). In the context of social care, the associated market-based commissioning practices and related consumer driven casting of people with lived experience in the role of 'service users' or 'customers' serve to narrow the spaces and opportunities for involvement in decision making, access to other involvement possibilities and pathways to be imagined/reimagined and coproduced (Johnston, 2019). Importantly this narrow view of involvement may contribute to the perpetuation of hierarchies of knowledge which privilege other ways of knowing over lived experience. Criticism of co-production ranges from concern for and impact of the disparate values of co-producers (Taylor, 2003) and erosion of public accountability. In terms of the latter, participation in coproduction also has the potential to illuminate lines of responsibility, accountability and connections between roles and responsibilities (Mayo and Moore, 2002).

A taxonomy of co-production and co-design is offered by Laitinen et al (2018, p.62) comprising 'passive', 'voice', 'participant', and 'champion' with each level referring to the degree of depth of 'user engagement'. The authors associate each of the levels with degrees of communication, quality of interactivity and involvement, user(s) learning footprint and user(s) impact on service design. At passive level communication is characterised as mainly being about the provider consulting the 'user' with the quality of interactivity and involvement at this level being low and the user being treated as a customer. The learning footprint at passive level is restricted to individual level and user(s) impact on service design is uncertain while at the other end of the scale, the deepest level of co-production, Champion level, communication sees users and providers justify (a change or decision) to the wider public. The quality of interaction and involvement at Champion level sees the user and provider working closely together with user(s) learning footprint reaching the 'system, wider environment and the democratic local community' (p.62).

Considering empowerment as levels invokes a kind of 'definitional rigidity' according to Christens, (2020, p.59) which serves to reinforce a sense that individuals, organisations and communities are separate unconnected entities. Christens argues that this may 'obscure the holism' (2020, p.59) and intersections of the ecology for empowerment. The author highlights the potential of network and relational accounts of empowerment. Such an account of empowerment would appear to accord with a view of power as operating like a network entity and being highly contextual. Recognition of relationships and the complexity of power dynamics within such a network also has parallels with complex adaptive leadership which views leadership as emerging 'from a system or generative dynamic' (Uhl-Bien et al, 2007, p.299).

Laitinen et al's (2018) identification of user(s) learning footprint and impact on individual, system, environment and local community as an area of evaluation is particularly pertinent in considering the Scottish policy and practice context and emphasis on learning from lived experience (SSSC, 2019(a)) and co-production as an approach to involvement and community empowerment. Writing on the exponential growth of participation as an approach to development and the potential for tyranny, Cooke and Kathari (2001) ask whether wide scale participation creates a false impression of empowerment disguising the need to tackle structural inequalities. As previously noted, Scotland has many areas of multiple deprivation. Writing more widely on coproduction, Bovaird (2007) cautions against making assumptions that community members are in a position to engage in this. People and communities do not have equal access to, for example, information, resources and support to get involved.

5.4. Empowering involvement: keeping people at the heart

Christens' (2019, p.41) cites 'a lack of clarity of roles in empowerment processes and tensions between collaboration and conflict' as being among the most urgent issues to the concept of empowerment. Also included in issues contributing to this crisis of meaning are a lack of clarity on what is meant by empowerment, the increasing narrative of empowerment as being an individualistic concept and the 'weakened links between contemporary conceptions of empowerment and a coherent theory of power' (Christens, 2019, p.41). These issues are related and interconnected and this leads to consideration of the need for a shared vision of what empowering involvement means, how we can

collectively understand and learn from the difference involvement makes to people and communities. Understanding the difference involvement makes is one of the key themes from research led by people with lived experience of social care (from accessing social care) and caring (unpaid caring) in Scotland (SSSC, 2019(a)) to develop the SSSC's first involving people plan. The research highlighted that during the course of our life we may have multiple roles and identities. Some of the FLSCW involved in the research have lived experience of accessing social care and/or caring. Key themes identified as being important to involving people were the importance of values, of keeping people at the heart of decision making and the need for a shared vision. As well as the need to understand the difference involvement makes, other key themes from the research related to the importance of communication, sharing learning and ideas, people and partnerships, communities, connections and networks, me in my role (recognising people may have multiple roles) and planning and helpful resources.
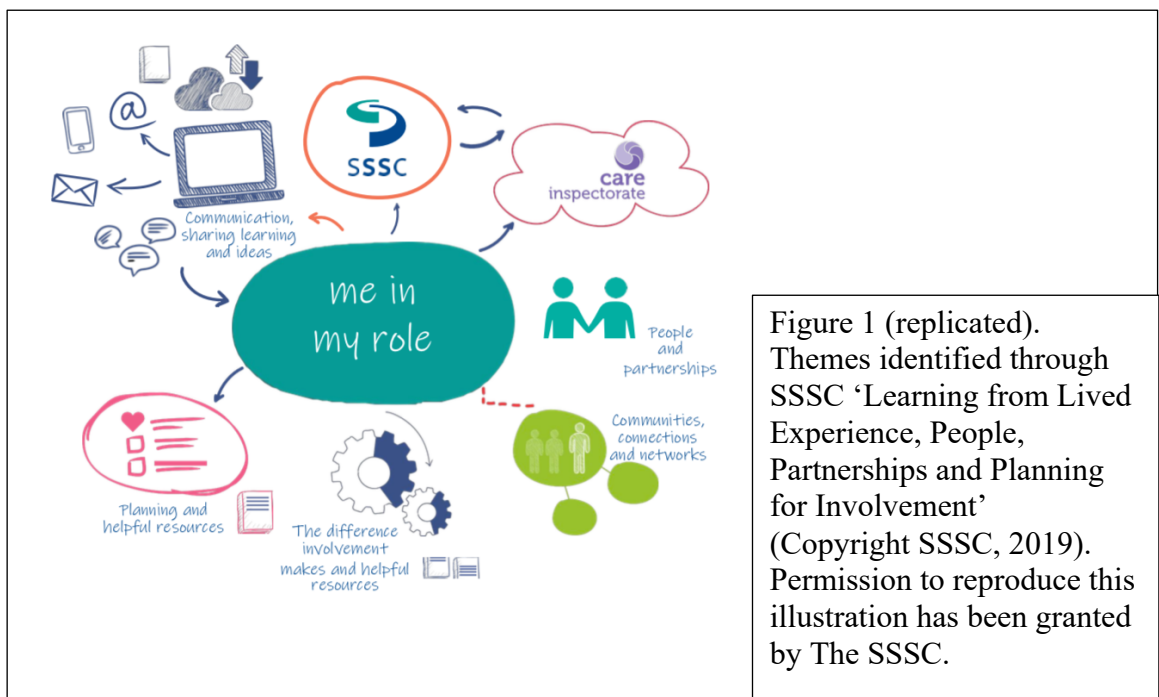
Figure 1 (replicated). Themes identified through SSSC 'Learning from Lived Experience, People, Partnerships and Planning for Involvement' (Copyright SSSC, 2019). Permission to reproduce this illustration has been granted by The SSSC.

Research participants highlighted the need to broaden our thinking about what we mean by involvement. Volunteering, employment, leading or participating in research and engaging in decision making processes are just a few examples. Participants spoke of their experiences of being involved and the difference this made to self, other people (including family and friends) and communities.

> "Getting involved in involvement activities has helped increase my
> confidence" (research participant with lived experience) (SSSC, 2019, p.3).

The potential of involvement as a space of possibility; good conversations, creativity, sharing learning ideas and aspirations, and of how involvement in one activity can possibly lead to involvement in other activities and opportunities is also highlighted along with the need for a holistic network approach to reaching and involving people.

5.4.1. Empowering involvement: Values and principles

As mentioned in Chapter Two and Chapter Three, a right to involvement of people and communities is embodied in the National Health and Social Care Standards which are for everyone in Scotland and the Community Engagement Standards (figure 12). The former underpins regulation and inspection of registered health and social care services in Scotland while the latter, created by virtue of the Community Empowerment Act (Scotland) 2015, are 'good practice principles designed to improve and guide the process of community engagement' (SCDC online, 2021). Another central thread of values and principles which form the fabric of the current context for social care workers and empowering involvement in Scotland are the Codes of Practice for Social Service Workers and Employers which articulate the values and behaviours expected by social service workers and their employers. In considering this fabric (or collage), it is interesting to consider how together, these values and principles and others contribute to a bigger picture of involvement and story of the difference that involvement makes.

The importance of values and need for individual empowerment to be 'rooted in the basic economic, political and social rights that underpin citizenship' as identified by Taylor (2003) is reminiscent of Nussbaum's Capabilities Approach which I explored in Chapter Two. Nussbaum's brand of the Capabilities Approach lists ten capabilities as minimal core entitlements for a life with dignity (2006, p.75). Nussbaum conceptualises these entitlements as capabilities and functionings, with the former defined as the opportunity to do and be what the person has reason to value and the latter the 'beings and doings' that the person may engage in. Looking at empowering involvement through the lens of Nussbaum's Capabilities Approach further underlines the need to have concern for the process, experience and outcome/s of involvement, not least in relation to the exercise of power. Nussbaum's assertion that each person should be treated as an end 'and none as a mere tool of the ends of others' (2006, p.70) is of relevance to planning for involvement and consideration of who may have a role and impact on empowering involvement across

a person's life course and in different contexts. This would seem to underline the need for a dynamic and generative framework underpinned by a Capabilities Approach and reflecting a network like conception of power.

5.4.2. Empowering Involvement: A whole systems approach

The concept of a 'system of interest' for an effective co-production process which builds capacity and capability underpinned by key pillars of 'hearing everyone's voice', effective thinking and creativity' and 'linking information, results and ideas across time and place' is proposed by Tippett and How (2020, p.119) (figure 13 below) in the context of planning.
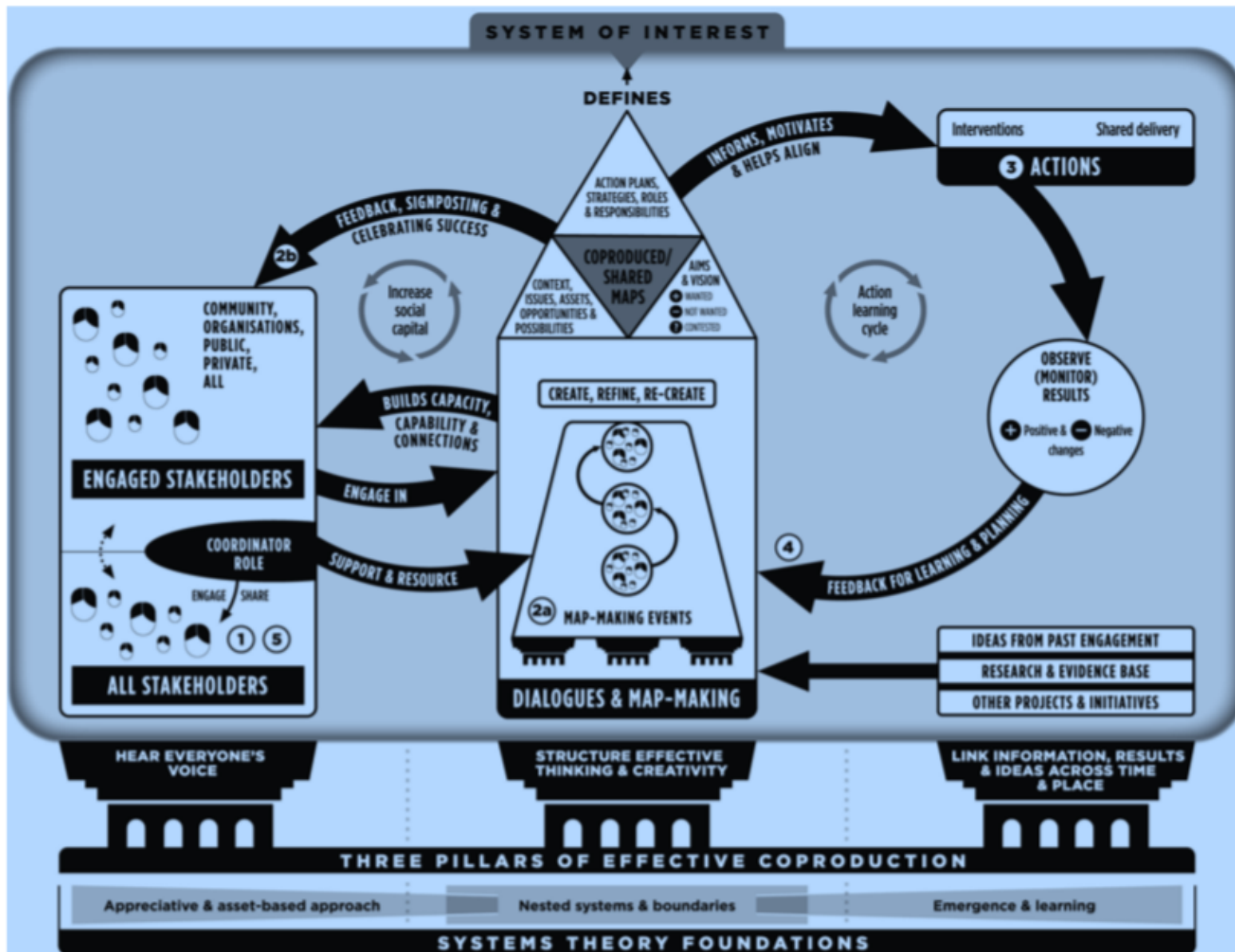
Figure 13. Tippett and How (2020, p.119) Proposed normative heuristic for effective co-production. Permission to reproduce this illustration has been granted by Dr J. Tippett.

This concept of micro to meso and macro levels of outcomes planning and of connections between is important to the analysis of power and empowerment and the FLSCW role in empowering involvement. In considering the front line workers role and impact in the context of a whole system, of relevance here is the current landscape in which FLSCW in Scotland are working, with increasing pressures on the health and social care system exacerbated by the pandemic, current social care staff absence rates and recruitment and retention issues in Scotland (SCVO, 2021). Also of relevance is the vision articulate by Scotland's new public health body Public Health Scotland, of health and social care and community planning as connected parts of the 'foundations of community wellbeing'(Figure 14. below). The body calls for people and groups to join forces for 'a Scotland where everybody thrives' (Public Health Scotland, 2020, online).
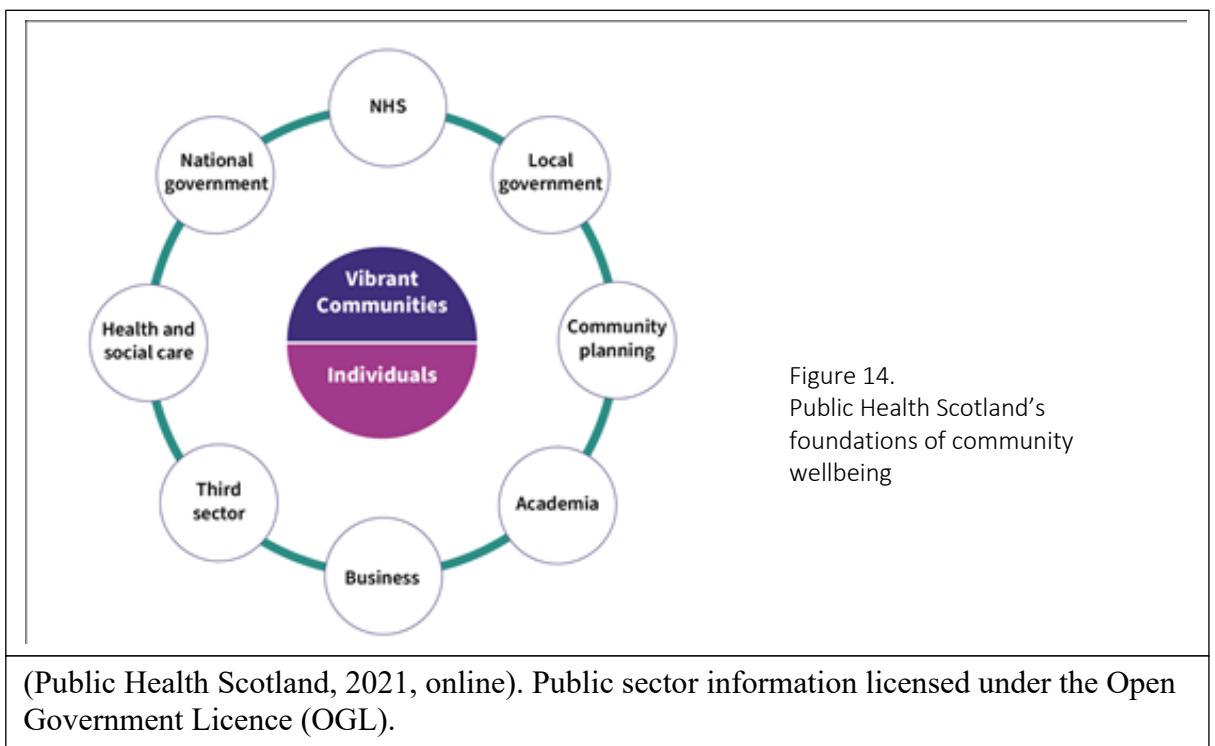
Figure 14.
Public Health Scotland's foundations of community wellbeing

(Public Health Scotland, 2021, online). Public sector information licensed under the Open Government Licence (OGL).

A whole systems approach, putting lived experience at the heart of decision making (Feeley, 2021) and tackling inequality of opportunity are core aspirations of the 'Scottish Government's vision for a fairer Scotland' (Scottish Government, 2018(j)). Consideration of health and social care as part of the foundations of community wellbeing and community flourishing along with the micro, meso and macro level whole systems approach to outcomes planning, partnerships, innovation and data gathering (Public Health Scotland, 2020) is relevant as I now move on to outline the framework which underpins my analysis of the FLSCW role in empowering involvement in community planning.

5.4.3. Empowering involvement: An adaptive framework for analysis, learning, outcomes planning and action

In chapter two I explored how the social care policy landscape in Scotland and policy language has changed over the years with an increasing narrative of outcomes and coproduction. Social care policy and practice has also seen a growing focus on recognising, promoting and supporting leadership capabilities in citizen and practitioner roles (SSSC, 2017). Improvement and people and communities 'improving together' (SSSC, 2019) is also a prominent feature of the current policy and practice landscape. 'Leading together' (SSSC, 2016) and the associated 'Step into Leadership' resource articulates the following vision for leadership

> Scotland's social services need effective leadership at all levels within the workforce, as well as strong citizen leadership from people who use services and their carers (SSSC, 2020, online).

A focus on coproduction with people with lived experience, improvement and assets rather than deficits are described as being at the heart of the 'Scottish approach to policy making' and are key pillars of public service reform in Scotland. Examples of citizen leadership in the policy making process may be seen in how people with lived experience have been instrumental in driving forward many of the public policy developments which we have in Scotland today. Collaboration can help create an environment for consensus on policy problem streams and shift the balance of power in favour of the individual and community as agents for change.

Leadership and improvement narratives invite recognition of the potential of power as a positive thing rather than always of an oppressive nature. Something that can be transformative that we may all contribute to. Considering power in this way also recognises that power is not a stagnant thing. First conceptualised by sociologist James Downton Jr in the 1970's and further developed by political scientist James MacGregor Burns, transformational leadership 'involves an exceptional form of influence' (Northhouse, 2009, p.163) and is rooted in relationships. Inspiring and helping others to develop their strengths and fulfil their aspirations underpinned by a strong emphasis on morals, ethics and values transformational leadership includes treating people as 'full human beings' (Northouse, 2019, p163/164). Transformational leaders are often described as 'role models' who stimulate people to be creative and innovative, encouraging them to challenge their assumptions, values and beliefs and those of the leader (Northouse, 2019).

Notable here is the leadership role of people with lived experience of health conditions and disability in driving change and improvement and challenging assumptions, values and beliefs (Scottish Government, 2011-2017, SSSC 2019).

The Carers Act (Scotland) 2016 which gives adult carers and young carers the right to (respectively) coproduce an adult carer support plan or young carer statement is one example of people with lived experience driving improvement. Miller and Barrie (2016) comment on the therapeutic value of good conversations, having your story heard and contributing to learning and improvement. However, it is important to remember that people may have their stories but they are not their stories, stories are not stagnant things. They are subject to change. This feels important when planning for involvement that makes a difference, that people are not being labelled by or forced to feel somehow stuck in their stories through the telling and retelling as part of participation. Recognition that people may have multiple roles and identities in life including FLSCW who may have lived experience of accessing health and social care and experiences of caring for family or friends. Underpinned by a human development capabilities approach and discourse of empowerment, leadership, and whole systems thinking, the aspiration of the Carers Act (Scotland) 2016 is also to gain a better understanding of context specific needs and strengths, including learning from carer resilience and what helps (Becker, 2007).

5.5. How the literature on power informs how I am going to analyse the data

Values, leadership, relationships, the need for a whole systems approach, ongoing reflection, learning and planning are key themes within my reading of available literature relating to power, empowerment and involvement. In figure 15. (below) I offer a modest adaptive framework for analysis and action through which I have sought to bring together key elements from the work of others mentioned in this chapter whilst also reflecting Nussbaum's Capabilities Approach at the heart of the framework.

Figure 15.

My involvement ecosystem outcomes framework

Adapted from SSSC (2019)

Power for – vision, values, transformative, generates power to, with and within

Power to – the individual ability to act

Power with – the ability to act together with others

Power within – individual or collective sense of self-worth, value, and dignity

From Rowlands (1997) and Gaventa (2021)
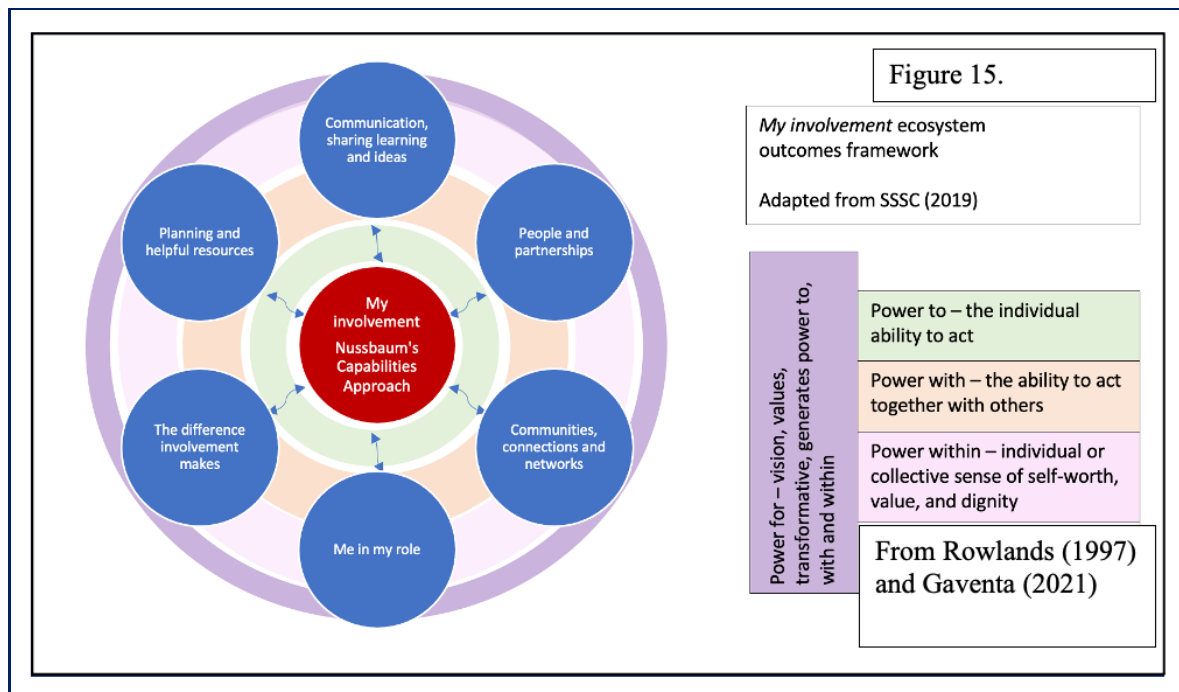
I have placed the CA^N at the heart of the framework to reflect my argument for the need for Nussbaum's Capabilities Approach for empowering involvement. This central role for ethics and values is important as, in considering values, we must also consider what it is that we value. Related to this is the impact of individual, organisational, community and societal values on perceptions of front line social care if leadership is conceived as a potentially transformational process where leadership or 'meaning creation' occurs in the interaction between people in that system. As Brookfield (2017) reminds us, values form our prism for reflection and evaluation of what good looks like, which in turn informs our planning and decision making.

The adaptive framework also includes Rowlands' (1997) expressions of power: 'power to', 'power with', 'power within', Gaventa's (2021) inclusion of Bradley's (2020) 'power for' and Gaventa's powercube concept within Gaventa (2021). The adaptive framework also includes themes identified as central to involvement through research led by people with lived experience of social care in Scotland (SSSC, 2019). In preference to the 'cube' metaphor, I have instead chosen an adaptive framework metaphor. As previously noted earlier in this Chapter, the powercube offers a framework for power analysis to explore the interconnections between levels, spaces, and forms of power. 'Forms' refers to how power may manifest itself in visible, hidden and invisible ways. 'Spaces' refers to spaces of possible involvement including closed, invited and claimed spaces. 'Levels' refers to various layers of authority and decision-making including household, local, national and global layers.

I have drawn on the adaptive framework which is informed by the aforementioned literature on power and empowerment, involvement (SSSC, 2019) and with the CA^N at the heart throughout this study, as a way of keeping people and lived experience at the heart. The adaptive framework graphically represented in figure 15. with concern for power and empowerment is the framework which has underpinned my planning for involvement of the participant, my choice of methodology and my reflexive analysis of the data. A fuller account of my approach to data analysis is offered in the following Chapter.

5.6. Chapter summary

In this chapter I have explored the concepts of power and empowerment within available related literature. Consideration of power and empowerment is a central feature of this study in relation to empowering involvement and the front line social care worker's role in community planning and my research question of how do front line social care workers engage in community planning?. Power and unequal distribution of power is also identified as one of the fundamental causes of health inequalities (Public Health Scotland online, 2021).

The need for clarity on the meaning of empowerment, the roles in the empowerment process along with tensions presented by collaboration and conflict are identified as being the most urgent issues to the concept of empowerment (Christens, 2019). The need for strengthened links between contemporary conceptions of empowerment and a coherent theory of power are also identified within the literature (Christens, 2019). I have argued that these issues are related and interconnected, and this leads to consideration of the need for a shared vision of what empowering involvement means and how we can collectively understand and learn from the difference involvement makes to people and communities. Understanding the difference involvement makes is one of the key themes from research led by people with lived experience of social care (from accessing social care) and caring (unpaid caring) in Scotland (SSSC, 2019) to develop the SSSC's first involving people plan. The research highlighted that during the course of our life we may have multiple roles and identities. Some of the FLSCW involved in the research have lived experience of accessing social care and/or caring.

Values, leadership, relationships, the need for a whole systems approach, ongoing reflection, learning and planning are key themes within my reading of available literature relating to power, empowerment and involvement. In considering values, we must also consider what it is that we value. The need to consider ethics, values and what it is that we value has been further amplified by the pandemic which has exacerbated pre-existing inequalities. In figure 15. I offer a modest adaptive framework for analysis and action through which I have sought to bring together key elements from the work of others mentioned in this chapter reflecting Nussbaum's Capabilities Approach at the heart of the framework. This adaptive framework reflects a notion of power as operating in and being exercised through a network like manner combined with Rowlands (1997) expressions of power along with Gaventa's 'powercube' and the latter author's incorporation of Bradley's (2020) inclusion of power for to reflect consideration of power and empowerment. The adaptive framework also includes key themes identified as important to involving people and getting involved (SSSC, 2019). I have also briefly explored the relevance of Laitinen et al's (2018) identification of user(s) learning footprint and impact on individual, system, environment and local community as an area of evaluation. I have argued the importance of understanding the impact of individual, organisational, community and societal values on perceptions of front line social care. If, we view individual, organisational, community and society as a system and context for social care, it feels important to consider the transformational potential of that system in relation to power and empowering involvement. As such, the adaptive framework graphically represented in figure 15. with Nussbaum's Capabilities Approach at the heart is the framework for analysis which underpins this thesis and my choice of methodology for this study which I now move on to detail in the next chapter.

Chapter Six: Methodology

6.0. Introduction

In this chapter I begin by setting out my reasoning for my choice of research paradigm and methodology before moving on to discuss ethical concerns and data collection.

6.1. Making a collage

> Through our assumptions and choice of method we largely create the
> world we later discover (Cooperider and Srivastva, 1987, p. 129).

Horsefall and Titchen note the research process, not just the outcome of research, can contribute to social change and 'human flourishing' (2009, p.150). This is particularly relevant to this study and the people involved in it. It is interesting to note that the word 'paradigm' appears frequently within the recently published Independent Review of Adult Social Care. In the context of research, paradigm is defined as the beliefs and assumptions about the development of knowledge which underpin research.

6.1.1. My Epistemological position

As previously noted, I undertake this study as an independent researcher with a background in front line social care having had the privilege of working in health and social care and community engagement and development in Scotland in a variety of roles for twenty six years. Reflecting my epistemology for this study, I am drawn to metaphorize paradigm as the canvas fabric which forms the base for the co-creation of a collage with the canvas formed by an interpretivist/constructivist philosophy interwoven with elements of a participatory paradigm. In contrast to the positivist assertion of the existence of a single truth which may be discovered (EdD, 2019). Interpretivism is underpinned by a belief that multiple realities exist. Constructivism recognises the influence of social interactions and historical and cultural factors in shaping our meanings (Creswell, 2014). An ontology of relativism, epistemology of subjectivity with truth and knowledge based on people's experiences are central to interpretivism and this study. The value of lived experience and stories in understanding what is meaningful to people is noted by Lincoln (2010) who comments on the stories which often arise from interpretivist theories. The interpretivist/constructivist philosophy is appropriate to my research question, affording

opportunity to appreciate multiple perspectives, experiences, and meanings and in planning for meaningful and empowering involvement. Although, as I move on to explain, challenges encountered during the period of this research have necessitated a change of approach to this study, the underpinning ontology and epistemology of the study, as outlined above, remains unchanged.

6.2. The Covid-19 pandemic and social care recruitment and retention challenges

In considering the focus of this study on empowering involvement my original aspiration was to draw as fully as possible on a participatory approach within the parameters of EdD regulations. My original research design had concern to ensure recognition of participants role in the research as active agents and generators of knowledge, where they do not feel that the research is being done to them but rather with them (Creswell, 2014). In this and subsequent chapters I argue that the need for front line health and social care workers to be considered and valued as active agents and generators of knowledge has been further underlined in the light of the global Covid-19 pandemic. The pandemic has had, and continues to have, a devastating global impact, with loss of lives, and extreme pressures placed on our key workers and communities. There have been many inspiring stories shared of how front line health and social care workers (SSSC, 2020(a)) and communities have adapted and responded during the pandemic to help keep people safe and feeling connected to their families and communities.

While I have sensitively sought to recruit participants for this study through social care and community connections and networks in Scotland it has not been possible to engage participants on the scale originally intended. Though social care colleagues have responded with kindness and offers to share the research opportunity, responses have included "sorry we are too short staffed". The pressures on social care are not restricted to the effects of the pandemic. The current 'social care crisis' (BBC Scotland news, 2021, online) has been exacerbated by the impact of Brexit, resultant loss of skilled workers from the European Union and ongoing and extreme recruitment and retention challenges. At the time of writing (October 2021) it has been reported that a number of Health and Social Care Partnerships in Scotland have sent letters to people and families indicating that care

packages may have to be amended while some people have reportedly lost their care (BBC Scotland news, 2021, online).

6.3. Adapting this study: Learning from lived experience

In the light of these challenges this study is instead offered as a collage comprising a conceptual study with an autobiographical element and four appreciative inquiry online sessions with a front line social care worker (FLSCW). The FLSCW involved in this study is registered within the SSSC registration categories (Appendices V and VI) as working in care at home/housing support as a C3 social care worker, defined as

> ..care staff who may supervise the work of C2 staff and contribute to the assessment of care needs and development and implementation of care plans (SSSC, 2019(b), p.38).

It should also be noted that the front line social care worker who participated in this study had previously worked within the NHS.

Though active participation of a number of FLSCW in the study originally intended has not been possible for the reasons outlined above, recognition of the important role of FLSCW as active agents and generators of knowledge is reflected in the conceptual framework which underpins this study which I now move on to detail more fully.

6.4. Applying the framework to the fabric

Extending the metaphor of a collage, after identifying the paradigm or fabric base, to this base I applied a framework. As discussed in chapters four and five, the framework for this study has been informed by and reflects themes identified from research led by people with lived experience of social services and caring (SSSC 2019) as being central to involvement and getting involved in the Scottish Social Services Council's (SSSC) work and to inform the SSSC's first 'Involving People Plan'. Themes were identified through participant research led by people with lived experience of social services with people and organisations involved in developing the SSSC Involving People Plan and review of available and accessible publications

and research literature. The themes have also been informed by the Standards of Community Engagement in Scotland which arose from the Community Empowerment (Scotland) Act 2015.

For the purpose of exploring my research question I have then placed the CA[N] at the heart of the framework (figure 4. reproduced below).

Adapted from SSSC 2019 Drawing on the original framework (SSSC, 2019) which reflects themes identified as important to involving people. Placing values and people at the heart through Ca[N].
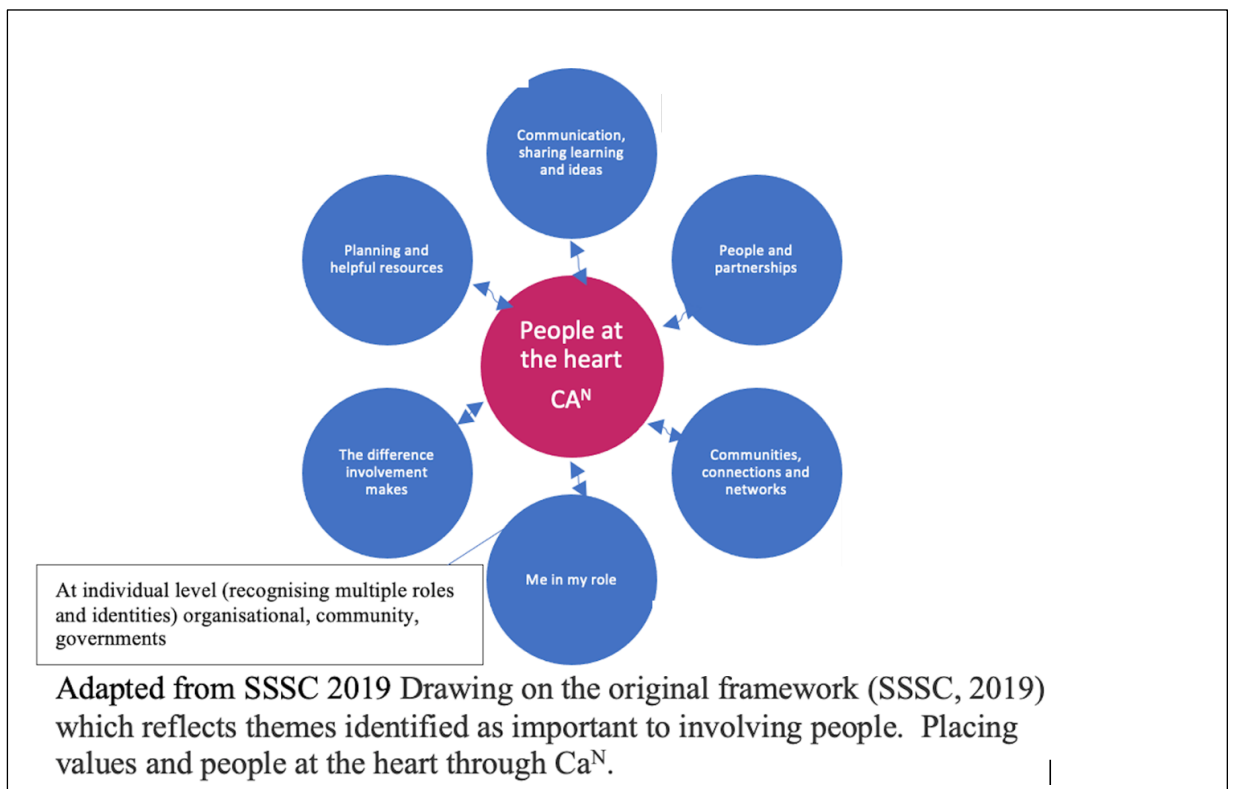
Following my review of available literature in relation to power and empowerment I incorporated Rowlands (1997) expressions of power along with Gaventa's 'powercube' and the latter author's incorporation of Bradley's (2020) inclusion of power for to reflect consideration of power and empowerment. In preference to a cube metaphor I have adopted a more fluid adaptive framework or ecosystem metaphor (figure 15. reproduced below).

Figure 15.

My involvement ecosystem outcomes framework

Adapted from SSSC (2019)

Power for – vision, values, transformative, generates power to, with and within

Power to – the individual ability to act

Power with – the ability to act together with others

Power within – individual or collective sense of self-worth, value, and dignity

From Rowlands (1997) and Gaventa (2021)
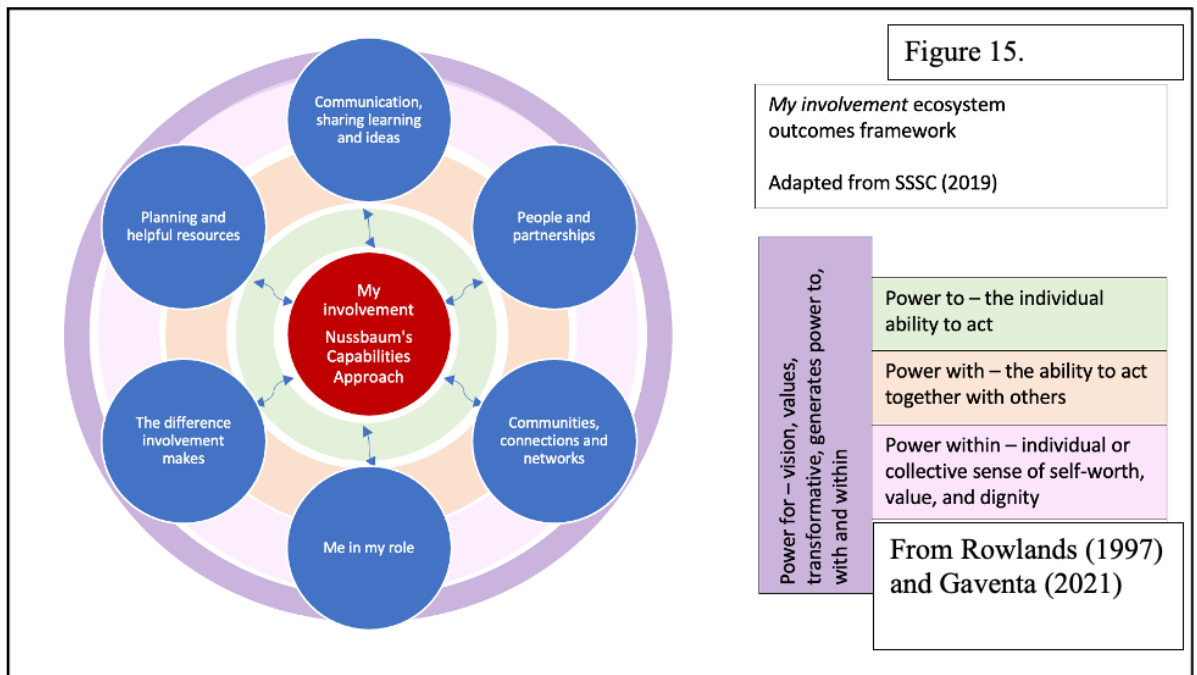
This conceptual live adaptive framework or ecosystem (figure 15.) was then drawn on to explore my research question with the front line social care participant who participated in this study through online appreciative inquiry sessions and for further exploration through my own autobiographical reflections. In this sense, I argue that the collage of analysis and findings presented in Chapter Nine is rooted in lived experience. As explored throughout this study, the CA^N as a normative evaluative partial theory of justice places people and learning from lived experience at the heart and draws on real life stories to illustrate this. Added to the framework or ecosystem is the consideration of power and empowerment which, I argue, complements the CA^N's underpinning concern for personhood, dignity and respect for all and the belief that people should be viewed as ends in themselves and not used to effect the ends of others. The CA^N's recognition that as human beings we may experience forms of need and dependency during our life time 'both physical and mental, and both permanent and temporary' (2006, p.109) has also informed the design of the framework (figure 15) and is very relevant to social care and the role of FLSCW and exploration of this research question as to their role in empowering involvement in community planning.

Methods of data collection and analysis were chosen to afford space and agency for participants imagination, creativity and generative capacity. My concern for this also extends to my role in this research as an autobiographical participant (Walker, 2017). Sharp et al (2016) defines generativity as

the processes and capacities that help people see old things in new ways. This can be achieved through the creation of new phrases, images, metaphors and physical representations. In this respect there is shared territory with design-thinking and approaches.

Storytelling, creative writing, clay, poems and painting are cited as examples of creative ways of helping to illicit 'embodied knowing' and different ways of knowing through research reimagined 'as a combination of art, craft and science (Horsfall and Titchen, 2009 p.151). The authors comment that the skills involved, and artefacts produced are themselves research products or processes. Reimaging research in this way would seem to afford opportunity for the research process to be considered as a potential space and place of possibilities and Nussbaum's 'narrative imagination' (2010, p.95-96). This conceptualisation of research as creative and empowering perhaps may be viewed in contrast to the constraining impact of tick box forms and tools for recording and support planning (Miller and Barrie, 2016) driven by neoliberal inspired managerialist approaches to performance management.

The empowering potential of appreciative inquiry (AI) as a research approach is noted by Cooperrider and Srivastva, (1987) who comment on how the approach aims to create more equal participant/researcher relationships. My study's use of Nussbaum's Capabilities Approach as a framework from which to explore the research question and her assertion that people should be considered as ends in themselves and not as a means to an end led me to consider appreciative inquiry as an approach to this research. I have also drawn on AI as my approach to the autobiographical element of this study. Before I go on to offer an account of AI I now turn to explore autobiographical writing and associated considerations.

6.5. Autobiographical writing as research

Hedge and Mackenzie (2016, P.9), writing of concepts of autonomy, personhood and flourishing in the context of Scotland's Curriculum for Excellence expound White's (2011) argument that the role of schools is to allow 'individuals to become authors of their life story'. The concept of being allowed to be an author of your life story resonates with me in reflecting on my own life journey and lived experience of working in social care, which I

return to in Chapter Seven, but also in planning for my engagement in autobiographical writing as research.

As mentioned earlier in this chapter, in planning for this study, the original research design did not include an autobiographical element. The design of this study has been adapted for the reasons previously outlined. Richardson (2001) comments on conditioned concepts of writing which encourage us to defer writing until 'we know what we want to say' (p, 35). Viewing writing in this way, the author argues, is symptomatic of static, mechanistic, quantitative research and 'the acceptance of the omniscient voice of science and scholarship or the social-script as if it were our own' (Richardson, 2001, p.35). In contrast to this, Richardson argues,

> writing as a method of inquiry is a way of nurturing our own
> individuality and giving us authority over our understanding of our own
> lives.

Applying the latter account of writing, I have included my own autobiographical element drawing on the elements of AI, beginning at Chapter seven. A fuller account of AI is offered in the next section of this chapter.

It is interesting to consider the value of writing as a method of inquiry to Nussbaum's capability of practical reasoning as explored in Chapter Two, of 'being able to form a conception of the good and to engage in critical reflection about the planning of one's life' (Nussbaum 2011, p. 34). For me, there are parallels with life story work in dementia care, which I will return to in Chapter Seven and also in consideration of futures planning. The value of autobiographical research in illuminating lived experience and connection to how learning, knowledge (Walker, 2017) and identity (Haynes, 2006), is conceptualised and constructed is relevant to the focus of my research question. Of relevance too is the 'reflexivity' which autobiographical writing can convey, situating the researcher as a human participant within cultural contexts and settings (Walker, 2017, p.1896).

As a human participant, in setting out to write autobiographically, Harder et al's (2020) caution of need for concern for identified barriers of 'self-presentation, introspection, objectivity, and ethics' (p.239) resonates with me. The authors elaborate on these barriers commenting that self-presentation includes researcher anxiety that, with aspiration of

presenting an authentic self in one's writing and on what may be potentially sensitive topics, they are opening themselves up for critique by known and unknown others. The need for the researcher to 'remain true to the experience' while taking into account how this will be perceived by others, Harder et al argue, involves 'seeing ourselves as others see us whilst also having others see us as we do' (Harder et al, 2020, p.240). On the associated barrier of introspection, this relates to reflection and 'analysing of the self' (Harder et al, 2020, p.240) and reliving of experiences which, the author notes, may be emotionally painful and uncomfortable to do. Harder et al (2020) also note that conversely, reliving experiences may be therapeutic and transformational. This is relevant to my research question in considering the role of FLSCW in empowering involvement in personal outcomes planning and creating a space for involvement and reflection for the person they are involving in outcomes planning.

On the issue of objectivity, the authors note that for some disciplines the valuing of objectivity over subjectivity erodes the legitimacy and value of autobiographical research as data. Harder et al (2020), citing Wall (2008) counter this argument by drawing parallels between autobiographical memories and memories gleaned from interviews. In relation to the former, Muncey (2005) notes that the validity and authenticity of human memory is questioned as being incapable of fully replicating experience due to the altering impact of time and other experiences. However, as Wall (2008) argues, interviews, which also may rely on the interviewees human memory are considered by some to be stronger data though they are still subject to the same variability in recall. I find myself agreeing with Muncey's (2005) assertion that our reflections and understanding of experiences is shaped by our current self. Indeed, I feel that this is an important part of the story I shall share of me in my role, and my social care career journey experience. In relation to ethics, citing Tolich (2010), Harder et al (2020, p.241) note that 'stories of the self intertwine with other people's lives' and caution of the need for ethical approval. Though I have drawn on an appreciative inquiry approach as a lens for my autobiographical inquiry, by this, as I move on to explain, I have sought to write appreciatively of the good and best of. However, in honouring the good, this importantly involves the honouring of people and the situating myself in relation to others during my life and social care career journey. Ethical approval for this study therefore reflects my adapted research design to include the autobiographical element.

6.6. Appreciative Inquiry (AI)

My choice of appreciative inquiry (AI) as a research method has also been influenced by consideration of the parallels which some have drawn between the strengths based approach of AI and health and social care philosophical values (Sharp et al, 2016). Appreciative Inquiry resources have been developed by the Scottish Social Services Council and NHS Education for Scotland to promote and support use of the AI in workforce development for health and social care integration within some of the integrated partnerships in Scotland (SSSC, 2016; Sharp et al, 2016).

My review of available literature relating to use of AI as an approach identified studies relating to health, social care and community development. These include a participatory study exploring how AI can support a sense of belonging for care experienced children during a period of transition (Greenwood and Kelly, 2019). Watkins et al (2018) drew on AI in their qualitative study to understand what matters to family members of older people with dementia in an emergency department in Ireland and to understand the experiences of emergency nurses caring for older people with dementia. Other studies relating to dementia care have also used AI as a research approach (Dewar and MacBride, 2017; Scerri et al, 2015). The former participative study aimed to map connections and good practice in promoting dignity in a care home in Scotland involving staff, relatives, and residents while the latter mixed methods study involved care workers and family. Use of AI as a research approach and way of empowering and strengthening community and university participatory research partnerships was also explored by Paige et al (2015) study which involved university and community staff in the context of a community health initiative in Southern California.

A variety of approaches to data collection were applied in the studies identified in my review of available literature where AI has been used as a research approach. Approaches range from focus groups or interviews (Naude et al, 2014), participant observation and interviews (Watkins et al, 2018; Dewar et al, 2017). In the latter study researchers included photo elicitation and researcher fieldnotes as data collected through AI. Naaldenberg et al (2015) used a large group workshop approach. For my study and given the integrated landscape which FLSCW involved are working in in Scotland, I had originally planned a small group

workshop approach to afford space for participative, creative, collaborative inquiry. Ethical approval was granted by the University of Glasgow Research Ethics Committee for these AI workshops to be facilitated online to reflect Covid-19 restrictions in Scotland at the time of ethical approval application. A fuller account of ethical considerations for this study is detailed in section 6.8. of this chapter.

AI does not specify a particular approach to data collection and as such is appropriate for application as a lens for my autobiographical work in relation to this study. AI is underpinned by a core set of principles which aim to open up possibilities and invite and give voice to new ways of thinking and diverse perspectives (Ludema et al, 2003):

1. in every society, organisation or group, something works
2. what we focus on becomes our reality
3. reality is created in the moment and there are multiple realities
4. the act of asking questions of an organisation or group influences the group in some way
5. people have more confidence and comfort to journey to the future (the unknown) when they can carry forward parts of the past (the known)
6. if we carry parts of the past forward, they should be what is best about the past
7. it is important to value difference
8. the language we use creates our reality

AI also involves a focus on central themes or phases of; Discovery, Dream, Design and Destiny (Cooperrider and Srivastava, 1987). The phases may be considered as a cycle or iterative wheel with the research question in the middle of the wheel (Appendix I, figure a.). Beginning with the research question and visiting the discovery phase, what emerges from discussions in one phase informs what is explored in the subsequent phase, always returning to the research question (Cooperrider and Whitney, 2000). I now move on to detail how these principles have been incorporated into my methodological approach to this study.

6.6.1. Me in my role: Planning for involvement that makes a difference

Many studies identified through my review of available research on use of AI as an approach and my review of resources to support AI identify the importance of the role of the facilitator in creating a safe and trusting environment (SSSC and NES, 2016). I gained

experience of facilitating AI from previous work roles including my role in facilitating AI table discussions at a Scottish Government Clinical and Care Government multi-disciplined event. An important lesson for me in this was to help ensure participants had a safe psychological space to explore the topic and questions. Affording space also relates to active listening and resisting the temptation to jump in and offer my own answer and/or judgement and analysis of and on what participants were saying. As I move on to explore in the Chapter six, I found this challenging at times as, in my previous experience as a front line social care worker, I, like other FLSCW's (SSSC, 2018) sometimes felt the urge to 'fix' situations or rush to a conclusion. My previous experiences of facilitating AI and review of available literature led me to also consider the approach relevant to this study for the reasons outlined earlier in this chapter but also as the approach affords space for creative forms of expression as part of the research process.

6.6.2. Me in my role: considering power relations between the participant and myself

In planning, adapting and undertaking this research with the CA^N and people at the heart, it has felt important to do this with concern for the participant's lived experience of being involved in this study. I have found it helpful to reflexively return to the conceptual adaptive framework or ecosystem reflected in Figure 15. throughout this research. As previously stated, this framework incorporates themes identified as central to involvement through research led by people with lived experience of social care in Scotland (SSSC, 2019), has the CA^N at the heart with concern for power and empowerment also incorporated with reference to the work of Rowlands (1997) and Gaventa (2021). The framework has helped me think about issues of power in planning for involvement of the FLSCW participant in all elements of the planning cycle.

I have reflexively considered the power relationship between the FLSCW participant and myself. From the outset I have been clear of my positionality in that, though I have a background in social care, my role in the research is not as a social care worker but as an independent researcher. I have also sought to ensure that there is clarity in relation to the FLSCW role in this research, the purpose of the research, and, importantly, to ensure that the participant knows that their participation is voluntary. It was important to make sure there was clear information on the opportunity to get involved in this research, the purpose

of the research, what was involved and how data will be used. This information and the role of the participant and my role as the researcher was reflected at the outset in the participant information sheet (appendix II) which accompanied the ethical approval application for this research (appendix III). These documents also make clear that the participant would be voluntarily participating as an individual FLSCW and not as a representative of their employing organisation, community or locality and that participation will not involve an assessment of the FLSCW's practice. In the design of the participant information sheet and the AI sessions, it felt important not to use jargon or acronyms.

I revisited the participant information sheet at the start of the AI online sessions to make sure that the participant's consent to participate was informed and to help create a safe environment for appreciative inquiry. It has felt important to adaptively plan for the wellbeing of the participant and their safety; both physical and psychological. An outline of the AI online session plan for this study is included in Appendix I.

In considering the impact that participation in this research project may have on the participant during and after the AI online workshops, for this purpose and also to inform my own ongoing learning and improvement, I have checked with the participant throughout about their experience of being a participant in the research and their comments are included in Chapter Eight. Concern and consideration of power in planning for participant involvement in this research also included the need to be aware of how my own values and perceptions might have a bearing on what is recorded and analysed and I expand on this in section 6.7. below.

As previously stated, the empowering potential of appreciative inquiry (AI) as a research approach is noted by Cooperrider and Srivastva, (1987) who comment on how the approach aims to create more equal participant/researcher relationships. My study's use of Nussbaum's Capabilities Approach as a framework from which to explore the research question, particularly her assertion that people should be considered as ends in themselves and not as a means to an end, led me to consider appreciative inquiry as an approach to this research. In planning this research project, and in seeking to place the CA^N at the heart of my research design, I have sought to ensure that the individual participant's voice is heard.

This has included checking with the participant, during and after the session, my understanding of their responses and ideas shared. I have also checked the themes and findings identified with the participant who reiterated their view of the importance of people having ownership of their individual plans rather than these being viewed as owned by the service and, additionally, that individual plans should be in a format which is meaningful to the person. The participant said they felt that the constellation and galaxy for involvement represented in Figures 16. and 17. respectively was something they would like to draw on as a framework for their ongoing reflexive practice.

Related to my own reflexive practice, it has felt important to have concern for the potential difference that being involved in research can make. Upon conclusion of the study and with the prior permission of the participant that I could contact them again in order to do so, I revisited with the participant their experience of being involved in the research. During this follow up conversation, the participant commented that they felt they had gained confidence which had helped them in exploring career pathway opportunities.

6.6.3. How I introduced Nussbaum during the AI sessions

The session outline, previously shared with my participant, was revisited with the participant along with information provided on AI and the reflexive nature of the approach and workshop. I then revisited the focus of inquiry and Community Engagement Standards. In introducing discussion about the CA^N I reiterated that prior knowledge of the CA^N was not a requirement of participation. I then asked them if they had heard of Nussbaum. The participant responded that they thought they may have heard something about Nussbaum before through previous community development study which they had undertaken prior to working in social care. Drawing on pictorial cards (on an online whiteboard) depicting each of the capabilities on Nussbaum's list, I introduced the CA^N and the central capabilities. I did this by reading from Nussbaum's (2011, p.33-34) own text describing the central capabilities which I have reproduced in Chapter Two of this dissertation and have also added as an appendix (appendix VII). I then left the pictorial cards visible on one side of the whiteboard, the AI cycle diagram in the middle of the whiteboard and the Community Engagement Standards to the right of the AI cycle diagram.

6.7. Dancing with the data

The analogy of dance, drawn on by Simons and McCormack (2007) to depict data interpretation with the researcher moving 'from the parts to the whole and back again' (p. 303), feels relevant to the iterative and reflexive nature of AI. The research design continues to unfold through the AI approach and analysis of data collected (Merriam and Tisdell, 2016). As an embodied researcher, in AI the researcher is part of the data collection process and data for analysis. In this regard, as well as including an autobiographical perspective in this study, I have found it helpful to record my reflections and notes in a diary, audio recording and graphical mapping. I have done so with appreciation of Darlaston-Jones (2007) and Simons and McCormack's (2007) caution of the need to be aware of how my own values and perceptions might have a bearing on what is recorded and analysed. In planning for data analysis, I noted Braun and Clarke's (2006) argument that the notion of themes as 'emerging' from the data may infer that themes reside in the data. I find it helpful instead to consider the alternative proposition that 'if the themes reside anywhere, they reside in our heads' (p.80) in reviewing the data and making connections.

6.7.1. My inductive and deductive approach

Braun and Clarke's conceptualisation of data analysis as being an 'art, not a science' (2022, p.8) requiring both creativity and rigor resonated with me as I planned my approach to data analysis. A 'blended approach' (Howley, 2019) drawing on both deductive and inductive coding felt appropriate to my study. Deductive thematic analysis is where 'pre-existing theory' (Braun and Clarke's, 2022, p.286) influences the development of coding and themes whereas inductive thematic analysis, as Braun and Clarke note, involves coding and development of themes that aim 'to be grounded in the data, rather than shaped by pre-existing explanatory or political theories' (2022, p.289). The blended approach taken involved developing a set of codes reflecting the Community Engagement Standards and a second set of codes reflecting Nussbaum's Capabilities. Coding also afforded space for coding of themes not aligned to the CA[N] or the Community Engagement Standards. Data analysis was conducted through Braun and Clarke's (2006) framework for thematic analysis. I chose this framework for analysis for the flexibility it can afford across sample sizes, methods of data collection and theoretical frameworks (Clarke and Braun, 2017). Engaging in thematic analysis within my trial study had given me an appreciation of how

my interpretation and analysis of the data and collage created from this could be affected by my perspectives and experiences.

Drawing on Clarke and Braun's (2017) six stages of thematic analysis I began by familiarising myself with the data set, reading and re-reading the data'. This included listening to recordings and reading and re-reading transcripts of audio recordings of the online appreciative inquiry sessions. My familiarisation of the data set also included the online Miroboard which the FLSCW and myself had used to explore the research question through appreciative inquiry online sessions. This included post it notes and diagrams. In this familiarisation stage in reading the data, I found it helpful to make notes and draw diagrams in the margins to help capture elements, meanings and patterns from my active reading of the data. From this I drew a map of initial insights from the data and data set.

Braun and Clarke's comments that 'coding is not just about reducing content it is about capturing your 'analytical take' on the data' (2022, p.35), feels very relevant to my research question and consideration of the FLSCW role in empowering involvement in community planning. For me it also reinforces the importance of revisiting what we mean by 'data', the analytical process and who is involved in this. I found it helpful to read and reflexively return to theory during coding, noting Braun and Clarke's comments in relation to inductive coding that this 'does not equate to analysis in a theoretical vacuum' (2020, online). Initially adopting an inductive semantic analysis of the data which reflected actual words and phrases used I arrived at sixty five initial codes. My initial reading of the data set was very much a semantic analysis of the data reflecting the actual words used in the data extracts noting Braun and Clarke's (2006) caution of using data collection questions as themes. In order to afford a deeper or latent (Braun and Clark, 2022) analysis of the data I then re-read each data item in more depth. Using an un-coded copy of the data set I then proceeded to apply a deductive theory driven approach to coding based on Nussbaum's central capabilities and the standards for community engagement.

Through adopting this blended approach to coding (Howley, 2019) I arrived at eighty seven codes. I then proceeded to review and combine codes I considered could be grouped in a similar category such as 'information, listening, good conversations' and 'learning' into one overall 'Communication sharing learning and ideas' code. Adopting the same

approach to other codes I then arrived at the following eight codes: Values and culture (including such related sub themes as inclusion and compassion), Creativity, emotions, senses, reflexivity (including such related sub themes as hope, design, joy, autonomy). Me in my role (this includes identity, recognises we may have and move between multiple roles and identities, leadership at individual, organisational, community and systems level), Planning and helpful resources (including such sub themes as methodologies, transitions, risk enablement), People and partnerships (this includes relationships, partnership working, peer support and mentoring), Communication, sharing learning and ideas (includes such themes as sharing stories, language and non-verbal communications, knowing how to get involved), Communities, connections and networks, (this theme includes caring human connections, policy connections, communities of interest, virtual communities, communities of place, including control of one's environment), The difference involvement makes (this includes relationships, wellbeing, hope, data and opportunities for further involvement).

After revisiting the full dataset and the coded extracts to reconsider the appropriateness of themes to the data, I mapped the themes to the 'My involvement' adaptive framework, adapting and expanding on the earlier version of this. In the updated version of the framework, I have also sought to depict my interpretation of the relationship and connections between the themes.

6.8. Ethical considerations

Ethical approval has been granted by the University of Glasgow Research Ethics Committee for this study to be conducted online to reflect Covid-19 restrictions. Appreciative inquiry (AI) online group workshops are conducted using Microsoft Teams. Confirmation of ethical approval is attached in appendix II. The nature of the proposed study, proposed role of participants and research methods are detailed within the participant information sheet (appendix III) which was shared with participants to inform their choice to engage with the opportunity during the recruitment stage of this project. The participant information sheet and informed consent has been revisited with my participant throughout this study. Confidentiality and where this cannot be guaranteed, for example where an issue of health and safety and/or safeguarding emerges is also revisited. Data

security and protection, ownership and how participant data will be used has also been addressed.

With concern for data security, digital folders reflecting each of the codes have been created in two separate secure digital locations, one of which is cloud based. In recording the sessions, with permissions, subsequent verbatim audio transcription includes pauses. Cataloguing and creation of an inventory of transcriptions, documents, artefacts, notes, graphics and photographs is designed to support easy retrieval (Merriam and Tisdell, 2016).

6.8.1. Quality and the difference being involved as a participant makes

In planning this research project, and in seeking to place the CA^N of my research design, I have sought to ensure that the individual participants voice is heard and to have concern for the wellbeing of participants and their safety; both physical and psychological. Also considering the impact that participation in this research project may have on the participant during and after the AI online workshops. For this purpose and to also to inform my own ongoing learning and improvement I have asked the research participant about their experience of being a participant in the research. Their comments are included in Chapter Eight.

6.9. Chapter Summary

In this chapter I have set out my reasoning for my choice of research paradigm and methodology including how my methodology, of necessity, has been adapted in response to the Covid-19 pandemic and with sensitivity to the associated pressures on front line social care workers. Though the study did not involve the number of participants previously anticipated, the study is rooted in lived experience through triangulation of data from participant appreciative inquiry sessions, my own autobiographical reflections and review of policy and available literature through the lens of the CA^N as such, an element of analysis is incorporated within each chapter with a fuller analysis offered in Chapter Nine.

Ethical concerns and methods of data collection have been detailed within this chapter along with associated concern that methods of data collection and analysis afford space and agency for participants imagination, creativity and generative capacity which also extends to my role in this research as an autobiographical participant (Walker, 2017). In this regard I have also sought to incorporate adaptive and transformational leadership (Northouse, 2019) and design thinking, recognising the parallels between design thinking and generativity as identified by Sharp et al (2016) and the value of creative approaches and artefacts produced having the potential to act as boundary objects during our life course (Nussbaum, 2011). Furthermore, such artefacts and creative approaches may inspire and stimulate the imagination.

I now move on to offer an autobiographical account from my own lived experience including my own experience of working in social care in Scotland.

Chapter Seven: My Involvement - Me in my role

7.0. Introduction

Having set out the foundations for further development of a conceptual framework for my study, in this chapter I draw on this to reflect on my on my own lived experience of working in social care in Scotland. Drawing on appreciative inquiry (AI) as an approach for my reflections and the framework as outlined in figure 15. below with Nussbaum's Capabilities Approach at the heart of the framework to explore my research question of empowering involvement and how FLSCW engage in community planning. As previously noted, criticism of AI includes concern that the approach, in focusing on the positives, ignores problems and needs (Fineman, 2006). From my previous experience of using the approach in a variety of different settings and with different people and practice communities, I find myself agreeing with Drew and Wallis (2014) and others that the approach does not ignore issues or problems but instead invites a reframing of these issues. This reframing can open up space for development of creative thinking and planning (Cooperrider et al, online 2022) with the potential to influence policy (Clouder and King, 2015).

Figure 15.

My involvement ecosystem outcomes framework

Adapted from SSSC (2019)

Power for – vision, values, transformative, generates power to, with and within

Power to – the individual ability to act

Power with – the ability to act together with others

Power within – individual or collective sense of self-worth, value, and dignity

From Rowlands (1997) and Gaventa (2021)
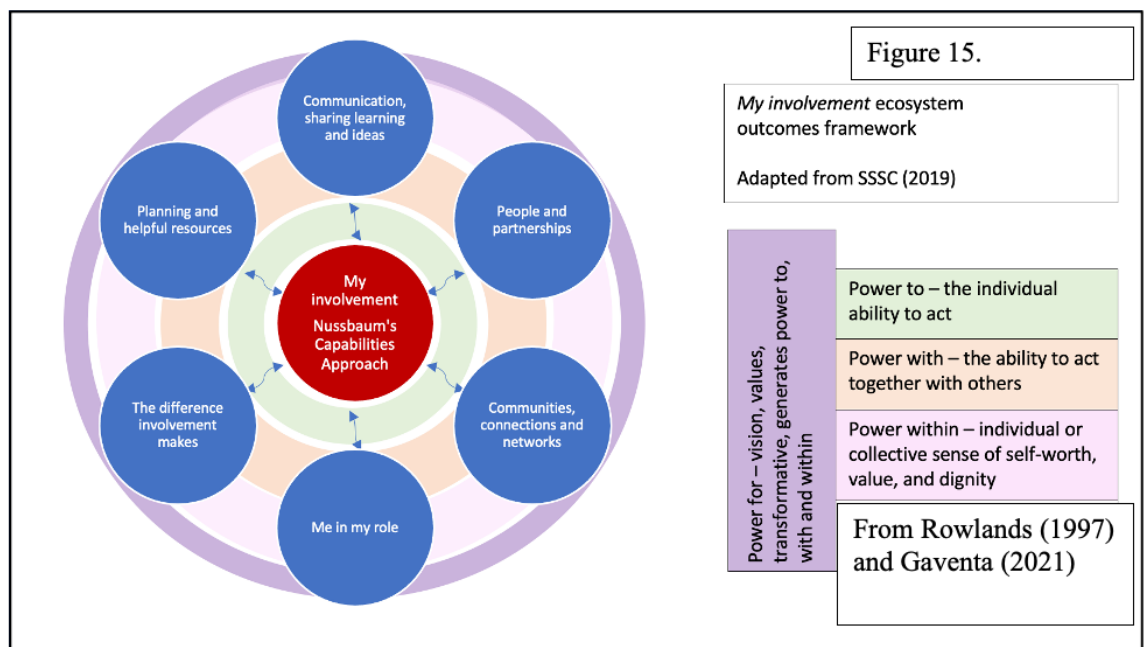
I begin my reflections by asking myself the question; what are my best experiences of involving people and being involved? As I do so, reflecting on my involvement in relation to people and communities and thinking about the difference involvement makes including

to myself. In considering this question I have drawn on the framework above which also encourages reflection on what contributes power to, power with, power within and power for in relation to involvement. Citing Rowlands (1997) typology as the original source for the following expressions of power, the University of Sussex Participation, Power and Social Change Team 'Powercube' resource refers to power to as 'the unique potential in every person to shape his or her life and world'; power with is about collaboration, 'mutual support' and 'collective strength' whereas power within refers to our 'sense of self worth and self knowledge' (Powercube, 2011, online). Power for, is transformative and relates to vision and values. It 'generates power to, power with and within' (Bradley (2020, p.107; Gaventa, 2021).

In this regard, I have had many privileges in my life for which I am truly thankful. In reflecting on my own lived experiences, I have found that this comes to me through emotions and senses. Through colours, feelings, music, pictures, scents, and textures, reminiscent of Nussbaum's capability of senses, imagination and thought and that of emotions. I have found myself writing about and describing my experiences through referring to one or more of these senses including use of song titles or lyrics as headings within this chapter.

In beginning my reflections, it feels important to revisit Nussbaum's response to the question 'what are capabilities?', to which she responds, 'they are the answer to the question', "what is this person able to do and be?" (Nussbaum, 2011, p.20). Nussbaum's identification of 'internal capabilities' or 'states of a person' (2011, p.21) which include health, emotions, inner learning, and personality traits of a person and conceptualisation of the nature of the internal capabilities as being 'fluid and dynamic' (Nussbaum, 2011, p.21) as opposed to fixed is relevant to my research question. So too is her related definition of 'combined capabilities' which are 'internal capabilities plus the social/political/economic conditions in which functioning can actually be chosen' (Nussbaum, 2011, p.22). Nussbaum comments that the internal capabilities are developed through 'interaction with the social, economic, familial, and political environment'. Nussbaum further notes that this relationship between internal and combined capabilities has a further dimension which must be considered namely that 'one typically acquires an internal capability by some kind of functioning' (2011, p.23). Drawing on the framework (figure 15.) with the CA^N at the heart and thinking about my best experience of involving people and being involved, the

difference this makes and my journey as a social care worker, I feel this journey is interwoven with my lived experience of family, community, and school. I begin by exploring these elements of my lived experience before moving on to my social care work pathway thereafter.

7.1. 'Here comes the sun' (Harrison, 1969)

I have named this section 'Here comes the sun' in memory of my Mum. As I go on to explain, she was such a kind and sunny person and this song reminds me and my family of her. As I have mentioned, I have had many privileges in my life which, to date, may be mapped to Nussbaum's list of central capabilities. Family has and continues to be, one of those privileges. Reminiscing about childhood memories of family makes me feel emotions of love and gratitude which are in and of themselves capabilities within Nussbaum's list. Perhaps illustrating the impact which lived experience can have. When I think of my childhood memories of family, they come to me in vivid colour and involve all my senses. The warmth of a hug from my mum and dad, the feel of the candlewick bedspread which my younger brothers and I would use for a makeshift tent. The narrow strip of daylight I would always try to walk on in the alleyway between the houses where we lived. The scent of my mum's perfume and the smell of Swarfega hand cleaner which my dad used when he came home from work after a day of fixing cars.

I remember the feel of too big headphones, much bigger than my ears, pressing my cheeks in as I listened intently to my grandpa's records which he played for me on his radiogram. He had lots of records, different kinds of music; from the crooners to the Beatles through Holst 'The Planet's', and big band music. He had records from all over the world and I remember looking at the album covers, their bright colours and pictures of people. Music, pictures and textures appealed to me from a very young age and still do. It is interesting to consider the power of these experiences in relation to Nussbaum's capability of senses, imagination and thought which includes 'being able to use the senses, to imagine, think and reason – and to do these things in a "truly human" way' (Nussbaum, 2011, p. 33). Nussbaum (2011) appears to agree with Wolff and De-Shalit's (2007) concept of fertile functioning. Fertile functioning (or do they mean fertile capabilities? as Nussbaum questions), promote development of 'related capabilities' (2011, p.44). Fertile functionings/capabilities, Nussbaum comments, are in contrast to Wolff and De-Shalit's

additional concept of corrosive disadvantage. Corrosive disadvantage, Nussbaum asserts is 'the flip side of fertile capability: it is a deprivation that has particularly large effects in other areas of life' (Nussbaum, 2011, p.44). There are different types of fertile functionings/capabilities and whether a functioning/capability is fertile or not is, she comments, dependent on context. A functioning, Nussbaum notes, is 'the active realisation of one or more capabilities' (Nussbaum, 2011, p.24-25) while capability 'means opportunity to select' (Nussbaum, 2011, p.25). Applying the concept of fertile functioning, on reflection, and drawing on the framework as a lens, with the CA^N at the heart, though I did not appreciate it as such then, my grandpa really involved me in and through music. He shared his passion for music with me through a fertile capability of 'senses, imagination and thought', which in turn contributed to the active realisation (or functioning) in me of that capability and also led to other capabilities such as affiliation and emotion. Drawing on Gaventa (2021), on reflection, this may have contributed to my 'power within' in relation to my early development of sense of self including 'the power to imagine and have hope' (Powercube, 2011, online).

I discovered music could unleash your imagination and carry you away to different people and places. Even before I could understand the lyrics, I remember how it seemed like I could feel the boom of the drums in my heart. Music could make you happy, sad, calm, angry. It could make you feel lots of different emotions. Perhaps reminiscent of Nussbaum's reference to play within her central list of capabilities and 'being able to laugh, play and enjoy recreational activities' (Nussbaum, 2011, p.33-34) along with the capabilities of senses imagination and thought, I remember my brother and I would pretend we were Abba. We would stand on the concrete garden slabs imagining it was a stage. I remember hot summers when the tar melted in the street and my dad filled our paddling pool and my brothers and I played there with our friends. I remember the purple of the carpet and the pink of the Instant Whip dessert which we liked to have for lunch. I remember the smell of my Mum's chicken soup cooking in the campervan when we were on one of our family road trips to different places in Scotland. I remember my sixteenth birthday, blowing the candles out as I held my baby sister. The excitement of Christmas Eve and the colours of the tinsel, lights, baubles, and handmade decorations, some made by my me and my siblings and others that had been passed down from generations. Going to visit my grandparents in Millport and hiring bikes and picking brambles together. Visiting my other grandparents in Glasgow, the sickly sweetness of my gran's ginger wine and how grandpa was always interested in hearing me and my brother's stories. He was a joiner in the shipyards.

As a Mum, I remember the smell of my babies' heads. I remember their smiles. I remember camping holidays, school plays, birthday parties, shinty matches and the resultant stitches on my son's head. I remember how my daughter loved me to read Alice in Wonderland to her and she still loves Alice and Wonderland now. As a wife I remember the feeling of helplessness when my husband took a heart attack during the pandemic and the joy and thankfulness of having him come back home from the hospital safe. I remember listening to music, walking, cooking and gardening together.

Why are these remembering's relevant to my research question and thinking about empowering involvement and the front line social care worker's role? It is because (and remembered and felt in colour and through senses) they evoke for me feelings of love and of being loved, of belonging and of feeling safe. On reflection this helped and continues to help nourish my 'power to' and 'power within'. These feelings of love, belonging and of feeling safe also help give me a sense of 'power with' and 'collective strength' (Powercube, 2011, online).

Nussbaum (2011, p. 43) again, referencing Wolf and De-Shalit (2011), comments that 'a feeling of security is one aspect of emotional health' and notes that in relation to security of capabilities 'we must ask how far it has been protected from the whims of the market or power politics' (2011, p.43). This leads me to consider the empowering or disempowering impact of involvement and my experience of involvement in school.

7.2. 'We fade to grey', (Currie et al, 1980)

I have chosen 'We fade to grey' as the title of this section as, when I remember school, the memories, with a few exceptions, are mainly grey and colourless, a bit like the milk which was delivered in bottles to the class in the morning and left by the heater to separate before it was given to us. Going to infant school which was a big open plan school I remember my Mum getting called to speak to the teacher (which was not a routine occurrence and so a big deal then) who then expressed her concern that I was a "very reserved child". I remember feeling that it must be a bad thing to be a quiet person, despite my Mum and Dad's assurances otherwise. It was not until much later in life in job roles where, as part of team building, I was offered and undertook a Myers Briggs personality test that I

discovered I was more of an introvert than an extrovert. This is relevant to my research question and focus on empowering involvement as, reflecting on this, at some points in my life it has felt that what might be considered as extrovert traits, are more valued by society. Perhaps there is a need to consider whether such personality tests fully take account of the fluid nature of power and empowerment, the potential impact of contextual factors on the outcome of such tests and, relatedly, whether the resultant label influences capabilities and functionings.

My early view of self and abilities during my school years was also shaped by the tests we had to take at school. You were either sat at the top, middle or bottom table depending on your exam results in my primary school class. I was usually somewhere in the middle. Dweck and Leggett (1988) in their study of adaptive motivation, draw on their own experiences of schooling and classroom seating arrangements where pupils were positioned in order of IQ following tests by a teacher whom they consider held an entity theory of intelligence. The authors describe entity theory as a self-theory of intelligence where the individual views intelligence as something which is fixed as opposed to incremental theory where they instead view intelligence as something which can be developed. The authors comment on the potential impact of this performance environment on pupils and how this can contribute to a negative view of self and fear of engaging in new learning lest mistakes are made. This resonates with my own experience of school as labelling, encouraging social division and fixed notion of aptitude and ability. On reflection, this led me to believe that I didn't have much to offer as a person. For me, this was further compounded by the methods of some of my other teachers as I progressed through high school after we moved to another part of Scotland when my Dad got a job working on the oil rigs. Teachers who seemed to rely on ridiculing pupils who were deemed to have misbehaved or got something wrong. I had been schooled from the mid 1970's into the 1980's.

Though my overall experience of school was not positive, I feel fortunate to have had some inspiring teachers who positively made a difference to me through involving me and igniting in me enthusiasm for their subjects; anatomy physiology and health, art and design, music and history stand out for me. My interest in these subjects was very much inspired by those teachers and their methods of teaching which, for me, involved me and illuminated those subjects in a way that was meaningful to me. Those teachers, on

reflection, seemed to care about the experience and joy of learning and process involved (and of being involved) in creating something. Their concern was not solely for the finished output of a picture or test completed. I remember an art teacher who encouraged me to explore and enjoy the feel and colour of working with pastels and charcoal and to try collage and embroidery and batik. Things I had never tried before. I loved it. I remember being inspired to hear of stories of the great artists and to see their works of art. In anatomy, physiology and health my teacher had models and diagrams of the human body and talked enthusiastically about health.

Barnes (2001, on-line resource) referring to the Education Scotland Act (1980) of the time comments on the: 'negative language' with focus on duties of education authorities and parents rather than the rights of the individual. The 1980 Act placed duty to 'secure that there is made for their area adequate and efficient provision of school education' (Barnes, 2001) with school education defined as:

> Progressive education appropriate to the requirements of pupils in attendance at schools, regard being had to the age, aptitude and ability of such pupils.

The author contrasts this with the 2000 Act which they suggest was influenced by the Human Rights Act (1998). It is interesting to note the language used in the act of the time, including the terms 'adequate' and 'efficient'. One can perhaps see how this was influenced by a utilitarian concept of aggregation and cost benefit analysis, failing to take into account the uniqueness of the individual as explored in Chapter Two and the intrinsic value of education.

Most of my secondary schooling was not in the geographical community where I lived. My parents, like many others at the time, had taken up their right to choose which secondary school I went to through the Thatcher Conservative government's Education Scotland Act (1981). Adler et al (1989) note that the introduction of policy of parental choice in Scotland was driven by political rather than educational aims asserting that the policy was inspired by the Government's disdain for public expenditure and the welfare state and an appetite for shifting the responsibility on to individuals and families under the auspices of rights and choice. The authors cite the introduction of parental choice as an example of a British Policy being developed without consensus and 'imposed by statute' in Scotland

(Adler et al, 1989, p.305). Adler et al (1989) assert that the implementation of parental choice created, for the first time since 1945, a perception of a divergence in and conflict between the interests of the individual and that of the authority with an implication that the individual required, by virtue of this legislation, protection from the authority. Prior to this the authors note that 'it has been assumed that the interests of the individual coincided with those of the authority' (Adler et al, 1987, p.305) with the aspiration of improving the provision of education being seen as central to promoting the rights of the individual. The school I moved on to from my catchment school was in another part of the city and, like many people, my memories of school include unsettling memories of being bullied.

In considering the theme of planning and Nussbaum's central capability of practical reason, critical reflection and the planning of one's own life, my experience of school did not give me a sense of human connection, imagination of what I was able to do or to be or any notion of flourishing. Social care was certainly not discussed as a career option. Other than glossy university brochures being distributed throughout the school I don't recall university as being promoted by the school as an option for 'average' pupils like me or any other further education or career pathways being encouraged. I do remember one of my male teachers did state to the class one day that the reason girls should put effort into study at school is that 'like marries like'. It is interesting to contrast this with the purpose of education articulated within the CA as being central to human empowerment, democracy and flourishing, reinforcing human connection and a 'love of justice as well as the need for justice' (Nussbaum, 2006, p.157) and key to achieving the other capabilities.

Austin (2018) argues that practical reason as a combined capability is an activation factor for turning capabilities into functionings 'practical reasoning is deliberation about what it would be best to do, both in particular situations, and with reference to one's life as a whole' (p.25). The author expands on this citing the impact of external influences during the formative years on the capability of practical reasoning and that, although not necessarily a permanent constraining factor

> socialisation shapes the initial conditions in what a person starts out in life, and the potential for constrained practical reasoning and subjective constraints on capability is, at least, a live possibility that is worth considering.

Having set out to reflect and appreciatively inquire on my experience of schooling the good of my experience of involvement has come from some inspiring teachers who ignited in me an interest in those subjects which has continued to this day although I did not then appreciate the important connection between those subjects. Those good experiences aside, my overall experience of involvement at school had an influence on how I perceived my own abilities as fixed and static and had a profound effect on my wider sense of self in relation to others and what I might have to offer. On reflection this also extended to my perceptions of leadership and hierarchies of knowledge. For me knowledge resided with those in authority, parents and teachers at school and what was printed in textbooks. In considering Nussbaum's architectonic capabilities of practical reason and affiliation and also senses, imagination and thought, on reflection I did not fully appreciate my role and contribution in developing any of these capabilities in self or other people.

7.3. 'People are people', (Gore, 1984)

I have named this section 'people are people' because, on reflection, this is where I started learning more about people and personhood. My Mum was such an outgoing sunny person. I remember her encouraging me to get out more as a teenager. I guess because I was still somewhat quiet and reserved she used to say to me 'don't think in the way think out the way'. At age fourteen and while still at school, my mum noticed that the local shop was looking for part time shop assistants and she found out how I could apply. Bolstered by the support of my family, I successfully applied and worked on Saturdays and some evenings for one pound an hour. I remember feeling so nervous but also the feeling of achievement and independence when I was told I had the job and when I received my brown pay envelope at the end of my first week. Within Nussbaum's central list of capabilities is the capability of 'control over one's environment' (2011, p.34) which includes

> having the right to seek employment on an equal basis with others; having the freedom from unwarranted search and seizure. In work, being able to work as a human being, exercising practical reason and entering into meaningful relationships of mutual recognition with other workers.

I remember the people who regularly came into the shop and my fellow workers, the women I worked with who were all older than me. I remember their kindness and how they would ask after me and my family and each other. I recall the patience of customers and one of my fellow workers as I tried to get to grips with working the till. In this sense, the kindness of fellow workers and people who came into the shop helped me get involved and

keep me involved; my power with, power within and power to. The shop, the post office next door and the adjacent pub represented, for many, a kind of community hub within a housing scheme which at the time was still being developed. The housing scheme was owned by a housing association, developing on land on the outskirts of the city which had previously been farmland with fields of horses. In this sense, I suppose the identity of the community as a community of place was still evolving. When my Mum and Dad were allocated our house, it was brand new and the cement in the pavements outside the house was still drying. There was nothing but building sites beyond our street at the time.

My experience of working part time after school helped strengthen my confidence to apply for a full time job and so after leaving school at sixteen, I briefly worked in a clerical role in a department within the local authority. I remember punching my card at the beginning and end of every day. The boss sat at a big desk at the head of the open plan office. He would bellow instructions to me and my co-workers and seemed to particularly single out one of my colleagues as the focus of his disdain. The closest thing to human resources then was something termed as 'Manpower Services'. Manpower Services and other departments in the Council then such as Social Work and Education were situated in separate floors and sections of the Council building and, to me in my role, appeared to operate as distinctly separate entities. I was not aware of there being any connection between my own department and the roles and responsibilities of other Council departments. I also was not aware of any relationship between the remit of the Council and health and healthcare planning.

I remained interested in health and art and had passed those subjects at school. When the opportunity presented, and with the encouragement of family members and friends, I moved on from the Council after successfully applying to train as a student nurse when I was old enough to do so. Training comprised of an introductory two weeks at nursing college followed by a sequence of blocks of practice placements which, for me, included working in a children's ward, a mental health residential unit (as it was described then and now long since closed) for children and young adults and an adult medical ward. As a student nurse you were part of the staffing complement overseen by more senior students, staff nurses and the Matron who had overall leadership responsibility. To my recollection, the only time the Matron spoke to me during my first three month placement was at the end of my placement. Ward shifts would generally start with a handover from the staff

nurse from the previous shift. In giving the handover it was common practice for patients to be described by the condition they had; the 'diabetic' in bed two, the 'MI' (Myocardial Infarction) in bed three. This didn't really encourage a sense of the person. Working on the ward was the first time, to my knowledge, that I met a person who, with hindsight, probably had undiagnosed dementia. This was long before the advent of the NHS and Community Care Act (1990) and National Dementia Strategies in Scotland (2010-2017). Issues with memory were often thought of as an inevitable part of aging then. This was an elderly lady who had lived on the ward for many months. She had no belongings from home, just a hospital bed and cabinet. Nothing familiar to help her feel connected to her life, people, home and place. I was told that her length of stay was due to there being no appropriate support for her in the community.

After eighteen months of student nurse training, I left to move to a remote and rural Island community to be closer to family. I married and had two children. When my youngest child was four months old, I applied for a part time job as a Care Assistant (Support Worker) in a nursing home, initially working a mixture of evening shifts and night shifts as this fitted with family life and shared caring of my children. The wage at the time was just over £2 per hour. This was shortly following the introduction of the NHS and Community Care Act 1990. The Act was designed to support a move from institutional to community based care, towards reinforcing connections between health boards and Social Work departments. Social Work community care assessments for older people were also introduced. The main form of community care support available on the Island at the time was nursing home care with the Local Authority exploring feasibility of day care and home care services in response to the act.

The nursing home where I worked was home to over forty residents and my role, like that of other Care Assistants employed there, was focused on supporting residents with personal care tasks. Initially, the training I had received had been mainly on nursing home policies and procedures with emphasis on solely following (rather than contributing to or involving people in) care plans and risk assessments which were on template forms and were principally in relation to personal care tasks. This was prior to the regulation of the Social Service Workforce (Regulation of Care (Scotland) Act 2001) and Social Work Care Assessment forms of the time, which also informed admissions to care homes focused on needs rather than strengths (Miller and Barrie 2016). The Matron was passionate about

people and helping to ensure that residents continued to feel part of the community, actively encouraging, and supporting visits from family, friends, schools. Trips for residents included shopping, the visiting 'Antiques Roadshow' programme and, for some who chose to do so, a pint in the pub next door. She was also passionate about staff development, sending my colleagues and I on dementia specific training long before the introduction of National Dementia Strategies. My deliberate use of the term 'sent' reflects my expectation of training at the time (in part influenced by my experience of school), as something that is done to by someone imparting their knowledge, reminiscent of the transmission model of learning (Guile and Young, 1998). I was wrong. The training included life story work which was underpinned by a conceptualisation of person centred care with person centred care being about the promotion of personhood. The notion of personhood as being about recognising the particular 'attributes possessed by human beings that make them a person' (Dewing, 2008, p.3) had a powerful effect on me. Kitwood and Bredin (1992), argued that 'everyday life continues by maintaining individuals in a relatively frozen state, it's way of being positively requires it' (p.277) arguing instead for 'people to be fluid or to alter the image, to grow and change'. The importance of recognising 'personhood' and the social construction of this was being highlighted within dementia care research along with the presence of a 'malignant social psychology' (Kitwood and Bredin, 1992, p.271) with associated power divisions in favour of those without dementia. The prevailing approach of psychiatry at the time had been the 'technical' model with focus on degeneration of the brain which, the authors argued fails to acknowledge a context that is, in fact, interpersonal' (Kitwood and Bredin, 1992, p.270). Reminiscent of Nussbaum's recognition that each and every one of us may at some point in our life, whether permanent or temporary, be in need of support the authors note

> …less obviously and much more controversially, a stance that is mainly technical keeps distress at bay. Professionals and informal carers are vulnerable people too, bearing their own anxiety and dread concerning frailty, dependence, madness, ageing, dying and death (Kitwood and Bredin, 1992, p.270).

The need for personhood to be considered as 'being created in relationship' (Kitwood and Bredin, p.277) rather than solely an individualistic project along with recognition that the personhood and selfhood of the person with dementia 'needs to be continually replenished' was highlighted by the authors. There was a call within dementia research for a personal and social model of inquiry into the experience of dementia. Also emerging at the time were studies relating to the therapeutic benefits of activities for people with dementia and the power of human connection (Kitwood and Bredin, 1992). The legacy of such studies

can be seen today in National Dementia Strategies in Scotland (Scottish Government, 2010, 2013, 2017) and associated Promoting Excellence knowledge and skills framework with the biopsychosocial model of dementia and power of human connection as central policy and practice components as explored in chapter three. I learned to think differently about the value of activities, to break activities down into their constituent elements and stages to help maximise involvement, strengths and continued enjoyment of the activity.

Life story work began to be incorporated within our care planning. Life story work recognises that we all have our own life story and is focused on involving people in 'recording aspects of their past and present lives either for personal use or to improve care' (Gridley et al, 2020, p.183). The nursing home where I worked initially implemented life story work through the introduction of the part time post of Activities Co-ordinator and I was fortunate to be offered the post. The format then of life story work was, and still is in some cases, essentially presented as a booklet template. I remember sitting with a gentleman in the advanced stage of dementia who did not verbally communicate often. We were putting together his life story booklet with some photographs his family had taken into the nursing home. All of a sudden his face lit up and pointing to one of the photographs he exclaimed 'that's my teacher' and said the teacher's name. I shall never forget his look of delight at the connection made nor the connection I felt I had made with him in that moment. I also remember holding the hand of a lady who was in the advanced stages of dementia. I remember massaging her hand with her favourite scented hand cream, and her looking at me and smiling at me, the sense of having made a connection to her was overwhelming.

During my six years working at the nursing home in the roles of care assistant and activities co-ordinator, I had the real privilege of working with and learning from people from all walks of life. People who generously shared their stories. Many of whom had lived through difficult times. My learning from people, their lived experience and my experience of dementia learning gave me a new perspective on life. The importance of seeing and valuing the uniqueness of the person and their contribution. Kitwood and Bredin (1992, p.270) argued for the need for care practice to be underpinned by 'a coherent theory' lest it be rendered 'powerless at the clinical, pedagogical, and political levels'.

> Thousands upon thousands of hours of dementia care work pass by, in which people involved generally do not understand what they are doing. This applies, moreover, even to some who are doing excellent work (Kitwood and Bredin, 1992, p.270).

Working in the care home started to give me an appreciation of the difference social care practice can make at individual level to people and families. This is relevant to this study and consideration of empowering involvement and the front line social care worker's role in community planning. For me, while I continued to be fortunate to enjoy and benefit from the colour of family life, working in social care in the care home was like the colour flooding into another area of my life which, from my experience of school had been devoid of colour. Though, as I will go on to explain, that flooding and the journey of that flood of colour can at times feel somewhat held back and constrained by real or perceived barriers including difficulties I have experienced in pulling through my experiences, learning and sense of self and contribution to new contexts. Learning from life story work helped me see and appreciate the person in the context of their whole life, not as the condition they had or fragmented and lost through the tick boxes of a support plan. It helped me start to appreciate that each element and stage of life is interconnected. I started to appreciate that development is an ongoing thing, not a fixed thing, helping me to appreciate the potential of people, including myself. It also reinforced in me an appreciation of the importance of the care home being connected to the community and of community connections which led me to my next role.

7.4. 'Connected', (Casey et al, 1992)

I have titled this section 'connected' because, on reflection, this is when I gained a fuller appreciation of the power of connection. Brookfield (2017, p.4) uses the term 'paradigmatic assumptions' to describe the 'assumptions we use to order our world'. For me, working in social care brought new meaning through illuminating personhood and what it is to be a person. I gained a sense of possibilities and responsibilities also with regard to my own development and for the first time I discovered the joy of learning. Again, I return to the senses to try and express the pure feeling of the joy of learning I have been fortunate to experience in adulthood and importantly learning with and from other people. It is like a feeling of a spark being ignited inside me, a feeling of euphoria, warmth, energy, overwhelming hope and of being alive and part of something much bigger than me. This helped me gain confidence in continuing my learning. I was fortunate at the time

to have the opportunity for distance learning study and completed undergraduate courses in community care with the Open University. Through my work in the care home I learned more about different community networks and resources including local voluntary sector groups. I successfully applied for the post of Voluntary Resource Centre Manager for the local Council for Voluntary Organisations (CVO, and now part of the Third Sector Interfaces in Scotland as mentioned in the previous chapter). The organisation's role was to provide support and guidance to third sector organisations and community groups in their constitution, development and volunteering. My role involved promoting and supporting development of community groups and initiatives through services offered through the new centre.

At the time, the role of the voluntary sector was increasingly being reinforced through public policies designed to promote development of a 'mixed economy of care' (The Sunday Herald, Scotland, 1990, online) in furtherance of the NHS and Community Care Act 1990. During this time, I learned much from the volunteers and staff who were driving and developing a diverse range of initiatives in the area in response to local needs while also recognising the particular strengths and diversity of communities across the Island. Part of my job was maintaining the 'Community Groups Register' which listed groups with areas of concern including mental health, community transport, environmental groups, arts groups, faith groups, music groups, advocacy groups, to name just a few. I saw how committed and passionate people were about their community and the particular area of interest they had but, on reflection, I did not fully appreciate these groups nor the people within them as being part of a rich tapestry of human holistic networks of and for involvement. Groups often competed for the same pots of funding and evaluation at the time was very much centred on proving to funders rather than learning and improving. Projects were often short term funded making it difficult to fully understand the medium to longer term difference made to people and communities. In relation to involvement in community planning and decision making, at this point, prior to the introduction of Third Sector Interfaces and prior to health and social care integration legislation in Scotland, CVO representatives would be invited along to Local Community Health Partnership and at various Council meetings such as roads, community care, education. I do not recall there being a shared vision and focus on an outcomes plan.

My internal map of connections, as well as not fully appreciating the voluntary sector as a holistic network, did not yet give me a sense of connection to those other places in the system like health and social care. I remember being involved in working with the local Council archive centre as part of the research for an exhibition commemorating the fiftieth anniversary of the CVO. It was a real privilege to be involved in gathering information and gave me an appreciation of the history, commitment and resilience of the people involved along the years. People who had driven the organisation forward and who had been instrumental in campaigning for improvements and development.

At the time there were a number of local learning networks across Scotland with focus on promoting and supporting community learning. My experience working with the CVO brought me into contact with people from different backgrounds and cultures and of different ages. This included people who had recently moved to the area from other parts of the UK and other countries who wanted to get involved and give something back to the community. My experience of working in the CVO exposed me to the creativity within the sector including the different ways and opportunities to get involved whatever age and stage one might be in life. I remember one lady in her eighties who came into the resource centre to access desk top publishing for the book she had written about working in the ATS during the war. It was a privilege to meet her and to hear the stories she generously shared. This, my experience of working in the care home, and the community learning network approach got me thinking further about intergenerational working and learning. How everyone, wherever they are in their lives and whatever their ability should feel valued and that their contribution is valued.

7.5. 'Making plans', (Moulding, 1979)

This section is named 'making plans' because this is where I started to become involved in planning at individual and service level. As my contract with CVO was fixed term and having a continued interest in social care and dementia, I was fortunate to successfully apply for the role of Service Manager for a dementia charity. In addition to individual support planning, this role exposed me to service planning for the first time. It also later illuminated and introduced me to the public policy process. I took up this role following the implementation of the Regulation of Care (Scotland) Act 2001, which required nursing home, day care and home care services to register with the Care Commission (now Care

Inspectorate). The Care Commission's role, by virtue of the Act, was to register and inspect social care services against identified National Care Standards (Scottish Government, 2001). Registration and regulation of the social care workforce was also introduced then through the creation of the Scottish Social Services Council (SSSC). The role of the SSSC also extends to the specification of qualification requirements for social care workers. With appreciation for the support of my employing organisation at the time and for the commitment and support of my Assessor, I completed my SVQ level IV in Health and Social Care. Again, this opportunity to learn while in work and have practice experience recognised in the form of a qualification further opened up my thinking about learning and development. However, I do recall, from my own experience, that the forms used for SVQ then, format for presentation of evidence and the restrictions placed on permissible evidence felt a bit constraining to me.

The SSSC Codes of Practice for Social Service Workers and Employers which set out the responsibilities of employers and workers (SSSC, 2003) of the time was underpinned by a model of compliance. Regulation and inspection processes were similarly focused on compliance and inspecting forms, systems and processes. Evidence of compliance came from having care plans, training and supervision records up to date. Evidence of involvement in care planning was often gauged on whether there was a signature on the care plan with gold standard evidence of involvement in service planning often being whether there were minutes of service user meetings.

A model of compliance, managerialism and performance management was reflected and further embedded through Local Authority commissioning processes and associated tenders and service level agreements. In the context of teaching, Forde et al (2006, p.4) comment on the 'rhetoric of professionalism' contained in government policies. The authors argue the importance of teachers having professional agency, which they define as the 'individual capacity to influence events, whether personal or professional' (2006, p.16) in order that they can adapt practice to the changing needs of students. In health and social care at the time, I remember feeling a similar tension in relation to my limited sense of agency and the agency that was required to put into practice person centered approaches by virtue of commissioning practices and processes. My early experience of Local Authority Commissioning practices was of competitive tendering where organisations pitched against one another to be awarded a contract to provide a specific type of service such as day care

services for older people. I remember the process involved filling out reams of forms and that weighing and scoring of tenders invariably leant more heavily towards cost rather than quality. I also remember thinking that the pitching of organisations against one another for such tenders and the design of the tenders potentially encouraged organisations to try and be everything to all people. Creating silos and constraining opportunities for developing relationships with peers, connections to communities of place, interest, practice and for sharing learning and ideas.

7.6. 'A design for life', (Bradfield et al, 1996)

I have called this section 'A design for life' as this is where I gained a fuller appreciation of the impact of design in planning. My role as a Service Manager exposed me for the first time to the workings of policy. Up until then my perception of policy was of a top down approach, something that was handed down by those in authority be that those in organisations or governments. I had the privilege of learning more about and working with the Scottish Dementia Working Group (SDWG) and National Carers Action Network (NDCAN). Members of SDWG have lived experience of dementia and members of NDCAN have lived experience of being a carer of someone with dementia. Both groups have, as mentioned in the policy chapter, been instrumental in the development and implementation of National Dementia Strategies in Scotland. Development of the first National Dementia Strategy involved a series of community public dialogue days in Scotland, some of which were in rural communities. I, along with other colleagues, had the privilege of helping to facilitate table discussions at some of the dialogue days. People from Scottish Government Policy Departments were visible and actively involved in facilitating local community discussions within the dialogue days which were opportunities for local people to influence and shape the strategy through the conversations at the events. There were also other methods of contributing thoughts and ideas. During this time, I was also fortunate to successfully apply for a voluntary role as a voluntary sector member of the Local Community Health Partnership. This was an exciting opportunity and I learned more about local community health service planning as well as more about the different people, professions and roles involved in this. With the implementation of health and social care integration policy, came further opportunities to learn more about those roles through new integrated joint commissioning structures and associated strategic planning groups.

My former employing organisation at the time was (and still is) passionate about involving people in all aspects of the policy cycle and has a systems leadership role in this regard. This extended to the focus on involvement of people and policy within our internal organisational induction and ongoing learning and development plans. My line manager at the time, through his leadership approach, helped create a positive and encouraging environment for individual and team development. I was fortunate to successfully apply for the post of Regional Manager with my employing organisation. In my work role I was also privileged to be part of a project group who successfully applied for funding for a participant research project to co-produce area specific dementia carer resource guides involving people with lived experience of caring for a person with dementia. The project involved people in mapping connections to existing holistic communities, networks and resources to promote and support involvement and wellbeing. This included information on decision making and advocacy resources as well as such resources as pet care and pet therapy. As part of National Dementia Strategies development there then followed opportunities to work in partnership in the newly integrating health and social care partnerships in Scotland to pilot some of the new models of support as outlined in figure 6. (Chapter Three.) and reproduced below.

Figure 6. Alzheimer Scotland's 5, 8, and Advanced Dementia Practice Models, (Alzheimer
Scotland, 2015).
Permission to reproduce this illustration has been granted by Alzheimer Scotland.

My internal map of connections began to feature policy connections with a growing appreciation of the difference policies can make to involvement, the difference involvement makes to people and communities and the difference involvement of people and communities in all stages of the policy cycle makes.

Key developments taken forward as part of the strategy included the introduction of the guarantee of a minimum of a year of post diagnostic support for people following their diagnosis of dementia delivered by a named Link Worker trained to the Enhanced level of the Promoting Excellence Knowledge and Skills Framework. The post diagnostic support guarantee was embodied within a post diagnostic support HEAT (Health, Efficiency, Access, Treatment). HEAT targets, which have now been replaced by Local Delivery Plan Standards (LDP's) were a set of targets developed by the Scottish Government and included in NHS Board delivery plans. Scotland was the first country in the World to introduce a post diagnostic support guarantee. Post diagnostic support is underpinned by Alzheimer Scotland's five pillar model of support which is focused on supporting the person to understand the illness, planning for the future and decision making, supporting community connections, peer support and planning for future care. The eight pillar model of community support flowed from the five pillar model and I had the privilege of being involved in one of the Scottish Government test sites as a member of our NHS area geographical test site team which comprised people with lived experience, carers and included people from different health, social care and community based roles including dementia friendly community initiatives and further education establishments. During this time, I was also introduced to the concept of Knowledge Transfer Partnerships which were designed to promote collaboration and learning between work and education settings for innovation. A further link to education providers came when a local University invited members of the Scottish Dementia Working group and some team members including myself to co-design and deliver an element of a new MSc level course on dementia. Inspired by my experience of working in this integrating environment I became curious to know more about education, healthcare improvement, leadership and the role of design in transforming practice and innovation. I was fortunate, with the support of my employing organisation, to undertake an MSc in Advancing Healthcare Practice which focused on research, policy, leadership, improvement and innovation with people at the heart. The five, eight, and advanced dementia practice model conveyed a shared vision or 'power for', recognising the transformational potential of planning, with humanity and dignity and

respect for the uniqueness of the individual at the heart, with involvement viewed as being life wide and life long.

During this time at a personal level, my Mum, who had been living with diabetes and cancer for many years was given a terminal diagnosis. My Mum was the type of person who would greet anyone she saw in the street with a friendly smile and a wave. She always had time for people. She and my dad married young and had me soon after followed by my two brothers and my sister. Mum loved being a Mum, a granny and a great granny, she was so wonderful on all counts. My own children, now grown up, have lovely memories of her kindness as do I. As a family we were fortunate to have had lots of fun together over the years. Whether it was caravan holidays, impromptu barbeques, even in the rain, or sledging at the back of Mum and Dad's house. About two years before my Mum passed away she persuaded my Dad that they should get a puppy and they got Mac, a West Highland Terrier. Mac was a source of joy for my Mum and Dad and continues to be my Dad's pal to this day.

The month before my Mum passed away at age 66 years old we went on holiday to Nairn. One of the places she loved going to. I have a picture of her taken then, smiling and swinging on a swing at a playpark with my sister and my daughter and another of she and my Dad having a picnic on a beach near home on one of their day trips.

I remember the kindness of the volunteers at the hospital as they welcomed her, Dad, and family members including myself when she went for appointments with her consultants. Mum had a rare type of cancer and had volunteered to take part in research. She would talk enthusiastically about how there was a panel of global experts looking into that type of cancer. She hoped that she would help them learn more about it so that it would help other people through prevention and treatment. She had also previously volunteered to be part of a research project into diabetes. Her Mum, my gran, had diabetes too. I remember the smell of surgical spirits in my gran's kitchen as a child. She had glass syringes which had to be boiled and sterilised. This made it difficult for her to get out and about as any travels or visits meant a lot of advance planning. Mum had plastic syringes when she was first diagnosed in her late 20's, then she was given a pen. She used to say how she wished my gran had experienced the freedom that the pen brought.

During my Mum's palliative care my Mum, along with my Dad, was able to live the remainder of her life in the way that she wanted. This was, in no small measure, due to the person centred approach of front line health and social care workers involved in her care who importantly listened to what mattered to Mum and Dad and involved them in outcomes planning. During my Mum's palliative care my parents spent many happy days travelling about Scotland and England and visiting family. Had my parents listened to one healthcare professional who, without intended malice, had placed emphasis on Mum as suffering from cancer rather than Mum as a person in the context of her life, then Mum and Dad would have maybe restricted and constrained their planning around the condition rather than also thinking about their hopes and what mattered to them so Mum could, as far as possible, carry on *living* her best life in that time.

Mum died in a cottage hospital with her family around her. My family and I will never forget the kindness of the health and social care staff involved in her care. I remember the consultant talking to Mum shortly before she died, telling her that he didn't think that she would be coming home from hospital this time. I remember he cried when he told her that. This affected him too as a human being. While acknowledging the impact that this may have had on the consultant's wellbeing, and the importance of caring for those who care for us, on reflection I do remember the overwhelming feeling of compassion in the room.

My Mum had planned her funeral with my Dad. Mum loved music. We had lots of music at her funeral with a CD created of some of her favourite songs. 'Here comes the sun' by the Beatles as she liked that song and also because it reminds us of her. She was such a sunny person. Remembering Mum through music, pictures and scents really helps our wellbeing as a family knowing that she lived her best life. It is a way of honouring and threading through the impact of her involvement in our lives so that we can in some way feel that she is still with us. When I see Rosa Regosa (my Mum's favourite flower) in bloom I can't pass by without enjoying the scent and saying hello to her.

My Dad moved to the south of Scotland with Mac soon after and quickly became involved in the community through community volunteering. My Dad says this has helped him get to know people, more about the local community and to help shape it (his power to, within and with). The Ipad my siblings and I got my Dad for an earlier birthday and the family

Whatsapp group set up by my brothers has also helped us all feel connected, particularly during the pandemic. My Dad has also used the Ipad to put together some research on the family tree and for connecting with his brothers to help gather information and reminisce. He has also used the Ipad to keep in touch with former colleagues, to play word games and order materials for his garden projects. All contributing to his power within.

My Dad, who along with my Mum, as mentioned, have always been focused on enjoying life as a family and with each other including in the later stages of my Mum's life. My Dad has continued this focus on enjoying life. I remember I had been to a conference where the 'the LifeCurve' (Kelso et al, 2020) study was discussed. The LifeCurve is a conceptual framework which had principally been used by Allied Health Professionals as a way to understand functional decline. Advocated through a later Scottish study as a 'useful mechanism for engaging in conversations about how to achieve healthy ageing' (Kelso et al, 2020, p.134), for preventative supports and to plan for and promote a 'paradigm shift' where older people are 'viewed as assets in their community, where investing in their wellbeing brings societal participation, consumption and social cohesion' (2020, p.134). The LifeCurve, the authors argue, advocates that 'fitness in later life can be the rule not the exception' (Kelso et al, 2020, p.134) and can stimulate the creation of and connection to relevant community, statutory and commercial resources for health promotion and preventative health. The authors argue the need for the LifeCurve to be understood by other care and clinical staff, policy makers and people using services. I shared information on the LifeCurve with my Dad and to this day he speaks about "pushing away the curve". In addition to walking Mac, often for several miles each day, his volunteering and his projects, he is on his exercise bike five mornings a week.

7.7. 'All together now', (Pachelbel et al, 1990)

For me, being involved in social care helped me decompartmentalise areas of life which I had previously thought of as being distinctly separate. It helped me to view life as a journey, not a fixed predetermined thing. Working in social care also helped me to see the importance of personhood and of valuing and appreciating the uniqueness of the person and it had also opened up my view of wider systems connections at personal, community, national and global level. I have called this section 'all together now' to reflect this.

Dementia is a global priority and concern. There had been a number of delegates from Scotland including members of the SDWG and NDCAN involved in sharing learning and ideas from policy developments in Scotland. I was fortunate to be invited to speak at a conference in China and was privileged to meet and learn from the hosts who generously and kindly welcomed me to their country and from fellow delegates attending from other parts of the world. This experience gave me an appreciation of diversity of contexts, people and cultures but also commonalities we have, importance of human connection and helped me visualise self as a citizen of the world.

On my return, my husband and I moved to the central belt as I had successfully applied for a national post with my employing organisation. In my new post I was involved in organisational development and this exposed me to another important layer of involvement and led to projects involving facilitation of codesign of leadership development resources and a related internal intranet quality and workforce development framework. This involved working together with social care practitioners and graphic designers and colleagues in digital technology. My experience of being involved in this work further underlined for me the importance of creativity and design thinking for involvement and improvement.

For a time, my perception of my own identity was closely aligned with my work role and function. Domains which Beynon et al (2001) note are subject to change by others. Service redesign led to a number of redundancies including my post. This made me think again about how such changes can affect not only the financial situation and security of the people concerned but also affect the person's view of self and the potential of reflection in helping to empower through a fuller appreciation of self and opportunities (Habermas, 1968). For me, I have been fortunate that the support of family and friends helps me, also in reflecting, planning and adapting. The support I received from my former employer in making this transition and also my mentor at the Job Centre was also invaluable during this time. I was fortunate to gain a volunteering role at a local charity shop while I looked for work and also continued and completed my MSc studies. I was delighted to hear that my application to join the EdD course at the University of Glasgow through part time distance learning had been successful during this time. All of this really helped me feel involved and contributing to something bigger than me, and my sense of self and identity during this time. I also started running using the 'couch to 5k' app and discovered the joy of this

which really helped my mental and physical wellbeing. My daughter and I have found that taking part and running with others (power with) in organised charity fundraising runs is a moving and powerful experience and, for us, another way of honouring and celebrating my Mum and helping to raise awareness and funds to help other people living with the condition.

My next experience of being involved in employment was a fixed term post in a Learning and Development capacity with the SSSC, which, as mentioned, is the national body responsible for the regulation of the Social Care Workforce. This post involved working with colleagues in the SSSC, people with lived experience of being unpaid carers, colleagues from community groups, health education, Scottish Government Policy division and academics in co-designing a digital personal outcome planning resource to support workforce development for implementation of the Carers (Scotland) Act 2016. During this time, I was fortunate to learn more from colleagues about appreciative inquiry, facilitation skills and developments in digital technology and the importance of design being an integral component in all of these approaches to involvement. Importantly, I also met and learned from people with lived experience of social services and caring and the experiences they generously shared. As part of this I learned much from being involved in and helping to facilitate storytelling workshops led by a storytelling organisation and involving people with lived experience in co-creating stories as part of a suite of resources focused on 'Building collaboration and compassion for integrated working' (SSSC, 2018) and related storytelling films. Involvement in co-design and creation of these stories included involvement of a carer from a remote and rural part of Scotland who chose to participate in the workshop virtually. It was a wonderful creative space and for me my experience of working with the SSSC and learning about creative approaches helped me to appreciate the connection between healthcare improvement methodologies and social care development and improvement approaches, that they are part of a rich tapestry or, to stay with my chosen metaphor for this study, a collage. I also had the privilege of working with members of SDWG, NDCAN, colleagues in the SSSC, Care Inspectorate, NHS Health Scotland and from SSSC networks of Dementia Ambassadors in Scotland on co-design of Dementia Ambassadors learning leadership resource. The Dementia Ambassador network, introduced by the SSSC by virtue of National Dementia Strategies comprised practitioners across social care organisations in a variety of roles who, in their Ambassador role, actively promoted and supported dementia learning and practice in furtherance of the

Promoting Excellence Knowledge and Skills Framework previously mentioned in chapter five.

I was excited to then have the opportunity with the SSSC to take up post as Involving People Lead with the communications team. Again, I was privileged to have the opportunity to learn from people with lived experience of social care, colleagues in the SSSC, partner organisations, health and social care workers and community groups during my time in this role. People with lived experience who led and participated in appreciative inquiry sessions to develop the SSSC Involving People Plan. During this time I met people with lived experience of social care who told me about the difference social care workers make to their lives and their involvement in community life and decision making. I visited colleges at the invitation of people with lived experience who were delivering training sessions to health and social care students there. I heard of community initiatives in some of the most deprived areas of Scotland which were being facilitated by people with lived experience of social care and disability and the fundraising activities those same people were leading and engaging in.

During this time, I was continuing with my EdD studies and I found the topics I was studying were so relevant to my work environment. Critical reflection, professional identity and practice, policy, ethics and education and educational futures. I had been worried that the focus on education meant that this was a course for people who came from a background such as teaching in schools and further education establishments. Of course, some of my fellow students do come from these backgrounds and it has been wonderful having the opportunity to learn with and from them. I soon discovered that students are from different backgrounds such as health care and community development and this and the course itself has really helped deepen and broaden my thinking about the life wide and intrinsic joy of education and the places and spaces of education and who might have a role and be involved in this. My fellow students come from all over the world and it is wonderful to feel connected to and part of a supportive global learning community.

Also, during this time and having an interest in evaluation, learning and involvement I responded to an advertisement for a volunteering position as a Trustee with a national voluntary organisation focused on promoting and supporting evaluation and research in the

third sector. I was delighted when, after interview, I was appointed to the voluntary role. This is giving me a further appreciation of the importance of planning for involvement and participation in evaluation and learning and some of the creative approaches to this. For me it also underlines the importance of capturing, appreciating and understanding the difference that is being made at individual, organisational, community, national and global level and for people to know the difference their contribution is making to people's lives. The experience has also reinforced for me the importance of thinking about the intrinsic value of involvement and being involved in planning, evaluation and learning together.

The pandemic has exacerbated pre-existing inequalities. The role of our colleagues in the NHS has rightly been recognised during the pandemic with social care and other key workers being added later to the weekly doorstep clap for carers. The SSSC facilitated a project called 'Inspiring Care Stories' which shares stories and 'celebrate the values and commitment of the social service workforce during COVID-19' (SSSC online, 2020(a)). I was privileged to be part of the project team and learned much from the stories and experiences shared. Stories of leadership, supporting connection to people and communities during this challenging time.

When my fixed term post came to an end, I was then fortunate to be offered my current post in Community Engagement with a global disability charity. This has exposed me further to different concepts of community and different spaces of involvement and for me, has further underlined the importance of values and involving people in planning for involvement that makes a difference for people and communities. I have learned from lived experience shared of the difference volunteering has made to the people involved and to their communities, how involvement in one opportunity has opened up opportunities to get involved in other activities and communities. How digital inclusion volunteers from one part of Scotland have helped support digital engagement and building of relationships and confidence of participants in other parts of Scotland and how this in turn has led to participants accessing online communities of interest, physical activities and sharing their digital learning with others.

I have experienced the joy of learning from people and colleagues across the globe and out with the organisation and opportunities for involvement and learning which can come from

working in a matrix type organisational structure. Matrix structures usually integrate two or more types of organisational structures and mean that the worker is involved as part of a functional team and a project team. This has included learning from the many creative ways social care colleagues are working together with people with lived experience of disability for creative approaches to involvement in personal outcomes planning and how best to capture the difference involvement is making including through video storytelling, co-creating poetry and posters. I have had further opportunities to connect with and learn with and from holistic community connections and networks in Scotland and further afield. Working in a matrix structure has also underlined for me the importance of communication, relationships and clarity of roles and responsibilities.

Personally and professionally, I have experienced the tension and constraining influence at times arising from universal one size fits all approaches, targets and associated performance indicators and measurement tools set against a diverse and complex environment, local to global related interdependencies and differing policy and practice landscapes across the nations of the UK and wider afield. For me this has reinforced the importance of data driving improvement and most importantly lived experience driving improvement. Central to this is consideration of values and culture and the contribution of reigning philosophical theories. As previously noted, such theories are the lens through which we approach decision making, planning, understanding and measuring the difference that is being made. My lived experience of working in social care and community engagement has given me a broader and deeper appreciation of the importance of understanding context and involving people and communities in planning and how best to capture the difference involvement is making. This involves recognising the interconnecting and interdependent layers of planning for empowering involvement and related role and contribution of people, organisations and communities including communities of practice and the role of FLSCW. Working in a community engagement role outwith social care afforded me the opportunity to view social care from a different positionality. As I undertake this research and autobiographical reflections I am mindful and thankful of the privileges I have had in life. I am also mindful of the need to consider my own positionality as a researcher on an ongoing basis as someone with lived experience of being a front line social care worker, a community worker, a wife, a mother, a daughter, a sister, a granny, a student, a volunteer. To reflexively consider those identities and their impact on my research, my involvement of the participant and my engagement and interpretation of the data (Braun and Clarke, 2022), including my

interpretation of my own autobiographical accounts. In doing so it has also led me to appreciate how involvement and learning in one role/identity has and can also make a difference in and to the other roles and identities and opportunities one may have in life. This is important in considering the fluid and context specific nature of power and empowerment, the role of FLSCW in empowering involvement in community planning and the other roles, identities and lived experience the person being supported and the front line social care worker each bring as an individual whole person.

7.8. Chapter summary: 'These are the moments that make up my life' (Adams, Peters, Shapiro, 2021)

My research topic has been influenced by my own personal journey, roles, identities and experience of working in health and social care for the past twenty six years in front line, management and practice and community development roles. I have worked in various sectors in Scotland pre and post integration of health and social care and community empowerment legislation. My own development journey as a front line social care worker and as a person has been enriched by the people I have engaged with and learned from. I feel proud to talk of social care as my career. A career which has opened up possibilities for me and my family, as social care workers (my Mum and Dad became FLSCW later in life and my daughter is a Social Worker), but also as a family on the receiving end of front line health and social care practice. Knowing that my Mum (with Dad) lived her best life possible in the time she had left, has helped us all as we try to cope with her loss.

For me, social care is a place of hope and possibility, a place of aspirations, planning and personal and professional development.

Chapter Eight: My involvement in community planning, a view from the front line and the difference involvement makes

8.0. Introduction

In this chapter I present data from participant online appreciative inquiry sessions. The outline of the AI session is included as an appendix.

8.1. Applying the framework to the fabric base – co-creating the collage

Figure 15.

My involvement ecosystem outcomes framework

Adapted from SSSC (2019)

Power for – vision, values, transformative, generates power to, with and within

Power to – the individual ability to act

Power with – the ability to act together with others

Power within – individual or collective sense of self-worth, value, and dignity

From Rowlands (1997) and Gaventa (2021)
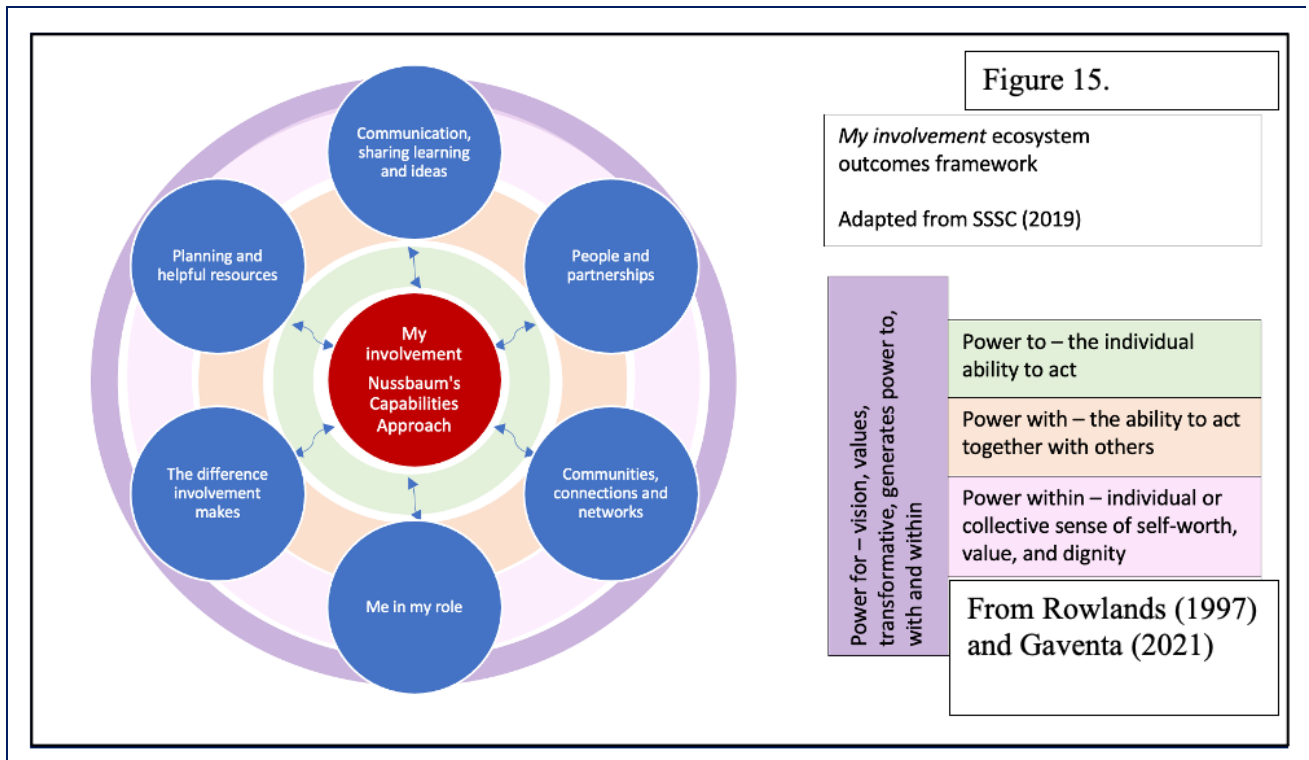
With concern to ensure this study is as participative as possible and is centred on empowering involvement, I have drawn on the above framework throughout this study. In keeping people at the heart, it has been important to care for the lived experience of participation in this study and the participant's wellbeing. In respect of the front line social care practitioner who participated in online appreciative inquiry sessions, it has been important to have care that they felt that they had a psychologically safe space in which to explore the research question. As part of this it has been important to check in with the participant how they are feeling not just at the start of the session but throughout. It has also been important to learn from the participants experience of being involved and, with the permission of the participant, their immediate reflections on this experience were also captured through audio recordings. In involving the person in reviewing themes identified

(Chapters Nine and Ten) I have also revisited their lived experience of being involved in order to gain a subsequent medium term account of this.

8.2. Planning

Within participant reflections of best experience of being involved and involving people, planning was identified as key. Planning exists in many forms and the need to revisit what we mean by 'planning' and the connection between personal, organisational, community, national and global outcomes planning was highlighted. Perceptions of community planning included this as being seen as a "formal" and a "corporate" type of planning.

> Em, well I think we have a lot of experience of planning from a person centred point of view, I still think that going back to the community planning, that is a corporate thing that we are not involved in, and I don't know, I know more community development organisations are probably more involved in the community planning and going to meetings and encouraging participation from people in the community. I just don't think that we are. (AI online session three)

This led to consideration of 'Me in my role' and of the multiple roles we may have in life and who might have a role in community planning. There was a perception from the participant that community planning is instrumental and that you are only engaged in this if you are physically (or virtually) going to community planning meetings which in turn can infer that those who are not around the table have nothing to contribute. This effectively contributes to a disconnect between the role of personal outcomes planning and that of community planning which in turn affects perceptions of the FLSCW role and sense and value of own contribution to personal and community outcomes planning as a practitioner and as a citizen. This point arose early in participant appreciative inquiry online sessions when the participant commented in response to the research question of 'how are FLSCW engaged in community planning in Scotland', that they had been thinking that "if it was about going to community planning meetings then I wouldn't have a lot to contribute" (to the research). (AI online session one). In considering the best experience of involving people or being involved reflections included being

> involved in planning with the support plan when we are planning the support with someone as part of their support plan. (AI online session one)

A related question from the AI session was how far planning helps support critical reflection. On the experience of participating in this research the participant commented

> I think I would have found it hard to marry what we do without talking to you about it, when I talk to you I can understand what we do is more community…..I think it has been good because you don't often have the space to talk a bit more deeply about things at work, we have something every six months, a joint review and it is kind of like how are you finding things?, how is your caseload?, unless you are maybe on a training course and you have time to think about things. (AI online session three)

The issue of having 'space' (AI online session three) to reflect was also highlighted along with importance in helping to support the making of connections, in thinking about and discovering 'best experiences of..' and 'what made them good', concern for participant space to reflect is a central feature of appreciative inquiry.

8.2.1. Understanding strengths, aspirations, unmet needs, and barriers to involvement

Participant perceptions of support planning included viewing this as a place of involvement and for recognising the strengths and aspirations of the person and for the person to be involved in decision making about their own support planning. In reviewing the central list of capabilities the participant said that they felt that, in their experience, the front line social care worker's role played a big part in involving people in facilitating involvement in support planning with consideration for each of these capabilities. On further reflection in relation to the Community Engagement Standards and consideration of 'understanding of community needs and ambitions' the participant commented on how personal outcomes planning might relate to this

> uhuh, em, yes, yes, em, uhuh, because you are finding out what people are interested in engaging in the community, you are getting an understanding of unmet need as well as what is already there. (AI online session three)

> Sometimes people say, I don't know, I want to get out more I don't know about the clubs that are going on or the activities, so you can say there is a place here that do ti chi. (AI online session three)

> Yes, (to bringing in new things). Knowing what is there.
> Yes, I think so, because the more you know, the more you have got to be able to share, people might not fancy some of the things you are saying, but it could be attractive to them, you don't know. (AI online session three)

During appreciative inquiry sessions and as we explored the research question and associated emerging areas of inquiry, the participant frequently illustrated their responses through stories and did so while preserving the anonymity of those involved. For me, these stories really conveyed a sense of humanity, reinforcing the need to keep people and lived experience at the heart of planning and as part of this the need to be involving people in how best to capture the difference that has been made. I use the word 'capture' in the artistic sense rather than infer this is something forced.

A suggestion for improvement from the participant is 'designing the support plan with the person in a format that suits them'. (AI online session four). This would help promote and support planning for involvement that makes a difference, values and culture and creativity, emotions and senses which in turn would support accessibility and inclusion.

> And then, that is maybe a way that the person has more ownership of it rather than it is a service document as well. Because (in current format) you are saying this is your support plan and things but you are still writing some things that they don't want you to write you know. Because, I know we've got this thing where we get these risk assessments from the CPNs and the Drs and if there is any past history of violence and aggression or overdose we have got to sort of put that in and a lot of people aren't happy about that because it is something that happened years ago or if it is triggering for them, so – but does it really have to be there in their support plan? (AI online session four)

8.2.2. Transitions

The FLSCW role with consideration of life transitions was also highlighted.

> I suppose our role as support workers is to support people when they are at a place when the maybe don't feel they have the power to act, for maybe health reasons and social reasons, sometimes providing information to people that they were not aware of before is enough so people can get on with things on their own, it all depends on the individual person, you maybe have to look at what support they need. We don't want to do things that create a dependency with people. Focusing on the support planning what their goals are. Just being with people in what every way we can to help them meet those goals. (AI online session three)

This included the front line workers role in supporting people at a particular time of their life when they needed support in relation to one or more of the capabilities and supporting connections to community information and resources. Consideration of life transitions also

extends to the front line social care worker themselves at particular times in their life in personal and professional roles, further highlighting the importance of recognising that we may have and move between multiple roles in our life.

8.3. Me in my role

Stories of leadership (practice, self, citizen, organisational, community and systems leadership), identity (that we may have and move between multiple roles and identities) and the front line social care worker's professional practice role and skills were shared by the participant. This included personal and practice reflections shared of best experiences of involvement and what helped make this a best experience. Again, response to this question was illustrated by stories shared. This included a personal account from the participant who spoke about her first visit to a yoga class and how the other participants had contributed to this being a best experience of being involved by being kind and welcoming. This, the participant felt, helped nurture the participants internal capabilities and power within and power with through social combined capabilities. Lived experience of best experiences of involvement had also included stories of volunteering and how this had led to other opportunities to get involved including employment opportunities. An example of how involvement in one opportunity can lead to other opportunities to get involved. In this sense, involvement may be seen as a fertile functioning leading to capabilities expansion for the participant and also for the community.

> I volunteered on an environmental project, but we linked in with partnership working, we did a community meal with another local organisation, went to the community garden, so you get to know a lot of people in the community from volunteering, all good experience. (AI online session two)

Stories shared also illuminated the different roles and identities which the person that the front line social care worker supported may have with the participant highlighting the skills and individuality of the person and that in planning for support in one area of their life where the person felt they needed support, this in turn was helping to support those other areas. An example given was the participants role in supporting a person with neurodiversity in completion of housing application forms. This action helped the person continue in their professional role as an educator.

Not taking away the skills of the person, recognising the strengths of the person. It is a specific element that the person at this point in time needs a bit of support with……the person is very capable and competent. I couldn't stand up and give lectures, I couldn't do that. He collates lots of information and marks essays, so many skills in these areas, what can we do to support these areas? (AI online session three)

The interface between the front line social care worker's role and the role of other health and social care workers was also identified and included perceptions that the front line social care worker's practice role, skills and contribution are not always appreciated and understood. The role of the line manager was also highlighted, particularly in relation to helping to promote and support a climate for learning and importantly learning from when things didn't go as planned and how this impacted on planning for involvement and innovation.

The front line social care worker's role in promoting and supporting citizen leadership was highlighted with concern not to 'disempower' people or 'create dependency'.

uhuh, I think it is important that you are emphasising the person centred approach, so you are saying this is your support, we are here to, I suppose to help facilitate that but it is what you want to get out of it, I think having that sort of approach, maybe makes it easier for people to say well actually I would quite like to do this and you know maybe feel more comfortable to say. I am just thinking that a lady who we started seeing who has been housebound for quite a few years has just started to go out on support, very very anxious, she was ill the first week she was so anxious, we planned to go to the library but it was shut, she had been talking about going to the dentist because her teeth were so bad she had had covid and she couldn't go, and we made an appointment at the dentist and she said well actually since we are here, my son usually picks up my prescription, he actually suggested you could do that with your worker, so we walked up there, and she was so pleased on the way home because she had not really been out the house she said "I'm all chuffed with myself that I have managed to do these things". So it is good if people feel able to say, well can we do this, uhuh and then they are getting out of it what they want rather than feeling that it is us directing it. (AI online session three)

In relation to leadership, the participants reference to their own citizen leadership role, of getting involved in something that helps their wellbeing

Em, no I am just sort of thinking that in terms of my own health, I have an online yoga class that I sort of join in with, and that was something that I was sort of aware that it was running, I suggested to (the Dr) I had done this in the past, I would like to do it again, had fallen away quite a bit because of my

health, I suppose that was me being a bit assertive in suggesting what would be good, and she was very helpful and started sending me the links every week. (AI online session one)

Systems leadership and the role of individuals (recognising we may have and move between multiple roles and identities), organisational roles across sectors, communities (of place, interest, practice), and governments in considering the impact people and institutions have on the FLSCW role and in contributing to and promoting and supporting a climate for empowering involvement in community planning was also highlighted.

8.4. People and partnerships

The importance of relationships and people and partnerships extended to the importance the participant placed on their caring relationship with their pet cat who was a frequent visitor during the online appreciative inquiry sessions and how this caring relationship contributed to their power within. This also relates to bringing your whole self to planning and consideration of internal capabilities.

The importance of building relationships was also central to understanding and appreciating the life story of the person and their aspirations.

> Yes and the more you get to know someone the more that story comes out I think, some people are more open and tell you but other people for lots of very good reasons, maybe don't want to share some things, and you don't find out until maybe a bit longer about some things, it is all part of the relationships bit and building relationships. (AI online session three)

The importance of teamwork and of feeling valued, including lived experience of working in multi-disciplinary teams was highlighted

> ..I think our place in the hierarchies as social care workers, you can see it in the dynamics of the team, you have the mental health team, the nurses and social workers and we have this small office that is too wee for us, we are supposed to be part of the same team but we don't have the same standing, but you can see that we are not as valued. When I worked in the NHS I had the title of being a health professional and that gives you a bit of a status in a certain way. If you are working as a social care worker, some people value your role and they understand it and there are other people who don't, and I have heard other workers say this…you are kind of at the bottom of the pile you know in terms of where you are seen, so it is nice to talk about these things and actually your role is more

valuable than what a lot of these people are kind of placing on it. (AI online session three)

From the online appreciative inquiry sessions the front line social care worker's practice role also included involving people in development planning for new projects and included partnership working with other organisations in the community. This involved putting together a proposal for submission to their line Manager to develop a community based group. The participant commented on their experience of being mentored and that this had positively impacted on their confidence.

8.5. Community connections and networks

Thinking about power for, to, with and within the value of making, promoting and supporting connections across holistic networks was illuminated by the participant

> Yes, I suppose having the more knowledge you can have of the community and what is going on and relationships with other people, workers, em, so that if you find that maybe someone is interested in trying out something, that you can link in and maybe go along with the person supporting them to attend initially, I know recently, there was a man who was referred, he was quite isolated and he came from Pakistan as an asylum seeker, and suffering from depression, em, very isolated, and I think because of my community development experience I was aware of integration networks, (in area). So I thought he is resident here now, but he was an asylum seeker, I contacted them and they gave me links to different community resources in the area so I was able to email them and find out a place. (AI online session three)

As part of the 'dream' element of AI, the participant shared aspiration and hope for further connection and collaboration with third sector colleagues and networks. There was also aspiration for opportunities to share learning between front line adult social care and early years practitioners. Something which the participant identified as a current gap. In relation to feeling part of a community of practice, the participant said they did not feel part of a community of practice which also has relevance for communication, sharing learning and ideas.

8.6. Communication, sharing learning and ideas

The importance of verbal and non-verbal communication was highlighted by the participant as being important to involving people from their experience. Being able to link

in to and access support from community connections was highlighted as illustrated through extract from story shared by the participant.

> Language was a barrier for the usual groups in the community that he could go along to. It is a bit difficult because things haven't opened up a lot yet, a lot of the groups have not opened up. At least it is a start of having a community, somewhere he can go that he is getting support, and the barriers are not there in terms of his language and it is a similar culture you know as well. I suppose, the goal is so he is more confident and it has a better effect on his health, in terms of his mental health, to be linked in to places like that, that is what we are working towards anyway. (AI online session three)

The impact of the format of plans, documents, language used, accessibility, and the potential of planning tools to be either restrictive or transformative was identified by the participant as an important consideration identified by the participant for meaningful involvement. As part of this the importance of knowing what is out there and the role of accessible information and knowing how to get involved. The participant also highlighted how, in their role as a FLSCW, they engage with different types of learning and evidence. Speaking of the importance of learning from lived experience including their own lived experience.

> If you have had experience of something, like going through, from my own personal experience, assessment process for personal independence payments and the stress that is on you when you don't have the money you need to pay your mortgage, so if you are coming across people with similar issues, so you already maybe have problem solved, so yes, I think maybe that is coming back to the empowering with maybe. (AI session three)

However, related to this is the front line social care worker feeling that their knowledge and experience is undervalued. This is an important consideration if we revisit Bynner and Terje, (2018, p.1) comment that

> evidence use in community planning is a craft that involves valuing and interweaving different forms of evidence and knowledge – recognising that evidence becomes meaningful through communication.

The authors also highlight how recognition of the above moves the focus from 'hierarchies of evidence to improving the nature and quality of communication and co-production of policies' (2018, p.1.).

In relation to the participants own experience of being involved in sharing learning ideas and what has helped the participant said in relation to the 'dream' phase of AI – if the

future was organised around best experience of this what would this look like the participant responded 'I think working in an organisation that is open to trying new things, and learning from experience'. (AI online session one)

> I think having opportunities to develop, so maybe having colleagues and managers who are open to trying new things, maybe freedom where you are working, that they maybe trust you to try out things, if you make mistakes as well, Operations Manager had said it was a learning experience, not to make you feel bad if it didn't turn out the way you hoped it would be. (AI online session one)

> Important to learn from mistakes as well as what went right, I suppose it is more supportive for people who are trying out things, rather than getting met with a manager who says this hasn't worked, that hasn't worked, we learn from this, rather than negative attitude. (AI online session one)

Being able to access other opportunities for ongoing professional and personal development was also identified as an aspiration.

> em, I don't know if this is relevant, something I was thinking about recently, when I worked in the NHS we used to get access to going to conferences, I suppose that is something that I maybe miss, because of the role I am in, we don't get the time away to go to anything else, learning new things, whether it is a conference or a training course, or peer learning, these are good things to have in an organisation, I find them good anyway.(AI online session one)

8.7. The difference involvement makes

The participant highlighted challenges in FLSCW fully appreciating and valuing the difference their involvement has made.

> You don't really know how people get on, but hopefully that (FLSW involvement) might have helped him after we had finished working because we are time limited. (AI online session three)

Related to this is a feeling of disconnect from community planning. As noted, in reviewing Nussbaum's central list of capabilities the participant said that in their experience, the front line social care worker's role played a big part in involving people through planning for involvement and facilitating involvement in support planning with consideration for each of these capabilities. As previously highlighted, in relation to the Community Engagement Standards and consideration of 'understanding of community needs and ambitions' and 'support – we will identify and overcome barriers to participation' and 'Impact – we will assess the impact of the engagement and use what has been learned to inform our future

community engagement' the participant commented on how personal outcomes planning might relate to this.

The need to appreciate the corrosive impact something in one area of one's life can have on other areas of life and overall wellbeing was highlighted.

> Well, if you have got a financial issue it is a bit like a wheel, if something is impacting on your life it has an affect on other parts of your life, it can affect your health, you've got more worry…… then your personal life, you can't afford to go out and do things with friends that you used to be able do, I know that I felt personally, that feeling of social exclusion, because I was meeting up with friends and I was thinking I have got nothing I can speak to you about because I can't afford to do anything, you can see how it impacts on someone's whole life when you have this financial issue, I guess it gives you a bit more of an understanding. (AI online session three)

The participant also spoke of how people can feel more powerful in some contexts but not others and the effect on Bodily Health –

> Uhuh, yes, maybe (people) are not quite in a position yet, for whatever reasons and you are aware of why they are not, and you need to do something that has a positive outcomes, yes, yes, because a lot of people are engulfed by some of the social pressures, and because of that impacting on their health, they are not in a place to be proactive because they are kind of worn down by it all. (AI online session three)

The importance of involving the person how best to capture the difference involvement makes and in reviewing this was highlighted by the participant and how this can help with power within, power to, power with and power for.

> Yes, definitely and talking about the sort of power, usually at the review we are asking, this is what we have been doing, how are you finding it, are you wanting to change anything, do anything differently, so you are reflecting on their wishes, and then you are working towards, maybe it is the same goal or maybe it is altered, so yes, would that be the power within from their perspective maybe in influencing. Yes'. (AI online session three)

In considering what helps with the participant's own power to, power with and power within

> Yes, (working part time) is important to power to. Yes, because that is what the issue was in my NHS job that I left was that I was working full time but I was also a carer for my Mum who was ill at the time, I asked if I could reduce my hours but they turned me down, and I ended up going off sick and trying to

look after my Mum, they really were the opposite of caring, If I had been able to work less hours I could maybe have continued to work but they weren't taking anything into account. With current employer they are more flexible. I guess it is down to the organisation, the NHS maybe can't. A wee bit more humanity sometimes would help. (AI online session three)

The participant added, 'these are things that help you to stay in your chosen career of social care'. Related to all of the above is values and culture.

8.8. Values and culture

Consideration of values and culture related to the front line social care worker's values in practice in involving people but also the role and impact of values and culture of their employer, team/s, partners, community and society as part of the front line worker's climate for empowering involvement in community planning.

> I think em, having support within your workplace would be a big part of that, to allow any flexibility because if your job is quite sort of structured and this is what you have got to do and the Managers are not really supportive, even just having protected time to do something. I think it comes down to the culture and being able to involve people more in decision making about what kind of service they want and to work with people towards providing that. It would have to be a whole service approach so that everyone is on board with that. (AI online session four)

Concern for inclusion is also reflected with participant comments highlighting the

> need to foster inclusion, you need to be aware of what barriers are in place for people and try to counteract those so people can engage so they are not excluded. (AI online session three)

> So I have had the experience, sometimes, if you have personal experience of something you have maybe got a bit more understanding of where someone is coming from em cause I remember when I was speaking with that man and I was filling out a form and it was do you consider that you have a disability and I was like, you are not going to get that far if you don't tick that box, but you know why people are hesitant, because no one wants to think of themselves of not being able because you are able in so many ways, I think if you have got a personal experience of something then it helps you understand a bit more, and that can be helpful. (AI online session three)

The importance of kindness, compassion, dignity and respect was also highlighted along with a culture of learning and improving together. The latter included "having

opportunities to develop", and "having colleagues and managers who are open to trying out new things", (AI online session one). There was also a related importance of having a culture for empowering involvement in learning from when things did not go as planned and the important role of managers in encouraging a culture of learning and improvement and 'not making you feel bad if (the outcome) didn't turn out the way you hoped it would be", (AI online session one). Referring to learning from a community development course the participant commented that course leaders had encouraged consideration that "it is how you think about how it went wrong and what you take away from it, they want you to learn", (AI online session four)

The importance of collaboration and trust was also highlighted and included the FLSCW role in building trust and collaborating with people and community partners. "You definitely have to have a level of trust, or you are not going to get very far", (AI online session four)

The importance of kindness, compassion, dignity, and respect included recognition that

> a lot of people are engulfed by some of the social pressures, and because of that impacting on their health, they are not in a place to be proactive because they are kind of worn down by it all, (AI online session three)

This also included the need for the front line social care worker to be afforded kindness, compassion, dignity, and respect with participant comments including the following.

> I think our place in the hierarchies as social care workers, you can see it in the dynamics and the team, you have the mental health team, the nurses and the social workers and we have this small office that is too wee for us, we are supposed to be part of the same team but we don't have the same title of being a health professional and that gives you a bit of a status in a certain way. If you are working as a social care worker, some people value your role and they understand it and there are other people who don't, and I have heard other worker's say this – "you are kind of at the bottom of the pile you know in terms of where you are seen". So, it is nice to talk about these things (through being involved as a participant in this research) and actually your role is more valuable than what a lot of these people are kind of placing on it. (AI online session three)

8.8.1. Creativity, emotions, senses, reflexivity

The impact of values and culture on autonomy and creativity was noted by the participant:

> Values and culture affects how creative you can be because when I think
> about my NHS role, the last one I was in it was very much top down
> management style, whereas where I am just now they are always asking
> us, what are your ideas for service development? So it is quite different
> organisations and I can see why NHS have a service to provide and it is
> more pressurised, you have got to do this role – I can definitely see how
> one affects the other – you can to an extent in any role but it does help.
> (AI online session four)

Creative approaches included the front line social care participant's frequent engagement in storytelling in exploring, reflecting and responding during AI online session. The participant also spoke of their role in supporting people with lived experience in storytelling as an approach to involvement in personal outcomes planning and of knowledge and experience of life story work and 'Playlist for life' with the latter being a charity in Scotland promoting and supporting development and use of personalised playlists for people with dementia to improve quality of life for the person and their families and friends. The participant also spoke of person centred approaches and how they had adapted their practice and approaches during the pandemic. The following being in response to considering Nussbaum's central capabilities.

> Yes, bodily integrity, planning, affiliation, yes, definitely I know that is
> the big part of a role, it has not been normal with the pandemic what we
> have been doing, we have not been working towards people trying new
> community classes, because things have been shut. It has been health
> walks, promoting walking, getting out the house, good health that way,
> reducing isolation. (AI online session one)

However, it did appear that the participant did not fully appreciate themselves as being creative which leads to consideration of whether there is a need to revisit notions of creativity. Creativity and senses to support inclusion includes the following participant reflections:

> I know when I worked with people with dementia for quite a long time
> and there was the cognitive impairment side of things or the visual
> impairment, hearing impairment, you have got to think of strategies so
> that you are including someone or everything you are doing isn't going
> to work. (AI online session three)

The importance of 'hope' was highlighted with the participant reflecting on lived experience of supporting someone in personal outcomes planning:

> I think it maybe helped the person feel more hopeful, that his day to day life could become better again, that he could connect in and engage with people. (AI online session one)

8.9. Chapter Summary

This Chapter has presented data from front line social care participant appreciative inquiry online sessions. Nussbaum's list of central capabilities were revisited along with the Standards for Community Engagement in Scotland. The FLSCWs perception of their role and engagement in empowering involvement and in community planning was explored. Perceptions of community planning as being 'formal' and 'corporate' along with the sense of FLSCW's being 'at the bottom of the pile in terms of where you are seen' all appears to contribute a sense of there being a disconnect between the FLSCW'S role and community planning. However, participant appreciative inquiry illuminates an unrecognised and undervalued contribution to creative and empowering involvement of people and communities when viewed through the lens of appreciative inquiry, the CA^N and the Standards for Community Engagement.

Chapter Nine: Drawing together the threads: Discussion

9.1. Introduction

In this chapter I present an analysis of themes identified and how this relates to the National Standards for Community Engagement and the CA^N, including Nussbaum's central list of capabilities.

9.2. Drawing together the threads

From thematic analysis of and triangulation of data, key themes identified are represented in figure 16. (Empowering Involvement and the role of front line social care workers in community planning) below.

Transitions Accessible and inclusive information Knowing how to get involved Language including non-verbal communication

Understanding barriers Knowing what is there Learning from lived experience Different formats and media Relationships

Governance and decision making Commissioning Listening Technology Practice learning and knowledge Partnership working

Planning as a live thing not fixed Good conversations Peer support and Mentoring

Disconnect between plans Viewed as "corporate" thing. Sharing stories Teams including multi-disciplinary teams

Understanding strengths & unmet needs Pets

Understanding rights Risk enablement

Space for discovery critical reflection & planning Bringing whole self

Sustainability, what will help in the long term Resources

Creative Methodologies

People, purpose, & context

Inclusion

Evaluation Dignity & respect

Format Kindness Compassion

Trust Collaboration

Diversity & equity Learning & improving together

Quality

At all levels Further opportunities to get involved Good endings

Wellbeing Revisiting what we mean by data

Don't always get to know the difference made (at all layers of planning) Relationships

Careers and staying in chosen career Confidence and skills

Leadership

We may have multiple roles

Identity Employers Responsibility & accountability

Individuals, organisations across sectors, communities, education establishments, regulators, governments

Communication, sharing learning and ideas

Planning and helpful resources

People and partnerships

My involvement Nussbaum's Capabilities Approach

The difference involvement makes

Communities, connections and networks

Me in my role

Values and culture

Creativity, emotions, senses, reflexivity

Autonomy Hope Joy

Design Feeling safe

Belonging Adapting

Imagination

Play Critical reflection

Feelings Humanity Systems

Caring human connections

Housing Caring connection to animals

Skills connections The environment

Communities of place

Communities of practice

Communities of interest

Virtual communities

Intergenerational working and learning

Holistic networks

Policy connections

Figure 16. Empowering involvement and the role of front line social care workers in Community Planning in Scotland – A Capabilities Approach

My involvement ecosystem outcomes framework

Adapted from SSSC (2019)

Power for – vision, values, transformative, generates power to, with and within

Power to – the individual ability to act

Power with – the ability to act together with others

Power within – individual or collective sense of self-worth, value, and dignity

From Rowlands (1997) and Gaventa (2021)

At the heart of the adaptive framework representing themes from this study with the CA^N as a lens (graphically represented in figure 16.) is the theme of values and culture including concern for inclusion, kindness, dignity and respect, trust, collaboration, compassion, diversity, and equity and learning and improving together. The theme of creativity, emotions, senses and reflexivity were also identified as core with related sub themes of autonomy, hope, joy, design, feeling safe, belonging, play, imagination, adapting, feelings, humanity and critical reflection.

Revisiting my chosen metaphor for this study, that of a collage, assembling the threads (data) through analysis into pieces of fabric (themes) creates a picture reminiscent of a constellation of stars. With the CA^N as the underpinning philosophy at the core of each star in the constellation I propose the themes of 'values and culture' and 'creativity, emotions, senses and reflexivity' and Rowlands (1997) and Gaventa's (2021) concepts of power may be considered as the atmosphere. Within this constellation of orbiting stars are the themes or stars of 'planning and helpful resources', 'communications, sharing learning and ideas', 'people and partnerships', 'communities, connections, and networks', 'me in my role', 'the difference involvement makes'. In this collage of a type of constellation, the stars or themes influence each other and are influenced by and have influence on the core themes represented by the core of the star and the atmosphere. Having briefly outlined the adaptive framework and constituent themes as a collage depicting a type of constellation of stars, represented graphically in figure 16. (Empowering involvement and the r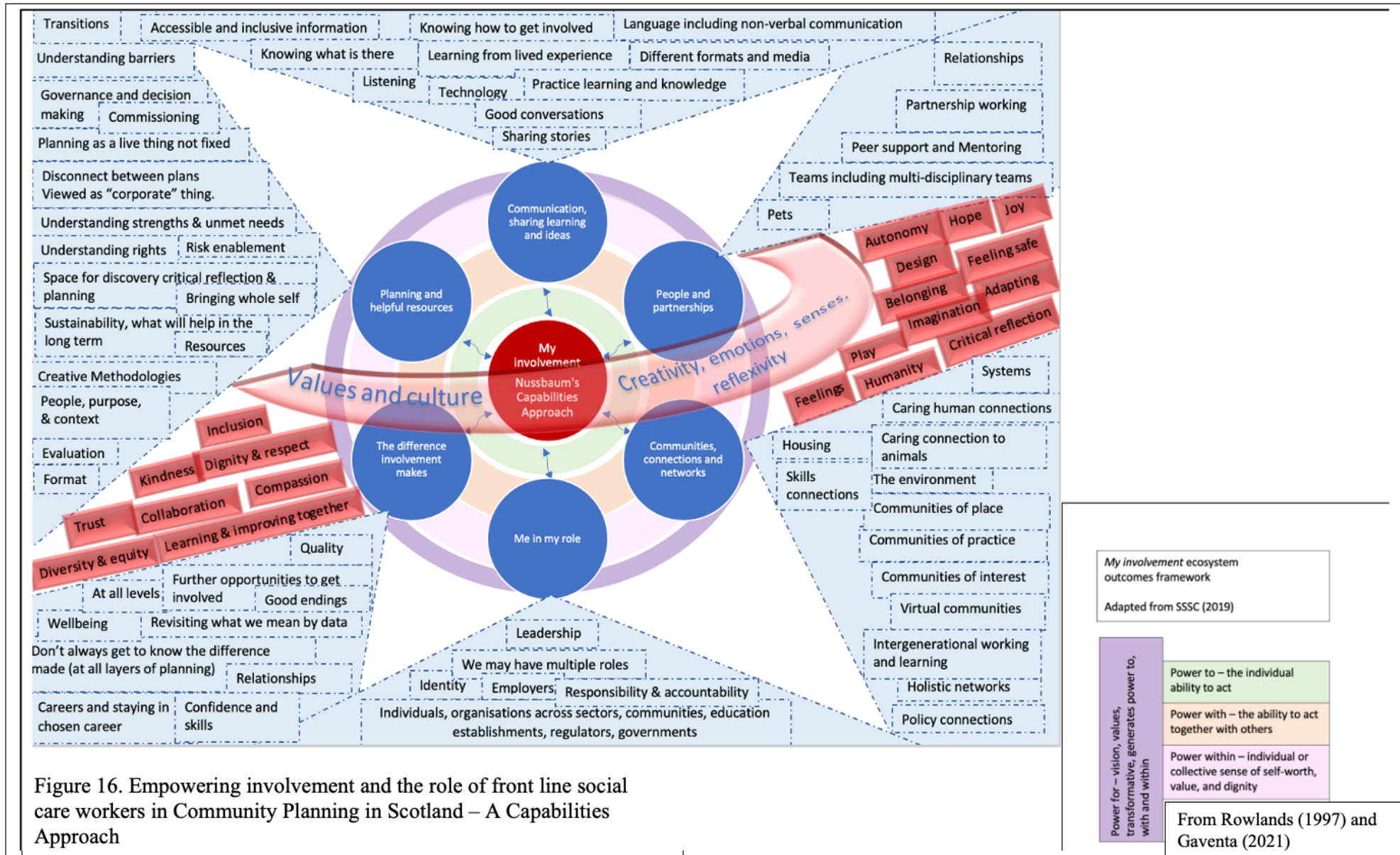ole of front line social care workers in community planning), I now move on to visit and present an analysis of each of the stars or themes identified within this research more fully.

The importance of planning for involvement with concern for power and empowerment as part of a galaxy of constellations for empowering involvement and the themes of values and culture, and creativity, emotions, senses and reflexivity, is a key finding from this study with an underpinning concept of involvement as both a (potentially fertile) capability and a functioning. As previously noted, capabilities are defined as 'opportunities to choose and to act' (Nussbaum, 2011, p.20) or 'a kind of freedom to achieve alternative functioning combinations' (Nussbaum, 2011, p.20). Planning for involvement that makes a difference at global, national, community, organisational, and individual level and learning from lived experience becomes even more important then in considering Nussbaum's assertion that capabilities are

..not just the abilities residing inside a person but also the freedoms or opportunities created by a combination of personal abilities and the political, social and economic environment (2011, p.20).

As previously mentioned, Nussbaum describes internal capabilities such as 'personality traits, intellectual and emotional capacities, states of bodily fitness and health, internalised learning, skills of perception and movement' (2011, p.21) as being fluid in nature and 'developed, in most cases, in interaction with social, economic, familial and political environment' (2011, p.21). A person's combined capabilities are their internal capabilities along with the social, economic and political context and conditions 'in which functioning can actually be chosen' (Nussbaum, 2011, p.22). Functioning 'is an active realisation of one or more capabilities' (Nussbaum, 2011, p. 25). Functioning, as Nussbaum states, is the means by which 'one typically acquires an internal capability, and one may lose it in the absence of opportunity to function' (Nussbaum, 2011, p.23). As previously mentioned, Nussbaum herself comments that many of the capabilities on her list are prerequisites for involvement and for the voices of the marginalised and disadvantaged to be heard (Nussbaum, 2004, p.199). If we consider involvement as a (potentially fertile) capability and functioning which may require many of the capabilities identified within Nussbaum's central list of capabilities, recognising that involvement can be empowering and can lead to the realisation and expansion of capabilities as illustrated by some lived experiences of involvement within the literature, autobiographical and participant reflections, we must also consider the flip side. Conversely, involvement may have a corrosive effect and, in this sense may disempower. Nussbaum, citing Wolf and De-Shalit, states that corrosive disadvantage 'is a deprivation that has particularly large effects in other areas of life' (2011, p.44). Conceptualising involvement in this way, I argue, sheds new light on the notion of empowering involvement and the role of front line social care workers in empowering involvement in community planning. The FLSCW may not be engaged in community planning structures but do have a role in planning for community involvement of the individual's they support. Though this role in planning is not articulated nor valued in the way that it should be, as planning for involvement, as part of this the FLSCW is engaged in supporting connection to resources to promote and support involvement as a capability and a functioning and sharing of learning and ideas including, potentially, further connection to third sector organisations, communities of interest, virtual communities, communities of practice and opportunities to get involved in and influence organisational and community planning and decision making. Opportunities afforded through connection to holistic networks including third sector networks and communities

of practice also include connection to preventative supports and condition specific information and supports. Such holistic networks also include organisations promoting and supporting communication and diversity of languages and culture which, as in the story shared by the research participant, helped to address barriers to communication and inclusion. As noted, the role of the third sector as part of the constellation for empowering involvement has been underlined through policy and associated infrastructure developments in Scotland and is also recognised through participant inquiry and my own autobiographical account which includes reference to the empowering potential of volunteering as a valuable way of getting involved. In this regard it is interesting to note that the 'dream and destiny' elements of participant appreciative inquiry and best experiences of involvement and involving people include an aspiration that there be closer links between social care and third sector networks. I return to this point later in this chapter.

'Communities, connections and networks' also includes the sub theme of policy and skill connections. Revisiting the concept of communities of practice and potential of this within the integrating landscape of health, social care and community planning in Scotland, creative involvement networks and broadening of consideration of what and who constitutes the public health workforce, it is interesting to note that neither the participant nor myself have felt part of a social care community of practice. As mentioned, SSSC registration and regulation is defined by role, whether the practitioner is working in early years, adult social care and also by the particular practice setting, for example, care home, residential childcare, day care of children, housing support, care at home/housing support. Working in the category of adult social care in a front line role, from the lived experience shared by the participant and myself, we have not had a sense of being part of a community of social care practice either within the cohort of SSSC registration, across registration cohorts or within a place based setting. The exception to this is my experience of working as part of a community of dementia practice created through the introduction of the promoting excellence knowledge and skills framework (NES and SSSC, 2011) and also through involvement in a community of place testing of the eight pillar model of community support. This, for me, encouraged recognition of roles and the interconnection between roles, research, policy and practice across settings and further education establishments, the role we may all have in promoting and supporting more inclusive communities and the importance of learning from lived experience. I also felt part of a global community of learning from my experience of participating at a dementia

conference in China and from my role and experience as a post graduate student. Consideration of communities, connections and networks also includes opportunities to connect with further education establishments including colleges and Universities to help keep learning from lived experience at the heart of research, policy and practice, to share knowledge, ideas and help inform and raise awareness of routes into social care as a career. This may also contribute towards greater recognition and valuing of social care as a profession.

A potential 'dream and destiny' identified from this study is the potential to share learning and ideas between adult social care practitioners and front line colleagues working in early years and also across place based and other communities, including communities of practice and interest which form part of Coburn and Gormally's bricolage of community (2017). This would also help promote and support further intergenerational working and learning which was another theme identified within the theme of 'community connections and networks'. Sharing of learning from lived experience in this way may include connection to and learning from condition specific communities of interest and practice to support planning for involvement that makes a difference to people and local to global communities. Thinking about involvement and empowering involvement in this way with consideration of the multiple roles and identities we may have and move between in life, may also help improve access to timely information and resources to support planning, prevention, connection and capability security and expansion in our professional and personal roles including during periods of transition. I return to this issue in section 9.6 of this Chapter.

The star or theme of 'communities, connections and networks' also features caring community connections with people and animals. The latter included participants own connection with their pet cat and how this capability defined by Nussbaum (2006) as concern for 'other species', was an opportunity for involvement in other areas, for example, affiliation with others with similar interests. This also resonates with my own experience of how my mum and dad's dog continues to bring joy and companionship to my dad following the death of my mum. My dad says walking the dog encourages him to go out for a walk which in turn contributes to his wellbeing and power within or internal capabilities such as confidence and valuing of self through also affording opportunity of meeting other people and getting to know the community. As mentioned, volunteering
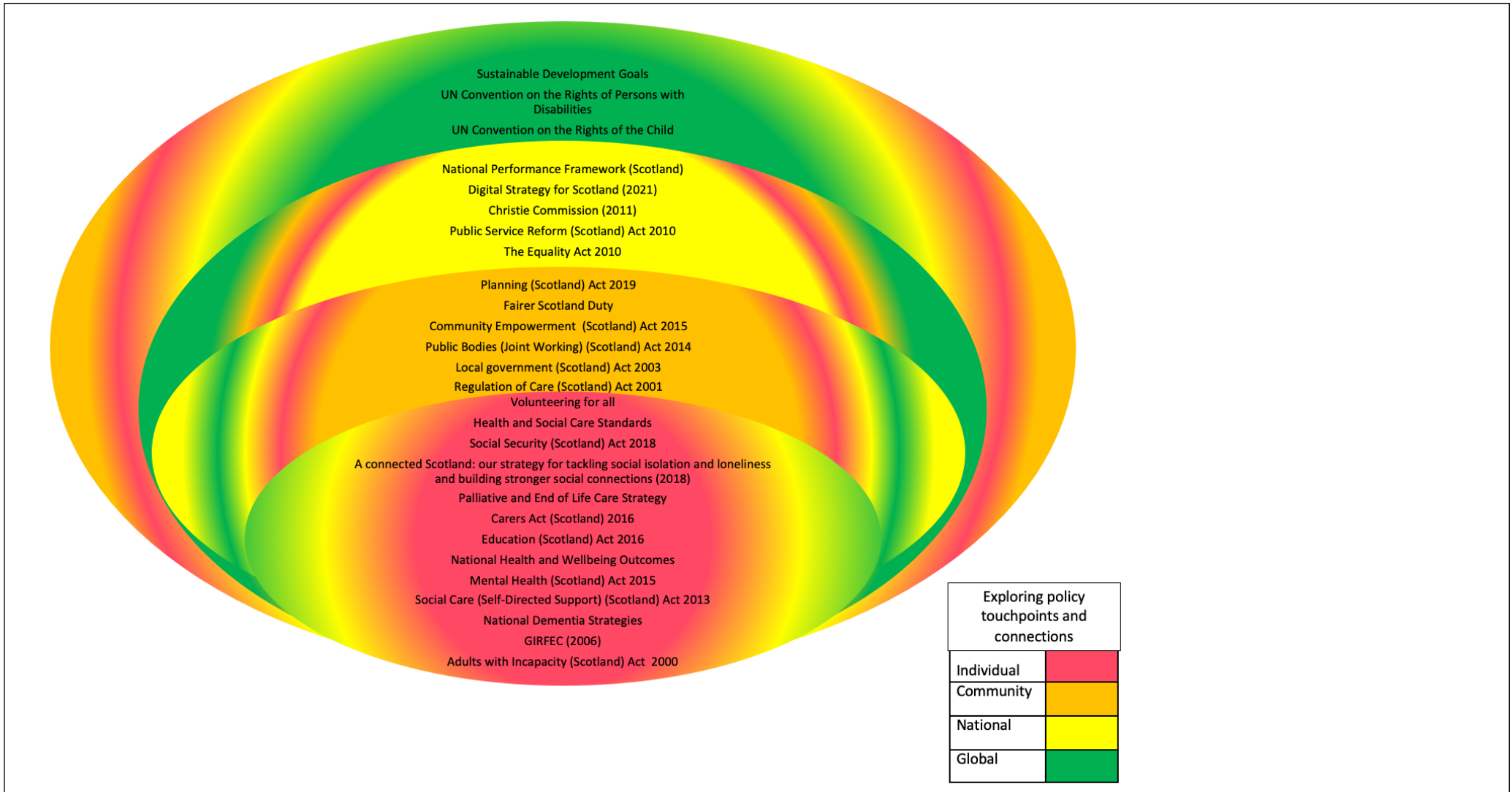
with a local community group has also helped my dad get to know and feel involved and feel like he is contributing to his local community (power to, within and with). He and Mac (the dog) have also visited local care home residents through the local Therapet initiative. An example perhaps of involvement in pet care as a fertile functioning which (in terms of difference involvement has made) has led to expansion of other capabilities for my dad but also for residents who enjoy he and Mac's visits to the care home. One may say that the difference my dad's (and other's) involvement in volunteering in turn contributes to not just his capabilities but also the capabilities of others and Rowlands (1997) power within, power to and power with.

As previously mentioned, all themes or stars within the collage of a constellation presented within figure 18. are interdependent. 'Me in my role', identified as a theme from review of literature, research led by people with lived experience of social services, autobiographical and participant lived experience, recognises that we may have and move between different roles and identities during our life. Examples of this include social service workers in their professional roles also having personal experience of accessing social services and/or caring for a family member or friend. This, I argue, further underlines the importance of 'bringing whole self' and the valuing of lived experience from other roles in one's life including family caring roles and volunteer roles. This is underlined by participant comments on the difference flexible working would have made to her during the care of her mother. How this can make a difference to relationships and to involvement in career opportunities and staying in your chosen career. A related issue is that planning often casts the person in, for example, the role of 'service user' or 'customer' without recognising and/or supporting recognition that the person may have or could have and move between multiple roles and the valuing of the lived experience and transferrable skills which people bring from other areas of their life. The planning process may inadvertently label the person, narrowing opportunity for other roles and opportunities to be envisioned and explored (Johnston, 2019).

Consideration of 'me in my role' also extends to the role of line managers, organisations across sectors, communities, employers, education establishments, regulators and governments in planning for involvement that makes a difference. 'Me in my role' also includes a sub theme of responsibility and accountability which connects with the sub theme within 'planning' of governance and decision making. Nussbaum is clear on the role

of government and public policy as being 'to improve the quality of life for all people, as defined by their capabilities' (2011, p.19). This underlines the importance of learning from lived experience and, in planning for involvement that makes a difference, a focus on improving lived experience and improving together. Relevant to this is the current policy environment in Scotland for empowering involvement, with key policies (as previously outline in Chapter Three) I have selected as pertinent to my research question as depicted in figure 5. reproduced below, many of which have been developed with involvement of people with lived experience.

Figure 5. A matrix of interconnected policies for empowering involvement in the front line social care worker's practice landscape

Sustainable Development Goals

UN Convention on the Rights of Persons with Disabilities

UN Convention on the Rights of the Child

National Performance Framework (Scotland)

Digital Strategy for Scotland (2021)

Christie Commission (2011)

Public Service Reform (Scotland) Act 2010

The Equality Act 2010

Planning (Scotland) Act 2019

Fairer Scotland Duty

Community Empowerment (Scotland) Act 2015

Public Bodies (Joint Working) (Scotland) Act 2014

Local government (Scotland) Act 2003

Regulation of Care (Scotland) Act 2001

Volunteering for all

Health and Social Care Standards

Social Security (Scotland) Act 2018

A connected Scotland: our strategy for tackling social isolation and loneliness and building stronger social connections (2018)

Palliative and End of Life Care Strategy

Carers Act (Scotland) 2016

Education (Scotland) Act 2016

National Health and Wellbeing Outcomes

Mental Health (Scotland) Act 2015

Social Care (Self-Directed Support) (Scotland) Act 2013

National Dementia Strategies

GIRFEC (2006)

Adults with Incapacity (Scotland) Act 2000

Exploring policy touchpoints and connections	
Individual	
Community	
National	
Global	

In relation to the theme of planning and thinking about the role of the front line social care worker, participant perceptions of planning for involvement and best experiences of involvement centred around involving people in personal outcomes planning (support planning). The role of the FLSCW in understanding strengths and unmet need was identified within the theme of planning. This is important when we consider the National Standards for Community Engagement (SCDC et al, 2015) which are noted as being key to community planning. The contribution of FLSCW to standards relating to 'Planning – there is a clear purpose for the engagement which is based on a shared understanding of community needs and ambitions' and 'Support' and associated commitment to 'identify and overcome any barriers to participation' and 'Inclusion – we will identify and involve the people and organisations that are affected by the focus of engagement' and 'Methods – we will use methods of engagement that are fit for purpose' (Scottish Government et al, 2016, p.19) are particularly relevant here. This leads to consideration of the identified theme or star of 'communications, sharing learning and ideas' which includes sub themes of accessible and inclusive information, knowing what is there, knowing how to get involved, language, including non-verbal communication, learning from lived experience, use of different formats and media, listening, the role of technology, practice learning and knowledge, good conversations and sharing stories.

There was recognition from the participant of their role and contribution in relation to promoting and supporting capabilities and functionings. The FLSCW's role during periods of transition in people's lives is also illuminated along with concern for not eroding other capabilities by taking over and doing to or for people, or what Nussbaum, citing Wolf and De-Shalit may consider as protection of fertile functionings (2011, p.44). This concern for not doing to or for people is an example from the subtheme of leadership identified within the theme of 'me in my role'. The front line social care worker's transformational and adaptive leadership role may be seen in theme of 'me in my role' and the way they promote and support citizen leadership through their own practice and adapt to diverse and complex practice contexts. This includes a focus on the needs and strengths of the individual, also recognising, valuing and connecting with other professionals in their respective roles as appropriate. Within the theme of 'planning' this may be seen in the sub theme of 'bringing whole self'. Treating people as full human beings relates to the front line social care worker's practice in consideration of the theme of 'me in my role' and 'planning for involvement that makes a difference' through personal outcomes planning (support planning) but also relates to the front line social care worker themselves and how

they are treated. The transformational and enabling leadership role of the front line social care worker's line manager is also included and reflected in the theme of 'me in my role'.

This transformative potential of creative and inclusive methodologies and formats for planning for involvement, including how best to evaluate, capture and understand the difference involvement makes was also identified. Examples shared of this include storytelling, audio and visual recording and graphic expression. This creative methodology often involves bringing together and synthesising a range of different types of information, recognising the diversity of people and the complexity of the practice environment, to help promote and support accessible and inclusive planning for involvement and practice, understanding of 'the difference involvement makes' and 'communication, sharing learning and ideas'. Returning to the potential power of artefacts as boundary spanning objects as noted in Chapter five. and dementia post diagnostic support planning developments in Scotland as outlined in Chapter three. I propose that the plan for involvement may, in itself, be considered a boundary spanning artefact or living bridge during one's life course. Of relevance here too is the suggestion from my research participant that people should be involved in co-designing the format of their plan in order that this is meaningful for them. Conceptualising plans for involvement as potential boundary spanning objects also recognises the front line social care worker's transformational leadership role including in promoting and supporting adaptive leadership. As previously noted, adaptive leadership recognises the complexity of the environment and proposes that many of the problems we face as people are located within a complex and dynamic interactive system involving 'self, organisational, community and societal' (Northouse, 2019, p.257-258). This leadership role also connects with the theme of planning in relation to having concern for risk enablement and sustainability and what will help in the long term as illustrated by participant accounts within this study.

In the CA^N the importance of planning cannot be overstated. Nussbaum's central list of capabilities identifies the capability of practical reasoning as one of two architectonic capabilities with practical reasoning defined as

> being able to form a conception of the good and to engage in critical
> reflection about the planning of one's life (Nussbaum 2011, p. 34).

As has been argued by others such as Miller and Barrie (2016), good conversations are of central importance to outcomes planning in health and social care and can be adversely

affected by tick box planning forms and approaches to assessment. As illustrated by the participant when they planned for involving people in a project, there is a need to consider a step before that, in how best to meaningfully involve people and to plan for this. To plan for involvement that makes a difference. This effectively means thinking about social care not as a type of service to shoehorn people into, but as a profession which we may all at some point of our lives be in need of either for a short or longer period of time. It also requires an appreciation of the bricolage of community (Coburn and Gormally, 2017) along with recognition that social care is part of this bricolage and of the connections between social care and other parts of that bricolage. Considering social care in this way requires a reframing of planning for social care away from task orientated crisis led support towards social care outcomes planning being seen as a way of planning for involvement and appreciation of the difference involvement makes in the context of the person's whole life and in the context of Coburn and Gormally (2017's) bricolage of community. This in turn, I argue, requires us to consider planning as a live activity and not something that is stagnant or only done for predetermined mandatory reviews of the like stipulated by regulators.

As previously mentioned, in my own experience as a FLSCW, plans with table like formats centred on task based supports were required to be reviewed every six months or if there was a change to the needs of the person (note the emphasis was primarily on needs, not aspirations). This effectively conveys a sense of plans as being relatively static until review time and did nothing to convey planning as a live thing nor convey a sense of the person in the context of their whole life and therefore limits appreciation of the difference involvement makes to people and communities, including appreciation of the difference front line social care workers are making. The role of design and format of plans in relation to meaningful and empowering involvement and how they might support values and culture including diversity and inclusion, creativity, emotions, senses and reflexivity, along with connection is also relevant to the theme of 'me in my role' and associated sub theme of leadership. In this regard, as previously argued, the format of plans has the potential to promote and support (or curtail) a sense of belonging, capturing and conveying emotion and human stories, helping us reflect, imagine and map together different roles and opportunities to get involved and to fully appreciate the difference involvement makes to people and communities. Plans can help promote and support power for, as in the case of Alzheimer Scotland's five, eight and advanced dementia practice models. Power for is associated with shared vision and is transformative which in turn can lead to power within,

power with, and power to (Bradley, 2020; Gaventa, 2021). The FLSCW role in empowering involvement and in role modelling promoting and supporting transformational and adaptive leadership, citizen leadership and systems leadership should be fully recognised as part of a galaxy for empowering involvement. As noted, systems leadership is 'about building relationships and connectivity across organisations and sectors to drive the improvement, innovation and transformation of services (SCIE, 2022, online). I propose that the plan for involvement may in itself be considered a boundary spanning artefact or object. Of relevance here, as previously noted, is the suggestion from my research participant that people should be involved in co-designing the format of their plan in order that this is meaningful and accessible for the person and furthermore helps promote and support a sense of collaboration and ownership of the plan and connection to information and resources to support planning for involvement. The importance of this including information on rights and policy connections and of collaborative mapping of opportunities to get involved and share learning and ideas is also highlighted.

A related consideration is that of 'people and partnerships', 'communities, connections and networks' and 'the difference involvement makes', identified as themes through triangulation of data sources. Within the theme or star of 'people and partnerships' sub themes included the importance of relationships and the front line social care worker's role in promoting and supporting relationships with a focus on working as equal partners with people being supported, community partners and team members including multi-disciplinary team members. Lived experience of partnership working in multi-disciplinary teams from the literature, participant inquiry and my own experience does however highlight a need for appreciation and valuing of the front line social care worker's role and social care as a profession. This finding accords with recommendations from the independent review of adult social care in Scotland which calls for a 'valuing of the social care support workforce' (Feeley, 2021 p19) and parity of esteem with NHS workers.

Within the theme of 'difference involvement makes' a difference identified by the front line social care worker is 'staying in your chosen career of social care'. It was also noted by the participant that often front line social care workers don't get to hear about the difference their involvement has made. Considering the front line social care worker's contribution as part of a constellation for involvement, may broaden and deepen the appreciation of the role of front line social care workers in empowering involvement in

community planning and the difference front line social care workers make in all parts of that constellation. Understanding the difference being made is also important for the internal capabilities or power within of the front line social care worker not least in the valuing of self and wellbeing. Related to consideration of the difference involvement makes is the sub theme of evidence and data. Of relevance here is the approach within regulation and inspection. In my own experience acceptable evidence of 'service users' and/or carer involvement in support planning was in the form of a signature on the support plan or formal minutes of 'service user meetings'. This approach to evidencing involvement further conveyed a transactional and instrumental view of involvement. Evidencing involvement in this way one might also envision the potential scenario of the support plan being sent out to a person or a carer for signature with little in the way of conversations around aspirations. In considering that an understanding of the difference involvement makes is fundamental to planning, learning, quality and improvement, it seems important from the outset to consider how best to capture and evidence the difference involvement makes at the planning stage including through creative methodologies. In doing so, learning from lived experience of involvement and involving people and drawing on a range of resources and formats in order to plan for involvement and help ensure involvement is meaningful. To fully appreciate the difference involvement makes, as well as understanding and appreciating this in respect of the individual and their family, there is a need to understand and appreciate this in relation to connections to place, national and global outcomes and how best to get involved and share learning and ideas. This, I argue, requires a collaborative live mapping of connections to constellations and plans within the galaxy for empowering involvement including opportunities to get involved, connection to policies, information, resources and creative approaches to promote and support involvement.
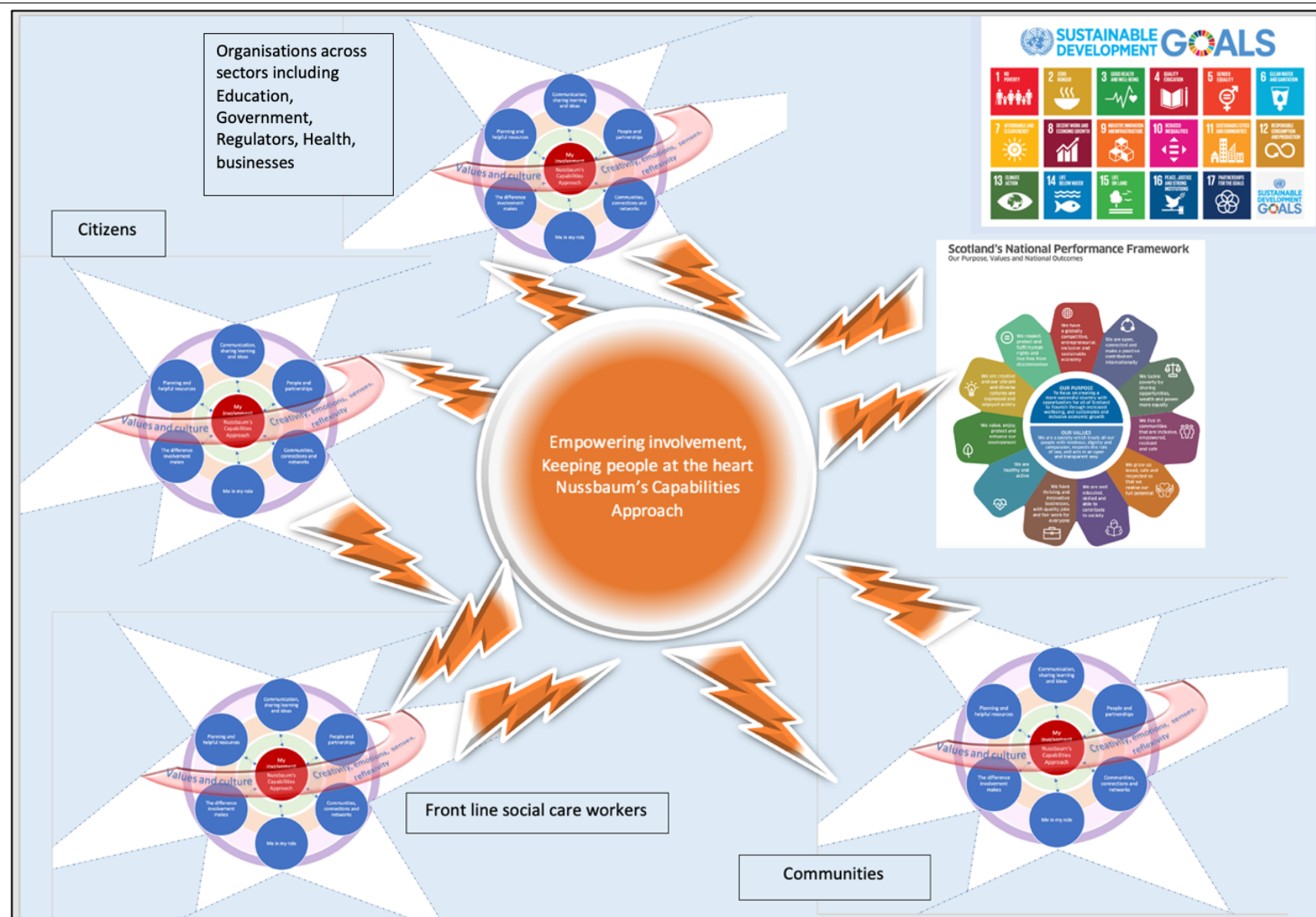
Figure 17. How do front line social care workers engage in community planning in Scotland? Research findings. A galaxy of clustered constellations for empowering involvement.

If, as I propose, we conceive of empowering involvement as a galaxy formed of clusters of constellations with the CA^N at the heart, as depicted in figure (17.) above, then it also feels important to consider the role of planning in relation to Nussbaum's central capabilities. Nussbaum herself notes that

> the capabilities are seen not as isolated atoms but as a set of opportunities that interact and inform one another. So it makes sense, as Wolffe and De-Shalit emphasise, to identify fertile functionings (or rather capabilities), opportunities that generate other opportunities' (2011, p.98).

I argue here, from triangulation of data from literature, autobiographical and participant inquiry within this study, that planning for involvement, with involvement conceptualised as both a (potentially fertile) functioning and a capability with opportunities that generate other opportunities to get involved and expand capabilities through the lens of the CA^N may also help facilitate power for which in turn contributes to power within, power to and power with. With regard to planning and planning for empowering involvement then, this needs to happen across a galaxy of involvement underpinned by shared core values and principles for empowering involvement. Empowering involvement requires a galaxy of stars with the CA^N, associated values and culture and concern for power and empowerment as the gravity.

9.3. Revisiting policy and power

Colebatch (2002) describes policy as comprising vertical (authoritative) and horizontal (practice space) axes which involve feedback up, down and across the axes. The agency which the practitioner has in implementing the policy in context is represented by the horizontal axis. In considering implementation, it feels important to note Friedrich's, (1940) in Hill, (2013) comment that 'public policy is being formed as it is being executed and it is likewise executed as it is being formed (Friedrich, 1940 in Hill, 2013, p.155). Hill notes that 'policy is an extremely slippery concept' (2013, p.210) and cites a need for caution against viewing 'policy-making stages as neatly separable' (2013, p.161). The author notes Barrett and Fudge's view of policy implementation which they describe as being along a

> … policy action continuum in which an interactive process is taking place over time between those seeking to put policy into effect and those upon whom action depends. (Barrett and Fudge, 1981, p.25).

The notion of policy as being something that; is live; continues to be made in action; as requiring 'close collaborative relationships' among actors in the policy system and 'flexibility which at times may involve a 'movement back and forth between policy and action'(Hill, 2013, p.213) is relevant to findings from this study and consideration of the policy and practice landscape for FLSCW in Scotland. Additionally relevant is how far policy affords space for the 'exercise of autonomy' (Hill, 2013, p.217), for decision making in context. To further illustrate this, I return briefly to the matrix of interconnected policies and policy touchpoints depicted in Figure 5. reproduced earlier in this Chapter. Such policy touchpoints, I contend, may be considered as being within and interacting with the constellation for empowering involvement which includes micro, meso and macro level spheres.

In relation to how policies arrive on the political agenda, Hill (2013) invites us to consider where and from whom those issues or problems which successfully get on the agenda come from and who may be excluded from the decision making process. The author debates 'top down' approaches and 'bottom up' approaches, with the former involving a view of policy as involving separate stages with a 'clear distinction between policy formulation and implementation' (Hill, 2013, p.207). This top down view of policy, the author asserts, leads to questions such as 'Who is the formulator?, who is the decision maker?, who is the implementer?' (Hill, 2013, p.207). There then follows a need to understand who is involved and who has 'more power, or a role that is more legitimised, than the implementer' (Hill, 2013, p.208). Noting that policy formulation may occur 'anywhere in the policy process', Hill urges caution against assumptions that 'formulators are always at the 'top' in a political or hierarchical sense' (Hill, 2013, p.208). Hill, citing Elmore describes a process of 'backward mapping', advocated by some proponents of the 'bottom up' approach to policy. Backward mapping involves

> … backward reasoning from the individual and organisational choices that are the hub of the problem to which policy is addressed, to the rules, procedures and structures that have the closest proximity to those choices, to the policy instruments available to affect those things, and hence to feasible policy objectives. (Elmore, 1981, p.1).

The author comments that Backward Mapping is particularly suited to problem solving in complex systems and recognises the expertise of those closest to the problem and need for maximising their discretion in decision making (Elmore, 1981). In support of this position Barrett and Hill (1981) expound a network policy methodology as an alternative to the 'top down' approach. This, they assert, may counter the 'predetermining assumptions' relating to cause and effect and 'hierarchical relations between actors and agencies' inherent in the 'top down' approach, Barrett and Hill identify a need to move away from a 'single perspective of the policy-action process that reflects a normative administrative or managerial view' (1981, p.19). The authors, in engaging in the top down, bottom up methodological debate, comment on the potential of bias in both approaches through

> … the prejudices of actors, the researchers, or the research funders; and the choices between them need to be determined by empirical factors and contingencies (Hill, 2013, p.216).

The author suggests that a mixed approach and triangulation of data may be appropriate (Hill, 2013). Relatedly, the authors argue the merits of a 'bottom up' approach towards 'identifying more clearly who seems to be influencing what, how and why' (Barrett and Hill, 1981, p.19). This feels reminiscent of Coburn and Gormally's (2017) call for empowerment to be viewed as an ongoing critical process lest disempowerment is perpetuated in recognition that power can be made palatable through remaining hidden in everyday interactions and conversations (the forms element of the Powercube incorporated within the adaptive framework (figure 15)).

Since devolution in Scotland there have been fundamental changes in the way that policy is developed. As previously noted, (Johnston, 2018), people with lived experience of dementia and caring in Scotland have driven development of National dementia policy. Working together as equal partners, people with lived experience of dementia, carers, communities, academia, voluntary sector, private sector and regulators in Scotland have co-designed National Dementia Strategy 'Promoting Excellence Knowledge and Skills Framework (PEF), (NES and SSSC, 2011, 2021) workforce development resources. The PEF is for everyone working in health and social care in Scotland regardless of role and practice setting. Applying Laitinen et al's (2018) concept of learning footprint (previously noted in Chapter Seven) to National dementia policy making in Scotland and associated PEF, the learning footprint may be seen as reaching 'the system, wider environment and the democratic local community' and, in this case, global community. Mapping, in this

sense, affords a deeper and broader consideration of the difference that involvement of people with lived experience make to policy and the difference being involved in policy development makes to people. Mapping policy connections in this way may also help us appreciate that we may all have a role and contribution to policy and the difference involvement and learning from lived experience makes to people's lives at micro, meso and macro levels. This generative view of policy and concept of 'backward mapping' and triangulation is relevant to the findings from this study and the need identified for live connections mapping to be part of planning for involvement underpinned by a view of involvement as being a potentially fertile capability and functioning, and a need for planning to be conceptualised as a live activity.

Hill's call for recognition of the 'nesting process' which they define as 'the impact of policy decisions on the context for subsequent policy' (2013, p.160), is a helpful way of viewing the policy and practice landscape for the FLSCW and empowering involvement in Scotland. Looking through the lens of the CA^N which is at the heart of the framework (figure 15.) I have drawn on for this study and which includes concern for power and empowerment, policies such as National Dementia Strategies, Community Empowerment Act (Scotland) 2015 and The Carers (Scotland) Act 2018 may be considered as interconnected policies which, along with the aspiration of the National Performance Framework, offer a framework which spans micro, meso and macro levels and is centred on building capacity for live planning and empowering involvement.

As previously noted, Alzheimer Scotland's five, eight and advanced dementia practice models convey a shared vision or 'power for'. Recognising the transformational potential of policy and planning and the role of policy in ensuring planning is underpinned by concern for keeping human dignity and respect for the uniqueness of the individual at the heart, with involvement viewed as being life wide and lifelong. Concern for dignity invites parallels with Nussbaum's assertion that 'the notion of dignity is closely related to the idea of active striving' (2011, p.31). As previously noted (Johnston, 2018), The Carers (Scotland) Act 2016 embedded focus on citizen and systems leadership, empowerment, human flourishing and a whole systems approach, also reflects the need to better understand context specific needs and strengths, including learning about what helps (Becker, 2007). The Carers Act also introduced the entitlement of an adult carers support plan and young carer statement to adult carers and young carers respectively. The Act's

focus on planning includes recognition of the important role and contribution of education in identifying young carers, reducing inequalities, and of promoting a focus on personal outcomes, wellbeing, collaboration and life-long learning.

Returning to Colebatch's (2002) concept of policy comprising horizontal and vertical axes, it therefore feels important to consider how far the vertical axis affords space, individual and collective agency, creativity and collaboration in planning for active striving. This is relevant to the CA^N and Nussbaum's assertion of the importance of the architectonic capabilities of practical reason and affiliation. Practical reason, Nussbaum defines as 'being able to form a conception of the good and to engage in critical reflection about the planning of one's life' (2011, p.39). Affiliation is about

> … being able to live with and toward others, to recognise and show concern for other human beings, to engage in various forms of social interaction; to be able to imagine the situation of another. (Protecting this capability means protecting institutions that constitute and nourish such forms of affiliation, and also protecting freedom of assembly and political speech). Having the social bases of self-respect and non-humiliation; being able to be treated as a dignified being whose worth is equal to that of others. This entails provisions of non-discrimination on the basis of race, sex, sexual orientation, ethnicity, caste, religion, national origin. (Nussbaum, 2011, p.34).

As previously noted, Nussbaum explains the architectonic significance of the capabilities of practical reason and affiliation in that 'they organise and pervade' (2011, p.39) the other capabilities on her list. The policy and practice landscape for FLSCW in Scotland has seen changes to the authoritative (horizontal) axis in relation to regulation of practice with a focus on Fitness to Practice as opposed to a compliance model of regulation. As noted in Chapter Three, the SSSC considers a worker is fit to practise

> … if they meet the standards of character, conduct and competence necessary for them to do their job safely and effectively with particular regard to the Codes (SSSC, 2016, p.5).

Among the grounds listed for impairment of fitness to practise are misconduct, deficient professional practice and health. The importance of values in practice are embedded, as previously noted, through the SSSC Codes of Practice for Social Service Workers and

Employers and the National Health and Social Care Standards which are for everyone in Scotland.

Dementia policy developments and associated workforce development resources encourage recognition that we all have a role in promoting and supporting inclusive communities. Underpinned by values of keeping people at the heart, dementia policy and workforce development resources focus on raising awareness of signs and symptoms of the condition, prevention, planning and living well with dementia. Relevant to this and as identified from this study, there is a need to recognise and value that as full human beings we bring our whole self, and that we may have and move between multiple roles and identities in our life, as this study and other research referenced within (SSSC, 2019) encourages us to do. This may be seen through accounts from this study which demonstrate how lived experience and learning from one area of life has contributed and added value to other areas of life. An example of this is the FLSCW participant's experience of volunteering and how this led to other opportunities. From my own autobiographical reflections learning from my involvement in workforce development programmes has contributed to my professional development but also my personal development. Dementia learning has helped me to become more aware of the signs and symptoms of dementia and what information and resources are available and I have shared this learning with my family and friends with some choosing to become Dementia Friends. Learning from my involvement at a conference also led me to share information about the LifeCurve with my dad and this has been of benefit to him. Such accounts may, I would consider, be viewed as stories of how involvement in professional and personal outcomes planning and development interconnects, how involvement in volunteering and work based learning may contribute to the building of our internal and combined capabilities and the life wide and lifelong difference this makes to the people the FLSCW are supporting and their families but also the FLSCWs and their families and communities. Internal capabilities are the 'states of the person" (Nussbaum, 2011, p.21) which include health, emotions, inner learning and personality traits. The internal capabilities are described by Nussbaum as being 'fluid and dynamic' and so not fixed (Nussbaum, 2011, p.21) and they develop through 'interaction with the social, economic, familial, and political environment'. Combined capabilities are the 'substantial freedoms' or 'opportunities for choice and action' (Nussbaum, 2011, p.21) afforded by the person's situation within their social, economic, and political context. Opportunities, Nussbaum (2011) asserts, relate not only to choice but also to action.

This is relevant to findings of this study which highlight the need for consideration for inequalities of power and influence which affect FLSCW and the important role and impact others may have in contributing to an empowering environment built on the expansion of capabilities of such FLSCWs and the role of line managers and employers and potential of communities of practice. Findings from this study related to the need for planning for involvement with concern for power and empowerment along with the need to consider plans as plans for involvement, as artifacts and potential living bridges for involvement supporting compassionate connections and involvement during life transitions are relevant to our consideration of the empowering role of plans and how they may support learning from lived experience and policy connections. Additionally relevant are findings related to the importance of community connections and networks including policy connections and communities. I would consider that findings from this study and the role of the FLSCW in empowering involvement in community planning should, importantly, be viewed in the context of recognising their role and contribution to the policy process and importantly, involving people in this with policy conceptualised as a generative activity.

9.3.1. What this policy/power critical analysis means in terms of the achievements of freedoms and functionings

Findings from this study, which include the need to consider involvement as a potentially fertile capability and functioning, further underline how policy and approaches to policy development may enable or constrain empowering involvement. Lived experience accounts within this study further highlight the impact which policies and involvement in policy development may have on real people's lives and their power for, power to, power within and power with and relatedly, engagement with spaces of involvement and with recognition of the forms and levels of power. If we consider the generative impact of policy and policy making on empowering involvement it feels important to return to the Scottish Government's stated aspiration of policy coherence (Scottish Government, 2020). Policy coherence, as explored in Chapter Three is defined by Scotland's International Development Alliance as

> ..about different parts of government (and society more broadly) working together to find the most effective outcomes. It is about identifying common

goals while ensuring the work of one part does not undermine the work of another (2020 p.2).

Policy coherence needs to happen across micro, meso and macro level spheres. Returning to the 'spaces' dimension of the powercube (or, for the purposes of this study, adaptive framework), spaces, Gaventa (2007) asserts, refer to

> ..opportunities, moments and channels where citizens as social actors can potentially challenge and change policies, discourses, decisions and relationships which affect their lives and interests (p.213).

Related to this is the method and approaches for involving people and weighing of evidence used to inform policy, planning and evaluation.

As previously stated in Chapter Three, the policy and practice landscape for FLSCW in Scotland has opened up new spaces, rights and opportunities for involvement. However, there is a related need to consider the effects of other policies, practices and institutions which are part of the landscape within micro, meso and macro level spheres and which may affect the climate for empowering community involvement. The Community Empowerment Act (2015), as Ward (2022) notes, sets out the role and accountability of public services in relation to communicating local priorities and promoting and supporting engagement and ownership from the community. The author adds that, 'despite having similar socio-economic profiles, some communities are experiencing varying degrees of benefit from such policies. Some 'struggle to gain traction for participation' while others are 'building collective agency and taking action for change' (2022, p.1). Ward (2022, p.2) argues that collective agency should be defined in relation to 'redistribution and recognition'. She elaborates that

> …collective agency must be linked to the multi-dimensional wellbeing goals identified by those with lived experience; and collective agency must reflect the lived experience of poverty. This aligns with an understanding of social cohesion as a dynamic political and economic process, but also supports high poverty neighbourhoods to have a voice in the policy and practice conversations concerning them. Ward, (2022, p.2)

As has been noted, power and unequal distribution of power has been identified as one of the fundamental causes of health inequalities (Public Health Scotland online, 2021). In this regard it feels important to consider findings from this research which highlight a sense of

FLSCW disconnect from community planning and the need for FLSCW's role and contribution to be valued as part of constellation and galaxy for empowering involvement. This is important if we consider the aspiration of The Community Empowerment (Scotland) Act 2015.

> Effective community participation is essential to assist the Community Planning Partnership to secure improved outcomes and reduce inequality. It can also stimulate improved self-esteem, raise aspirations within these communities, and capacity to try to do more. (Scottish Government 2015(b), p.12)

Of relevance here is the importance the CA places on recognition of contextual factors, participation and democratic debate. This study highlights the need for the FLSCW's practice wisdom to be recognised and valued. This lack of recognition of practice wisdom and FLSCW's sense of disconnect from community planning has implications for policy and whether the empowering potential of policy may be fully realised. This is important in considering the FLSCW role as part of a constellation for empowering involvement and how they contribute to expansion of internal and combined capabilities, human flourishing, evidence and empowering involvement in the policy process. FLSCW practice wisdom includes knowledge of the strengths, barriers, unmet need and learning from lived experience of the difference being made to that lived experience and what helps people to get involved; what helps give power to, power with, power within and power for. As Hedge and MacKenzie (2012) citing Nussbaum, remind us, the CA is a 'political doctrine about basic entitlements' (Nussbaum, 2011, p.155). The aforementioned authors elaborate as follows:

> Nussbaum specifies what she sees as the most important capabilities in a list of 10 goals that are abstract and general in nature, to be regarded as a set of proposals on which governments and institutions can act, depending on their level of development, culture and history. While there should be minimum thresholds for each capability, these thresholds are necessarily vague as they will be context dependent (Hedge and MacKenzie, 2012, p.331).

The third sector's recognised role in building capacity for involvement, helping to facilitate involvement of people and communities is further highlighted through participant and autobiographical accounts within this study as is the need to recognise the FLSCW role and contribution as part of a constellation for empowering involvement which includes the third sector and others such as those reflected in Figures 16 and 17. Findings from this study also call for further connection and collaboration between FLSCWs and third sector

holistic networks, further education establishments and other sectors including regulators to be built into an enhanced constellation or galaxy for empowering involvement and improving together, with people and learning from lived experience at the heart. This might be promoted and supported through planning for involvement conceptualised as a capability and functioning embedded through personal, organisational and community outcomes and development planning, organisational induction, continuous professional development and communities of practice. I return to this issue in section 9.6. of this Chapter.

In exploring my research question, I have drawn on the adaptive framework (figure 15.) which places the CA^N at the heart, incorporates Rowlands (1997) expressions of power with the inclusion of Gaventa's (2021) inclusion of Bradley (2020's) 'power for' and Gaventa's Powercube concept within Gaventa (2021). I have also incorporated themes identified as being central to involvement and getting involved (SSSC, 2019). As previously noted, the powercube offers a framework for power analysis to explore the interconnections between levels, spaces, and forms of power. 'Forms' refers to how power may manifest itself in visible, hidden and invisible ways. 'Spaces' refers to spaces of possible involvement including closed, invited and claimed spaces. 'Levels' refers to various layers of authority and decision-making including household, local, national and global layers. Gaventa (2021) comments that each of the dimensions of the powercube are 'nested within one another' and 'interact with one another to open and close possibilities for change' (p.124). The adaptive framework has been built on to reflect findings from this study in relation to my research question of how do FLSCWs engage in community planning in Scotland and related questions of participant best experiences of involvement and involving people, what helps in involving people/getting involved? and what difference does involvement make? Thinking about the spaces of involvement and who is 'invited' leads to consideration of to whom those spaces might be closed off and how to ensure that we are not solely listening to and learning from those with the capabilities, confidence and resources to get involved and have their voice heard.

Relatedly, it feels important to consider here the role of policy in creating and sustaining an enabling environment for empowering involvement. Of relevance to this is the relationship between policies and plans and how far they may enhance or constrain our sense of individual and collective agency. In this sense, it may be seen that consideration

of power and empowerment also needs to relate to our thinking about the policy process. This is relevant to findings from this study which include the need to consider involvement as a potentially fertile capability and functioning. There is too, I argue, a need to consider planning as a live activity and to consider plans as planning for involvement.

9.3.2. The aspects of policy which enable and constrain the achievement of freedoms and functionings

Thinking about the purpose of policy, and drawing primarily on Sen's approach to the CA, Yerkes et al (2019) underline the importance of viewing social policy as 'primarily a resource (means) that can enhance the capabilities of individuals to live the life they have reason to value' (p.148). While I would not disagree that policy can be a resource or a means to the enhancement of capabilities, I agree with Brunner and Watson (2015, p.4) that the CA offers 'an alternative conceptualisation of the very purpose of public policy', in contrast to GDP which 'overlooks distribution and therefore inequalities within areas' (Brunner and Watson, 2015, p.4). However Brunner and Watson echo Orton's (2011) caution that the CA should be viewed as the underpinning principles for policy development rather than a 'detailed road map for policy' (Orton, 2011, p.358).

The CA^N, underpinned by a concern for 'human dignity', 'thresholds' and 'political liberalism' (Nussbaum, 2011, p.19), points to a deeper and broader role for public policy and policy more widely. Policy and involvement in policy making can be transformative, inspiring hope. It can help set out a shared vision, values and aspiration as in the Sustainable Development Goals (SDG's) which Robeyns, (2017) notes are influenced by the CA. Boylston (2019, p.39) comments that the SDG's 'represent humankind's best efforts to create an actionable framework for a transition to a sustainable future'. As mentioned in Chapter Three, the National Performance Framework for Scotland is designed to reflect the SDG's.

Importantly, the findings from this study highlight the central role of values and culture for empowering involvement along with creativity, emotion, senses and reflexivity. The central role of policy culture and values as being the lens for 'examining the shifting and contested patterns of belief and definitions of what is valued by policy actors' (Doherty,

2006, online) is relevant to the findings from this study and the need for a shared vision and values for empowering involvement across the constellation depicted in figure 17. This may also help all across the constellation better understand the difference their involvement makes to people and communities and to share learning and ideas, keeping people and lived experience at the heart of planning and policy. Findings from this study which include the need to consider and appreciate plans for involvement as artifacts and potential living bridges for involvement and supporting compassionate connections and involvement during life transitions is also relevant to our consideration of the role of policy. Related to this are findings from this study which underline the importance of design, humanity, inclusion and joy in empowering involvement. This is relevant to our consideration of our notion of policy, policy design and understanding the difference policy and involvement in policy making makes to empowering involvement and planning for involvement in the policy process with people and lived experience at the heart.

Yerkes et al (2019), drawing on principles from the CA, offer the following framework for policy and practice (summarised extract below), in this case, in the context of ageing and later life.

- Policy and practice must look not only at functionings but also at capabilities (opportunities) and freedoms to achieve functionings.
- Not looking at capabilities equates to not looking at opportunity structure that shape individual agency.
- Policy and practice should not impose a model of being on a person, but rather create the necessary conditions so that people can do what they value and be the people they aspire to be.
- Considering that older people's wellbeing depends greatly on the availability of collective/public resources and supports, enhancing older people's wellbeing must be assumed not only as an individual responsibility but also as a collective/public responsibility.
- Policy and practice must pay due attention to the structural constraints, resources (means) and conversion factors that shape people's capabilities and functionings and ultimately their levels of wellbeing.
- Policy and practice must promote equality of capability by tackling inequalities rooted in structural constraints (for example labour market policies).
- Policy and practice must adopt a life-course approach in the endeavour of promoting older people's wellbeing, especially in the sense of looking at later life, but also the previous stages of life and the cumulative effects in later life. (Yerkes et al, 2019, p.54-55).

The importance of 'participative and inclusive processes' in identifying the capabilities and functionings which are to be addressed by policy and practice, which, the authors say, 'may include focus groups and round table workshops' is noted by Yerkes et al (2019, p.54). Though the authors have perhaps cited focus groups and round table workshops as examples of methods of involvement, findings from this research and other research referenced therein (SSSC, 2019), highlight the importance of planning for involvement, for planning to be considered a 'live' activity, and the importance of involving people in how best to capture the difference involvement makes including creative approaches and the FLSCW's role in this. Integral to this, I argue, is the FLSCW's role, skills and experience in facilitating participative involvement and inquiry. As previously noted, parallels have been drawn by some (Sharp et al, 2016) between the strengths based approach of Appreciative Inquiry (AI) and health and social care philosophical values which may underpin practice. As previously stated, the empowering potential of AI and how this may create more equal participant/researcher relationships has also been noted (Cooperrider and Srivastva, (1987).

On the issue of resources, and more specifically resource based approaches, Nussbaum (2011) is clear that:

> … people have differing needs for resources if they are to attain a similar level of functioning, and they also have different abilities to convert resources into functionings. (Nussbaum, 2011, p.57).

Nussbaum (2011) further illustrates this by inviting consideration that the nutritional needs of a woman who is pregnant or lactating would be higher than a woman who is not in that situation, adding that a 'sensible public policy would not give equal nutrition related resources to all' and that a 'sensible policy goal is not just spreading some money around but giving people the ability to function' (Nussbaum, 2011, p.57). The concept of resources (previously explored in Chapter Three), Robeyns asserts, may, along with consumption, be 'conceptualised as capability inputs' or 'the means to the opportunities to be the person one wants to be and do what one has reason to value doing' (2017, p.81). Robeyns encourages a wide view of resources to include resources 'created by non-market production' rather than the focus on material resources which, she notes, is commonly espoused by 'economics and quantitative empirical social sciences' (2017, p.81).

As I briefly explored in Chapter Three, conversion factors as noted by Robeyns (2017, p.45) are 'the factors which determine the degree to which a person can transform a resource into a functioning'. Conversion factors can be personal, social or structural in nature. Specific reference is made to the role of social care as one of the 'social' conversion factors (Brunner and Watson, 2015; Hvinden and Halvorsen, 2018). Ward (2022) underlines the importance of meso-level conversion factors such as 'third sector anchor and issue-based organisations, schools, community and health centres and the staff and programmes they support' (p.1). The author urges the need for concern for 'effective local participation and voice' but also for

> ….the distribution of power afforded to local participants through the spaces in which they are invited to participate, and the level of influence given to their priorities for change (Ward, 2022, p.1).

This is an important consideration, if as I argue, the FLSCW's role should be understood and valued as part of a constellation or galaxy for empowering involvement which includes the third sector and others as depicted in figure 17. Relatedly, I argue the need to consider the role of the FLSCW in empowering involvement, their practice wisdom and whether they are even considered, invited or valued as participants in such spaces. Findings from this research recognise the value and importance of relationships, people and partnerships and community connections along with the aspiration for reinforced connection between FLSCWs and the third sector. This finding may be considered in relation to the role of the Third sector Interfaces (TSIs) and their involvement in engaging with new spaces for involvement and representation of people with lived experience of health and social care and carers created by virtue of public policy developments in Scotland. Additionally relevant is the recognised role of the third sector in addressing health inequalities (ESS, 2020).

Yerkes et al encourage a capabilities based view of policies as being interdependent with 'an interdependent set of measures and instruments aiming to change human behaviour and/or improve quality of life and wellbeing' (2019, p.148). This, they argue, requires evaluating the associated set of resources and 'how individuals can use them within their ecological, economic and social spaces' (Yerkes et al, 2019, p.148). This is relevant to consideration of the policy and practice landscape for FLSCW and empowering

involvement in community planning in Scotland. The authors move on to claim that translating the CA into policy can be done through

> …formulating policies in an open enough way that allows for the process of implementation and delivery to enable real opportunities (Yerkes et al, 2019, p.151).

They describe the need for a 'translational shift' across three levels as follows

> The highest level involves identifying the ultimate aims of social policy and translating these into capability-enabling/enhancing aims.
>
> At an intermediate level, developing CA based social policy means providing an account of more specific and contextualised interpretations (including what constitutes opportunities in actual contexts with which policy operates and which opportunities are real).
>
> The lowest level adds specific, ready to use tools or instruments available to local actors that are consistent with policy formulations at a higher level.(Yerkes et al, 2019, p.151).

They describe this as a 'three level downward process' (Yerkes et al, 2019 p.151) commenting on the consistency and agency which this layered approach to translation of the CA into policy and practice affords for practitioners, professionals and policy makers to 'employ it (policy) as a resource at each level' (Yerkes et al, 2019, p.151). While the importance the authors place on recognition of policy interdependencies is helpful, I find myself agreeing with Brunner's (2020) view that the top down nature of Yerkes et al's (2019) model and reference to 'ideally' involving 'individuals affected by social policy as well in addition to the 'local experts' (Yerkes et al, 2019, p.152) appears at odds with the participative collaborative approach espoused by the CA. So too, I feel, is the authors reference to 'policy recipients' (Yerkes et al, 2019, p.147) which seems to convey a notion of policy as something to be handed down. The authors distinction between professionals, practitioners and policy recipients also risks inferring individuals are either one or the other. This is relevant to findings from this study and others referenced within (SSSC, 2019) which recognise that we may have and move between multiple roles and identities in life.

Brunner and Watson (2015, p.17) writing of what the CA can offer to policy analysis in high income countries, emphasise the importance of 'evidence based policy' to understand what people are 'actually able to do and be'. They highlight the importance of the

involvement of people experiencing unjust outcomes in identifying and evidencing that social injustice in a capability, functioning 'and/or autonomy in processes' (p.17), towards a collective enhanced understanding of the drivers of unjust outcomes to formulate a theory of change. Drawing on Sen's concept of conversion factors which I briefly outlined in Chapter Two, the authors propose that such a theory of change should focus on sustainable change and reflect appropriate interventions including concern for conversion factors and whether interventions are best effected at local or national policy level. Ward (2022, p.7) notes that 'the articulation of functionings offers a tangible framework of indicators which are meaningful to the communities that create them' and from this an assessment can be made regarding the effectiveness of policy. Furthermore, the author comments on the role of conversion factors in evaluation 'to understand the resources required by individual or collective groups' for the achievement of such functionings' (Ward, 2022, p.7).

The underpinning principles of the CA include concern for human flourishing, a view of people as ends and not a means to the ends of others, asking the question 'what is this person able to do and to be?'. Importantly, the CA[N] underlines the need to understand 'each person's story in its social and historical context in order to discern hidden obstacles to full capability'(2011, p. 176). This is relevant in considering power in the policy process and findings from this research which illuminate the front line social care worker's role in identifying barriers and opportunities to involvement and what helps with involvement conceptualised, as I argue, as a potentially fertile capability and functioning.

Findings from this research include the need to fully recognise and value the FLSCW's role in and contributions to community planning and in operationalising the CA[N] as part of a constellation and galaxy for empowering involvement. Related to all of this is the need to revisit what is meant by involvement and empowerment in community planning with respect to who may be involved and how they may contribute. This study highlights a sense of FLSCW disconnection from community planning. I suggest the need for live planning for involvement to include connections mapping to support recognition of the planning landscape, the connections between plans, opportunities to get involved and accessible information and resources if planning is to enable involvement. These findings, the importance of empowering involvement, learning from lived experience and the FLSCW's role in the context of implications for policy may be further illuminated in

considering the role of FLSCW in involving people in personal outcomes planning and their role in understanding barriers, promoting and supporting decision making and connections to communities and holistic networks including communities of interest, place and condition specific policy networks.

Writing of education policy in general terms, (Doherty, 2006) states that this must be part of a

> joined-up government and be based on the recognition that it requires effective links with family, health, labour market and youth policy (2006, online).

This is an important consideration in the context of research findings which argue that the role of the FLSCW in community planning in Scotland should be considered as part of a constellation for empowering involvement. There is, I would argue, a related need to consider and appreciate the social care sector's role and contribution to education and education policy.

Brunner and Watson underline the role of evaluation 'over time' (2015, p.18) in order to capture and understand change along with the need for approaches to research and policy which 'sustain the participation of people experiencing the social injustice, and maintain the structural within the lens of explanation'(2015, p.18). As previously mentioned, Nussbaum herself comments that many of the capabilities on her list are prerequisites for involvement and for the voices of the marginalised and disadvantaged to be heard (Nussbaum, 2004, p.199). If we consider involvement as a (potentially fertile) capability and functioning which may require many of the capabilities identified within Nussbaum's central list of capabilities, recognising that involvement can be empowering and can lead to the realisation and expansion of capabilities as illustrated by some lived experiences of involvement within the literature, autobiographical and participant reflections, we must also consider the reverse. Conversely, involvement may have a corrosive effect and, in this sense may disempower. Nussbaum, citing Wolf and De-Shalit, states that corrosive disadvantage 'is a deprivation that has particularly large effects in other areas of life' (2011, p.44). Conceptualising involvement in this way, I argue, sheds new light on the notion of empowering involvement and the undervalued important role of FLSCWs in empowering involvement in community planning. Their role in empowering involvement

in community planning needs to be understood and valued as part of a constellation or galaxy for empowering involvement.

9.4. Revisiting the causes of health inequalities and social determinants of health

Forde et al (2006) highlight the difference between roles and functions as being 'assigned as part of a job' and professional identity.

> professional identity is constructed by the individual who carries out the role and is based on the person's values, beliefs, attitudes, feelings and understandings…….it is also based on our own personal history and culture. Professional identity, then rests on personal identity but these are not simplistic unitary concepts. Identity is partly individualistic: it is what makes us different to others. However, we also note similarities with others in a given group.

In recognising this connection between personal and professional identity, reflection on lived experience may reinforce the sense of connection in the multiple roles we may have and move between in the contexts we may find ourselves in. It may also help us appreciate the transferable skills and experience we bring from another role in our life and illuminate other opportunities and pathways for involvement including careers in social care. Planning for involvement with people and lived experience at the heart and with concern for inequalities of power may also help us fully appreciate the difference involvement makes to people and communities, the front line social care worker's role in this as part of a constellation and galaxy of involvement, promoting and supporting collaboration to help improve lived experience for everyone.

9.5. From community engagement to community involvement

Moving from a narrative of engagement to one of involvement with involvement conceptualised as both a capability and a functioning drawing on the adaptive framework proposed within this study with the CA^N at the heart and concern for power and empowerment may help us to more fully explore and understand the difference involvement makes. Furthermore, a multi-sensory approach to planning and capturing the difference involvement makes, in addition to affording more creative and inclusive approaches, may also help us express and more fully capture and consider feelings and

emotions including how involvement may contribute to our sense of belonging and imagining of new identities and pathways.

As Wenger (2000) asserts, our engagement with each other and the world and our experiences and responses elicited from others through our engagement with them influence our view of self and identity and is how we discover what we can do. Imagination as a way of belonging is when we construct imagery to reflect and 'orient ourselves' (Wenger, 2000, p.228) imagery of self, our communities and as a citizen of the world. This may involve storytelling, developing scenarios to explore options or drawing maps. The notion of imagination is required, Wenger asserts, in order to visualise ourselves as a member of a national or global community where it would be impossible to interact with all of our fellow human beings. Imagination is therefore central to our ability to gain and appreciate our sense of self and involvement as a citizen of the world.

9.6. Planning for involvement that makes a difference – the role of workforce planning and development

My research participant felt that they were involved in promoting and supporting each of the ten central capabilities working in partnership with and helping to support connection to other community organisations. What of the FLSCW themself and their development planning? How are connections to this constellation and galaxy embedded through organisational policies and practice? In addition to the aforementioned Promoting Excellence Framework, Step into Leadership and the related Continuous Learning Framework set out personal and organisational leadership capabilities, reflecting the importance of concern for and impact of individual and organisational values and culture in social care.

'Preparing for Practice' (figure 18. below), social care workforce development resource designed to support social care employers in their planning for induction and 'contribute to lifelong learning, employee development and the promotion of a learning organisation' (SSSC, 2022, online) includes reference to 'working together' within their identified theme of 'social services practice'. The theme of 'working together' includes a focus on 'working in joint teams or shared settings, with colleagues in health, education, police and other

services' (SSSC, 2022, online) and 'emphasises that people should be recognised as equal partners with key strengths and not just as 'people in need'. The role of social care workers in supporting meaningful connections to their communities is also recognised within the theme of 'social services practice' and subcategory of 'working together'. However, this does not appear to extend to encouraging inclusion within organisational induction programmes of learning from lived experience and that we may have and move between multiple roles and identities in life and how the organisation contributes to planning, mapping and making of connections on an ongoing basis, the front line social care worker's role in this context and the difference this makes to people and communities.
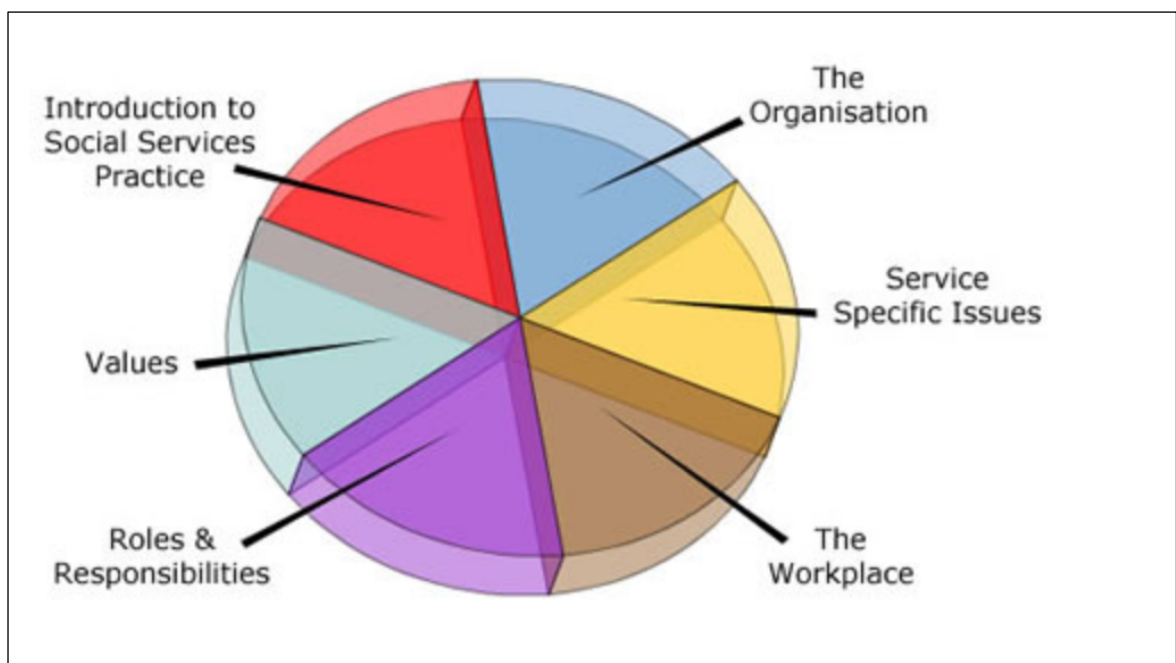

Figure 18. from SSSC 'Preparing for Practice' social care induction resource (SSSC online 2022).
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As noted, staff development plans for individual social care staff often comprise of individual training plans which are, more often than not, predominantly mandatory courses such as health and safety, moving and handling and the like. The forms themselves, often presented as a tick box list of training to be attended can convey a sense of training as being something which is done to rather than done with and that once you have completed the mandatory training, you have complied with training requirements until it is time for this to be refreshed. Though the refreshed SSSC continuous professional learning (CPL) guidance sets out a requirement for social care practitioners to record a minimum number of hours of CPL to satisfy registration requirements, it is the case that the SSSC operate a

random sampling policy with regard to regulation of CPL. As previously intimated, while the SSSC guidance for CPL refers to there being a range of different ways that we learn, there is no reference to learning from lived experience of involving people and understanding and learning from the difference this makes or learning from the front line social care worker's own lived experience of being involved, for example, in community planning and/or partnership working. There is also a reference to learning from 'best practice' (SSSC, 2022, online) rather than evidence informed practice. While one would not disagree with the need for mandatory training, through placing the CA^N at the heart of the outcomes constellation and galaxy, the question of 'what is this person able to do and to be?' also needs to be asked in relation to the front line social care worker themselves. What of their flourishing? This is an important question for many reasons, not least in considering Nussbaum's concern that people should be considered as ends in themselves and not the means to the ends of others. As has already been highlighted, the link between the role and valuing of FLSCW to quality of support for people and communities is a central consideration.

In relation to the format for CPL, as a former FLSCW, it is exciting to see the introduction of creative and perhaps more inclusive formats for recording CPL

> it's up to you how you record your learning. You can use a learning log, notes, or a mixture of ways including diagrams, mind maps, video or audio (SSSC, 2022, online).

The need to promote and support recognition of connection within and between the different constellations of planning and to consider planning as a live activity feels even more important in the light of the COVID-19 pandemic. Findings from this study underline the need to consider inequalities of power and influence which affect FLSCWs and the important role and impact others may have in contributing to an empowering environment built on the expansion of capabilities of such FLSCWs and the role of line managers and employers and potential of communities of practice. This is relevant to the CA underpinning principle that people should be considered as ends in themselves and not the means to the ends of others, additionally relevant are findings from this research which identify the need to appreciate plans for involvement as artifacts and potential living bridges for involvement supporting compassionate connections and involvement during life transitions. This, I argue, needs to apply to our approach to FLSCW's personal and professional outcomes and development planning too.

Planning as a live activity together with a conception of involvement as both a (potentially fertile) functioning and a capability may also help address Boyle's (2021, online) identified gap between policy aspiration and implementation. Furthermore, the policy landscape for empowering involvement and the front line social care worker's role which includes a matrix of interconnected policies as depicted in figure 5. (reproduced earlier in this chapter) highlights the need to promote and support policy connections and recognition of related rights across all policy spaces. This again invites consideration of the front line social care worker's role in involving people in all areas of the policy process including identifying strengths and unmet need and learning from lived experience of the difference being made to that lived experience. Integral to this, I argue, is the front line social care workers role, skills and experience in facilitating participative inquiry.

Appreciating the difference involvement makes is fundamental, or should be fundamental, to decision making in all areas of the involvement galaxy.

> Just as politicians have reason to spend scarce resources on the most
> fertile capabilities, expecting those to generate improvement in yet other
> areas, so they have reason to focus their energies on removing what
> Wolff and De-Shalit call corrosive disadvantage, types of capability
> failure that lead to failure in other areas' (Nussbaum, 2011, p.99).

Recent Audit Scotland reports (2018 (a) and (b)) highlight the need to revisit current ways of measuring performance, placing the views of the community as central to measuring success. Robeyns (2006) notes that a neo-liberal view of measurement may privilege economic return on investment. I have argued that such a neoliberal approach, with focus on attribution rather than contribution (Miller 2018), does little to support joint working and collaboration (Johnston, 2019), nor does it encourage recognition of the intrinsic value of involvement and education (Robeyns, 2006). I have previously argued that the CA^N invites questioning of what constitutes evidence in terms of an evaluation of measurable involvement (Johnston 2019). Evaluation through a neoliberal lens may privilege positivist evidence.

The utilitarian concept of involvement may privilege scientific methods with involvement as a box ticking exercise at best rather than an opportunity for caring relationships, trust

and discovery. The value and importance of involving people in evaluation design and in combining several different types of evidence including storytelling (ESS, 2019; SSSC, 2019), and the ethical and transformational value of storytelling as self-reflexive literary narratives to 'engender awareness of the narrative webs imposed on us' (Meretoja 2018 p307) is of note. In evaluating the impact of involvement, and in considering the person as an end, Nussbaum's CA may also offer a useful framework for outcomes focused planning for the involvement of people, involving people in project design, including design of evaluation. The importance of understanding and measuring not just achieved functionings but also capabilities is noted by Kato et al 2017 (p561) including understanding the 'clustering effects' of capabilities and impact over time. Gallagher (2008) suggests the usefulness of exploring the difference between the discourse of participation and what is done in practice, how people involved act, influence others or resist influence. The need to recognise the relationship between power and evidence (Freudenberg and Tsui (2014) and how this can affect what is deemed relevant, would seem to be consistent with both a network concept of power and the CA^N.

Chapter Ten: Conclusions and planning for involvement that makes a difference

10.0. Summary of findings

This study focused on perceptions of FLSCW and their role in community planning in Scotland through the lens of Nussbaum's Capabilities Approach (CA^N) and National Standards for Community Engagement in Scotland (NSCE). Through appreciative inquiry this study began with the research question of how do FLSCWs engage in community planning in Scotland? and to address that question I explored participant best experiences of involvement and involving people, what helps in involving people/getting involved? and what difference does involvement make?. Best experiences of involvement centred around involving people in personal outcomes planning (support planning), involving people in their community and in decision making. Experiences shared also highlight the role and contribution of the FLSCW in relation to promoting and supporting capabilities and functionings and citizen leadership. The FLSCW's role during periods of transition in people's lives is also highlighted. Best experiences of being involved included being involved in family life, relationships, community, feeling part of place based communities and communities of interest, volunteering and working in partnership with people and communities.

Findings underline that 'values and culture' and 'creativity, emotions, senses and reflexivity' including 'feeling safe' are central to involving people and getting involved and may be considered as the atmosphere for this constellation of empowering involvement. The importance of planning for involvement that makes a difference, and for plans for involvement to be viewed as artifacts and potential living bridges for involvement supporting compassionate connections and involvement during life transitions are key themes from findings. So too is the need for plans to be co-designed in inclusive formats and for inclusive and creative methodologies for planning for involvement with people having ownership of their individual plans as opposed to the service. Findings also identify the need for an enhanced sense of connection between plans at individual, organisational, community, national and global level to help in planning for involvement and also to enable a fuller understanding and valuing of the difference involvement makes. Relatedly there is a need to recognise that as full human beings we bring our whole self, and that we may have and move between multiple roles and identities in our life and the need for

recognition and valuing of experience and skills we may bring. This consideration and approach to live planning needs to apply to our approach to FLSCW's personal and professional outcomes and development planning too.

The contribution of people and partnerships, including family, colleagues, volunteers, line Managers and community connections and networks including the role of the third sector in building capacity for involvement and of policy connections for empowering involvement is identified. So too is the need for live mapping of connections for enhanced awareness of involvement opportunities and resources to promote and support involvement. Knowing what is there is a sub theme within 'communications, sharing learning and ideas' and, knowing how to get involved. So too is the importance of good conversations and consideration of language including non-verbal communication and the role of technology. In what helps in involving people and getting involved, the role of employers, individuals, organisations across sectors, communities, education establishments, regulators and governments is reflected in the theme of 'me in my role'. Relatedly, the role of governance, scrutiny and regulation should also be considered as part of this constellation and galaxy for empowering involvement.

I contend, from findings, that there is a need to consider involvement as both a (potentially fertile) capability and functioning. Consideration should be given to inequalities of power and influence which affect FLSCWs and the important role and impact others may have in contributing to an empowering environment built on the expansion of capabilities of such FLSCWs and the role of line managers and employers and potential of communities of practice. From this study, I argue that the FLSCW's engagement and role in community planning in Scotland is unrecognised and as such is undervalued. The FLSCW's role in empowering involvement in community planning should be considered and appreciated as part of a constellation for empowering involvement (depicted in figures 16 and 17) in community planning. This study highlights a sense of FLSCW's disconnection from community planning with community planning viewed as a corporate thing.

In considering the difference involvement makes through the lens of the CA^N and with concern for power and empowerment, the difference involvement makes can be transformative. This is further illustrated in considering power in policy making and the difference involvement of people with lived experience has made to policy and people. Participant stories of involving people in personal outcomes planning illustrate how the

FLSCW is engaged in promoting and supporting capabilities and functionings of those they support including central capabilities, connecting as appropriate to third sector organisations and others as part of the constellation for empowering involvement. However, there is also recognition that FLSCW don't always get to hear about the difference their involvement is making/has made and moreover do not appreciate or value that difference being made in the context of the persons whole life. Furthermore, if, as I argue, we consider the FLSCW's role is as yet unrecognised and undervalued as part of a constellation of empowering involvement as depicted in figures 16 and 17, and FLSCWs don't always get to hear about the difference involvement makes, it feels important to also consider whether the people that the FLSCW are supporting recognise the difference they themselves make across that constellation through their involvement including the sharing of and collaborative learning from lived experience. This can only help towards realising the vision and aspiration of improving together. Improving together is identified as being integral to the values and culture for involvement from triangulation of data from this study including findings from SSSC (2019).

Research findings from this study and literature referenced indicate that the difference involvement makes to self, other people (including family and friends), organisations, local, national and global communities includes the expansion of internal and combined capabilities and functionings. This is important if we consider the live nature of policy and the policy aspiration for empowerment of people and communities and policy landscape in Scotland, many of which have been driven by and co-designed with people with lived experience in Scotland. The resultant policies articulate a narrative of and seek to embed and build capacity for active citizenship and active participation. Related to this is the importance of recognising the complexity and diversity of context, need for evidence based policy in community planning and the need for approaches to research and policy which 'sustain the participation of people experiencing social injustice' (Brunner and Watson, 2015, p.18). Findings from this study reinforce the need for FLSCW and social care as a career to be recognised and valued as part of a constellation for empowering involvement. Understanding the FLSCW's role in this way may also help us to more fully appreciate the life wide and life long difference the FLSCW and social care as a career makes to empowering involvement, hope and possibility, aspirations, planning and human flourishing.

Consideration of planning as a live activity, the need to reinforce connection between plans at individual, organisational, community, national and global level may also help address Boyle's (2021, online) identified gap between policy aspiration and implementation. This might be promoted through planning for involvement with involvement conceptualised as a potentially fertile capability and functioning embedded through personal, organisational and community outcomes and development planning, organisational induction, continuous professional development and communities of practice.

The adaptive framework I have drawn on to explore my research question has the CA^N at the heart and with concern for power and empowerment is informed by Rowlands' (1997) expressions of power, Gaventa's (2021) inclusion of Bradley's (2020) 'power for' and Gaventa's powercube concept within Gaventa (2021). It is also informed by themes identified as central to involvement through research led by people with lived experience of social care in Scotland (SSSC 2019). I have drawn on the adaptive framework (figure 15.) at all stages of this study; in planning for involvement, considering methodology, adapting my approach to the study, data analysis and my own reflexive practice. This framework has been built on to include findings from this study (figures 16. and 17.) with the latter informing my revisiting of policy and power in Chapter Nine. The framework and constellation (figures 16. and 17.) offers potential as a way of promoting and supporting a whole person life long and life-wide approach to planning for involvement with people at the heart, and live mapping and support for planning, connections and innovation, with all contributing to improving together for empowering involvement in community planning. It may have value in planning for involvement and supporting community and policy connections, connections between people, plans and sharing of learning, opportunities and approaches to involvement, and as the framework for a living, human collage. This may help in creatively capturing and sharing inspiring stories of the difference involvement makes to people and local to global communities and relatedly for evaluation and reflexive practice. In regard to the latter, it may have value as a resource which may be personalised for an involvement planning portfolio.

From this small-scale, in-depth research study I offer a number of tentative conclusions.

- I argue the need to consider involvement as both a (potentially fertile) capability and functioning in contrast to a neoliberal/utilitarian inspired instrumental view of

involvement which, I contend, may have a corrosive effect on capabilities and functioning and fail to recognise the transformational potential of involvement and the full potential of people including, here, front line social care workers. Such an argument, I suggest, has implications for evaluation and planning for involvement that makes a difference and underlines the importance of involving people in how best to capture the difference involvement makes and the importance of creative and inclusive approaches.

- There is a need to fully recognise and value the frontline social care worker's role in and contributions to community planning and in operationalising the CA^N as part of a constellation and galaxy for empowering involvement. Related to all of this is the need to revisit what is meant by involvement and empowerment in community planning with respect to who may be involved and how they may contribute. This study highlights a sense of front line social care workers' disconnection from community planning. I suggest the need for live planning for involvement to include connections mapping to support recognition of the planning landscape, the connections between plans, opportunities to get involved and accessible information and resources if planning is to enable involvement.

- The need for reflection on and concern for inequalities of power and influence to be embedded in and through planning for involvement along with greater attention to the roles of values, cultures, creativity, design, emotions, leadership and collaboration if a more inclusive empowering involvement is to be realised. The role and contribution of the front line social care worker in this is vital and might, I suggest, be enabled through Nussbaum's central capabilities and capabilities expansion and involvement in personal outcomes planning and supporting connections to other parts of the constellation of involvement. There is a need to consider inequalities of power and influence which affect front line social care workers and the important role and impact others may have in contributing to an empowering environment built on the expansion of capabilities of such front line social care workers and the role of line managers and employers and potential of communities of practice.

- There is a need to consider and appreciate plans for involvement as artifacts and potential living bridges for involvement supporting compassionate connections and involvement during life transitions.

- The value of further connection and collaboration between front line social care workers and third sector holistic networks, further education establishments and other sectors including regulators also needs to be built into an enhanced constellation or galaxy for empowering involvement and improving together, with people and learning from lived experience at the heart. This might be promoted and supported through planning for involvement conceptualised as a capability and functioning embedded through personal, organisational and community outcomes and development planning, organisational induction, continuous professional development and communities of practice.

- That empowering involvement would involve promoting and supporting the recognition that all have multiple roles and identities in life.

- That there is, moreover, a role for appreciative inquiry in empowering involvement in futures planning which draws on the skills and contributions of the front line social care workers as participative researchers and in facilitators of participative research involving and led by those with lived experiences of social care. Such a process would then recognise front line social care workers' practice wisdom in a holistic synthesising of evidence to inform decision making and ensure relevance in community planning.

A framework with the CA^N at the core which incorporates Rowlands (1997) and Gaventa's (2021) concept of power along with themes identified as central to involvement from research led by people with lived experience of social care (SSSC, 2019) has been drawn on to explore my research question, namely, how do front line social care workers engage in community planning in Scotland? This framework has been built on through this research with findings presented graphically as a multi-layered generative adaptive framework and constellation for empowering involvement. It is hoped this will contribute towards a better understanding and a greater valuing of the contribution of the front line social care worker in community planning, the National Performance Framework and achieving Sustainable Development Goals. The framework and constellation offers potential as a way of promoting and supporting a whole person life long and life-wide approach to planning for involvement with people at the heart, and live mapping and support for planning, connections and innovation, with all contributing to improving together for empowering involvement in community planning.

10.1. Limitations of findings

This study is not intended to be generalisable to a larger population though the adaptive framework offered with the CA^N at the heart and with concern for analysis of power and empowerment may have value as a type of universal common adaptive framework which could be drawn on in different contexts, importantly affording space and agency to reflect the particular while also promoting and supporting connection. It is hoped that the focus on people, involvement, planning, creativity, and interconnections may have relevance and perhaps stimulate further reflection and research. In considering involvement as a space of possibility, it is hoped that the experience of participation may positively impact on the confidence of those involved in their own skills as researchers/co-researchers in empowering involvement. Indeed, I have sought to capture the experience of being involved from the participants perspective including my own perspective in the role of both a researcher and an autobiographical participant. It is hoped that this research will in some way help promote and support recognition of the role of FLSCW, their skills and contributions in empowering involvement of people and communities and the difference this makes at individual and societal level.

10.2. Implications for research, policy, practice, innovation, quality and improvement

The adaptive framework drawn on throughout this study may have value in considering planning for involvement of people with lived experience in research to help promote and support inclusive and empowering research methodologies.

As mentioned, key objectives of the public service reform programme in Scotland include a focus on services being 'built around people and communities' (Christie, 2011, p.72) and for organisations to collaborate to achieve outcomes prioritised as prevention, equality and reduction of inequalities. The Auditor General for Scotland, writing of the progress to date ten years on from the Christie Commission, cautions of the 'major implementation gap between policy ambitions and delivery on the ground' (Boyle, 2021, online). The adaptive framework drawn on and proposed through this study may have value in helping to bridge the research, policy, practice, innovation implementation gap identified. The adaptive framework with the CA^N at the heart and concern for power and empowerment may help keep people and lived experience at the heart of all stages of the policy cycle and may help

map and promote and support connection to policy communities and networks in furtherance of the Scottish Government's aspiration of policy cohesion.

The issue of power and inclusion also has an impact on the nature of evidence, power and hierarchies of knowledge. Weakly and Escobar, 2018, p.5) note the need for evaluations of Local Outcome Improvement plans and Locality Plans to

> assess to what extent community priorities are shaping the strategic priorities of a CPP. Evaluations must pay particular attention to inequalities in power and influence among communities.

Findings from this study support an assertion that consideration of inequalities of power and influence must also extend to front line social care workers. It is important that they are valued as professionals, that their practice wisdom is valued and that social care is recognised as a career with parity of esteem with NHS professional roles. It is also important that front line social care workers are valued as people who bring their whole lives and lived experience to their role. Recognising the value of lived experience and learning from lived experience also reinforces the importance of learning from each other including through personal outcomes planning and connection to communities of place, interest, practice and virtual communities. The adaptive framework proposed through this study may have a role in helping to promote and support connection to such communities and networks, information and resources to support involvement and to share learning about the difference involvement makes.

In considering the difference involvement makes through the lens of the CA^N this study proposes that involvement may be considered as a capability and a functioning (potentially fertile). Such consideration has implications for evaluation, improvement and innovation and planning for involvement that makes a difference through involving people in how best to capture the difference involvement makes, reinforcing the need for more inclusive and creative approaches. Findings from the study further underline the need to recognise and value the front line social care

worker's role and contribution to empowering involvement in community planning as part of a galaxy for empowering involvement.

Appendices

Appendix I: Appreciative inquiry online session plan

The following is an outline of the AI online session plan which is an element of this study:

Setting the scene: This involves provision of information to participants beforehand to include information on appreciative inquiry approach and process and the research question. Permission to audio record the session is also sought from participants and revisited at the beginning of each session.

Welcome: To help create a safe environment for those involved, prior to beginning the session confidentiality and when this cannot be guaranteed is reiterated with the example given of where there are health and safety concerns. The participant is invited to introduce themselves. The session outline, previously shared with my participant is revisited along with information provided on AI and reflexive nature of the approach and workshop. I then move on to revisit the focus of inquiry and Community Engagement Standards. Drawing on pictorial cards depicting each of the capabilities on Nussbaum's list I introduce Nussbaum's Capabilities Approach. An A1 poster reflecting the phases of AI as figure 1 below is provided in digital form on a whiteboard for participants to record in text, graphic form and other creative forms.

Figure a).
AI cycle
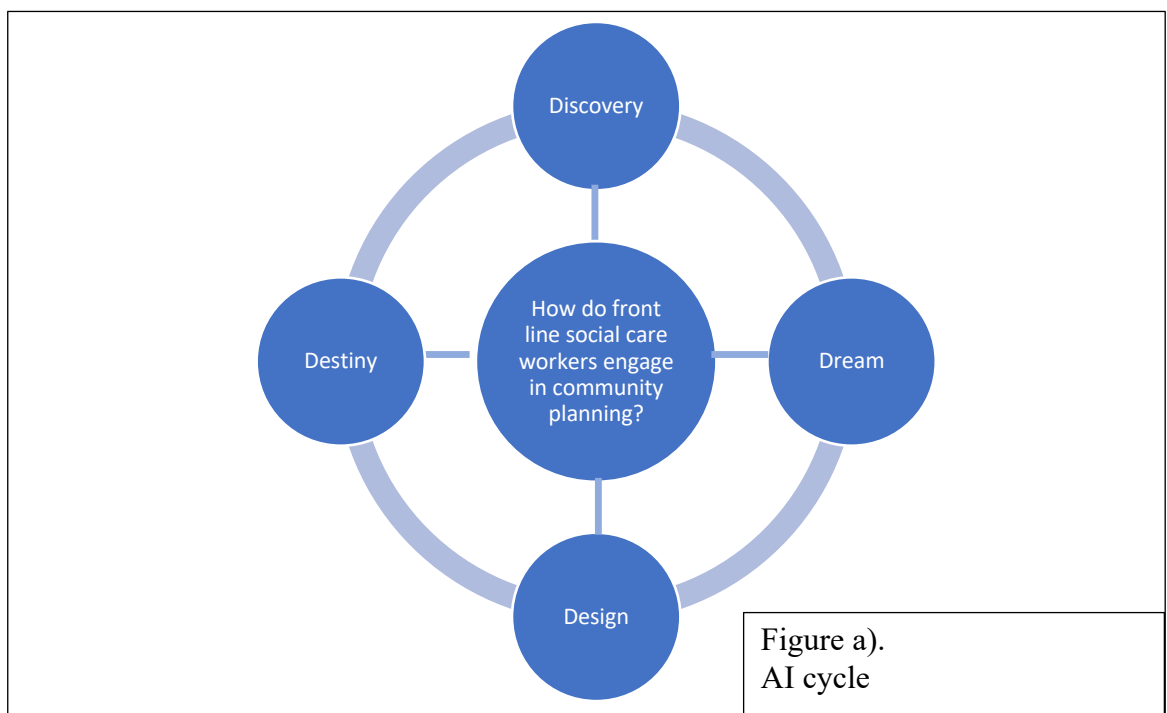
Discovery: In order to support conversational inquiry this phase begins with an open ended question. Cooperrider and Srivastva (1987) note that the discovery phase should encourage consideration of the best of what is and what gives life. For this study questions include 'what has been your best experience being involved/involving someone?', 'What did you enjoy most about this in your role? 'what made this possible? The participants explores questions before creatively sharing stories, writing a poem, graphics and other creative ways of recording. Before visiting a 'phase' we return to the middle of the wheel, research question and emerging questions and themes.

Dream: This included questions like 'thinking about your best experiences of ……. if the future was organised around your best experiences, what would this future look like?

Design: For this phase questions included: 'Imagine that you wake up tomorrow and everything is as it should be in your dream – how does it feel?, what are you doing differently, what are others doing differently? How did you get there? – What moved us in the direction of our dream?.

Destiny: Questions such as 'What can we do to help take the dream forward?', 'What are the barriers?' may help to explore the research question in this theme.

Appendix II: Ethical Approval

09 February 2022

Dear Maxine Johnston

College of Social Sciences Research Ethics Committee

Project Title: Empowering Involvement: The role of front line social care workers in community planning in Scotland - A Capabilities Approach

Application Number: 400200085

The College Research Ethics Committee has reviewed your application and has agreed that there is no objection on ethical grounds to the proposed study. It is happy therefore to approve the project, subject to the following conditions:

- Start date of ethical approval: 15/03/2022
- Project end date: 30/12/2022
- Any outstanding permissions needed from third parties in order to recruit research participants or to access facilities or venues for research purposes must be obtained in writing and submitted to the CoSS Research Ethics Administrator before research commences: socsci-ethics@glasgow.ac.uk
- The research should be carried out only on the sites, and/or with the groups and using the methods defined in the application.
- The data should be held securely for a period of ten years after the completion of the research project, or for longer if specified by the research funder or sponsor, in accordance with the University's Code of Good Practice in Research: (https://www.gla.ac.uk/media/media_490311_en.pdf)
- Any proposed changes in the protocol should be submitted for reassessment as an amendment to the original application. The **Request for Amendments to an Approved Application** form should be used:

    https://www.gla.ac.uk/colleges/socialsciences/students/ethics/forms/staffandpostgraduateresearchstudents/

Yours sincerely,

Dr Susan A. Batchelor
College Ethics Lead

Appendix III: Participant information sheet

University of Glasgow

College of Social Sciences

Participant Information Sheet

Study title
Empowering involvement: The role of front line social care workers in community planning in Scotland – A Capabilities Approach

Research Question
How do front line social care workers engage in community planning in Scotland?

Researchers details
Maxine Johnston
Email:

Introduction

You are being invited to take part in a research study. Before you decide to take part 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 the researcher if there is anything that is not clear or if you would like more information. Take some time to decide whether or not you wish to take part.

Thank you for reading this.

Information about this study

The aim of this study is to explore the research question:
How do front line social care workers engage in community planning in Scotland?

I am a Doctorate of Education Candidate with a background in social care and I am leading this research as part of my studies as an independent researcher. The study will involve 6-8 front line social care workers as active participants in this research. Participants should:
- be over 18 years of age
- working as front line social care workers in a care at home/housing support service for adults in xxxx locality in Scotland
- working in a SSSC C3 role. This is defined as 'may supervise the work of C2 staff and contribute to the assessment of care needs and implementation of care plans' (SSSC 2019 p38)
- have access to a computer or laptop and headphones

What is involved?

Appreciative inquiry (AI) online group workshops using Microsoft Teams (you do not require to have a Microsoft Teams account) will explore creative involvement approaches and front line social care workers views of their role and engagement in community planning in Scotland.

It is anticipated that the AI workshops will involve two 3.5 hour sessions in October/November 2021 with the same participants involved in both sessions. However, involvement will be planned with you and fellow participants to ensure you are afforded sufficient flexibility. For example, participants may choose to participate in three shorter sessions as an alternative.

About appreciative inquiry

Appreciative inquiry is a strength based approach that starts with a focus on what is working and how we can build on that.   You do not require prior knowledge or experience of appreciative inquiry or of using Microsoft Teams. Information and support to engage in appreciative inquiry and to use Microsoft Teams will be available before and during the online workshop sessions.

Appreciative inquiry is underpinned by the following assumptions:
- That in every group or organisation something works well.
- That what we focus on and the language we use to describe it becomes our reality and we filter out much of the rest.
- Reality is created in the moment and multiple realities are possible.
- The types of questions we ask influence the direction of travel of groups and organisations in some way.
- People have more confidence or comfort in the future when they take parts of the past with them.
- What is carried forward should be the best bits of the past.
- It's important to value difference.

The appreciative inquiry online session will begin with welcome and introduction to the session and include introductions to other participants. I will go through a brief outline of the workshop programme and AI as an approach (see information below). The aim of the study will also be revisited followed by an introduction to Nussbaum's Capabilities approach and community engagement standards. Pictorial cards depicting each of the capabilities on Nussbaum's list will be used to help evoke conversation.

There are five phases to appreciative inquiry; Definition (focus of inquiry or research question), Discovery, Dream, Design and Destiny. A digital poster will be in our online workspace space (figure 1) and will be used to reflect the Discovery, Dream, Design and Destiny phases of appreciative inquiry for you and other participants to record in text, graphic form and other creative forms.
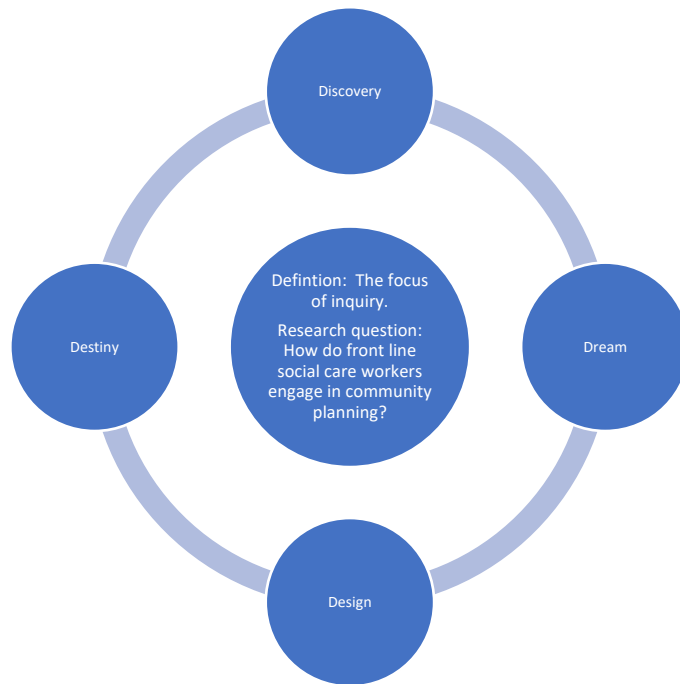
Figure 1

Discovery: This phase begins with an open ended question.   During the discovery phase of appreciative inquiry you will be asked to consider the best of what is and what gives life.   This could include questions like 'what has been your best experience of being involved in community planning /involving someone?', 'What did you enjoy most about this in your role? 'what made this possible?   You as a participant will be encouraged to do this individually to start off with, perhaps writing or drawing then collaboratively share stories, write a poem and/or use graphics and other creative ways of expressing this.

The following phases which would be informed by the responses to the initial discovery phase and before visiting a 'phase' we will return to the middle of the wheel, research question and emerging questions and themes.

Dream: This phase might include questions like 'thinking about your best experiences of ……. if the future was organised around your best experiences, what would this future look like?

Design: Examples of design phase type questions include: 'Imagine that you wake up tomorrow and everything is as it should be in your dream – how does it feel?, what are you doing differently, what are others doing differently? How did you get there? – What moved us in the direction of our dream?.

Destiny: Questions in this phase could include 'What can we do to help take the dream forward?', barriers?

Participation will be entirely voluntary and you have a right to withdraw from the study at any time.

Please note: should you choose to volunteer to participate in this research you will be doing so as an individual front line social care worker and will <u>not</u> be participating as a representative of your employing organisation, community or locality. Participation will <u>not</u> involve an assessment of your practice.

Confidentiality

The research will <u>not</u> involve face to face participation in recognition of current COVID-19 restrictions in Scotland. Participation will be via an online invitation to join a Microsoft Teams group meeting.

As a participant you would join a small online workgroup which I will facilitate as an independent researcher. Participants will be from different organisations and all group members will be required to maintain the confidentiality of fellow participants and group discussions. I as the researcher will ensure that during online interactions with participants I am in a private and quiet place where my computer screen cannot be seen by others and all participants will be required to ensure they do the same. Headphones will also be worn by all participants and myself in order to ensure online workshop discussions are not overheard.

Participants will be asked to give consent to the workgroup sessions being audio recorded. Immediately after each session the audio recording will be downloaded and stored in a secure password protected location.

Your personal data will not be stored or passed on to a third party such as other researchers.
Data management and storage will comply with General Data Protection Legislation. Personal data will be stored in a secure location and will be anonymised in order that you and other participants cannot be identified.

- Please note that confidentiality will be maintained as far as it possible, unless during our conversation I hear anything which makes me worried that someone might be in danger of harm, I might have to inform relevant agencies of this.

How the research data will be used

The research data collected will be used in the production of my dissertation and potentially journal articles and conference papers.

This project has been considered and approved by the College Research Ethics Committee.

To pursue any complaint about the conduct of the research: contact the College of Social Sciences Ethics Officer, Dr Muir Houston, email: Muir.Houston@glasgow.ac.uk

_____End of Participant Information Sheet_____

Appendix IV: Consent form

University of Glasgow

College of Social Sciences

Consent Form

Title of Project: Empowering involvement: The role of front line social care workers in community planning in Scotland – a Capabilities Approach

Name of Researcher: Maxine Johnston
Supervisor 1: Dr Sinead Gormally
Supervisor 2: Professor Nicki Hedge

I confirm that I have read and understood the Participant Information Sheet 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.

I acknowledge that participants will be referred to by pseudonym in any publications arising from the research.

I acknowledge that there will be no effect on my grades/employment arising from my participation or non-participation in this research.

- All names and other material likely to identify individuals will be anonymised.

- The material will be treated as confidential and kept in secure storage at all times.

- The material will be destroyed once the project is complete.

- The material may be used in future publications, both print and online.

- I agree to waive my copyright to any data collected as part of this project.

I acknowledge the provision of a Privacy Notice in relation to this research project.

I consent / do not consent (delete as applicable) to online appreciative inquiry workgroups being audio-recorded.

I acknowledge that copies of transcripts will be returned to participants for verification.
I agree / do not agree (delete as applicable) to take part in the above study.
Name of Participant ………………………… Signature …………………………………………
Date ……………………………………
Name of Researcher ……………………………………Signature ………………………………………

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Date …………………………………

Privacy Notice for Participation in Research Project:
Empowering Involvement: The role of front line social care workers in community planning in Scotland – a Capabilities Approach. Researcher: Maxine Johnston

Your Personal Data

The University of Glasgow will be what's known as the 'Data Controller' of your personal data processed in relation to your participation in the research project Empowering involvement: The role of front line social care workers in community planning in Scotland – a Capabilities Approach.   This privacy notice will explain how The University of Glasgow will process your personal data.

Why we need it

We are collecting basic personal data such as your name and contact details in order to conduct our research. We need your name and contact details to arrange online appreciative inquiry workgroups or potentially follow up on the data you have provided.

We only collect data that we need for the research project and will de-identify your personal data from the research data (your comments and answers given during the workshop) through pseudonymisation.

Please note that your confidentiality may be impossible to guarantee due to the size of the participant group. Participants will be from different organisations and all group members will be required to maintain the confidentiality of fellow participants and group discussions. Please see accompanying **Participant Information Sheet**

Legal basis for processing your data

We must have a legal basis for processing all personal data. As this processing is for Academic Research we will be relying upon **Task in the Public Interest** in order to process the basic personal data that you provide. For any special categories data collected we will be processing this on the basis that it is **necessary for archiving purposes, scientific or historical research purposes or statistical purposes**

Alongside this, in order to fulfil our ethical obligations, we will ask for your **Consent** to take part in the study Please see accompanying **Consent Form**.

What we do with it and who we share it with

All the personal data you submit is processed by: Doctorate of Education Candidate, Maxine Johnston who is supervised by a Senior Lecturer from the University of Glasgow. In addition, security measures are in place to ensure that your personal data remains safe: pseudonymisation, secure storage, and, encryption of files and devices. Please consult the **Consent form** and **Participant Information Sheet** which accompanies this notice.

Due to the nature of this research it is very likely that other researchers may find the research data collected to be useful in answering future research questions. Your personal data will not be shared.

We will provide you with a copy of the study findings and details of any subsequent publications or outputs on request.

What are your rights?*
GDPR provides that individuals have certain rights including: to request access to, copies of and rectification or erasure of personal data and to object to processing. In addition, data subjects may also have the right to restrict the processing of the personal data and to data portability. You can request access to the information we process about you at any time.

If at any point you believe that the information we process relating to you is incorrect, you can request to see this information and may in some instances request to have it restricted, corrected, or erased. You may also have the right to object to the processing of data and the right to data portability.

Please note that as we are processing your personal data for research purposes, the ability to exercise these rights may vary as there are potentially applicable research exemptions under the GDPR and the Data Protection Act 2018. For more information on these exemptions, please see UofG Research with personal and special categories of data.

If you wish to exercise any of these rights, please submit your request via the webform or contact dp@gla.ac.uk

Complaints
If you wish to raise a complaint on how we have handled your personal data, you can contact the University Data Protection Officer who will investigate the matter. Our Data Protection Officer can be contacted at dataprotectionofficer@glasgow.ac.uk

If you are not satisfied with our response or believe we are not processing your personal data in accordance with the law, you can complain to the Information Commissioner's Office (ICO) https://ico.org.uk/

Who has ethically reviewed the project?

This project has been ethically approved via the College of Social Sciences Research Ethics Committee or relevant School Ethics Forum in the College.

How long do we keep it for?

Your **personal** data will be pseudonymised and retained by the University only for as long as is necessary for processing and no longer than the period of ethical approval which ends on 30/12/2022. After this time, personal data will be securely deleted.

Your **research** data will be retained for a period of ten years in line with the University of Glasgow Guidelines. Specific details in relation to research data

storage are provided on the Participant Information Sheet and Consent Form which accompany this notice.

End of Privacy Notice

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4.1 Job function

The job function classification categorises posts according to the function and level of responsibility. The codes are set out in the CMDS and the high-level codes and descriptions are in Table 17.

Table 17: Job function codes and their descriptions

Code	Description
C0	Administrative/support staff - for example, clerical, finance and HR.
C1	Ancillary staff – for example, catering, domestic, gardening.
C2	Care staff - provide direct care and support (for example, support workers in day care of children services).
C3	Care staff – may supervise work of C2 staff and contribute to assessment of care needs and development and implementation of care plans (for example, senior residential care workers).
C4	Care staff – responsible for assessment of care needs (for example, social workers, occupational therapists, registered nurses).
C5	Unit/project managers – have responsibility for the management of care and service provision in a discrete service delivery area.
C6	Group managers – have overall responsibility for the management of care and service provision in two or more discrete service delivery areas (for example, a group of care homes, a care home comprising a number of service delivery units).
C7	Directors/chief executives – have highest level of overall responsibility for the management of care and service provision. Staff at this level are on the organisation's governing body.

Table 30: Definition of sub-sectors used in this report

Sub-sectors	Definition
Adoption service	A service that makes arrangements in connection with the adoption of children. This does not include services in which the proposed adopter is a relative of the child.
Adult day care	Day care services can be provided from registered premises in a variety of settings.
Adult placement service	Adult placement services provide or arrange accommodation for vulnerable adults (aged 18 or over) in the homes of families or individuals, together with personal care, personal support, or counselling or other help, provided other than as part of a planned programme of care.
Care homes for adults	Care homes relating to, for example, alcohol and drug misuse, learning disabilities, mental health problems, older people, physical and sensory impairment, respite care and short breaks.
Central and strategic staff	Staff with a strategic and/or central role, including senior management, administrators and support staff.
Child care agency	Child care agencies supply or introduce to parents a carer who looks after a child or young person up to the age of 16, wholly or mainly in the home of that child's parent or parents. For example, nanny agencies and home-based childcare services or sitter services.
Childminding	A childminder is a person that looks after at least one child (up to the age of 16 years) for more than a total of two hours per day. The childminder looks after the child on domestic premises for reward but not in the home of the child's parent(s). A parent/relative/foster carer of the child cannot be regarded as his/her childminder.
Day care of children	A service which provides care for children on non-domestic premises for a total of more than two hours per day and on at least six days per year. It includes nursery classes, crèches, after school clubs and play groups. The definition does not include services which are part of school activities or activities where care is not provided such as sports clubs or uniformed activities such as Scouts or Guides.
Fieldwork service (adults)	Fieldwork staff in divisional and area offices who work mainly with adults. This includes teams who specialise in older people and learning disabilities.
Fieldwork service (children)	Fieldwork staff in divisional and area offices who work mainly with children and families. This includes teams who specialise in children at risk and youth offending.
Fieldwork service (generic)	Fieldwork staff in divisional and area offices with no specialised role. May work across other disciplines.

Fieldwork service (offenders)	Fieldwork staff in divisional and area offices who work with offenders. Also known as criminal justice social work. Elsewhere in the UK probation officers do some of this work.
Fostering service	Fostering agencies may provide substitute care where a child's family is unable to provide care. They may provide complementary care to provide additional opportunities for a child or to give parents a break. These carers are sometimes called respite or family placement carers. The term foster care describes all these situations.
Housing support/care at home	Housing support: A service which provides support, assistance, advice or counselling to enable an individual to maintain their tenancy. Housing support can be for people living in ordinary homes, sheltered housing, hostels for the homeless, accommodation for the learning disabled, women's refuges and shared dwellings.

Care at home: A service which delivers assessed and planned personal care and support which enables the person to stay in their own home.

Many of these services register jointly with the Care Inspectorate so we present them as a combined sub-sector. |
Nurse agency	Nurse agencies introduce and supply registered nurses to independent and voluntary sector health care providers and to the NHS in Scotland.
Offender accommodation service	A service which provides advice, guidance or assistance to people such as ex-offenders, people on probation or those released from prison, who have been provided accommodation by a local authority.
Residential child care	These services are care homes for children and young people, special school accommodation services, and secure accommodation services for children looked after away from home.
School care accommodation	This includes boarding schools and school hostels (but not services for children looked after away from home).

Appendix V11: Nussbaum's list of central capabilities

Nussbaum identifies the following ten capabilities as central to living a dignified life (reproduced including notes from Nussbaum, 2011, p.33-34):

- **Life**. Being able to live to the end of a human life of normal length; not dying prematurely, or before one's life is so reduced as to be not worth living.
- **Bodily health**. Being able to have good health, including reproductive health; to be adequately nourished; to have adequate shelter.
- **Bodily integrity**. Being able to move freely from place to place; to be secure against violent assault, including sexual assault and domestic violence; having opportunities for sexual satisfaction and for choice in matters of reproduction.
- **Senses, imagination and thought**. Being able to use the senses, to imagine, think, and reason – and to do these things in a "truly human" way, a way informed and cultivated by an adequate education, including, but by no means limited to, literacy and basic mathematical and scientific training. Being able to use imagination and thought in connection with experiencing and producing works and events of one's own choice, religious, literary, musical, and so forth. Being able to use one's mind in ways protected by guarantees of freedom of expression with respect to both political and artistic speech, and freedom of religious exercise. Being able to have pleasurable experiences and to avoid nonbeneficial pain.
- **Emotions.** Being able to have attachments to things or people. Being able to have attachments to things and people outside ourselves; to love those who love and care for us, to grieve at their absence; in general, to love, to grieve, to experience longing, gratitude and justified anger. Not having one's emotional development blighted by fear and anxiety. (Supporting this capability means supporting forms of human association that can be shown to be crucial in their development.)
- **Practical reason**. Being able to form a conception of the good and to engage in critical reflection about the planning of one's life. (This entails protection for the liberty of conscience and religious observance.)
- **Affiliation.** Being able to live with and toward others, to recognise and show concern for other human beings, to engage in various forms of social interaction; to be able to imagine the situation of another. (Protecting this capability means protecting institutions that constitute and nourish such forms of affiliation, and also protecting the freedom of assembly and political speech). Having the social bases of self-respect and non-humiliation; being able to be treated as a dignified being whose worth is equal to that of others. This entails provisions of non-discrimination on the basis of race, sex, sexual orientation, ethnicity, caste, religion, national origin.
- **Other species.** Being able to live with concern for and in relation to animals, plants and the world of nature.

- **Play.** Being able to laugh, play and enjoy recreational activities.
- **Control over one's environment.** Political. Being able to participate effectively in political choices that govern one's life; having the right to political participation, protections of free speech and association. Material. Being able to hold property (both land and moveable goods) and having property rights on an equal basis with others; having the right to seek employment on an equal basis with others; having the freedom from unwarranted search and seizure. In work, being able to work as a human being, exercising practical reason and entering into meaningful relationships of mutual recognition with other workers.

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