Care relationships in social interventions: a critical realist analysis

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PhD 2021

Care relationships in social interventions: a critical realist analysis

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A thesis submitted in fulfilment of the requirements of Manchester Metropolitan University for the degree of Doctor of Philosophy

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2021

Abstract

Concepts of personalisation and person-centred care have been a long-term focus in health and social care and are increasingly embedded in policy. It is a narrative that is popular with citizens, practitioners, and leaders as it encapsulates an aspiration for responsive care, sensitive to our own unique priorities and circumstances. Existing research reveals that effective person-centred care involves a meshing of principles and practice: ways of both 'doing' person-centred care and 'being' person-centred. If we limit ourselves to focus primarily on ways of 'doing' person-centred care, we risk overlooking the role of personhood and relationship and undervaluing important, albeit invisible, causal mechanisms. The value of people and relationships is noted in person-centred research and policy; however, this thesis argues that its inclusion is not adequately theoretically supported.

This research employs Critical Realism, Archer's Realist Social Theory and Donati's Relational Sociology to reconceptualise the role of relationships between carers and care recipients in four social interventions; a support service for people with mild to moderate mental ill-health, a personal budget support service, a community sports intervention for young people, and family-based care and support for disabled people. It employs mixed methods, in a comparative case study methodology to explore whether, how, and under what conditions relationships that are established between carers and care recipients can foster personal reflexivity and

generate relational goods. By operationalising Archer's and Donati's theory in practice contexts, this research delivers new theoretical support for the proposition that care relationships can have causal effects, given facilitative conditions. This work demonstrates the value of Archer's theories of personhood and reflexivity to empirical research, applying these concepts to explore how the biographically formed identity and reflexive tendencies of each person are implicated in care relationships, and how organisation and system factors can be influential.

The thesis contributes new conceptual tools that can support our understanding of the nature and role of care relationships and the conditions that support them, namely: the Relational/Reflexive Mechanism (RRM) model that visually captures how relationships are implicated in personal change, and the Orientation to Relational Reflexivity and Agency for Change (ORRAC) model, a contribution to Realist Sociology that can be used to qualitatively discern and track key aspects of a subject's reflexivity over time. Building on the ORRAC model, this work also redescribes the requirements set out in Donati's Relational Sociology for the generation of Relational Goods, in respect of care and support relationships, further enabling theorisation of relational configurations and their influence on the reflexive powers of individuals. The application of these research findings offers the potential for their practical application in social interventions and beyond.

Acknowledgements

Many rightly say that completing a PhD is a solitary process, yet it involves many supportive guides and relationships, each valuable, each contributory.

I want to thank my good friends and past colleagues Dr Karen Davies and Dr Heulwen Sheldrick, who encouraged and believed me capable of taking the step into doctoral research. I am indebted to Manchester Metropolitan University and the Vice Chancellor's scholarship that provided me with the opportunity, and to the Faculty of Arts and Humanities, the Department of Sociology and the Policy Evaluation and Research Unit for welcoming me and providing training and support that helped shape my work. With thanks also to fellow PhD student Richard Remelie, whose equal interest in Archer's work has enabled regular and fruitful discussion.

Recognition is due to my supervisory team for their wisdom, insights, and timely support. Firstly, to Professor Stephen Morris, who encouraged and enabled me to take a direction that best suited my experience and interests. To Professor Bruce Edmonds for being a consistent and reassuring guide. To Dr Tom Brock, whose teaching introduced me to Critical Realism and Archer's work and who consistently sustained my confidence whenever it faltered. Finally, to Professor Chris Fox, whose calm and insightful support and enthusiasm for the topic has spurred me to complete the work.

My family have been brilliant all along. Special thanks go to Greg and Bonnie for their steadfast patience, good humour, encouragement, and love, and for all the meals! I feel blessed to have a close family: my sister, Lorraine, my brother, Ben and my parents, Terry, and Erica, who are so wholly supportive and proud of everything we do.

Equally, there are many friends who, in just being themselves, have taught me about relationships and have sustained me with love, laughter, car shares, coffees, and seafront walks. Including Sarah, who we recently lost, and who is so often remembered.

Lastly, I would like to gratefully acknowledge the generosity of the study organisations and participants for sharing their time and valuable contributions, giving precious insight into the nature of care and the role of care relationships, to which I have tried my best to do justice.

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Abbreviations

ABCD	Asset Based Community Development
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CEP	Cultural Emergent Property
CQC	Care Quality Commission
CR	Critical Realism/Realist
EBPM	Evidence Based Policy Making
GP	General Practitioner
HLS	Human Learning Systems
ICONI	Internal Conversation Indicator
LA	Local Authority
LD	Learning Disability
MCA	Mental Capacity Act
M/M	Morphogenetic/Morphostatic
NHS	National Health Service
NPG	New Public Governance
NPM	New Public Management
OECD	Organisation for Economic Cooperation and Development
ORRAC	Orientation to Relational Reflexivity and Agency for Change
PA	Personal Assistant
PB/PHB	Personal (Health) Budget
PCC	Person Centred Care
PEP	Personal Emergent Property

Abbreviations continued	
PIS	Participant Information Sheet
PSO	Public Service Organisation
QMU	Queen Margaret University
RG/RE	Relational Goods/ Relational Evils
RgRG	Relationships that generate Relational Goods
RIS	Research Introduction Sheet
RQ	Research Question
RRM	Relational/Reflexive Mechanism
SDM	Shared Decision Making
SEP	Structural Emergent Property
SMS	Self-Management Support
SLT	Speech and Language Therapy
SPC	Social Prescribing Coordinator
TLAP	Think Local Act Personal
ULO	User-Led Organisation
VCSE	Voluntary Community and Social Enterprise

Chapter 1: Overview of thesis

1.1 Introduction

This thesis clarifies the role of care relationships in social interventions, presenting a challenge to existing practices that side-line the causal potential of the care relationship and its contribution to personal change. It argues that in practice, the care relationship is taken for granted and that attention to human aspects of care are displaced by the emphasis on the activities of care. Even where the focus is ostensibly on 'people' in popular ideas and strategies of personalisation and person-centred care, it is proposed that the essential nature of people and the nature of care relationships are largely elided.

1.2 Context for the research

Relationships are increasingly a subject of discussion about physical and mental wellbeing and improving health and care services. There is a persistent and underlying interest in relational principles in health and social care. This is, particularly the case among those who seek radical change in health and social care values and infrastructure in the context of the challenging austerity conditions of the last decade (Cottam, 2018, A.Fox, 2018). As an illustration, a recent Academy for Social Justice webinar sharing presentations about innovations in relationship-based practice (Wallace and Tweedie, 2021) welcomed over 250 (UK) attendees from across academic, statutory, and voluntary sectors. The first question in response to the presentations was echoed by others, essentially how do you get the system to adopt these new ways of thinking about care? To underscore the point,

publications promoting relational approaches to health and care use the words ‘Radical’ and ‘New’ in their titles (Cottam, 2018, A.Fox, 2018) to emphasise the significant transformation required to enable their implementation.

Relationships are known to be integral to wellbeing. In the Capabilities Approach, Nussbaum (2011:40-41) identifies as ‘architectonic’ the capability of ‘affiliation’ – the relationships that anchor our humanity and dignity. By architectonic, she means that relationships are tied into the realisation of other capabilities as they ‘play a structuring role’ in all areas of public policy. The transformational power of relationships is also viewed as integral to community building approaches such as Asset Based Community Development (Block, 2008, Russell, 2020), which focuses on the power of association that grows through a recognition of the gifts and contributions that people make to community life, realised through relationships.

More practically, the ‘Five Ways to Wellbeing’, first shared in 2008 (Foresight Mental Capital and Wellbeing Project, 2008:81), are routinely promoted in the health and care sector. Of the ‘five ways’, two are:

- ‘Connect: building connections [to] support and enrich you every day’ and
- ‘Give: seeing yourself and your happiness as linked to the wider community and create connections with people around you’.

These are tangible universal principles referring to how we live in the world, and they present relationships as central to wellbeing.

Despite the perceived value of relationships, however, there is limited understanding of the contribution of formal care relationships to wellbeing, perhaps because formal care relationships are viewed differently from the everyday caring relationships (family, friends, workmates, neighbours, faith groups, parents at the school gate) that make up our social lives. But are they so different? Everyday caring relationships are characterised by care, cooperation, love, acceptance, and mutuality. A sense of 'in it together', whatever that 'it' may be. So, what is different about formal care relationships? Crucially, they are set within the broader context of services with resource constraints and within the boundaries of a role; a role with norms, rules and processes that influence the shape of care. They are also populated by people; individuals with their own value-sets and experiences, challenges, and aspirations; their own ways and frames of thinking.

This research builds on the premise that care relationships are complex because they are constituted of individual characteristics and the contextual conditions surrounding them. The nature of the people is a focus: their personhood and their reflexivity. In doing this, the work can draw conclusions about the conditions (cultural, structural, and agential) that enable care relationships to offer effective support. A highly relevant policy context for care

relationships is that of personalisation and person-centred care, and the Policy and Practice chapter (chapter 2) draws on this literature to consider the challenges and enablers to achieving the aspiration of personalised care.

In practice, the application of relationship-oriented approaches is most evident at a small scale and seen in the innovative example rather than the norm. This research has deliberately engaged with organisations that have embraced relational ways of working to examine the mechanisms underpinning formal care that is *intentionally* relational and the contexts that support or challenge them. Four organisations were included in the study to collect sufficient comparative data for analysis. The participating organisations were as follows:

- WellCity is a user-led organisation (ULO) that supports disabled people to live their best life and fully participate in society. Seventy-five per cent of their Trustees are disabled people, in line with their ULO status. They aim to challenge inequality and change attitudes towards disabled people, and they provide information, practical support and advice around independent living and self-directed support. In addition, they have been commissioned to provide a one-to-one service to support people with mild-moderate mental health needs, and Luke and Maxine, the practitioner-service user participants who feature in this case study, are working together within this part of the service.

• AllCare is a User-Led Charity. Like WellCity, people with direct experience of the services make up most of the Board of Trustees, some of whom also draw on AllCare’s services. AllCare delivers Direct Payment, banking, recruitment, and payroll services to support people employing Personal Assistants, and a care and respite service. In this case study, the practitioner-service user participants are Fiona and Fran. Fiona is both a practitioner and service user, and Fiona supports Fran to manage her Personal Health Budget (PHB).

• GamePlay is a sport for development charity and part of a network of organisations that engage young people to participate in sports and other cultural activities to support them to develop skills and achieve positive outcomes. They are community-based and building long-term relationships with local young people is core to their offer. Zoe and Carly are the research participants from GamePlay and have known each other for two years.

• CareConnect is an organisation that coordinates support and accommodation for adults with additional needs, including people with disabilities, mental ill-health, and older people. This research involved one local scheme that provides the CareConnect model, promoting family-based care in ordinary family homes and matching care recipients with care providers. A national charity, CareConnect Plus, is the UK support network for CareConnect schemes, carers, and leaders.

Una and Harry are the participants from CareConnect, and Harry has been supported in Una's family home for eight years.

1.3 Aims and scope

This research examines formal care relationships (henceforth 'care relationships') through the lens of realist social theory and relational sociology. Familiarisation with these theoretical frameworks reveals their potential to engage differently with personalisation and person-centred theory and practice. They provide the theoretical support required to frame an understanding of the nature of people in the relationship, within the values and practices of the organisation, and the wider system.

1.3.1 Research questions:

The following questions informed the research design:

1. What are the personal and reflexive characteristics of the individual participants of a one-to-one relationship in these person-centred social interventions?

2. What is the nature of the relationship between these individuals, and does the care relationship contribute causally to personal change? If so, how?

3. Do contextual conditions influence the relationship and the individuals within it? If so, how?

4. Should personalisation theory, policy and practice attend more closely to the care relationship's role and contextual conditions?

The approach is exploratory and involves a data collection method based partially on the empirical work of Archer (2003) and an explanatory framework for analysis and presentation of the data (ORRAC model[1]). It engages with the nature of the people in the relationship, and views as central the interplay between culture (ideas and values), structure (practice and process) and agency (people and relationships). In doing so, this research also engages with critics of Archer's theory, defending it by illustrating, through empirical example, its applicability and utility in responding to these questions in social care contexts.

1.4 Motivation for researching care relationships

The motivation for this research stems from years of working in clinical practice and leadership roles in the UK National Health Service. Working in person-centred ways has been an enduring interest, fuelled by many experiences, positive and negative, challenging and rewarding, of working with people, families, practitioners, teams, and fellow leaders both within clinical services and on projects aiming to improve person-centred practice in specific service contexts. A persistent challenge is embedding person-centred practice in resistant contexts. This resistance is not a rejection of person-centred values, which most often resonate with the care people want to receive and provide. Person-centred care is frequently observable, and there are frameworks that support its practice and implementation (McCormack et al., 2015, NHS

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[1] Orientation to Relational Reflexivity and Agency for Change (ORRAC) model, introduced in chapter 4)

England, 2019b). However, there remain intangible obstacles to its broader realisation.

Theoretical engagement with critical realism and the sociological theories of Margaret Archer (1995, 2000, 2003, 2007, 2012, 2015) and Pierpaolo Donati (2011, 2015) has offered a compelling framework for examining person-centred practice by considering the nature of people in relationships, in context. These theories accentuate the relevance of personhood, reflexivity and relationships, and their consideration reveals a gap in personalisation theory: a lack of theoretical understanding of the nature and contribution of care relationships in social interventions. The remedy for this oversight is an ontological one: analysis that engages with the nature of the people, the nature of the relationship and the interplay between the structure, culture and agency inherent in the intervention. A remedy supported by critical realist social theory.

Ultimately this research is about ‘being’ person-centred in every aspect of ‘doing’ it. It is proposed that until we understand the potential of care relationships in interventions and the conditions that support their realisation and contribution, we will fail to create and sustain momentum in person-centred practice. The concept of ‘being’ as applied to person-centred care is used throughout this thesis and needs a brief explanation here. The term ‘being’ is a useful concept in practice when contrasted with the activities and processes (or ‘doing’) of person-centred care, highlighting ‘being’ as a distinct consideration of the

role of personhood[2]. This emphasis on 'being' may prompt practitioners, leaders, and policymakers to further consider, if warranted, the causal potential of people and relationships as distinct from that of planned activity. Also, and fundamentally, this research adheres to a Critical Realist philosophical position and draws on Archer's (2000, 2003, 2007) work on 'being' and becoming[3]. This position is quite different to, for example, a phenomenological understanding of 'being' that relies on subjective perception (Crotty, 1998), which is therefore incompatible with Critical Realism's stratified ontology and concept of a mind-independent reality[4].

1.5 Structure of the thesis

The thesis begins with an overview of the policy and practice context within which care relationships sit, specifically, personalisation policy and person-centred practice. For this study, these are considered interchangeable terms and are referred to as such, as is the case in practice contexts. One might say services are personalised and that they deliver person-centred care.

The 'Policy and Practice' chapter (chapter 2) emphasises the causal potential of care relationships and elaborates on the concepts of personalisation and person-centred care as the most relevant policy context within which care relationships can be examined. It highlights the tensions between the implementation of activities (the 'doing') of person-centred

[2] Further explained in chapter 2, see 2.4.
[3] Further explained in chapter 3, see 3.14.
[4] Further explained in chapter 3, see 3.2.

care and the more subtle but potentially powerful element of 'being' (human, oneself, in relationship). Personhood is considered crucial: an active seeking of the *nature* of a person, extending also to the importance of practitioner personhood. Contextual factors surrounding care delivery, such as management and performance, research, and evaluation practices, are also considered. The chapter concludes with a challenge to current personalisation policy; that it promotes care relationships without adequate theoretical support to clarify how and in what circumstances care relationships can be effective.

The 'Theory' chapter (Chapter 3) introduces and explains the theoretical frameworks used throughout the research. It provides an overview of the core concepts of critical realism and a rationale for selecting this philosophical position. Margaret Archer's social theory is introduced, with a focus on culture, structure and agency, and the role of reflexivity as a mechanism in navigating life, including its relevance to personhood and personalisation within social interventions. Against the backdrop of critiques of Archer's position on habitus and routinised action, her theory of reflexivity is explored, specifically the roles of the internal conversation, the modes of reflexivity, and relational reflexivity. Archer's work with Donati is also employed, particularly Donati's set of requirements for relationships that generate causal effects.

The methodological strategy and rationale for the study are introduced in chapter 4, followed by an account of the

selection of case study sites and participants, ethical considerations, and data collection methods. Data collection involves the adaptation of Archer's (2003) interviews, including the introduction of a paired activity to familiarise the participants with the researcher and with concepts that may be unfamiliar to them. Applying the theory to the data inspired the development of the ORRAC model introduced in this chapter. Throughout the case studies, the ORRAC model represents the theory, presents the analysis of the people and organisations, and is consistent with the objectives of social interventions.

Chapters 5-8 are the 'Case Study' chapters. Each of these chapters is unique due to the variation in people, relationships, organisational models, and interventions examined. These chapters intentionally share detailed descriptions of the participants, including biographical detail and an analysis of their reflexive tendencies, based on Archer's theory. Despite the unique nature of each person's contribution, the theory that underpins the methods and analysis enables a consistent approach to each case study. This approach facilitated a range of insights, including the changing nature of reflexive tendencies during the life course, the role of lived experience in care relationships, the importance of engaging with personhood, role modelling in care relationships, and the viability of Donati's requirements for 'Relationships that generate Relational Goods (RgRGs)', among others.

Chapter 9 presents a discussion of the theoretical findings. Based on the combined theory and data analysis, part one proposes a model that draws together Archer and Donati's theories to illustrate the way that care relationships (but in effect any relationship) can, (but certainly do not always), support reflexive deliberations that can lead to personal change. Part 2 discusses the application of the ORRAC model and related findings, exploring how reflexive modes operate in care relationships and introducing and elaborating on levels of relational reflexivity and their relevance to care relationships. The chapter concludes by showing the comparative patterns of reflexivity across all four case studies and discusses the role of context in care relationships.

In conclusion, Chapter 10 draws together the key themes of the thesis and explains how the findings address a missing piece in personalisation policy and practices, albeit hidden in plain sight. This chapter then details the theoretical, methodological, and practical contributions to knowledge and considers their application in real-world contexts.

Chapter 2: Policy and Practice

2.1 Introduction

This chapter proposes that the care relationship is taken for granted in health and care delivery and highlights the undervaluation of its causal role. It will be argued that although *tacitly acknowledged* to be of value, the care relationship lacks adequate attention in service design and delivery, when compared with its allied practical implementation strategies; that the emphasis is on the *actions of the service* rather than the *nature of the people and relationships* through which it is delivered. This research takes the critical realist position that there is a mind-independent reality (section 3.2,); that mechanisms are operating unseen in any context, whose activity produces the effects that we see and experience. Taking this philosophical position necessitates, then, examining the broader ideological and structural contexts within which these care relationships are operating.

To this end, the chapter then situates the care relationship in the policy context of personalisation and person-centred care because of the longstanding dominance of this agenda on care recipient outcomes and experience in health and care contexts. It covers the shifting conceptualisation and definitions of personalisation and person-centred care over time, leading to different emphases in interpretation and practice. A key insight is that there are many practical methods that provide structure for the implementation of *person-centred processes*, but it is argued that the emphasis

on the practical has diminished attention on 'being' person-centred through relationship, even though this element is foundational. This chapter suggests some reasons for this: the structural effects of entrenched management styles, with an emphasis on systematisation and measurable outputs, the different ways that outcomes and value can be conceptualised, and the aligned preference for evaluation and research methodologies which focus on 'what works', rather than engaging with equally vital questions of 'how and why it works'. It proposes that the study of relationships is not suited to these more popular nomothetic epistemologies, and the consequences of this emphasis have shaped the care context within which the relationship operates in a way that can hinder its expression and effects. The chapter then considers the obstacles and enablers of change. Firstly, the obstacles created by the ongoing reproduction of the structures in the system which constrain person-centred practice, and secondly, the introduction of new ideas and ideals which have begun to shift the cultural landscape and have enabled, at small scale, new structures, and ways of working, with a greater emphasis on individual and collective values, and a generalised goal of human flourishing.

Finally, the chapter concludes that current perspectives and research on person-centred care omit the ontological aspects of care relationships; the nature of the people involved, the nature of the relationship, and the influential structural and cultural conditions within which the care relationship

operates. Although the personhood of the care recipient and the practitioner's approach are increasingly highlighted as essential factors in effective person-centred practice, this research identifies the opportunity to apply realist social theory to better understand the causal role of care relationships in context.

2.2 Undervaluing the causal role of the relationship

Relationship is an intangible concept at the interface between individuals, yet it is entirely feasible that it has a causal role in personal change. It has been particularly neglected and taken for granted in recent years, arguably due to the quite different priorities of management practices focusing on efficiency and an embedded assumption that caring relationships are a routine immutable part of professional practice.

In Primary Care research, continuity of care has been correlated with improved general practice mortality rates (Pereira Gray et al., 2018). Researchers highlight the need to give greater attention to the interpersonal component of the practitioner-patient consultation and other benefits of care continuity. This call has been echoed by a recent editorial in the British Journal of General Practice (McCartney and Finnikin, 2019:4), calling for the 'preserving of human relationships which underpin healthcare', the use of the term 'preserving' indicating that the relational aspect of care is under pressure in their context. This editorial raises challenging conditions for care relationships in General Practice, conditions that prioritise innovations like big data

decision tools to assess GP actions, and side-line other factors. The authors highlight the need to 'foster the therapeutic relationship and the thoughtful application of evidence' (McCartney and Finnikin, 2019:5) through shared decision-making practice.

The causal role of relationships has been a subject of research and practice in other disciplines, most notably counselling and psychotherapy, where there is an extensive body of work on 'working alliance' and 'therapeutic alliance', built on the work of Carl Rogers in the 1960s (Rogers, 1961, 2004). Norcross and Lambert (2018) present the most recent of three task forces on evidence-based relationships and responsiveness in this field. They explain that in attempting to achieve parity of scientific evidence with biomedical mental health interventions, psychotherapy research has largely ignored the therapeutic relationship. They highlight two critical omissions from the resulting practice guidelines: the 'person of the therapist' and the 'therapy relationship'. The task force led several meta-analyses addressing the links between the therapeutic relationship and treatment outcome, concluding that 'the psychotherapy relationship makes substantial and consistent contributions to outcome, independent of the type of treatment' (Norcross and Lambert, 2018:303). For Norcross and Lambert, the omission of the relationship's causal contribution is replicated in clinical treatment guidelines that they say 'have followed the antiquated medical model of identifying only particular treatment methods for specific diagnoses' (Norcross and

Lambert 2018:306). As described above, this focus on *method* and *process* as separate from the *relational contribution of the intervention* presents an equivalent challenge for implementing person-centred practice, namely, the focus is on the intervention itself rather than the 'how' of people and relationships. Key to Norcross and Lambert's observations is that the intervention's relational and instrumental aspects are inextricably linked; the 'what' and the 'how' of the intervention, suggesting that *both* are important: 'The relationship does not exist apart from what the therapist does in terms of method, and we cannot imagine any treatment methods that would not have some relational impact.' (Norcross and Lambert 2018:304). Their findings address the same challenge as raised in this research: the care relationship has been an undervalued aspect of practice.

2.3 Personalisation and person-centred care

The primary vehicle through which the care relationship has been championed is the discourse of person-centred care, personalisation, and other members of this family of concepts; co-production and co-creation (C. Fox et al., 2019). In the last 15 years the development of ideas about relationships in health and social care has happened in the context of these concepts. Current pressures on the health and social care system, resulting from a combination of austerity-driven financial pressures, an ageing population, living longer with complex health and care needs are leading to crises in the system, which requires new models of care (NHS England, 2014, Ham and Alderwick, 2015).

Those involved in innovation in health and social care have responsively created models which have been termed 'personalised' or models of 'personalisation' (Think Local Act Personal, no date). Their focus is operationalising person-centred practice to place the person at the centre of their care in the context of their interests, life, and family while ensuring that care planning assists that person in living the best life possible. The policy and practice contexts within which the current research sits are broad, as relationships between practitioners and service users are relevant across public service and beyond, as are person-centred concepts.

Commentators reference Leadbeater's (2004:34) 'Personalisation through participation' as an important moment in policy, introducing a 'new script' for those in public service, promoting the idea that people on the receiving end of care should have 'a more direct, informed and creative say (…) by which the service they use is designed, planned, delivered and evaluated' Leadbeater (2004:57). Subsequently, Putting People First (HM Government, 2007) committed to addressing the foreseen challenges awaiting the health and social care system, by setting out objectives to deliver personalised social care as part of the solution to these challenges. During the last decade, these words and concepts have been a constant companion to those working in the health and care system; routinely central to UK policy (Health and Social care Act 2012, NHS Constitution, 2013, Care Act 2014), and in the US, patient-centred care is identified as one of six core

dimensions of quality (Institute of Medicine (US) Committee on Quality of Health Care in America, 2001). UK leaders and innovators in the NHS and Social Care have pushed this agenda, as evidenced by the NHS Long Term Plan's personalisation strategy, including initiatives that recognise the preventative and health-sustaining power of supporting people at a personal level, including through connection with their local communities (NHS England, 2019). At scale, however, attempts to embed personalised thinking and approaches have faltered. NHS and Social Care organisations invariably have 'person-centred' values and plans, but it is striking how difficult it has been to embed ways of working which so many seem, ideologically at least, in support of (McCormack et al., 2011). Needham's (2011: 63) account of the practitioner perspective provides a cynical analysis; the combined popularity and elasticity of personalisation concepts can be used to provide 'political cover for service changes', rather than progressing the broader ideological purpose.

Personalisation, therefore, has not been accepted uncritically. There has been concern, for example, that the emphasis on self-efficacy and self-determination satisfies the neo-liberal agenda of individualisation with underpinning ideas of autonomy, agency, choice, and control, while overlooking the vulnerability that we are universally (although variably) susceptible to. Tronto's (2015) writing on care ethics challenges the impact that a market-driven democracy has had on care politics and calls for a step-

change in the way that democracy is conceived, shifting away from an individualistic model towards a concept of ‘citizen’ that is inclusive of all the stages and potential vulnerabilities of any person. Duffy (2010) reminds us of the value of personalisation’s political roots and the progress achieved in social justice terms for disabled people, introducing processes that enable them to attain more control over their support funds and lives. Barnes (2011) balances the value of this achievement with a concern that if the focus is solely on autonomy and control, then valuable aspects of caring are side-lined, meaning that those who are not able to manage their care will be disadvantaged. This position is also taken by Ferguson (2007) in the field of Social Work, who challenges the uncritical acceptance and ensuing implementation of personalisation in this field, claiming that in doing so, social workers risk disregarding the implications for those in situations of poverty and inequality. Houston (2010), in response to Ferguson’s critique of personalisation, identifies that while there is value in devising and implementing mechanisms of choice and control as one aspect of care, that concepts of autonomy can be rooted in a concept of ‘homo economicus: the view of the actor as rational, individualistic, utilitarian, calculative and instrumental’ (Houston, 2010:842), a position which he argues represents an ‘impoverished ontology.’ Houston identifies the problem as both an ontological and relational one; these issues need examination with a closer reference to human nature and tendencies and that the resulting understandings should prevail when designing and developing interventions. The

risk in practice, he concludes, from this view of the actor, is that it misrepresents and undermines human identity, which is inextricably embedded in social relationships. This research recognises as valid all of these perspectives but views Houston's idea of ontology's centrality as fundamental to the others. These debates introduce ideas of person-centred care as a dichotomy of 'being' person-centred, ontologically and relationally, and 'doing' person-centred, represented by the more empirically available tasks and processes of practice.

2.4 Personhood and relationship as foundational principles

Many authors identify the challenge of, and variability in, defining person-centred care as a critical challenge in its implementation (Collins, 2014, Da Silva, 2014, Ishikawa et al.,2013, Needham, 2011, Owens et al., 2017). It is frequently described in terms that are not tangible, for example, as a 'philosophy' (Da Silva, 2014), a set of principles (Collins, 2014), a partnership (National Ageing Research Institute, 2006, Howarth et al., 2014, McGilton et al., 2012). Waters and Buchanan (2017) highlight that this lack of clarity means the absence of a common framework of person-centredness, even though the concept is used as a quality indicator, creating obstacles to both effective implementation and measurement.

Harding et al. (2015) set out to review the varying definitions of person-centred care by drawing on key contributors'

insights to the research field and highlighting ongoing conceptual debates. They reflect that the conceptual disparities could impede both innovation in the field and improved understanding of causality, progress which, if made, could gain more traction with policy makers. In this review, Harding et al. (2015) identify three conceptual pillars that, although not deemed mutually exclusive, represent overarching themes of person-centred care. The first collates key practices aligned with person-centred care, such as care planning, information provision, self-management support, and shared decision-making. The second acknowledges personhood, involving an 'existential and philosophical understanding of personhood to better engage with the patient' (Harding et al., 2015:22). The third highlights the role of partnership, mutualism, and co-production and incorporates the relational aspects of person-centred care.

The practices of the first pillar are *activities* of person-centred care, ways of 'doing' in person-centred practice. These are designed around person-centred principles and are the tools of practical implementation. They are the structures and processes led by practitioners, teams, and organisations, and the aim is that they are done together with the recipient of care. For example, Shared Decision Making is a process that necessarily involves both parties. However, although these activities cannot happen without both parties' involvement, they can still be applied in the *presence or absence of* a recognition of, and engagement with, personhood, Harding et al.'s second pillar. We can create models which promote person-centredness that, when

implemented, can lack an engagement with personhood. Professor Brendan McCormack (QMU), one of the contributors to Harding et al.'s (2015:27) study, makes this point:

'Person-centredness is built on a classical philosophical framework of personhood – not a care perspective – that lack of recognition is the problem – the reason why the policy response to person-centred care is so incoherent. It is helpful to think about the components of person-centred care (e.g., SDM, SMS, health literacy, engagement, etc.), and these are vital to operationalising person-centred care, <u>but only if the particular philosophy of personhood is enshrined in those approaches/models'.</u>, (emphasis added).

McCormack asserts then that the 'philosophy of personhood' is foundational to the effective delivery of the operational modes of intervention; it is not simply the 'what' of the intervention but also the 'how' and even the 'who'; the notion of *'being'* person-centred. Dewing (2008:3) defines personhood as 'the attributes possessed by human beings that make them a person'. This has been a particular focus in Dewing's and McCormack's clinical research field of gerontological nursing, augmented perhaps by the challenges of dementia and ageing; 'who a person is' in this context may be obscured by significant changes in their cognition and communication, alongside changes in their social position and visibility. The introduction of the concept of 'selfhood' and latterly 'personhood' in the field of dementia is attributed to Kitwood (Dewing, 2008, McCormack et al., 2015) and Sabat (Sabat, 1998), but as Raineri and Cabiati (2016) suggest, Kitwood's ideas are also

applicable to social care. However, Dewing (2008:6) highlights a limitation in Kitwood's work: a 'failure to fully deal with the person as an embodied being'. The current research proposes that Archer's (2000) conceptualisation of the development of personal and social identity and Archer and Donati's (Archer and Donati, 2015) characterisation of relational socialisation provides an alternative theoretical framework for the practical challenge of grounding person-centred practice in concepts of personhood.

Those involved in the implementation and measurement of practice have struggled with the two distinct but entwined aspects of 'being' and 'doing' in person-centred care, perhaps because the concept of 'personhood' is both inconsistently applied and too intangible to measure. Collins (2014), for example, delineates person-centred activities from the principles, summarising the core principles as ways of 'Being person-centred'. His use of the word 'being' implies the importance of personhood. Yet, the principles he offers focus on the experiences and outcomes of person-centred care, such as 'affording people dignity, respect and compassion, offering coordinated care, offering personalised care, being enabling' (Collins, 2014:5), rather than emphasising a philosophy of personhood and 'enshrining' this in practice, as required by McCormack above. Similarly, Collin's proposed logic models for person-centred process and outcome measures, at best, take for granted an orientation towards personhood and care relationships, and he does not acknowledge this gap or offer a way to address it.

John O'Brien's (2014) account of the opposing forces of 'system rationality' and 'lifeworld rationality' (terms he adopts from Habermas) helps to explain this tension between ways of 'doing' and ways of 'being' in implementing person-centred care. The 'lifeworld' represents personhood and authentic relationships, and O'Brien expresses their value in creating 'real change' (O'Brien, 2015:2). System rationality introduces roles, rules, and technical means, such as professional objectivity, criteria, and procedure. He asserts that these are opposing forces in the same social space and that the focus on systematising can overpower the very thing which makes 'being' person-centred effective. Conversely, he says that when planning and practice work well, they 'host' experiences, suggesting that it is possible to create conditions amenable to 'being' person-centred:

'Gathering to affirm a person in their interdependence awakens those engaged to their mutual presence, wonder, and plight. This collective awakening demands and guides action as people make time to facilitate expressions of higher purpose, recognize possibilities and coordinate commitments to move toward a better community future.' (O'Brien, 2014:1).

In this way, O'Brien establishes the relationship as a pre-existing condition for 'guiding the action' that follows. However, O'Brien's language here is not the language of a delivery plan, deliberately so. It captures the experience and effects of being in relationship and contributing to a shared purpose, driven by collective insight and commitment. The dissonance between the objective language typically used in planning and evaluation and the subjective perspective of

John O'Brien here is, conceptually, at the heart of this research. This is not to undermine the crucial part that the development of roles, tools, and processes have in delivering care, as these are essential structural components that serve to scaffold and nurture practice. It is to propose, however, that where the relationship is not considered central, person-centred care cannot be delivered, and measurement tools and process are rendered less effective, as summarised here by Nunkoosing and Haydon-Laurelut (2015:13):

'When we observe that practices like person-centred planning do not deliver good, desirable and hopeful futures, it is very likely that the social capital – the reciprocity, trustworthiness and sense of connection between those who receive support and those offering it - is missing.'

A recent thematic analysis of the literature examining the concept of 'being person-centred' (Waters and Buchanan, 2017) supports the emphasis that both O'Brien and Nunkoosing and Haydon-Laurelut place on personhood and relationship. The themes distilled from their analysis were 'honouring the person, being in relationship, facilitating participation and engagement, social inclusion/citizenship, experiencing compassionate love, and being strengths/capacity focussed.' (Waters and Buchanan, 2017:1033). These themes reflect the values and purpose of person-centred approaches, which are relational.

2.5 Practitioners-as-people

In identifying the relationship as pivotal to practice, understanding the role of *both* people in the relationship, who they are, how they think about the relationship and how

the relationship operates as part of the intervention become key questions. The practitioner, who is typically faceless and replaceable, becomes a person of interest. This idea echoes the well-known work of Carl Rogers in the 1960s. He set out core conditions for practitioners of 'person-centred therapy' in the field of counselling and psychotherapy. These are 'unconditional positive regard' without judgement, 'congruence' (genuineness/ no professional façade), and 'empathy' (Rogers, 1961, 2004:50-57). Since then, the significance of the influence of the practitioner 'self' has been thoroughly explored in the counselling and psychotherapy literature (e.g., Aponte and Kissil, 2014) and informs a therapeutic approach that involves the active recognition by practitioners of the relevance of their own 'self' and history to the therapeutic relationship and process. This approach, which in counselling and psychotherapy continues to inform learning about therapeutic practice, is arguably no less valuable in developing any intervention relationship. In intervention relationships outside of the clinical remit of psychotherapy, however, practitioners' self-analysis may seem unwarranted. Delivering personalised care is about practitioners delivering health or social interventions with people where the way they operate within their social context is at the fore; how they live the best life possible within their current circumstances. However, when considering *what it is* about an intervention that makes a difference, the importance of relationship surfaces: the human connection between two individuals.

In a Realist Evaluation of Social Prescribing, Bertotti et al. (2017:241) identified 'social interaction' as the central mechanism that led to outcomes in social prescribing interventions. They found that: 'In particular, the relationship between patient and SPC [Social Prescribing Coordinator] deserves further attention'. This finding supports the questions of this research: *how and why is the relationship causally effective; and what is it about the nature of the people involved, the nature of the relationship, and the conditions that facilitate effective care relationships?* The authors acknowledge the connection with coaching and psychological therapies. However, they warn that this connection, in social prescribing, 'runs alongside a risk of 'pathologising' people' (Bertotti et al., 2017:239), with the potentially associated stigma not found in interventions with a social purpose. A detailed exploration of psychological approaches to therapy relationships is beyond the remit of this research. However, there are theoretical synergies. Aponte and Kissil (2014:2) express a position which aligns to Archer's analytical dualism (see 3.5 p60); that they 'stand by thinkers who recognise the infusion in virtually all stages of our personal development of the social forces which profoundly influence our complex life context', while at the same time proposing that special consideration is given to 'the unique struggle for self-definition, self-valuation, and self-purposefulness that is at the core of each person's life journey'. In Archer's terms, this 'unique struggle' is the reflexive dovetailing of our 'ultimate concerns' in context and

is expressed within the 'Internal Conversation' (Archer, 2000:221).

Harding et al.'s third pillar also highlights the role played by practitioners and the relational aspects of care. It summarises research that promotes the combining of knowledge, skills, and principles to foster 'human connection, mutual respect, and a deep dialogue to achieve person-centred care' (Harding et al., 2015:30), inclusive of a role for the practitioner as a person. Scholl et al. (2014:3), whose meta-review set out 15 dimensions on person-centredness in an integrative model, include 'essential characteristics of the clinician' as one of their dimensions. This inclusion acknowledges that the 'personhood' of the practitioner is critical; however, their description stops short of involving the nature of the practitioner-as-person and instead describes common attributes and behaviours such as empathy, respect, honesty, self-reflectiveness, and clinical competence. McCormack (2004:36) takes a 'humanistic philosophical tradition' as a starting point. He has since sustained a central focus on personhood and relationship, promoting frameworks of care and organisational practice cultures that create facilitative conditions for person-centred practice (McCormack et al., 2015). This paper presents the 'Person-Centered Nursing framework', which describes practitioner characteristics as 'pre-requisites' of person-centred nursing practice, including professional capability, interpersonal skills, dedication to the job, and self-knowledge and engagement with their own beliefs and values.

While accepting the validity of these descriptors and frameworks, the current research seeks to *explain* the nature of relationships formed in the context of these pre-requisite characteristics and supportive care environments. To do this, the practitioner and care recipient will both experience the same data collection methods and processes, elaborated in chapter 4 (Methodology and methods). This research aims to examine the role of the nature of both people and their unique relationships in the delivery of person-centred care. Can we understand more about the causal implications of 'being' person-centred and 'being in relationship', through the application of realist social theory?

2.6 Contextual influences: obstacles to prioritising personhood in person-centred practice

The critical realist view proposes that what we see and experience in the world is shaped by contextual mechanisms that are real and have real effects. Some mechanisms may go unseen but nonetheless have real (often termed emergent) effects. Put simply, aspects of context are continually (potentially) influential. As will be covered in the next chapter, 'Morphogenesis' as an explanatory approach (Archer, 1995) provides a framework for understanding the persistence of structures and cultures and how these forces influence through the actions of the people in the system. As Porpora (2015:118) writes, 'In the temporal process of acting, actors either reproduce or alter both or either the cultural and structural circumstances which originally bound them'.

This view stresses the role of individual reflexivity, proposing that we are influenced by the systems within which we practice and may well maintain or reproduce these system structures. However, as reflexive mediators, there is also potential for effecting change by acting on different ideas and in doing so, altering existing structures and cultures. The resulting forms and their effects cannot be predicted or determined.

Care relationships operate in the context of their incumbent structures and cultures, and these mechanisms surround the people, the relationship, the leadership, and the team involved. It is therefore unsurprising that in recent research and policy debates in the field of person-centred practice, that *supportive* team, organisation, and system structural and cultural conditions are considered fundamental to effective delivery (McCormack et al., 2015, Rock and Cross, 2020, Phelan et al., 2020). Person-centred care has not, however, evolved in unfettered environments and contextual factors may explain some of the challenges with implementation. For example, in some contexts, the *ideal* of practice is predicated on ‘a philosophy of personhood’, yet existing structures and cultures can work to undermine this ideal. The following sections highlight some aspects of the broader context that have been problematic for implementing person-centred care and that may have shifted the balance of emphasis from personhood and relationship to person-centred processes and activities. These conditions

are current but have also emerged from developments in health and care policy and practice over time.

2.7 Calibrating the rational and the relational

Sayer (2011:61-2) highlights the problem that rationality is understood as 'instrumental rationality' in a world in which we experience the 'prioritisation of means over ends'. An example of this emphasis in public services is the way that New Public Management (NPM) principles have influenced their design, leadership and delivery (Hood, 1991), applying the type of business logic that works for manufacturing and production to public services, which differ in aims and conditions in many ways (Osbourne, 2018). The introduction of NPM, with its principles adopted across OECD countries (Hood 1991), meant a focus on professional management roles, accountability for results, and achieving more for less. These aspirations in the UK led to the adoption of a 'Taylorist' set of processes for health and care provision (Hood 1991), leading to a position where the processes and systems of care production became the primary focus. Integral to NPM is its instrumental approaches to measurement and decision making. While useful for many aspects of governance and accountability, an over-reliance on these methods and ways of knowing (and a relegation of individual circumstance and experience to 'soft data') can be a strong driver for decision making which helps balance the books in the short term but fails to take account of the impacts of decisions on people. Sayer (2011), as a remedy, proposes the extension of the concept of rationality, to also include 'practical reason',

based in experience and held within the tacit embodied knowledge of people and continuously applied. Sayer posits that this oversight may exist because this type of reason is difficult to describe, yet says we need to do it justice, and value its contribution appropriately.

Just as O'Brien (2014) describes the opposing forces of system rationality and lifeworld rationality, so Unwin (2018) characterises this imbalance as a 'rational lexicon' which is motivated by fairness, safety, and transparency and a 'relational lexicon' which engages with individual identity, human connection, and wellbeing. Unwin asserts the need to employ both. Her observation is that when the rational lexicon alone is employed in designing, evaluating, improving public policy, 'it risks a policy that achieves an objective but misses the point - one that does not achieve outcomes and is neither trusted nor valued.' (Unwin, 2018:19). Unwin argues that emotions are an integral part of public policy because what people care about most (homes, community, safety, health and care), shapes public policy. Whilst acknowledging the transformative capability of the rational lexicon, she describes the effects this dominant approach has on the way that public policy treats people, diminishing 'the capacity to respond to individuals, to recognise their differences and to engage with the complexity of individuals and their communities' (Unwin, 2018:9). Cultures and structures which are system-oriented and employ the rational lexicon continue to emanate effects, and for Unwin, can erode the potential for engagement with people and kindness in public

policy: ‘we need to take much more seriously the way in which the human comes into our public policy.’ (Unwin, 2018:26). By these accounts, the cultural and structural context of the current systems can be inhospitable for a person-centred practice embedded in a philosophy of personhood.

2.8 Orienting outcomes to the person not the system.

Osbourne et al. (2015), while acknowledging the gains made by New Public Management (NPM), like Unwin, reject it as a basis for modern public services, building on insights from a decade of research and promoting its successor; New Public Governance (NPG). Since its inception around 15 years ago, the need for this newer framework has been intensified by the complex systems within which public service organisations are operating. These challenging contexts require collaborative working, a focus on service and value rather than a ‘product’ mentality, and a move away from efficiency-driven improvements, which, in public service, can risk undermining the quality that makes provision ultimately viable. One of the key learnings in the development of New Public Governance of particular interest to this research is that NPM models, along with its predecessor public administration, characterised service users as passive recipients, receivers of service, and care. This characterisation obliterates any role for individual personhood, relationships and resulting agency. An assumption of passivity seems, on the face of it, to be reasonable. After all, people are referred to and use services

because they have need of something. However, as will be considered later in this chapter and beyond, although we can make no assumptions about agentic potential, side-lining the possibility for agency is counter-productive as in doing so, we may overlook a powerful mechanism of change.

A significant shift in thinking with the introduction of NPG has been a move from thinking about outcomes as value created and provided *by the service* (service-centric models) to considering value created by and with the service user. Outcomes and value creation are central to the reason we deliver services and understanding the locus of value creation is arguably an ideal starting point for service design. What difference do we want to make? In NPG's 'public service logic' (Osbourne, 2018:228), the creation of value is held to occur with the 'service user as the central locus of value co-creation.' This idea has been expanded on from Grönroos' (2011) work, which critiqued an earlier position on value creation for its ambiguity. The original proposition was that 'the customer is always a co-creator of value' (Vargo and Lusch, 2008:8). Grönroos points out that this statement lacks specificity; it indicates that both customer and provider are involved in the value-creation process, but it does not identify *how,* or the nature of the roles involved. Grönroos' position is that creating value sits with the service user as value-in-use, in the context of their broader life experience and personhood. 'Value-in-use means that value for the user is created or emerges during usage, which is a process of which the customer as user is in charge' (Grönroos,

2011:287). Osbourne (2018:226) says that this concept of co-creation of value has 'significant implications for how we understand the relationships between PSOs [public service organisations] and service users in public services delivery – and for what this relationship means for the value that public services create in society.' The context for Osbourne is the area of co-production and co-creation of public services, but this logic equally applies to and indeed begins with the nature of individual care relationships. In this regard, the concept of value-in-use is consistent with personalisation and person-centred principles and resonant with the principle of engaging with 'personhood', described above. It encourages us to view outcomes as emergent of the person: self-generated and therefore 'owned' by them. In the light of this perspective, it seems likely that, in some circumstances, at least, care relationships could play a contributory role.

2.9 Implications for performance management

The above position is problematic for current measurement and performance management cultures that seek to identify and measure pre-determined and uniform outcomes. Equally, it rejects an over-reliance on questions of service-oriented activity and outputs, balancing attention instead on the difference achieved by, with, and for the people on the receiving end of care. How do we understand and measure outcomes which are emergent of individuals in their unique contexts? The care relationship is seen in the context of the complexity of the social system in which it is provided, and outcomes of interventions are viewed as emergent

properties of these complex systems (Lowe, 2017a). If outcomes are personal, emerging as 'value in use' for the care recipient and generated by (and with) the person in their context, it is impossible to anticipate them or plan and measure them in the way we might plan for and measure outputs. As Folgheraiter and Raineri (2012:481) say, 'the ultimate purpose of social work is free and unpredictable change for the better.' Lowe (2017a) argues that holding people in a complex system accountable for outcomes is impossible because the very nature of the outcomes is beyond those people's control. Instead, he argues that accountability should focus on the decisions and reasoning behind the decisions made, requiring greater insight into complexity and detail by those holding organisations or practitioners to account.

Lowe (2017b) further stresses the risks of performance management based on NPM logic, including newer forms of Outcome-Based performance management, in that it creates a 'game' where the object is good-looking metrics rather than outcomes for service users. He reasserts Campbell's (1979) insight that 'The more any quantitative social indicator is used for social decision-making, the more subject it will be to corruption pressures and the more apt it will be to distort and corrupt the social processes it is intended to monitor' (Lowe, 2017b:327). In these conditions, leader reflexivity will balance their own interests (e.g., reputation, keeping the contract, and their employees in work) with the demands of their role and system expectations. Lowe's case for a move

from counterproductive measurement practices to a governance approach that supports learning and flexible adaptation to complexity relies on a move from a presumption of mistrust to a presumption of trust in the relationships between funders and providers.

These relational conditions entail a reduction in scrutiny, an open culture of learning, and a 'positive error culture' (Lowe, 2017b:326), where mistakes are not hidden but shared and inform improvement. These changes intend to enable practitioners and leaders to focus their reflexive engagement on problem-solving concerning client and community outcomes rather than how to 'game' the metrics. In response to the inappropriate application of instrumental responses to complex problems, current research and practice in the area of Human Learning Systems (Lowe and Plimmer, 2019) present emerging models of practice that embrace rather than attempt to corral complexity, recognising the relevance of working with people where they are at, and focusing on the possibility of creating conditions through system-level governance and removing system barriers.

2.10 Policy evaluation and research methodologies

The rationally motivated, instrumentally driven performance management practice that so concerns policy commentators (Lowe 2017a, 2017b, Unwin, 2018, Cottam 2018, A.Fox,., 2018) draws ideological and practical strength from dominant research methodologies which, in error (Byrne, 2009), assume the existence of universal laws in social science. Byrne is clear that universal causal laws are an

inappropriate quarry in this discipline, suggesting instead that seeking generalisable causal explanation through researching mechanisms in context provides a more precise and therefore applicable understanding of causality. Durose et al. (2017:137-8) agree that there is increasing 'formal privileging of positivist empiricism' in government evaluation communities, leading to a 'corresponding scepticism towards qualitative research focusing on (…) how it works'. The dominance of these 'what works' rather than 'how it works' methodologies rests in part with the establishment of evidence hierarchies.

The dominance of positivist epistemology has been robustly challenged in social science (Pawson and Tilley, 1997, Greenhalgh et al., 2018), and policy makers are increasingly encouraged to prioritise and consider evidence that deals with complexity and contingency (Cartwright and Hardie, 2012). Byrne (2009:4) also flags the political implications of relying on statistical methods using 'disembodied variables' to model causality, suggesting that this weighs our focus on the technical and administrative and limits opportunity for the effective workings of local democracy. He stresses that there is no preference in case-based research for qualitative and against quantitative approaches, advocating for selecting an appropriate and defensible methodology. Forms of evaluation that increase understanding of mechanisms and the implications of contextual factors for their operation are increasingly recognised as valuable, emerging from an

understanding that dominant methods can be an unreliable source of knowledge.

Relationship centred care (Wyer et al., 2014, Soklaridis et al., 2016) has not received the same level of attention as person-centred care in UK health and social care settings but is an approach that promotes the personhood of both the practitioner and service user, prioritises relational principles over professional rule-sets, and is inclusive of other relationships which surround the care (Wyer et al., 2014). In problematising current approaches to measurement practice in relationship-centred care, Wyer et al. suggest the critical realism of Bhaskar as offering an appropriate epistemology for researching these complex and non-linear phenomena. They claim that it is inappropriate to reduce human experiences to that of the 'measurable and observable' (Wyer et al., 2014:886), similarly to Norcross and Lambert's observation above, that there are aspects of relationships which are not amenable to traditional approaches to generating evidence in health and care contexts. This study concurs and works within the paradigm of critical realism to address its questions. This is because key elements of care and relationships are not empirically available, and theoretical work is needed to enable insights into how they work. As the authors conclude, analysis which informs policy and aims to impact outcomes 'needs to be fashioned in a way that recognises the potentially decisive role of the experiential domain in shaping such outcomes' (Wyer et al., 2014:886).

2.11 Inclusion of value-positions in knowledge and theory-based evaluation practice

Expert practitioners and researchers in personalisation and the related fields of co-production and co-creation have also argued that these types of intervention models are not suited to positivist-informed evaluation and service design promoted in NPM models and evidence-based policy making (EBPM) practice. Durose et al. (2017) conclude that instead, *theory and knowledge-based* routes to evaluation need to be deployed to understand and reveal the impact of interventions that are responsive and, therefore, nuanced in their delivery method. Durose et al.'s inclusion of knowledge-based evaluation methods is recognition of the value offered by the insights of those people who have insider knowledge and experience of the service, usually 'dismissed as excessively normative' (Durose et al., 2017:138), and therefore presumed to lack scientific objectivity and neutrality. For C.Fox et al. (2019), the need for this position is that value co-creation in co-production efforts is necessarily premised on a moral dimension. People's motivations to promote and engage in this type of work are born of moral concerns about human need and flourishing. To faithfully represent impact, evaluation of (and policy making for) co-production requires a shift from an individualistic notion of the good life to one of a 'socially investive state committed to promoting human flourishing' (C.Fox et al., 2019:37).

This departure towards ethical naturalism (Lawson, 2017) is resisted in general by social scientists. Even realist evaluators

who heavily critique positivist epistemology (Pawson and Tilley, 1997, Pawson, 2013, 2018) do not permit a role for value judgements about how things ought to be, preferring to maintain a strict distance between questions of value and questions of fact. However, in person-centred practice and co-production, the purpose and outcomes of an intervention orbit the values and experiences of individuals or groups and avoiding engagement with values may circumvent a significant contributory factor.

In contrast, and on the same page as C.Fox et al.,(2019) in this matter, critical realism (in almost all ways the philosophical root system of Realist Evaluation methodology (Pawson, 2018)) actively takes account of the importance of what matters to people (Sayer, 2011, Porter, 2015,). Porpora (2017:49) dissects Sayer's position on normativity in critical social science, agreeing that 'minimal normative stances' are unavoidable in societal critique and should be made explicit rather than ignored or deliberately hidden.

If it is the case that what matters to people as individuals, families, and communities is central to human flourishing, then evaluating how that flourishing is achieved and iteratively designing effective intervention models, is necessarily built on this normative foundation. The goal of flourishing is common to the aspirations of the organisations involved in the present study and is therefore important to include. The nature and meaning of 'flourishing' are discussed by Porpora (2017:47) as possible to consider in two different but aligned ways. For him, and not dissimilarly to

Bhaskar (2020), its ultimate meaning can only be fully expressed in spiritual terms; a moral pull driven by the ultimate purpose of 'glorifying God'; flourishing not as an 'end' but instead experienced through persistent striving to 'serve certain ideals'. Porpora (2017:58) acknowledges, however, the resonance of these ideals with non-theistic and ethical naturalist understandings of flourishing; a striving for 'love and justice and unconditional welcome into community' and accepts that an aim of 'universal flourishing as a more neutral moral goal', though inadequate for him, is an acceptable one for progress, in that it 'represents the good society.' In considering generalised flourishing as an 'end', Porpora proposes something interesting and more specific. He emphasises the centrality of relationships to flourishing, to the extent that, referencing Archer and Donati's work (Archer and Donati, 2015), he suggests, 'our human vocation is to achieve certain relational goods' (Porpora, 2017: 58, footer), depicting mechanisms of interest in this study (relational goods), as an outcome. These ideas of relationships as central to human flourishing are echoed in the writings of those who have implemented and tested models of care and support that centralise human relationships (A.Fox, 2018, Cottam, 2018, Russell, 2020).

2.12 The influence of cultural context in the design and delivery of social interventions.

In practice, when considering interventions and outcomes at the level of the individual in the context of their community, those involved will, regardless of the position adopted by evaluators, be informed by judgement and consensus about

the ‘right’ path, a process that incorporates relationships. This cultural system (Archer, 1988) is the system of beliefs and values that influences yet is influenced by those involved. As described in the quote from Porpora (2015) on p31, these beliefs and values may be upheld, adjusted, refreshed over time through the individual and collective values of the people. This characterisation of the cultural system is relatively tangible if operating in a voluntary sector organisation, one which is self-contained and has grown responsively to address a particular set of needs experienced by a community. Such voluntary sector interventions fit into Lawson’s (2017:242) metaphor of ‘eudaimonic bubbles’: ‘wider-community-specific flourishing-facilitating contingently protected sub-communities.’ Lawson says that the nature of these social forms offers them, to a limited extent, protection against the layers of the broader context, the causal forces existing within the complexity of the ‘nested systems’ in which they operate (Byrne, 2018:93). However, they are by no means immune to the wider cultural and structural influences in their contexts, and Lawson proposes that increased self-awareness of their uniqueness and authenticity in the context of the ‘blinkering forces of background ideology’ (Lawson, 2017:245) would be protective. More practically, that they may benefit from ‘material support’ to ‘insulate’ them against these ‘wider societal mainstream counterforces.’

This research aligns with the view that the values inherent in cultural systems generate mechanisms that can sustain or

disrupt practice and that methods of research and evaluation need to include in their theory building the conditions that these contextual forces create and the impacts they generate. Durose et al. (2017:139) say that to date, the theorisation of co-production 'has been of the who / what/ when/ how type…and it is less common to find accounts of why it is that co-production is expected to produce its espoused benefits'. However, they do endorse the work of Ostrom (1996:1082), who theorised helpful contextual conditions which enable co-production as an effective alternative to traditional methods of service development; conditions which can 'explicate a theory of change' for co-production (Durose et al. (2017:139) and can 'generate transferable insights.' This endorsement aligns with the critical realist position that theorising facilitative contextual conditions is possible and can provide guidance to those commissioning and accommodating, or designing and delivering, social interventions.

2.13 Affecting cultural change on a larger scale

Lawson's metaphor of eudaimonic bubbles applies to the relatively small organisations featured in this research in that they have developed in response to 'conditions where the concerns or needs in question are particular[ly] ill-served and individuals are suffering much harm' (Lawson, 2017:242). However, there have been efforts on a larger scale to radically change the cultural conditions within which services operate across the system.

In the UK, realisation of this type of thinking is evident in public sector innovation such as that in Wigan, UK since 2011

(Naylor and Wellings, 2019). Responding to austerity-driven funding cuts, the Local Authority and partners proposed radical change. 'The Wigan Deal' promoted a shift away from paternalism and expectations for service to a two-way relationship where the state and citizens, as part of their communities, share in the responsibility for local outcomes. The 'Deal' included commitments by the council to freeze council tax, amongst others, also promoting community participation to improve wellbeing. Crucially, they challenged entrenched cultures across the system, countering with the principles, language, and practice of 'Asset Based Community Development' (Russell, 2020). The focus is on strengths-based approaches and co-production to build community engagement and a sense of shared accountability for public health outcomes in the area. These new cultural principles and conversations created the opportunity to critically review the current systems and create space for other ideas and perspectives. Within this work, they have applied relational principles, resonant with those set out by Hilary Cottam (2018:online), who insists that solutions to health and care challenges come via 'open conversations….about wellness and how to sustain it, about how we are living now and how can we create the support and conditions for collective flourishing'**.** The introduction of this radical strategy focused on a listening culture, facilitating relationships, and local responsiveness, a sharp challenge to organisational cultures that maintained control of services and keeping the public at arm's length.

The relevance of these mutable cultural and structural conditions to the current research is the potential for the influence of local and system context on the nature of the care relationship and its value. In the Wigan example, changing cultural conditions have opened up new types of conversation that focus on strengths and shared responsibility (Naylor and Wellings, 2019). But do these new discourses affect the nature of the relationship at the level of individual intervention? The Wigan Deal is of interest because it attempts whole-system cultural and structural change, drawn from a set of principles that offered the opportunity to attempt borough-wide reform across all public services. The organisations participating in this doctoral research place a high value on care relationships yet are operating within systems within which they have varying influence. In the absence of structures and cultures that support the value of relationships, how do existing contextual conditions affect how leaders, practitioners, and service users engage in care relationships?

2.14 A personalisation strategy with a theoretical gap

Since this research began, there has been a marked commitment to personalisation in the UK with the introduction of a new Personalisation strategy embedded in the NHS Long Term Plan (2019). The inclusion of this element in the NHS plan affirms the view that, in current policy, person-centred approaches are considered indispensable to quality care and support. The document presents a model for personalisation (NHS England, 2019) which has been

welcomed by health and social care innovators and campaigners, in recognition that it 'could signal a strategic shift in national health policy towards a more integrated view of what makes for good health and wellbeing, and ultimately good lives' (Fox, 2019:online). The 'strategic shift' described here is pre-dated by changes in emphasis of policy language, where:

- thirteen years ago, policy described person-centred care in patient experience terms: e.g. *'a steady state in patient reported experience of care'* (Leatherman and Sutherland, 2008:2), and
- nine years ago in the NHS Constitution (Department of Health, 2012:online), a focus on 'tailoring' of services: *'NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers'*.

The personalisation strategy in the NHS Long Term Plan (NHS Long Term Plan, 2019: online) takes a further step, identifying as principally important: 'Perspective: this is a way of 'seeing people' and an attitude towards them that is fundamental to good personalised care and support planning'. This shift is notable because it introduces as 'fundamental', 'ways of being', or to naturally extend this; 'ways of being in relationships', which must be the case as person-centred care is invariably delivered in the context of two (or more) people coming together. This is a recognition that both parties in that relationship (i.e., practitioner and service user) hold significance.

This recognition of a fundamental role for 'perspective', invites us to be inquisitive about the reflexive deliberations of practitioners: who they are and how they are thinking about the person, their role, the relationship, in the context of the service structures and organisation's ideas and priorities. To this end it is important that 'perspective' is top of the list of 'key features' of the NHS 'Personalised care and support planning' guidance (NHS England, 2019a: online). However, the guidance moves glibly and unjustifiably from the importance of the perspective of the practitioner to the achievement of a 'changed relationship' and 'different conversation', leading on to describing outcomes of: empowerment, feeling valued, central to care planning, active in decisions. *There is a theoretical gap here.* A move from acknowledging the influence that the thoughts and attitudes of practitioners have on outcomes, to an assumption that highlighting this, and providing training will lead to 'different conversations and new relationships', with *too little understanding of what this move involves*. The current research begins from an acceptance that care relationships are an integral part of providing care but proposes that we know too little about them and that we can learn more about their role in supporting people. The tacit acknowledgement *that* relationships are important in care masks both how, and the extent to which they are important. They are under the radar for prioritisation. However, any focus on care relationships must also acknowledge that they are one type of the many that people form. This research considers care relationships in the context of people's lives,

acknowledging them as one amongst many other types of relationships that exist for people. The focus on care relationships does not undermine the role of family or community relationships which are viewed as fundamental to who we are and become. This research is proposing, however, that the mechanisms that exist in personal relationships may also have relevance for care relationships.

This theoretical gap recalls Houston's (2010) assertion, described on page 20, that personalisation is currently represented by an 'impoverished ontology' and requires an ontological approach which attends to human tendencies and social relationships. This identification of the need to gain a deeper understanding of the ontological in care relationships is at the centre of this research. The 'gap' in policy and practice emanates from the unequal attention given to *what we are doing* in providing care, as opposed to *how we are being*. This inequity, it has been suggested, stems, in part, from the ongoing structural and cultural effects of dominant instrumental management, performance and evaluation practices.

2.15 Summary

This overview of current policy and practice has set the scene for this research. The characterisation of person-centred care as involving entwined aspects of 'being' and 'doing' led to the insight that there is potential to understand more about the role of 'being' (ourselves and in relationship) in person-centred practice, through greater engagement with ontology; our understandings of the role of personhood, and

as an extension of this, relationship. There is no intention to undermine the value of ‘doing’ person centred activities or of designing models of practice. Just as Norcross and Lambert (2018) conclude, the methods and practices of interventions are essential tools. It does, however, attempt to redress the balance by foregrounding a role for the inherent nature of people, the nature of care relationships, and the way that the conditions within which these people and relationships operate, contribute to outcomes. Research has already concluded that there are characteristics of practitioners and organisational and system cultures which are amenable to positive experiences of person-centred care, and that the care relationship can be a key factor. The contribution offered by the current research is the application of a realist social theory, to the examination of care relationships to better understand how they operate and the conditions that enable them to contribute to personal change.

Chapter 3: Theory

3.1 Introduction

Chapter 2 has set the scene for this research by presenting an overview of the policy context of personalisation and person-centred care, attempts to embed it, and implications for practice. Current understandings of person-centred care acknowledge the value of the practice, identify methods for implementing it, and highlight the central importance of engaging with personhood, the value of relationship, the characteristics of practitioners and amenable cultural contexts. In recent strategy, there has been a greater emphasis on the importance of engaging with the personhood and 'perspective' of the person, but there is an assumption that proposing that practitioners do this will automatically lead to better care, without the theoretical means to explain *how these care relationships operate*.

Person-centred care and personalisation promote a focus on *who people are and become*, taking account of their life circumstances and what is important to them, essentially engaging with their *ongoing socialisation process*: the idea that we continue to become who we are as we navigate our unique life course with its equally unique contingencies. Social interventions are delivered through care interactions or relationships that (intentionally or otherwise) intervene in this navigation process. However, as shown in the previous chapter, an emphasis on action ('doing', implementing, and measuring) has, perhaps inadvertently, overshadowed the relevance of 'being', personhood and therefore socialisation within intervention models. Courage needs to be mustered

by practitioners here, for, in looking at personalisation through the lens of socialisation, our own socialisation is also in play.

This chapter will argue that a critical realist ontology and engagement with the extensive social theory of Margaret Archer, and the 'Relational Sociology' of Pierpaolo Donati, offers a deeper understanding of human agency and socialisation in care relationships in social interventions. Specifically, it will show that a reflexive and relational conceptualisation of human agency furthers our understanding of the complexity of social care practice, such as how practitioner-person relations shape care delivery. The starting point is to introduce critical realism, which offers a robust philosophical framework within which the ontological aspects of care relationships can be explored and theorised.

3.2 Critical realism

Critical realism provides the philosophical infrastructure for this research and was a position that resonated with the author's experience of care delivery within complex health and care systems. The central tenet of critical realism is the proposition of a mind-independent reality; that 'reality *exists independently* of our knowledge of it' (italics in original) (Danermark et al., 2019:21). This distinction between *what the world is* and *what we can know of the world* is essential as it underpins the realist claim about the transitive and intransitive nature of reality. Of these two dimensions, the 'intransitive' is the real and relatively unchanging world that we *attempt* to know and the 'transitive' is our fallible and

ever-changing knowledge of the world. Critical realism, therefore, challenges claims to 'know', described by Bhaskar (2008:5) as 'the epistemic fallacy', rejecting the idea of an empirical world, where 'statements about being can always be transposed into statements about our knowledge of being'. Acceptance of the intransitive dimension is fundamental to critical realism, as it allows for the exploration of underpinning structures and their effects. Scientific work that relies wholly on what can be seen or directly experienced is therefore rejected. Instead, critical realism aims to 'investigate and identify relationships and non-relationships, respectively, between what we experience, what actually happens, and the underlying mechanisms that produce the events in the world' (Danermark, et al., 2019:25).

3.3 Stratified levels of reality

Bhaskar (2008) provides structure to help define the stratified ontology he proposes; that what we see and experience empirically results from the effects of underlying mechanisms that operate at levels of reality that are unseen, but nonetheless real. He describes three levels of reality: 'the Real, the Actual, and the Empirical'. The Empirical is what we can see in the world we experience. The Actual relates to events and processes that lead to what we can experience but may not be seen. Situated at the level of the Real are underlying mechanisms that have emergent properties and liabilities, which are unseen. Bhaskar draws parallels between the applicability of these in the natural and social sciences. In the social world, the Real is what exists, in terms

best understood as social structures that pre-exist human agents' activities to maintain or modify them. These structures are in constant shift and change, produced and reproduced through human activity, and themselves possessing emergent properties and liabilities which can enable and constrain (or neither) the activities of human agents. The result is a physical and social world that is ordered but 'infinitely complex' (Porter 2015:76). This means that we cannot take experiences at face value and draw confident conclusions from what is seen, but instead accept that there are deep-seated influences, or 'mechanisms', operating in non-linear ways to form the reality that we experience. Seeking explanation through theorising about these underlying causal forces enables us to attend to ideas about *how* things are operating and the *conditions* of their operation, rather than just to what we can see, experience and therefore 'know' in the world.

3.4 Modes of inference in critical realism

In critical realism, conceptual abstraction is necessary because abstractions afford us the means to consider *what produces* events that we can see and experience. In considering the practical use of abstraction in social science, Danermark et al. (2019:39) challenge, as misconception, the linking of abstraction with 'vagueness', and conversely, the concrete with 'tangible' and 'real'. As the stratified nature of reality cannot be understood through concrete phenomena alone, they assert that from a realist perspective, 'the business of science is to establish the connections between the empirical, the actual and the real; to observe and identify

the effect of underlying generative mechanisms' (Danermark et al., 2002:43). Abstraction is an essential method to achieve this. This advice guides us to engage with reality by combining abstract and concrete means, using theoretical frameworks within which to situate and examine empirical data, and at the same time using that data to dynamically test and reconsider the theoretical framework.

Therefore, the way we interpret information and the modes of reasoning we use are critical to developing knowledge. Deduction and induction are common types of inference; deduction as a tool that provides a logical rule set to test the validity of conclusions drawn from the research process, induction as a method of inference used to draw generalised conclusions based on observed data in research findings. In addition, critical realist approaches utilise abduction and retroduction as part of their inferential toolkit to develop knowledge about the real structures and mechanisms which underpin the world that we experience. Abduction is a form of inference that involves applying one or more theoretical frames (Danermark et al. 2002) through which to examine evidence, providing new insights or ways of interpreting empirically available data. It involves creativity and reasoning, which enables new connections, ideas, or ways of re-describing phenomena. 'Abduction is a move from a conception of something to a different, possibly more elaborated or deeper conception of it' (Danermark et al., 2019:113). Abduction will be used in this study to reframe the care relationship by examining the structural relations which

constitute it, proposing that examining the nature of the people, in relationship, within their structural conditions, may shed light on those aspects of people, relationships and contexts which are most amenable to effective person-centred care relationships.

This work will apply the theoretical frameworks offered by the social theory of Margaret Archer (1995, 1998, 2000, 2003, 2007, 2012), inclusive of analytical dualism, Morphogenetic/Morphostatic approach, modes of reflexivity, and relational reflexivity. The Relational Sociology of Pierpaolo Donati and his work with Archer in this regard (Archer and Donati, 2015) provide further theoretical support for the analysis of care relationships.

3.5 Structure, culture, agency, and analytical dualism

The critical realist position on this central issue in social theory, structure, culture, and agency, is pivotal to this research because of the emphasis placed on reflexivity, which, in Archer's terms, is the locus of interplay between structure, culture and agency with its central and causal role between them. Cruickshank (2003) asserts the importance in social science of our ontological precepts about structure and agency in particular; structure relating to the rules, roles, processes that exist and govern everyday life through social structures, and agency relating to our human ability to interpret the world and act within it. These precepts, he says, directly affect research decisions, such as how frameworks are created for data collection and analysis, and subsequently, how theory is developed from empirical

observations. Danermark et al., (2019) concur that to think about social planning and actual practice, it is essential to consider these two phenomena that constitute society and how we conceptualise the relationship between them to create models through which society can be analysed. Carter and New (2004) summarise three key ways in which structure and agency relations have been interpreted in sociology: agential activity determined by social contexts and influence, individualistic accounts of the freedom of agents from structure, and interpretations that consider the two together. Archer (2000) supports consideration of the two together, but rejects attempts to conflate the two, which prevent their analytical separation and the consideration of their interplay. Following Archer, Danermark et al. (2002) describe these relations in terms of three types of 'conflation' respectively; upwards, downwards, and central conflation, each of which reduces explanatory power by denying the independent emergent properties and powers of structure, agency, or both.

The point of difference between these conflated conceptions of structure, culture, and agency, and those proposed by Bhaskar's transformation model of human activity (Danermark et al., 2002, Harvey 2009) and subsequently in Archer's Morphogenetic/ Morphostatic approach is that people and society are ontologically irreducible to each other and that neither one 'creates' the other. Instead, as Harvey (2009:31) describes, 'their powers are complementary, so much so that they form the necessary preconditions for each

other's existence'. Danermark et al. (2002) describe the developed work of Archer, who defends the importance of 'analytical dualism' in making space to consider separately the emergent properties and powers of structure and culture, the emergent properties and powers of agency, and the interplay between them. This 'interplay' constitutes the focus on the enabling or constraining forces within structures and cultures which constitute the conditions in which agents operate *and* the choice-making *potential* of agents, in the context of their personal and social identities and in the light of their 'ultimate concerns and commitments' (Archer, 2000:). Archer (1982) explains analytical dualism by contrasting two distinct models of structure and agency, which deal with them together, rather than conferring dominance to either. These are Giddens' Structuration Theory and her own Morphogenetic Theory. Archer (1982:456) quotes Giddens (1979) on a point of agreement that the 'escape of human history from human intentions, and the return of the consequences of that escape as causal influences upon human action, is a chronic feature of social life.' However, they differ in how the relationship *between* structure and agency is conceptualised, and as a result, how this informs the way that we study the structure and culture within the ever-changing nature of social systems.

Giddens' Structuration Theory, as an attempt to integrate subjectivist and objectivist sociologies, proposes that 'structure as a social object is not external to the subject, it is rather inseparable from the agent's conduct' (Mouzelis,

1995: 118); the interface between them forming a 'duality' of structure and agency (Mouzelis, 1995, Porpora, 1998). Connected in this way, structures are thought to influence the behaviours of agents and in turn, agents' behaviours and choices influence the way that structures develop. Archer (1982, 2017) describes this as giving structure and agency a 'hydraulic' nature, saying that "Structuration' itself is ever a process and never a product' (Archer, 1982:457). It denies the agent the potential power of 'theoretical or strategic-monitoring orientations' (Mouzelis, 1995:119), which denies agents the ability to 'distance themselves from rules and resources in order to analyse or change them'. In contrast, Archer's project is to *defend the analytical separation* of structure and agency to highlight the *potential* for human agents to gain traction within their objective circumstances, albeit that their attempts may be thwarted. Archer focuses on theorising the process by which this interplay happens, how individuals reflexively respond to and operate in their contexts and what we can learn about how they do this. In rejecting the premises of Structuration Theory, Archer (1982) supports the alternative option, the morphogenetic theory proposed within general systems theory, notably by Walter Buckley in 1968, and has since developed this approach through her own social theory. Archer's Morphogenetic/ Morphostatic (M/M) framework (Archer, 1995, Porpora, 2015) sets out the temporal nature of social change, involving a mediating reflexive capacity, and provides a framework for analysing empirical data in real-world research.

3.6 Habitus, routinised action and reflexivity

Before moving on to describe Archer's M/M framework, it is worth highlighting that her theory has not been accepted uncritically. Archer's insistence on the analytical separation of structure and agency involves a rejection of attempts to conflate the two, or to *analytically* privilege one over the other. This is partly because they are distinct entities with their own properties (see below) and conflating them prevents analysis. Archer's theory, conversely, *intends* analysis, and is frustrated, therefore by the conflation. Archer's work emphasises agency because her theory of reflexivity proposes *how* agents navigate social conditions that are unchosen by them (Archer, 2000). She also, however, embeds societal influence in her theory, accepting that at times 'the internal conversations can too readily be colonised by the social' (Archer 2000, quoted in Archer, 2010: 286).

3.6.1 Habitus and socialisation

Archer's position has been vigorously critiqued by those who adhere to Bourdieu's theory of 'habitus', which Archer herself rejects (Archer, 2010, Sayer, 2009) on the basis that dispositions are held to be *passively* adopted from society. Such critics (Caetano, 2014, Akram and Hogan 2015, Farrugia and Woodman, 2015), who accept reflexivity, are concerned that Archer overplays its role and in doing so omits to accept the role of dispositions derived from 'the habitus'. Sayer (2009:120) defines the habitus as 'the set of dispositions, tastes and orientations that people develop, particularly in early life, from living and acting within the particular

relationships and environments that exist in their part of the social field.' He summarises that: 'For me, the habitus is most evident when we find ourselves in unfamiliar social situations, having to talk with others who have a different habitus' (Sayer, 2009:121); the familiar sense of being a fish out of water.

Akram and Hogan (2015:13) state that: 'our routinised pattern of behaviour, our values and our sense of self are also deeply written as it were overtime into how we understand ourselves and act'. They go on to say (2015:22) that dispositions are 'pre-conscious, pre-reflexive and non-cognitive', but it is unclear from this statement and their subsequent examples, *how* then, dispositions are created in a person. Sayer, (2009:120) explains that: 'these dispositions, once activated, produce actions which are generally attuned to that context', but 'activated' how? Archer, in contrast, provides an account of how we become who we are from birth through our embodied, practical and social relations with the world and proposes that we develop a sense of self and a personal and social identity, embedded in relations with our circumstances. *This begins with the person*. In experiencing the external world (through embodied, practical and intersubjective means), the person responds, learns and evolves. It is unsurprising that in their relations with their incumbent structural and cultural emergent properties (SEPs and CEPs), that people adopt certain ways of thinking and being *through* these relations, yet in encountering novel SEPs and CEPs, that they may, depending

on their personal emergent properties (PEPs) *and* these relations adapt to new circumstances, again, *through* these relations. They may never achieve the congruence of those ‘fish’ who were spawned in that particular ‘water’ because there are a myriad of almost imperceptible embodied, practical and social features of social environments that make them unique and difficult to infiltrate, albeit that our personal emergent properties may also assist in (or undermine) attempts to belong in new contexts.

Caetano (2014:7) also critiques Archer for removing the influences of socialisation from her analysis [5]. Caetano supports Archer's concept of reflexivity as a conscious mechanism but only alongside an acceptance of *internalised dispositions* resulting from social influences and dynamics. However, in her chapter 'Socialisation as Relational Reflexivity' (Archer and Donati, 2015:124) argues for a concept of reflexivity which includes the natural and practical orders as ‘bodily encoded and themselves exercising a *dispositional* influence’ (emphasis in original) alongside the social order as part of the development of our personal identity and as embedded in reflexive responses, underlining that although reflexivity has been conceptualised as an 'internal conversation' in her work, that this is not reduced to linguistically mediated responses, but also includes the 'visceral and the visual'. As an explanatory account, Archer’s theory is more persuasive than the idea of dispositions being

[5] though she attributes Archer's emphasis in part to the "power dynamics of the sociological field" and as a "means of legitimising her approach" (Caetano,2014:11)

'written' on us, however 'deeply'. It is a more compelling argument that this process of 'writing' is a relational one between ourselves and our static or changing environments. As such, this process is open for further investigation, rather than simply assumed.

3.6.2 Critique regarding the nature of reflexivity

Archer's focus on reflexivity as the 'internal conversation' misleads those who have perhaps engaged only partially with her work (e.g. Akram and Hogan, 2015). These authors take from Archer's work the impression that reflexivity is a continual and effortful conscious act of 'reprogramming the self', and that 'identity and agency' are a 'blank canvas'. This is a fundamental misinterpretation of Archer's work (2000) Instead, Archer theorises the development of each person's continuous sense of self, shaped through relations with the three orders of reality (natural, practical, and social), through which a personal and social identity is formed. Her meaning, by this author's interpretation, is that reflexivity is a more nuanced mental activity than the one imagined by Akram and Hogan, one that is culmination of our myriad of thoughts relating to our 'constellation of concerns', that form reflexive patterns about our concerns in the context of our circumstances. These deliberations culminate to shape the actions that, in turn, shape our lives.

As summarised by Sayer (2009:115), the internal conversation, described by Archer (2007), has a 'highly abbreviated and personalised form', a point illustrated also by Wiley with his characterisation of the self-talk of a

waitress (2015:3). It is also in use not simply for life decisions, or moments where our life routines are breached (Akram and Hogan, 2015), but is instead a companion, even in daily trivial moments, as illustrated the personal examples below:

Figure 1: Trivial but typical internal deliberations

Situation	Internal deliberation
Feeding the cats	I open the kitchen door and greet the cats who reciprocate. My thoughts drift to the cat food flavour – it was a newish brand to them, and being fussy, they usually reject the chicken or the salmon, yet I had ordered a large mixed pack and didn't want to waste any. Within moments, my thoughts covered whether it was fair or not to give them something they didn't like, whether I could put up with them fighting in the day if they were hungry, and once they got hungry enough they would probably eat it, and whether I should be even bothering to think about this seeing as they were just cats after all, whether I could give the unwanted flavours to the foodbank, and that I should have put the kettle on first so it could boil while I was feeding them.
My brother phoning from Spain	I was working on a chapter with a not-too-distant deadline and my phone rings: my younger brother. In the four rings before I answered it, my deliberations alight on whether I really had time, that I had missed his call yesterday, that the conversation was likely to be long (he usually phones from the park while watching his son), that I had just had a too-long lunch break, that what if something was wrong and I should probably answer.

This characterisation shows the internal conversation as a much more pervasive guide of everyday action, trivial at times but also reflective of the nature of the person, and the way their thoughts guide action, rather than a step-by-step process of programming our lives. This does not deny unconscious action as we may all have found ourselves in a certain supermarket aisle, wondering why we are there, or for drivers, adopting an automatic pilot on a familiar route with no conscious memory of the journey, albeit that these occurrences are often when we are thinking about something else.

3.7 Reflexivity, political philosophy, and personalisation

Arguments for the existence of reflexivity in our socialisation beg the question, 'why is it important?', particularly in this work examining personalisation and person-centred care interventions. One response is to refer the reader (prematurely) to the case studies (chapters 5-8), that illustrate reflexivity in action. In particular, a moment when Carly, a seventeen-year-old with a history of family disruption and school exclusion expresses her frustration at being 'stuck', as the combination of an underdeveloped reflexive capacity and a generous helping of life's 'snakes' rather than life's 'ladders' converges in on her in her late teens, limiting her options. Social interventions that seek to ameliorate reflexive powers, through the relational scaffolding of internal reflexive capacity, and by (where possible) supporting with contextual 'snakes' and 'ladders' should surely then be promoted, where they can alleviate suffering.

Another response is to turn to political philosophy. The Capabilities Approach (Nussbaum, 2011) is a normative theory with the potential to support person-centred approaches due to its congruent aspects of reasoning, decision making, and agency on the one hand and the external constraints on capabilities on the other. Furthermore, there is salience between these features and with Archer's explanatory concept of reflexivity. Al-Amoudi (2017) makes this connection, but from the other direction, highlighting the potential of Archer's concept of socialisation through reflexivity to add social theoretical purchase within

political philosophical thought, a move that, as will be explained, also has relevance for personalisation. On this basis, he proposes that, without undermining either the Capabilities Approach or Rawls' Theory of Justice, it is possible to add to them, two sociological considerations, one of which is 'social reflexivity', as defined by Archer. Al-Amoudi argues that, despite their value, both these normative theories fail to take account of the uneven distribution of, and conditions for development of powers of reflexivity in their assessment of capability. His critique centres on Rawls' and Nussbaum's ideas about 'practical reason' as a capability: that both accept that there are some persons who are, for whatever reason, unable to exercise this capability, however, that neither theorist considers those people who are "less equipped than others with effective reflexive powers even though they are not in vital need of constant care" (Al-Amoudi 2017:76); a group that he asserts are vulnerable to significant inequality as a result. As an architectonic capability which "organize[s] and pervades the others" (Nussbaum, 2011:39) weaknesses in practical reason, seen as impaired capacity for reflexivity may, as Al-Amoudi proposes, present inequalities that substantially undermine the potential for flourishing. When considering the recipients of person-centred social interventions, it is likely that a number of them, though by no means all, could be included in this group. If functioning 'social reflexivity' is key to capability, then identifying effective ways to enhance or support the capabilities of individuals must include attention to their reflexive powers. The current research proceeds on

this basis, in agreement with Al-Amoudi that Archer's theory of reflexivity has an integral role when considering conditions for the wellbeing of all people in society, and therefore has direct relevance to person-centred social interventions.

3.8 Morphogenetic/Morphostatic (M/M) Approach

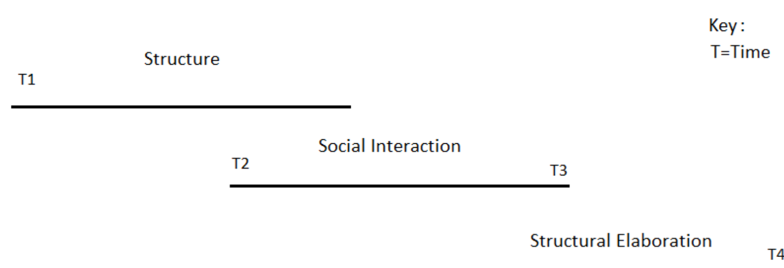
As described in chapter 2, research evidence in personalisation and person-centred care identifies the importance of contextual conditions for the effective implementation of person-centred practice and the realisation of its intended effects. That chapter provided an overview of some of the entrenched conditions that have created obstacles to implementation and, equally, conditions held to enable person-centred practice. This section introduces Archer's M/M Approach, which is utilised in the case study design in this research, to take account of the structural and cultural conditions within which the care relationships operate; asking *how do these conditions influence the people and relationships*, and equally, *how do the people in relationship influence the nature of the structures and culture?* So, how can Archer's theory help with these questions?

Archer's formulation of structure, culture and agency, their independence and interplay underpin her social theory and the development and application of the M/M Approach (Archer 1995, Porpora, 2015). This provides an analytical framework for temporally separating what is happening to adequately analyse social change and its influencing factors; 'it accords full significance to the timescale through which

structure and agency themselves emerge, intertwine and redefine one another' (Archer, 1995:76). The M/M Approach entails temporally distinct but overlapping phases. The propositions on which Archer rests this temporal separation of structure and agency are twofold.

Firstly that 'structure necessarily pre-dates the action(s) which transform it' and secondly 'that structural elaboration necessarily post-dates those actions', as depicted in Figure 2.

FIGURE 2: THE MORPHOGENETIC SEQUENCE (ARCHER 1995:76)



3.9 Emergence and causal powers

Understanding and applying the morphogenetic sequence relies on a prior acceptance of the realist explanation of emergence and its inherent causal powers. This is the idea that structures (and cultures, agents) as entities have their own unique 'powers and liabilities' (Sayer, 1992:104) or, as Danermark et al. (2019:46) remind us, can also be 'weaknesses' or 'vulnerabilities'. Emergence is a fundamental concept in critical realism and refers to the causal properties or powers of entities, where entities are to be understood as 'objects or things' (Elder-Vass, 2005:317). Structures within

the context can be empirically tangible entities with a relatively stable existence, such as a role, a team, a strategy, a contract. These entities are made up of component parts, and it is the 'composition' of these parts that make up the whole and generate its unique emergent properties (Elder-Vass, 2005:325). These properties are causal and constitute mechanisms, essentially 'ways-of-acting' (Sayer, 1992:105), which cause effects, exist *in potential* and are realised as causal. (see also 3.9, p71). Archer (2000) gives the example of a vacant senior post in an organisation. Despite the vacancy, the existence and meanings of that post for the people around it have emergent properties. The post is one element of the pre-existing environmental influences (which create constraints or enablement for agents operating between T2 and T3 of the sequence). These emergent properties are elsewhere described by Archer (2000:307) as 'structural emergent properties' or SEPs, and 'cultural emergent properties' (CEPs). Although these properties exist temporally prior to the human action, Archer is clear that they 'only emerge through the activities of people (PEPs) [Personal Emergent Properties], and they are only causally efficacious through the activities of people'. The point is that SEPs and CEPs form the context that agents are reflexively evaluating and responding to.

Although the M/M model depicted above represents structural morphogenesis, Archer uses an equivalent for cultural morphogenesis (Cultural system at T1, Socio-cultural interaction at T2-3, and cultural elaboration at T4). In using

the term culture, Archer does not intend the conventional meaning of community identity. For Archer, 'culture as a whole is taken to refer to all intelligibilia; that is any item which has the dispositional character to be understood by someone' (Archer, 1988, quoted in Lipscomb, 2014:25). Knowledge, ideas and propositions in the cultural system are therefore ontologically distinct from and pre-exist the people who engage with these ideas at the socio-cultural level, where they are upheld, adjusted or replaced to form T4; cultural elaboration**.**

The cultural system includes the 'stories we tell' and their influence. These stories are palpable in practice, and the analytical separation of the cultural system (T1) from the socio-cultural level (T2-T3) in the morphogenetic sequence enables us to establish the prevailing 'stories' or frames of thinking that influence (and are subsequently modified/ sustained by) people acting at the socio-cultural level. As described by Nunkoosing and Laurelut, 2015:26): 'Stories are powerful because they shape our meanings and experiences; they contribute, by means of language, to cultures.' The authors consider how slightly differing accounts of the same situation for an individual can create different meanings for the person and their empowerment. In Archer's terms, these accounts have emergent effects as part of the cultural system (Archer 1995, 1998).

In organisations that have their established values base as core, built around a person-centred philosophy and mode of delivery (see Think Local Act Personal, no date), a 'cultural

system' has been designed and can operate at a distance from (although not immune from) the wider structural and cultural influences inherent in the statutory health and care systems. These small-scale organisations are entities that align with Lawson's (2017:239) metaphor of 'eudaimonic bubbles', described in chapter 2, and their priorities result in structures that are designed in line with the principles that drive them. The ensuing socio-cultural interaction (T2-3) is imbued with, but not determined by, the values inherent in the cultural system and socio-cultural interaction will either reproduce these values, adjust them, or transform them. Lawson's metaphor reflects that these 'bubbles' are somewhat distanced (because of their uniqueness) from broader system influences and pressure, but this does not entail protection from those cultural and structural forces that continue to exist and interact with them.

The analytical separation of culture and agency offered by the morphogenetic sequence enables us to see the stories we tell (as constituents of the cultural system) as distinct from the people who tell and hear, absorb, and evaluate them, enabling the opportunity to examine their influence. In Archer's view, each agent has their own response to such cultural forces. Each individual has a unique personal identity, and although artefacts from the cultural system at T1 exist and can be influential, there can be no assumptions that such 'constraints and enablements have a standardised impact on agents who are similarly placed' (Archer, 2017a:146). As continuously reflexive human agents, with

identities and priorities developed over time through our ongoing interface with the social world, our response is 'evaluative' of the situation regarding ourselves and what is important to us. This research seeks to understand the nature of the cultural system within which the intervention operates, including the ideas and stories to which people uniquely respond, seeking evidence of any aspects enabling or constraining the care relationship, its purpose and its effects.

Therefore, the morphogenetic approach provides a framework that enables us to separate out the pre-existing cultural and structural conditions, the agential activity and the resulting stasis or change. So, structural conditioning, the existence of SEPs at T1, in turn, influences but does not determine social interaction between T2 and T3, which then creates change (or reproduction) at the stage of 'structural elaboration' (T4). T4 becomes the new T1 as the process of reproduction or elaboration of structures continues. Some researchers have claimed that the morphogenetic approach is more applicable to the understanding of whole systems rather than directly applicable to empirical research (Dalkin et al., 2015) however, as explained by Lipscomb (2014:21), for Archer, 'if micro-macro or agency-structure links are relational, then actual group or unit size becomes immaterial'. As Lipscomb (2014) has shown in his worked example, the analytical framework provided by Archer's morphogenetic approach can be applied to the explanation of happenings in a Hospice of modest size. It could equally be

applied to an investigation of the role of reflexivity and relationships in a number of social interventions.

3.10 Mechanisms

To better understand the causal properties of structures, cultures and their potential effects, an introduction to the critical realist conception of mechanisms is needed. To distinguish conceptions of mechanisms between paradigms, Porpora (2015) emphasises the distinction between the premise of the covering law model which links causality to law-like 'if-then' generalisations, and the critical realist approach to causality, in which view mechanisms can exist regardless of the number of times they operate. Critical realists are not seeking law-like rules (as is the case in positivism), but instead are interested in causal properties, 'causal properties which can be countered'. By this, Porpora means that any causal force needs a particular set of conditions to be realised as an outcome and gives the example of gravity which can certainly be counteracted: 'There are no events gravity *necessarily* produces' (emphasis added, Porpora 2015:50). This does not question the law of gravity and its effects. It simply says that even gravity relies on a set of conditions, which can be counteracted. This emphasises the principle established above, that mechanisms and their realisation are always contingent on contextual factors.

3.11 Mechanisms in context

Porpora (2015:46) describes causal mechanisms, the emergent powers of structure, culture, agents in critical realism as 'what makes things work' and that this is typically

'some kind of causal structure'. He argues for the importance of comprehensively describing the phenomenon to be examined, to be in a position to articulate mechanisms. Acknowledgement of the existence of active or latent mechanisms in open systems means rejecting the reduction of causality to simple linear processes:

> 'for example, individuals are themselves complex systems but live within households which exist in spatial areas, are surrounded by institutional forms and are affected by markets…and so on.….all systems at all levels are intersected with other systems and causal powers flow in all possible directions.' (Byrne 2018:93).

Porpora (2015) reminds us that structures do not require a physical presence and can be abstract forms, for instance, relations. It is important to distinguish here between 'relationship' and 'social relations'. The relationship is, in practical terms, the relationship between people; in this research, the relationship between the practitioner and care recipient. Social relations are between any emergent entities, which can be person and person, but also person and team, organisation and contract, policy and commissioners, signifying that the relation between them is constituted of the emergent properties of each and how these interact. In this study, an example could be the relations that subsist between the Local Authority or Clinical Commissioning Group and the provider organisation. Arising from the history, ethos, tendencies, relationships, processes and rules, any commissioning/provider activity will be influenced by the

causal forces generated by the nature of these relations, creating conditions that influence, but do not determine the subsequent action of agents and effects that follow.

Westhorp (2018:56) also emphasises the idea of emergent properties and liabilities of structures. Similarly to De Souza (2013), she highlights the 'internal structures and processes of the relevant aspects of context'. The use of the word 'relevant' is essential here. It speaks to Pawson's (2018:212) challenge that context is 'absobloodylutely anything' and the need to identify aspects of context influencing a particular mechanism, described by Pawson (2018:212) as 'those contexts of which a strong case can be made for their relevance'. The researcher's role then is to discern the mechanisms and their relevant contexts, and vice versa.

As described above, mechanisms can also be emergent of the values and social norms of the cultural system (Archer 1988, Porpora, 2015), and these mechanisms and their influence should be included in causal analysis. As Westhorp (2018:55) summarises, 'these norms and values have their effect by operating as social forces which cause, or contribute to, outcomes – that is by operating as a mechanism'. As highlighted in the policy and practice chapter (see 2.11), the integral role of values and ideals in the provision of care is deemed important in this study, as they are embedded as mechanisms in the cultural context, emergent of, and reproduced by the people involved. A value-neutral approach would be misleading as these VCSE sector services have

emerged from and continue to regenerate these values as a basis for operating.

De Souza (2013) sets out a helpful framework to illustrate different contextual mechanisms (Structural, Cultural, Agential). This has helped clarify how to conceptualise contextual mechanisms in this research into social interventions, and Figure 4 shows its application to a real reported social care experience, featured in a blog post by Aisling Duffy (2018) (Figure 3), as part of the Social Care Future blog series:

Figure 3: Blog post by Aisling Duffy

> Arranging homecare when mum's dementia made life at home very difficult brought starkly into focus for me the role of the provider from a very personal perspective. We experienced a transactional, needs led process focussed largely on the tasks that mum and dad would need help with, the hours, payment arrangements etc. Important of course to get these right but the far more important questions about who would support mum, would they be able to chat with her and dad about things that mattered to them, would they be happy to wear casual clothes not a uniform (no said the provider – yes said the staff!) had to come from me not the provider. In practice we had some wonderful carers and Angela, in particular, became an important part of the family sharing in the everyday highs and lows, laughter and tears, texting me to reassure, encouraging Dad to have time out for himself. A style and approach that to be honest seemed despite and not because of the provider. And so, I was reminded yet again as CEO of a provider organisation of the important part our organisations can play in ensuring care and support is focused on living life to the full, filled with optimism, opportunity, affection and connections – the default not the exception." Duffy, 2018

Figure 4: Structural, cultural, and agential mechanisms

(Adapted from De Souza, 2013)

Contextual conditions:	**Mechanisms: Related to emergent properties in the context**	**In this research the object of interest is the relationship between the practitioner (Angela) and service user (Aisling and her family), however the boundaries of the case necessarily include the contextual conditions and their potential generative mechanisms**
Structure	Mechanisms related to: Roles or positions Practices Resources Processes	Structural relations that had the potential to affect the individuals in relationship are inclusive of, eg the commissioning arrangements, provider organisation rules and processes, the terms and conditions of the carer: eg hours, tasks, uniform, and payment.
Culture	Mechanisms related to ideas about: Structure Culture Agency	Cultural aspects may be societal, system, organisational, team or individual ideas and values surrounding care delivery; what is valued and prioritised. In this example, it is implied that the organisation may have lacked flexibility and interest in what is important to Aisling and her parents, yet the practitioner values were in closer alignment with theirs.
Agency	Mechanisms related to beliefs and reasons for action or non-action	The agency demonstrated by Aisling and the carer Angela is evident in this example. It required both to identify and circumvent the systemic structural and cultural constraints. We know something of Aisling from her own description and role, but it is not shared here what it is about Angela, or her relationship with the family which prompts her to practice beyond the formal expectations of her role.

3.12 Reflexivity as a mechanism

Mechanisms emergent of structure and culture are important in this study in that they constitute the influential contexts within which care relationships are delivered. However, the primary focus of this research is the idea that human rationality or agential reasoning is a generative mechanism, establishing reasoning as causal. Porpora (2015:50) asserts that this simply means that 'it is people's wants and beliefs that cause their actions – although to be sure, not in law-like ways'.

Archer's social theory (Archer 2000, 2003, 2007), upon which this research primarily draws, provides a thorough theoretical account of the way that human rationality develops and operates in context. Archer argues that reflexivity is a causal power of people or personal emergent property (PEP). When confronted with our circumstances and with reference to our concerns, we deliberate and decide upon courses of action, thereby 'activating the structural and cultural powers' (Archer 2007:16). Archer proposes that reflexivity also incorporates relational reflexivity, which extends our reflexive deliberations 'by means of internal and external conversation' to include others and collaborate with them either around decisions or practical projects (Archer and Donati, 2015:211-12). This research is also examining if (and if so how) reflexivity incorporates a relational mechanism as part of the reflexive process and will draw on the developed theory of Pierpaolo Donati (2011) and Archer and Donati (2015) to support this examination.

3.13 Utility of describing these 'invisible' mechanisms

The realist principle that mechanisms operate at a different level of reality than the outcomes they generate means that all mechanisms are somewhat invisible. Some mechanisms are more empirically available than others, but empirical availability does not signify increased causal influence. Pawson (2013:122) describes invisible mechanisms as 'the tacit powers of interventions', highlighting that these 'powers' are foundational yet overlooked and undervalued in evaluation research. Of the different types of 'tacit powers', Pawson includes reference to those that are relational in nature and affirms the position of Bellavite et al. (2006) that: 'Issues such as interpersonal, physical, non-verbal rapport and empathy (in whatever treatment) could be studied as change mechanisms in their own right.' (Pawson, 2013:158). Implicit within Pawson's description of the role of these hidden mechanisms in behaviour change is the variation in individuals and their reflexivity as addressed by Archer's social theory.

Westhorp (2018) says that exploration of layered mechanisms is important in policy and programme research because it seeks a level of understanding beyond a description *that* a context influences a mechanism - to *how and why* this occurs. This is a core premise in the current research, as we know *that* the personhood of the people (practitioner and service user) and the cultural and structural contexts of the intervention are important to person-centred interventions, but we do not have the means to understand *how and why*. Westhorp proposes that in understanding the

how and why, the knowledge produced can support the adaptation of a programme to different contexts. As she says: 'the theory about 'how' context affects programme mechanisms is as important as the theory for 'how' programme mechanisms generate programme outcomes.' (Westhorp, 2018:56). Practitioners may be further encouraged by these developments to consider the mechanisms that are beyond those intended or experienced directly by programme originators and participants, to include 'invisible mechanisms' operating within the action context of the programme which 'shape, enable and disable mechanisms inherent to the programme' (Westhorp, 2018:57).

Westhorp's explanation is consistent with the description of 'vertical' mechanisms as described by Collier (1994:48), marking a difference between horizontal explanation: 'the explanation of events by mechanisms and antecedent causes' and vertical explanation as to the 'explanation of one mechanism by a more basic one', reflecting the layers of stratified reality. The inclusion of both underlines the need to explore mechanisms and their contextual factors, which may not initially seem relevant to, or within the scope of the programme, with an awareness that seeking the causes of causes can lead to greater explanatory insight. This research considers the nature of individual reflexivity and care relationships as potential invisible mechanisms and, as such, sources of knowledge that could inform policy and programme design.

Westhorp (2018) distinguishes between the pragmatic and philosophical viewpoints on the value of exploring in depth the mechanisms that exist within contexts. The pragmatic perspective is one of utilisation. She quotes Mark et al. (2000), who say that 'increasingly molecular analyses may not enhance utility' (Westhorp, 2018:53). This challenge is an important one, as pragmatically, attempts to examine reflexivity and the role of relationship may not offer explanatory value. However, in examining personalisation and person-centred practices, this research argues that the move is warranted. Personalisation, viewed ontologically, has the objective of responding to and supporting the nature of an individual in the process of their lifelong socialisation. In viewing personalisation in this way and developing and testing a theoretical framework consistent with personalisation practice, the findings of this research may provide theoretical insights for those conducting research into interventions that are person-centred in nature.

3.14 Archer's 'reflexivity' and personalisation

The morphogenetic approach liberates agency through the inclusion of reflexivity; the internal deliberations of the individual agent; deliberations centred on their sense of self, their practices and their interests, in the context of (but not determined by) their social environment (Archer, 2000, 2003). Carter and New (2004) acknowledge the contribution of Archer's M/M approach for analysis, as a heuristic that establishes the temporal nature of structure pre-existing the activity of agents, who in turn, re-establish or make changes

to the existing structures. This approach means accepting that although structures influence agents, they do not determine action and the distinction allows for the expression of individual agency (Archer, 2000:255). The *potential* for agency is important even if the person's current context is disabling to their ability to act.

Person-centred care and personalisation *assume* this possibility for agency, supported in particular by those who emphasise the centrality of 'personhood' in practice (Dewing, 2008, McCormack, 2004). From a practitioner perspective, acknowledging the possibility for agency is an emancipatory move, not just for the care recipient but also for themselves. They may be constrained by multiple aspects of their context but have the *potential* to deliberate on these aspects and choose the way they act. In care provision, acknowledging personhood can guard against assumptions about what people need and how they will respond or how they should. Practitioners remain analytical, reflective, seek to understand, and make careful judgements about the level of support needed, in turn, seeking feedback about their judgements and assumptions about care.

3.15 Characterisation of the agent's personhood

Archer's detailed examination of the human agent (Archer, 2000) goes further than those definitions of personhood utilised in the person-centred care literature to justify their approaches (Dewing, 2008, McCormack, 2004, Sabat, 1998). It may, therefore, offer additional support to the project of those who seek to emphasise the role of personhood in care

practices. Understanding Archer's conception of the human agent introduces the important role that she assigns to agency in social life. In Being Human (2000), Archer underpins her theory with a 'model of man' and human agency. She describes a model where each of us has a personal identity and each a social identity. Our social identity is not of our choosing but is rooted in our natal circumstances. However, the choices we make influence and shape its progression throughout life. Our personal identity is comprised of our relations with three orders of reality: the natural, practical, and social orders. Our relations with each of these; our embodied experiences and learning in the natural order, our engagement with material culture (objects/tools/methods/practices) in the practical order and our relationship with cultural propositions in the social order intertwine and are constitutive of who we are and continue to become. Our priority concerns are established through an ongoing dialogical relationship between our concerns and our second order emotions (see Archer 2000: 230-1).

An advantage of Archer's theory, revisited in the case studies, is that she emphasises that our concerns are not limited to our 'discursive' and social relations with our world (subject/subject relations), but are also sourced from our embodied (object/object relations) and practical experiences (subject/object relations). This enables the inclusion, rather than the exclusion of people, for example, with Learning Disabilities who present with significant differences in their cognitive, linguistic and/or social development, and who

have their own profile of concerns developed through their unique relations with these three orders of reality. Archer's detailed theoretical argument can be explored in her work (Archer 2000). However, the relevance for this study is that our reflexive deliberations are not only dealing with the day to day' cat food and phone calls' (p65) type of deliberation (although these are included). They are also engaged with the depth of a lifetime of entwined, embodied, practical and social experiences and learning, each of us within our own unique and always-changing circumstances. This cumulative learning constitutes the knowledge source of the internal relations of the internal conversation (see 3.16), which is also subject to different 'modes' of reflexivity (see 3.17).

Reflexivity is the process by which we adjudicate between these concerns through our internal conversation. Archer (Archer and Donati, 2015:135) refers to their 'dovetailing', explaining that *having* several priorities does not lead to their realisation, and through the reflexive process, we have to 'design a life in which they can become integrated', although always with variable success. Our personal identity forms in pursuit of those concerns to which we most faithfully commit, in Archer's terms, our 'ultimate concerns' and 'commitments' (Archer and Donati, 2015:88). Archer (2017a) describes the challenge that this presents each of us, as we continually and simultaneously spin the plates of the natural, practical and social orders, as there is potential for conflict of priority between them. For example: 'evasion in response to the prompting of physical fear can threaten social self-worth

by producing cowardly acts; cessation of an activity in response to boredom can threaten physical wellbeing' (Archer, 2017:142).

Fran, who will be introduced in case study 2, described the need to adjudicate two concerns. The first was a concern in the natural order: being positioned well by her visiting carers for a comfortable sleep (an exacting process). The second was a concern of the social order: avoiding frustrating her carers with too many instructions so that she could be confident they would attend to her future requests. Fran described compromising her physical comfort at times to safeguard her influence on her carers, longer-term.

Fran's reflexive deliberations took account of her concerns in the context of her circumstances, which had been severely compromised 20 years earlier in an accident that had resulted in paraplegia. In this situation, Fran's concerns did not 'dovetail', and she felt compelled to prioritise her social and practical concerns over those in the natural order.

Those who aim to work in person-centred ways seek out what is important *to* and *for* the person, aiming to understand their concerns. Archer's detailed examination of the 'orders' of concerns may help to broaden ideas about the nature of people's concerns and how they might be discovered. The NHS personalisation strategy urges us to do this; to consider 'perspective'; the importance of 'seeing people' (see 2.14, p49). Archer's theory offers a deeper conception of personhood, highlighting the importance of embodied and practical concerns, where the previous focus

may be primarily on the 'social' in person-centred care. This is emphasised by Lee (2019:56), who says: 'person-centred care is human-human relation-centric and is often reliant on the cognitively fit to make care decisions for the cognitively impaired'. Lee introduces, as a partial remedy in a care home context, the idea of 'material citizenship' in the context of social citizenship; that our engagement with everyday functional objects is, in part, constitutive of a person, taking account of the importance of the natural and practical orders, in concert with the social. She says (2019:57) 'what has been overlooked is the relation between the human and material worlds'. Although Lee does not explore this connection, Archer's analysis would seem to provide strong theoretical support for 'material citizenship', but more importantly, draws practitioner and practice focus towards *all three orders* of human concerns. In turn, this has implications for people with dementia, as in Lee's study, and those with any type of disability involving the cognitive, linguistic or social.

3.16 Agency, reflexivity and the Internal Conversation

Hitlin and Elder (2007) describe the 'slippery' and 'abstract' nature of agency in empirical research, as it primarily resides in theoretical debate. Following the work of Mead, they take the view that 'individual's actions are oriented toward meeting the conditions of social life' (Hitlin and Elder, 2007:175); that actions are intentional and oriented within, and in response to, social circumstances. From their perspective as social psychologists, they take the step,

similarly to Archer, that incorporating an understanding of the 'self' enables a deeper understanding of agency. This means that discussions of agency can tie in more closely with empirical research practice. They also critique the practice of sociology in general for overlooking the importance of exploring the workings of agency, accusing sociologists of side-lining the 'actions of actors' as 'epiphenomenal', and using the term 'agency' to express 'some vague sense of human freedom (…) within a broader model' (Hitlin and Elder, 2007:170-1). However, in contrast to Archer, they *fully* adopt Mead's work, drawing the concept of agency together with the theory and writings about the 'self'. They, referencing Flaherty and Fine (2002) in this regard, emphasise the importance of temporality in Mead's work - that our identity is continually formed over time in response to our social context.

Archer (Archer and Donati, 2015) recognises the contribution made by Mead's linking of socialisation and reflexivity, viewing the 'inner conversation', as a breakthrough in its potential to explain the connection between the individual and society and the way that the 'social order enter[s] into the constitution of the human being' (Archer and Donati, 2015: 123). In particular, Archer commends the way that Mead maintains the position that socialisation involves the reflexive reasoning of subjects.

However, in a more detailed discussion of Mead's position (Archer 2003), Archer articulates problems with his conception of the process of reflexivity, identifying that C.S.

Peirce, before Mead, presented a more convincing case for an internal conversation which recognised a 'balancing act between our external lives in society and our internal life of the mind' (Archer, 2003:78). Mead, in contrast, takes a more socialised position; his idea of the 'inner conversation' is more akin to an individual's conversation with society rather than an individual's conversation within him or herself. Archer rejects this position on the basis that in doing this, Mead omitted the three personal emergent properties which for Archer are key; 'the interiority, subjectivity, and causal efficacy of the life of the mind' (Archer, 2003:93), consistent with the principle of analytical dualism, creating space for the temporal analysis of agency in context.

For Mead, the 'I' is 'the active portion of the self-concept that carries on a dialogue with the reflective "Me"' (Hitlin and Elder, 2007:178). Hitlin and Elder (2007:178) say that 'the very existence of "I" allows for agency when compared to an over-socialised view of social action'. However, for Archer, this is inadequate. She proposes that Mead's 'inner conversation' *is* over-socialised in that the "Me" represents the 'generalised other' and therefore is not a conversation with oneself at all, but with society; a position endorsed by Wiley (2016) in his account of the contribution of the pragmatists' to concepts of inner speech. Peirce, in contrast, proposed a stratified model of the internal conversation, which he described as a dialogue 'between different phases of the ego', interested in self-transformation (Archer, 2003:89-90). In contrast to Mead's 'me', Peirce's 'me' – is the

'critical self', which is 'one's conscience and the seat of the deepest underlying dispositions that one has developed biographically'. Peirce's theory also includes engagement between the 'I' and the 'You'; deliberations which prepare the ground for future manifestations of the 'I': what Peirce called 'the power of preparatory meditation' (Archer, 2003:76). Archer, whilst acknowledging Mead's work in establishing the role of the 'inner conversation', thus expresses a strong preference for the theorising of Peirce and develops his work in her own theory of the internal relations involved in the internal conversation.

3.17 Internal conversation: 'who is speaking to whom?'

Archer identifies the internal conversation as central to the reflexive process, characterising it as the way we 'have a conversation with ourselves, silently in our own heads' (Archer 2003:161); an ordinary process of inner speech involving such mental activity as 'mulling things over, prioritising, rehearsing, clarifying, deciding', among others. In Archer's research, her respondents readily agreed that this was something they did and reported to consider it a universal phenomenon (Archer, 2003). Archer's model of the internal conversation sets out: "who is speaking to whom?" (Archer, 2003:105), and following the work of Peirce, she elaborates on the *internal relations* which constitute the internal conversation. She proposes that:

- the 'I', the 'only speaker in the internal conversation' (Archer and Donati,2015:103), confers with

- the me-relation reaching back into the past for what I know (objectively) of myself,
- the you-relation which considers the future I can conceive of for myself and
- we-relation; our engagement with the reflexivity of significant others (see also Carrigan, 2014:252).

Archer is clear that the I – me – you- we relations are simply 'analytical devices…because I can only talk to myself and the internal conversation is not between three reified people inside me' (Archer, 2003:75), so that 'this is an ontological claim not an epistemological claim' (Archer and Donati, 2015:100), but maintains that they are each analytically important as they represent different functions within the internal conversation, capturing 'the past-alive-in-the-present and the future-which-is-being-made.' (Archer 2003:112). Wiley (2016:157) similarly states the advantage that Mead and Peirce's thinking offers to conceptualising how humans engage with temporality: 'We are three-legged stools, standing simultaneously in the past, present and future'.

The example above in Figure 1 (Trivial but typical internal conversations) recounts an internal conversation about answering the phone to my brother. Reviewed as conversed between the internal relations, it can be represented like this:

FIGURE 5: DELIBERATIONS AND INTERNAL RELATIONS

The phone rings, and it is my brother in Spain. I know that when we speak, our conversation can be lengthy (**we-relation**). I know of myself (**me-relation**) that I am not good at ending the call. I missed his call yesterday, and it is important to me to know that he is ok (**we-relation** as his wellbeing is a shared concern, knitted into my concern about family). I have a chapter to finish – this one in fact, and I know that speaking with him will mean less work will be achieved, and a deadline looms (**you-relation**).

These *surfaced* aspects of my momentary internal debate represent the more numerous 'concerns-in-context' that helicoptered in my mind during the four rings before I answered. This complexity is acknowledged, but it is maintained that it is possible to model the internal conversation in this way, enabling insight into surfaced reflexive thought and action. This illustrates how people uniquely respond to circumstances and as a result (in small ways like this, and in more impactful ways), shape their lives.

This conceptualisation of the internal relations allows for self-reflection and offers emancipatory, transformative power to agents. Their reflexivity via the internal conversation underpins the continuous development of their personal identity in the light of core concerns, circumstances, relationships, and the development of projects. Writing about action in the context of the structural constraints surrounding person-centred practice, John O'Brien (2013:5) observes that: 'the wonder is that even in a world dominated by system rationality *people can choose to resist its limits and transcend those limits* by supporting one another to act outside its boundaries in a shared search for the good life.' Such resistance and transcendence are made possible

through reflexive deliberation. Archer is clear that the realisation of intentions, for any individual, may not be in reach due to contextual constraints but insists on the capacity for reflexivity as a 'personal emergent property' which has the potential to counteract those of structures and cultures.

In contrast, Hitlin and Elder (2007), describing their different 'ideal types' of agency and embedding the concept of temporality into agency and the development of identity, use a Meadian interpretation of reflexivity and agency, summed up with a sense of passivity:

'what we term life course agency leads then, over time, to the accumulation of identities that are claimed at the level of agentic actions. Over time these actions get folded into our sense of self and become guiding forces for identity agency.' Hitlin and Elder (2007:184).

The difference between these two positions may seem subtle; however, they have implications for research practice. Taking Archer's view opens the opportunity to explore the reflexive processes which underpin action, rather than viewing identity as a passive accumulation of experience.

3.18 Modes of reflexivity

Internal relations represent the discussion between temporally informed parts of our 'sense of self' (the 'past-alive-in-the-present' and the 'future-that-is-being-made'). Archer's *modes of reflexivity* are derived from her empirical research (Archer, 2003) in which she sought to explore

whether there was variation in people's internal conversations and hence different *patterns* of reflexive deliberation. As reflexivity is the personal power of people to deliberate about concerns in the context of their circumstances and choose to act (or not) to effect change on their structural and cultural conditions, what would differences in the *nature* of reflexivity mean for the way they navigated life, and therefore how society is formed? This initial research (Archer, 2003) identified patterns or 'modes' of reflexivity, and subsequent research (Archer 2007, 2012) built on these initial propositions. Archer's findings culminated in the presentation of four reflexive 'modes'. To illustrate these, she shared ideal types (Archer, 2003) of individuals where the patterns of reflexive tendencies were strong. Archer is clear that these modes of reflexivity are not set and that we can move between expressing each of them, even in a single day (Archer, 2017b) and throughout our life span. They are considered in this research as a heuristic device that presents characteristics of the reflexive mechanism, which spurs people's thought and subsequent action in a particular direction. Thinking about the modes as tendencies allows necessary flexibility, as one tendency may typically dominate, yet circumstance or influence may 'light up' another.

These modes of reflexivity are useful in considering the reflexive characteristics of the participants. The question being, are modes of reflexivity distinguishable in participants and if so, do they play a part in the nature of the care

relationships being studied? Their development is connected to both the individual's relationship to their natal context and their primary concerns (Scambler, 2018).

The nature of our reflexivity, Archer proposes, emanates from a continual process of personal morphogenesis shaped by our natal context and ongoing life experiences. Archer proposes that variation in contextual continuity in childhood and adolescence is an indicator of dominant reflexive mode (Archer, 2003, 2007). Contextual continuity, characterised by stability and family relationships, which consistently generate relational goods throughout development, leads to *Communicative reflexivity*, a tendency to maintain and reproduce the contextual conditions of home and background (morphostasis). The intimate nature of this family and local context leads to reflexive deliberations that typically involve other close-knit group members, and decisions are therefore made consensually, checked with, and confirmed by others in the group.

Contextual discontinuity or incongruity leads to a 'reduction in family and natal bonds' (Archer and Donati, 2015:116) and the development of an identity, a sense of self that is distanced relationally from the original family context. The pattern of reflexivity in these people is orientated towards change; morphogenesis, as they function in a context where the established ways of operating are less familiar and need to be dealt with actively and independently. Those who distance themselves from their background due to disruption resulting from separation, difficulty, or a personal need/

opportunity for freedom (experiencing 'relational evils'), pursue a path of self-reliance with a tendency towards *Autonomous reflexivity*. Those who distance themselves because they discover that their purpose or ultimate concerns are incongruent with that of their family (despite relational goods) tend towards *Meta-reflexivity*.

The modes are summarised as follows:

Communicative reflexivity is seen in 'those whose internal conversations require completion and confirmation by others before resulting in courses of action' (Scambler, 2013, 2018:99). Archer (2003, 2007) presents this group as typically having strong bonds family and local bonds, a reflexive tendency characterised by 'contextual continuity' during development years, with likely stability in both the geographical location and relationships. This reflexive tendency maintains this continuity.

Autonomous reflexive tendencies are evident in 'those who sustain self-contained internal conversations, leading directly to action'. (Scambler, 2013, 2018:99). They act strategically to progress towards focused goals. Archer (2003, 2007) presents this group as having experienced 'contextual discontinuity' from their natal context through freedom, opportunity, or a level of disruption or family breakdown.

Those tending towards ***meta-reflexivity*** are critically reflexive about their own internal conversations and also critical of effective action in society (Scambler, 2013, 2018:99). Archer (2003, 2007) also presents this group as

having experienced contextual incongruity leading them to critically evaluate their natal background and choose a different way of life consistent with newly attained contexts, values and relationships.

The ***fractured reflexives*** internal conversation 'cannot lead to purposeful courses of action but only intensify personal distress and disorientation' (Archer and Donati, 2015:143).

The identification of modes of reflexivity using these definitions risks compartmentalising people and a temptation to use the modes instrumentally. However, this would be a misuse of the theory as modalities are context-sensitive, and although people may present with habitual patterns, grouping people into 'types' would be clumsy and premature. Circumstances are critical to reflexive responses.

Extending the example of the phone call above (Trivial but typical internal conversations p65), in different circumstances, I may have thought and acted somewhat differently:

FIGURE 6: DELIBERATIONS AND REFLEXIVE MODES

Today I answered the phone, responding as I most often would (prioritising the relationship, I want to be there for my brother: **communicative mechanism prevails**). If my deadline was very close, I might not have answered (**autonomous mechanism prevails**). If I felt very anxious – 'is something wrong?' (**fractured mechanism**), I might have answered within two rings rather than four. Ironically, the amount of internal debate about answering, and the self-critique about the implications for my deadline, shows a **meta-reflexive** bent.

This example demonstrates that reflexive modes are not categories of people but a personal tendency that is subject to a momentary blend of concerns and circumstances. Having said this, if we aggregate up, as individuals, we show patterns of tendencies that may orient us to a dominant mode, which may remain stable or may change in the light of new circumstances. This is what Archer (2003) identifies firstly in 'Structure, Agency and the Internal Conversation', and develops in her subsequent two books (Archer, 2007, 2012).

The application of these modes to the current research is part of the analysis of each participant, both practitioners and people receiving care, to examine whether their reflexive tendencies are evident within their life circumstances. This then enables consideration of the relevance of reflexive modes to the care relationship and helps us understand how participants engage in the care relationship and what their unique reflexive patterns mean for the care relationship.

3.19 Relational reflexivity and the 'We-relation'

As already set out above, Archer's account of a person's ontology helps consider who they are and become through their reflexive engagement with the natural, practical, and social orders in their unchosen, yet influential, social circumstances. She articulates a person's reflexive commitment to their priority concerns from an array of potential interests, attempting to dovetail their chosen affairs in the (always fallible) pursuit of a good life. If this sounds idealistic, it is worth emphasising that fallibility is perennial, and this pursuit will, for most of us, entail the

unexpected events that present a further opportunity for reflexive activity. This pursuit is also not an individualistic one; it involves relational reflexivity as integral to the process of ‘shaping a life’.

Archer characterises reflexivity as inherently relational, engaging, to a greater or lesser extent, with others within the bounds of our reflexive projects. For Archer (Archer and Donati, 2015:137), the result of reflexivity is life as a ‘personal property’, as she explains, ‘only one person can have the internal, subjective sense of what gives unity to his or her own life. Archer argues, however, that *how* this happens also incorporates relationships into reflexivity. Our relationships are intertwined with our concerns and the way that we adjudicate between them. Relationships ‘accompany and surround’ what is important to us. Within this representation, we are also ‘Relational Subjects’ (Archer and Donati, 2015:50), intentionally orientating our actions towards shared purpose with others.

Archer and Donati (2015) share their concept of the ‘We-relation’ to replace other conceptions of plural subjects. They argue against ideas of ‘we-thinking’, proposed by other social theorists to explain collective thought. Other propositions of ‘we’ in social theory described by Archer and Donati (2015:37-49) include ‘we-thinking’ as shared intentions (Bratman), a conscious joint intention (Searle), we-mode: becoming ‘as one with a group and adopting the norms of the group’ (Tuomela), or the adherence to the binding or unifying commitments of a group (Gilbert).

These positions are rejected because they lack temporality. They are represented in the present without reference to the individuals themselves, how they come together, or why. This lack of attention to individual biography, reflexivity or common purpose overlooks the richness that these aspects bring to relationships between people. Archer and Donati (2015:50), in their alternative proposition of we-ness, emphasise the potential for emergence in social relations and present a 'Relational Subject' who thinks for him/herself and has his/her own internal ideas and beliefs, yet will 'orient his or her actions to…emergent goods' through shared purpose. Archer's model of 'internal relations' (introduced above) includes this 'we-relation'.

In our internal conversation, the 'I' confers with the objective 'me', the future 'you' and the relational 'we' in deliberation about long- and short-term actions. Thus, for Archer and Donati, socialisation is an ongoing active, reflexive *and relational* process. This theory forms the foundation of the empirical research undertaken.

3.20 Relational subjects and relational goods

The focus for this research on the care relationship rests, therefore, on the importance of the nature of the people in the relationship, how they reflexively make their way through life, and how the relationship draws on these foundations. The further challenge is to conceptualise the nature and role of the relationship itself. Pierpaolo Donati (2011), in his relational sociology, assists with this. Consistent (and as a co-author) with Archer (Archer and Donati, 2015),

he theorises the relationship as an objective entity with emergent properties. It consists between people and is not reducible to either (or any) one of them. In this view, the relationship is not a peripheral and subjectively understood concept but an objective entity, both sustained by and generating 'energy and resources' (Archer and Donati, 2015:205).

Donati characterises the energy and resources generated as 'relational goods' (and their counterpart 'relational evils'). These are valuable societal goods that are not material, functional or ideas-based goods but goods that are emergent of social relations. Donati (Archer and Donati, 2015:205) describes a relational good as 'an intangible good in which energy and resources can be invested and from which energy and resources can be drawn'. An example could be a relationship between long-term colleagues, who, through challenging times, have drawn on their relationship for strength, a sense of 'in it together'. This theory of the 'energising and resourcing' nature of relational goods indicates potential causal properties and effects, providing a relational infrastructure: platforms or footholds within the 'we-relation' for moving on or maintaining or nurturing elements of life that are important to us. Archer (Archer and Donati, 2015) theorises that throughout life, the different we-relations we forge are influential in developing our personal and social identity. She proposes that, through the ongoing process of relational reflexivity, new affiliations can 'prove to be the doorway to a different 'Me'' (Archer and

Donati, 2015:107). The current research examines the existence and role of relational goods, empirically testing the theory that relational goods may provide energy and resources within a relational infrastructure, to support agency and fuel potential agential activity, asking: *Is there evidence that this process operates in the way that the theory presents?*

Archer's and Donati's theories indicate that, in social interventions such as those examined in this research, the we-relation may be a fundamental mechanism for personal change; its conditions of possibility consisting within people and circumstances. However, it is important not to overstate the influence of a single 'we-relation' within a social intervention as it is operating as *only one relationship* within (in all likelihood) multiple others. The hypothesis being considered here is that care relationships in social interventions *can* contribute causally to personal change; if a 'we-relation' is formed, relational goods are generated, and the resulting 'energy and resources' trigger action towards this shared purpose. It is feasible that in building a relationship that supports someone, the relational synergy created between people can become a platform for change that has effects for the relationship and individual action. In the last chapter, the concept of outcomes as 'value-in use' (Grönroos, 2011) was introduced, identifying, at the level of service delivery, the centrality of the person receiving a service in value-creation. Relational reflexivity and the we-relation, as theorised by Archer and Donati, may help to

model how this value creation process could happen for individuals within this relationship as they reflexively navigate life.

The possibility for the coming together of Relational Subjects to generate Relational Goods depends on conditions set out by Donati, based on his empirical work. Donati (Archer and Donati, 2015:211-12) gives an account of the requirements for the generation of Relational Goods involving Relational Subjects, which will be expanded upon later in analysis and discussion of the observed and described relationships in this current research. In short, however, he establishes that the generation of a relational good requires:

- a ‘personal and social identity’ of participants because the relational good is tied into the nature and concerns of the people involved,
- relationships which are ‘characterised by caring’, an absence of instrumental motivation between parties,
- a ‘reciprocity that exists between them, that the goods are such that people both generate and share them together, and
- The generation of goods requires ‘elaboration over time’ and therefore are not the product of a momentary interaction between relative strangers.

In addition, Donati (Archer and Donati, 2015) draws on Archer’s reflexive modes and indicates that relational goods are more likely to be emergent from a communicative or meta-reflexive mode of reflexivity due to the incompatibility

with purely ‘autonomous’ motivations or ‘blocked or fractured’ reflexivity.[6] These conditions presented by Donati immediately raise two questions. First: *to what extent care relationships can meet these criteria?* Second: *how can an exploration of care relationships extend our understanding of relationships which do/do not generate relational goods?*

3.21 Conclusion

A challenge to personalisation theory and practice is that some of its philosophical roots remain in individualism and that with this comes ‘responsibilisation’ (Ferguson, 2012:59); the idea that facilitating personal agency and self-reliance will in turn decrease reliance on public services. Although this approach to personalisation is superficially a win-win for person and state, it fails to engage with a more comprehensive understanding of personhood-in-context, and crucially the part that relationships play in socialisation, and potentially in care. This highlights the gap in person-centred theory and therefore practice. New guidance (NHS England 2019a, 2019b) has emphasised ‘personhood’ and the ‘perspective’ ‘ways of seeing people’ and ‘new relationships’, however, it is argued that there is inadequate theoretical underpinning to support this position, meaning that these aspects risk being side-lined in practice. The solution offered by this research, in applying Archer’s social theory, does not dispense with features of individualism, as autonomy and self-determination are observable human tendencies.

[6] Remembering that modes are characterised as preferences and that although people may have a dominant mode, we may utilise them all at different times (Archer 2017b).

Instead, it sets this tendency within a broader context of human reflexive responses, rooted in early and ongoing socialisation (inclusive of relationships) and responsive to current circumstances. In doing so, Archer accounts for active agency in human life, whilst acknowledging the conditions which may generate passivity. To this, Archer and Donati (2015:15), add that 'social relations are partly *constitutive* of personhood' (emphasis in original) and that in their make-up, the human person should instead be viewed as a 'subject-in-relation', rather than one of independent socialisation. In short, our social relations (to a greater or lesser extent) are embedded in who we are and become. Accepting these propositions, the question for this research, is: *do, and if so how do, care relationships enter this socialisation process? If this happens, what are the conditions which enable and disable this process?*

The beginning of this chapter set the research in the paradigm of critical realism and provided an overview of the conceptual framework within which this research has been constructed. It argues that critical realism enables new understanding of the care relationship in care contexts with its facility to examine the contextual mechanisms, not only within structures and cultures, but also within agents and social relations. The chapter then introduced Archer's developed theory on human agency and reflexivity in the light of its relevance to the concept of personhood in personalisation and person-centred care, including, then, the conceptually resonant work of Donati and the combined

potential of their ideas for exploring care relationships in health and social care contexts.

Chapter 4: Methodology and Methods

4.1 Introduction

This chapter provides a description of and rationale for the research design and methods selected for this study, exploring the nature and effects of, and conditions of possibility for the relationship in social interventions. Chapter three set out the paradigm within which this study is being undertaken. Critical realism provides the philosophical position from which to explore the questions posed in this study. Realist social theory and Archer's theory about reflexivity (Archer 1995, 2000, 2003, 2007, 2012) and Relational Sociology (Donati, 2011, Archer and Donati, 2015) provide a theoretical framework consistent with critical realism within which to develop the methodological approach. The empirical work of others who have tested aspects of this theory in practice was also engaged with to explore the role of reflexivity in personal change (Carrigan, 2014, Lipscomb 2014, Hung and Appleton, 2016).

4.2 The case for case study methodology

The case study continues to be at risk of being undermined as a methodology, due to the frequently challenged, but pervasive hegemony of 'general theoretical (context-independent) knowledge over the value of concrete, practical (context-dependent) knowledge' (Flyvbjerg, 2001:73). This is one of a series of arguments presented by Flyvbjerg that promotes case study methodology as a robust methodological choice in social science. Similarly to Flyvbjerg, proponents of case study research (George and Bennet, 2005) promote its broad relevance to scientific

discoveries, highlighting that progression, particularly in the applied sciences such as biology, medicine, and social science, is reliant on the close process of theorising and building understanding of how and why something operates in the way it does. The context-dependence of the case study is its foundation, and for critical realist studies seeking to uncover causal mechanisms and sequences of these operating in context, using abduction, this methodological choice is particularly appropriate (Ackroyd and Karlson, 2014).

In dealing with further misunderstandings of the case study, Flyvbjerg (2001) challenges the idea, held by those who follow the natural science ideal in the social sciences, that it is not possible to generalise from a single case; an idea which renders the case study impotent in growing an understanding of social life. Flyvbjerg cites examples from the natural sciences where single experiments, cases, and experience have been pivotal to furthering scientific understanding. He highlights that a strategic choice of case study is central to its generalisability in any form of science, concurring with others (Yin, 2014, Patton, 2002).

Flyvbjerg concludes that generalisation is only one of many forms of creating and accumulating knowledge. He highlights the value of the 'collective process of knowledge accumulation in a given field or in society.' (Flyvbjerg, 2001;76). More specifically, Sayer (1992:249), while acknowledging the risk of 'over-extension' of findings from case studies, says that it would be absurd to diminish the

value of studies of individuals on this basis. His position supports the premise of the present study that:

> 'although at the level of concrete events the results may be unique, insofar as intensive methods identify structures into which individuals are locked and their mechanisms, the *abstract knowledge of these may be more generally applicable*, although it will take further research to establish just how general they are.' (Sayer, 1992:249, emphasis added).

This approach seems particularly relevant to the process of testing and building on theory that has not been subject to thorough empirical testing, as is the case in the current study.

A criticism of case studies is that they can be vulnerable to bias, a risk that the research will be conducted in such a way that confirms rather than interrogates the theories of the research team. Flyvbjerg challenges this view as one that reflects a lack of knowledge about what is involved in case study research, citing the experience of seasoned case study researchers who report that case studies rarely reveal that which they anticipated. Patton (2002) reflects that the focus for purposefully sampled qualitative research is identifying *information-rich cases*, as close-up examination and explanation is their purpose. That, in fact, what would be a weakness in experimental designs using statistical sampling approaches is a strength of qualitative case study approaches. Awareness of the risk of bias is protective in designing research. Flyvbjerg identifies a risk of research bias in any design, following a natural human tendency to focus

on and be energised by the positive rather than the negative in progressing understanding. One of the proposed strengths of randomisation is eliminating bias through the ability to step back and run the numbers. However, in the initial selection of variables and categories, both 'arbitrary subjectivism' (Flyvbjerg 2001:83) and pragmatism will be present in design decisions. These design decisions may affect results, but the researcher may be less aware of the effects, being less familiar with participants and their contexts than they would be if undertaking a case study.

Although not intending to undermine the contribution made by randomised samples and formal generalisation, Flyvbjerg offers a balancing view by highlighting the limitations of believing that formal generalisation is the 'only legitimate method of scientific inquiry' (Flyvbjerg, 2001:76). From a realist perspective, Sayer (1992:249) points out that it is problematic in any research if we are not clear what we deem our findings to be representative of, for 'as descriptions of a particular open system, they are unlikely to represent other systems.' Therefore, the question is not whether the case study is a robust methodology; as a methodology, it is adequately supported in the methodological literature. It is instead, *is the case study design the best fit for the questions posed by the research?* It is the design and selection process for case study research that is the critical factor in delivering quality research.

4.3 Case study and realist approaches

Case study research is a methodology with the potential to answer 'how' and 'why' questions in real-world contexts. Yin (2014) acknowledges case study research as consistent with a realist perspective, confirmed by other authors (Ragin, 1992, Byrne, 2009, Carter and Sealey, 2009). Ackroyd and Karlson(2014) set out the case study as an appropriate choice in critical realist research. The current study design will be a realist comparative case study, described by Ackroyd and Karlsson (2014:31) as an effective approach to draw out and 'compare similarities and differences in processes and outcomes, generative mechanisms and conclusions about causes and outcomes'. In taking a realist approach, the case study design does not intend that the cases selected will all be similar apart from one specific variable of interest as would be the case in an experimental design. Instead, the research examines cases to identify mechanisms likely to be working in different ways in different contexts but discernible across cases. In the current research, the mechanisms of interest are thought to involve the internal processes of individual reflexive deliberations, linked to their unique concerns and the influence of relational factors. The way that these mechanisms interact with contextual influences will also be examined.

4.4 Theoretical framework for case study data collection and analysis

Academic advice tends towards the increased likelihood of doing good research if the implicit philosophical assumptions are accounted for within the research methodology

(Greener, 2011). For example, mixed methods can be used effectively, but they cannot sustain the mixing of theoretical perspectives, either ontological or epistemological. Philosophers and theorists from realist and other theory-driven traditions warn of confusion of 'truth claims' where objectivist and constructionist-based methods are employed in tandem (Crotty, 1998). Carter and Sealey (2009:70) also emphasise the importance of ontological considerations in making decisions about methodology in social science. In particular, they highlight the rigour that realism's explicit social ontology brings to the process of casing. Accepting a stratified nature of reality involves accepting that 'social reality is not exhausted by either actor's or researcher's accounts of what they do'. In other words, for realists, what is seen and spoken of in the empirical domain is only one of three domains of social reality. Carter and Sealey (2009:76) explain that the implications of this for case study research and the process of specifying a case are that case identification can only be provisional, a working hypothesis at the outset of the research. Rather than identifying 'categories' for cases, the process involves 'engagement with theories about which kinds of things in the social world share properties in common'. Ragin (1992) suggests that this exercise involves a research strategy of 'casing' rather than relying on clearly pre-defined boundaries of a case. He reflects on the contrast between research that takes a conventional approach and the more theoretical approach of casing that involves establishing the case by moving between the theoretical and the empirical, to establish, sometimes

towards the end of the research process, the nature of the case.

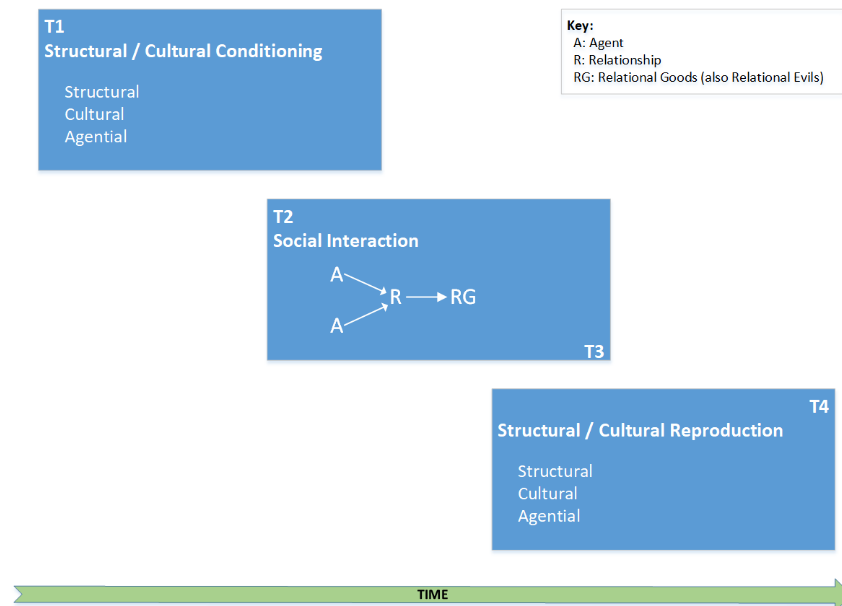
In this research, examining the nature and influence of the practitioner-service user relationship in the context of social interventions, the process of casing has involved both empirical insights from a personal background in clinical service delivery and theoretical frameworks consistent with critical realism. In particular, Archer's social theory (Archer 1995, 2000, 2003, 2007, 2012) and the relational sociology of Donati (Donati, 2011, Archer and Donati, 2015) are applied. This framework is consistent with the critical realist conception of a stratified social ontology, the relative independence of, yet reflexively mediated relationship between structure and agency, and the temporal nature of these relations. The use of this framework provides an opportunity to pull apart and analyse aspects of the case which may be influential but may not be immediately (and empirically) perceivable in the absence of a theoretical framework through which to examine them.

The proposed 'case' centres on the relationship between practitioner and service user, applying Archer's Morphogenetic/Morphostatic (M/M) framework detailed in chapter three, to explore the nature of this relation (T2-T3), the nature of its effects (T4) and the factors which shape it (T1). Figure 7 depicts the departure point for casing based on theoretical work at the point in the study when the case study was defined, with a brief explanation below. The theoretical framework underpinning the research has since

developed, based on further study, and is presented below (Figure 8).

FIGURE 7: THE BOUNDARIES OF THE CASE

(Adapted from Archer's Morphogenetic Approach, 1995:157)



4.5 Summary of the theoretical model for casing

In terms of the morphogenetic sequence, there are pre-existing structural, cultural, and agential, factors that create the 'conditions' within which the care relationship sits (De Souza, 2013). These are explained in chapter three (see 3.10 p75-76) as pre-existing contextual mechanisms. These are represented at T1 (structural and cultural conditioning) and will be examined to understand the emergent properties of these conditions that shape the nature and development of the relationship, inclusive of organisational leadership, structure, and wider system influences. In addition, at T1, the pre-existing nature (including biography and reflexive

tendencies) of the individual agents will be examined, with the assumption that prior to the relationship, there are established characteristics (ways of being and thinking) which will themselves contribute to the way that the relationship operates. The relationship itself is represented between T2 and T3, the social interaction phase of the morphogenetic sequence. This is where reflexive deliberations and activity of agents (individually and collectively) are represented but are not considered in isolation from T1.[7] The reflexive (individual and relational) deliberations at this stage of the morphogenetic sequence are key; deliberations are influenced but not determined by the nature of the enabling or constraining conditions emanating from T1. This is where agency is given its space, always acknowledging that the pre-existing conditions are ever-present and influential. At T4, the nature of change or stasis resulting from the agential activity is represented, with contextual conditions reproduced or elaborated by the activity at T2-T3.

The theoretical framework informs the selection of cases within the specific area of person-centred social interventions. The cases can each stand as a single case study. However, comparison across case studies will also be undertaken to explore regularities between cases, learning about how reflexivity operates and whether the influence of

[7] It is important to note the temporal overlap between phases depicted in Figure 7, this overlap allowing for the interplay between structure and agency between T1 and T2/3, and the effect of social interaction at T2/3 on structural elaboration at T4.

structures and cultures is detectable in individual and relational reflexive deliberations. Any generalisation proposed will be theoretical, in the sense that this research examines a specific phenomenon of which greater understanding is sought (Greener, 2011).

4.6 Research questions

The questions that have underpinned this research from the beginning inquire about the role and effects of the relationship in person-centred social interventions. As outlined in chapter two, there has been increasing interest in person-centred working and approaches to the personalisation of services in health and social care contexts, and although the role of the relationship has been tacitly accepted as necessary, its causal role, and how this may be realised, has not been closely examined. Archer's (2000) social theory involving the human agent, theory, and empirical evidence about the role that reflexivity plays in the way we navigate the world provides a framework through which to explore these questions:

RQ1. What are the personal and reflexive characteristics of the individual participants of a one-to-one relationship in these person-centred social interventions?

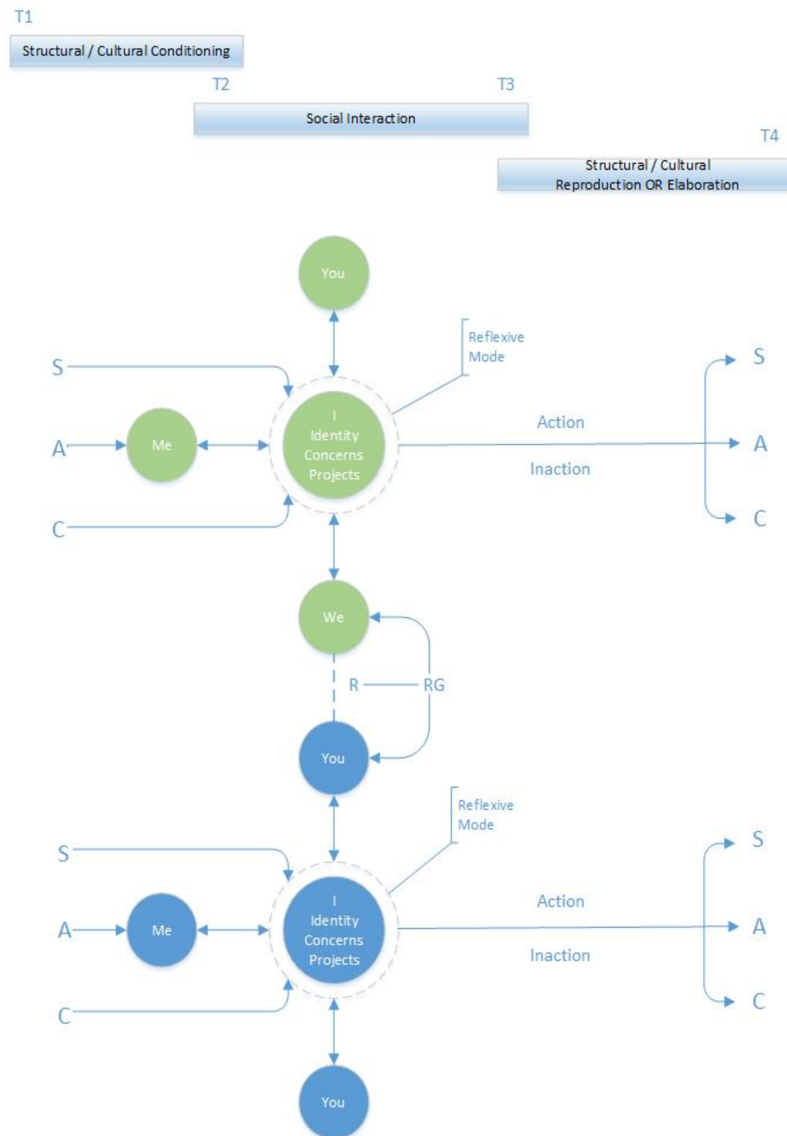
RQ2. What is the nature of the relationship between these individuals, and does the care relationship contribute causally to personal change? If so, how?

RQ3. Do contextual conditions influence the relationship and the individuals within it? If so, how?

> RQ4. Should personalisation theory, policy, and practice attend more closely to the care relationship's role and contextual conditions?

The initial theoretical framework introduced for casing (Figure 7, above), was developed based on a subsequent, more thorough understanding of Archer's theory (Figure 8, below) and is tailored to the research questions above. It represents two people (represented by green and blue respectively), an analytical model of their internal relations (I – me – you – we), proposed by Archer (Archer and Donati, 2015:102) as a way of acknowledging a continuous sense of self, which at any temporal moment can project back into the past, into the future, and can attend to the social relations which are constitutive of it. There is a notional connection between the people in the relationship through the 'we-relation', represented by the dotted line. This is notional in the sense that it is not the case that all relationships will operate at any moment as 'we-relations', and in the case of care relationships, there may be a limited number that do so.

FIGURE 8:THEORISED ROLE OF THE 'WE' RELATION IN PERSONAL CHANGE



There are three main aspects of this theoretical model under investigation through this empirical research. The first is each person's reflexive tendencies to gain insight into the nature of the individuals involved in the relationship (RQ1). This involves biographical detail about the individual, their primary concerns and projects, and the nature of their reflexivity as defined by Archer's reflexive modes. The second

focuses on the relationship between the participants and how it operates (RQ2). This represents the 'we-relation' as part of each person's internal relations and applies Archer and Donati's work on relational subjects and relational goods (Archer and Donati, 2015). The dotted line indicates that the relationship *may or may not* be this type of relationship; that is, a relationship that forms a 'we-ness' between participants with causal effects. The third pans out to account for the context for the care relationship, the structural and cultural conditions at T1 that pre-exist it, and which influence it *through* the agents involved (RQ3). Research question 4 is considered in the concluding chapters.

The methods in this study were designed to capture and analyse data that would be informative across the research questions. They aim to gain insight into individual reflexive activity and mode, including observation of and insight into the relationships included in this reflexive process and the nature of the organisations and interventions which provide contextual influence.

4.7 Methods

The theoretical framework described above supported the process of casing (Ragin, 1992) and provided direction about the type of data that assisted exploration of the aspects of the care relationship posed in the research questions. This research utilises a multiple case study design, as described by Yin (2014) on the basis that except for situations that require a single case, such as extreme or revelatory case studies, they hold greater analytic potential than single-case designs, and

the evidence they produce is more compelling. In addition, the multiple case study design enables the logic of replication, in this case, theoretical replication, a set of cases that anticipate contrasting results for predictable reasons. Each case included in the design consisted of a 'whole' study, analysed and reported individually, and synthesised in the discussion chapter. Regarding the number of cases, Yin (2014) counsels that this is a discretionary decision, based on several factors including the research aims and the nature of the study. He does counsel, that the more 'subtle' the theory, the more replications may be needed. Research capacity is also a consideration, however. Hence this decision requires a balance between the research capacity and ensuring that there is sufficient data to enable theory testing. In consideration of both of these, a decision was made to include a total of four cases.

4.7.1 Sampling

The term 'sampling' with its origins quantitative research and statistical sampling is identified as a less appropriate descriptor for the process undertaken in qualitative research (Maxwell 2012, Emmel 2013). It is a term originating in research that relies on independent variables to represent people or groups for comparison and generalisation of results to a broader population with the purpose of prediction. Maxwell gives two reasons for the limited use of statistical sampling and generalisation in qualitative research:

- it is impractical where sample sizes are small, and

- the point of qualitative research is to ‘understand the processes, meanings, and local contextual influences’ (Maxwell,2012:94) for individuals in particular settings.

Emmel (2013:51) agrees, stating that ’a reliance on variables constrains the possibilities for theoretical and analytic advances in the research.’

In qualitative research, sampling advice tends towards selecting study sites and participants to ensure that the people and places will ‘best exhibit the characteristics or phenomena of interest’ (Maxwell 2012:94). It is a way to ensure the data collected is relevant to the objectives and research questions. Maxwell adds to this the term ‘theoretical sampling’, using the conceptual framework already developed from a current understanding of subject matter and considering the relevance of the cases to this framework.

Purposive sampling involves ‘selecting information-rich cases strategically and purposefully; the specific type and the number of cases selected depend on study purpose and resources’ (Patton, 2002:243). A subcategory of purposive sampling is theory-based sampling, defined by Patton as ‘finding manifestations of a theoretical construct of interest so as to elaborate and examine the construct and its variations’ (Patton, 2002:243). Due to the current research’s theory-driven nature, the sampling strategy used is purposive and theory-based. The sampling strategy at the design stage is a ‘best fit’ based on theoretical understanding

prior to data collection, recognising that as the research progresses, further sampling decisions may be needed as new understanding is revealed through empirical testing of the theory: 'key to theoretical or purposive sampling is recognising that a phenomenon will be revised throughout the research.' (Emmel, 2013:47). Emmel (2013:46) asserts that ultimately, a claim for research validity 'requires the researcher to retrace and reconstruct the route through which claims are made', and sampling choices are a key aspect.

Maxwell adds that there is a place for convenience sampling, which, although often criticised as non-rigorous (Patton, 2002), can have advantages in terms of relationships with the research sites or participants, facilitating the implementation of research plans. Maxwell does note that it is dangerous to make convenience sampling the only reason for site selection; convenience is often a practical consideration. In this research, convenience sampling is used; however, this was after establishing the primary sampling strategy. It was recognised that the nature of the cases sought meant that the contexts for the case studies were numerous so that convenience could be used as a secondary strategy.

4.7.2 Selection of research sites

The nature of the research questions and theoretical model for casing provided a significant field of possible research sites and participants. The research required organisations operating within the voluntary or care sector providing one-to-one social interventions. They also needed to characterise

their work as person/client-centred or personalised. The criteria required that the intervention exceeded a minimum of four sessions so that at least a fledgling relationship could be formed, although the actual case studies all involved care relationships much more established than this. Site identification was in all cases initially supported by personal contacts, both supervisory and supportive fellow researchers. These research sites have been briefly summarised in the thesis introduction and will be introduced fully in each case study chapter.

4.7.3 Selection of cases within research sites

Except for the inclusion and exclusion criteria detailed in the ethics section (p122), the guidelines to the research sites were to identify one typical service user/practitioner pair who had been engaged together in a person-centred social intervention for a minimum of four sessions. It was made clear to each site that as the research was interested in the relationship and the people in the relationship, the practitioner and service user would be treated equally, using the same research methods. The nature of individual need and type of intervention, although interesting context, is not a principal focus of this research, and so these were not specified in the criteria. The design of the theoretical framework applies to any care relationship.

The sites were provided information about the research process so that the time commitment and structure of the research was clear at the outset. The service leads selected a willing practitioner, discussed potential service-user

participants and asked them if they would be interested in participating. There is a risk in this process that the cases selected would not be representative but would be selected based on the organisation's specific interest or bias. To ascertain their reasons for selection, a question about this was included in the service lead and practitioner interviews.

However, as discussed in the sampling section, this research seeks to test the application of a theoretical model and elucidate ways to explain how the care relationship operates, the role of reflexivity in this, and the influence of contextual factors on individuals and the relationship. Therefore, the motivations of those people identifying participants are not a central concern. The sites may well have made their choice based on an excellent example of the care and support they provide, but as this research is not primarily interested in assessing the standard of care, but more so how reflexive and relational mechanisms operate in these contexts, this factor is not a concern.

4.7.4 Ethics and research integrity

The research followed Manchester Metropolitan University's ethics procedures, using the EthOS system. This included gaining informed consent from each participant interviewed, ensuring that they had read and were clear about what was involved in the study. The nature of the interviews was somewhat unusual in that the questions explored the internal conversations of individuals, and it was unclear at the outset whether this may draw out detail that participants may subsequently feel uncomfortable having shared. The

participant information sheet (Appendix 2) therefore emphasised the importance of only sharing what felt comfortable to share, and this was reiterated verbally before the interview. Participants were made aware of the university procedures relating to data protection and that they could withdraw from the study.

Due to the nature of the research, there were specific exclusion criteria for service user participants. The study excluded participants who lacked capacity as defined by the Mental Capacity Act (2005), and participation would have been stopped if there were any concerns from the organisation or participants in this regard.

Participants with a level of language and communication or cognitive difficulty that would hinder a meaningful discussion, and therefore limit access to the range of insight needed were also excluded. This research aimed to gain insight into individuals' personal and social identity and reflexive deliberations, so adequate verbal expressive ability was required. One participant of the eight has a Learning Disability and Autism, which affects his language and communication, however, it was judged at the outset that his communication skills were adequate to be able to contribute meaningfully to the study, and he was included. For the same reason, carers were not included as they cannot represent the personal and social identity of the person they are caring for or provide insight into their reflexive deliberations. Those who do not speak English were also excluded. For both practical interviewing and analysis purposes, the challenge

presented by working through an interpreter would potentially limit analysis. I have worked with interpreters in the past and have experienced the challenges that this presents. In a structured interview, this would present less of a challenge. However, the semi-structured nature of the interviews required flexibility, and the added layer of interpretation is likely to have obstructed meaning.

4.7.5 Interviews in research

Brinkmann (2018) suggests that the interview, as a way that researchers and journalists most frequently gain information, has been normalised as a process; it has become a cultural norm to take the role of interviewer and interviewee, noting that Kipling considered it an imposition. These roles, reminds Brinkmann, always have an asymmetrical power relation, however carefully the interview is set up, due to the one-way dialogue led by the interviewer and sometimes containing what may seem a hidden agenda, where the interviewee may not understand the exact nature of the information which is sought. This was a risk in the current research and required forethought.

The introduction of the 'internal conversation' concept before the one-to-one interviews was aimed at 'sharing what this is about', in a way that could be reflected upon during the interviews. There is no reason to have a hidden agenda. However, there are several elements to the research that, although necessary to keep in mind to ensure data collection was faithful to the research questions, it was unnecessary to share with participants, particularly the detail of the

theoretical constructs upon which the research questions rest. Archer's (2003) reflection on her role in these types of interviews says that she is not playing the role of 'interviewer-as-cipher' (Archer, 2003:162), and her characterisation is one of 'collaborative conversation'. A pilot process (described in 4.8.4) assisted in designing a method that enabled an appropriate and effective introduction of the concepts.

4.7.6 Critical realist interviews

Differing ontological and epistemological assumptions influence contrasting approaches to interviewing: from the positivist preference for a structured and tightly controlled interview to the constructivists perspective that close descriptions of phenomena, through interviewing give us a first-order understanding of the world through concrete description (Brinkmann, 2018), to ethnographic approaches which seek both knowledge and meaning through interviews within the context of other ethnographically sourced data (Smith and Elger,2009), and the realist perspective that interviewing is a tool that supports the development of theory, with others, about the underlying mechanisms (in context) which influence the world which we experience (Manzano, 2016).

The research methods are underpinned by the critical realist view of a stratified reality, and this has implications for the planning and execution of data collection. The theoretical framework has been used to cast the case studies and plan data collection to examine the emergent and causal

properties of structure, culture, people, and relationships and how these may intersect with each other through individuals' reflexive deliberation. Smith and Elger (2014:122) highlight this approach as a particular strength of interviewing in critical realist investigations that interviews are 'necessary for accessing human thought, meaning and experience', while recognising that 'they are not by themselves an adequate basis for analysing the multiplicity of causal factors at play in social relations.' They reflect on Archer's (2003) assertion that gaining from participants insights into their thoughts and deliberations helps us understand the causal role that our thoughts play in shaping our own lives, within the enablers and constraints of our context, and in shaping society. In the current study, in addition to gaining insight into thoughts and actions, these interviews also seek to draw out influential relations between structural and cultural forces in context and the people and relationships involved in the interventions. Smith and Elger (2014:130) emphasise that the role of the critical realist interviewer is an 'active, investigative and analytically informed' one, where interviewing is most fruitful when it is undertaken and analysed in the context of a broader research design that incorporates triangulation of data with other methods.

4.8 Data collection

Multiple data collection methods were used to gain empirical insights into the theoretical propositions. These were:

- A paired activity which served the multiple purposes of an introductory activity, familiarisation with the language and concepts in the study using a fictional example, an opportunity to establish the equal nature of the participants in the study (in what was otherwise a relationship with delineated roles), observation of the relationship between them, and insight into how they applied reflexive decision making to a fictional situation.
- Observation of an activity or communication which was typical for them.
- Individual semi-structured interviews, based on Archer's (2003) methodology, to learn about aspects of their biography and reflexive nature by discussing their internal conversation and what is most important to them.
- Individual semi-structured interviews for each participant about their experience of care relationships, including the care relationship being investigated in this study.
- Individual interviews with a service lead about the role of care relationships, and to gain insight into service commissioning, planning, and delivery.
- Document review of organisational documents shared by the organisational leads, or publicly available materials from organisational websites or inspection reports.

This study was not a longitudinal one, so the timescales for data collection were flexible and convenient for research participants. The periods within which the full data set was collected varied between two and six weeks. The regularity of contact within the timeframe enabled a sense of continuity and momentum for participants. The data collected will be reflected in the case study chapter and referenced throughout the analysis and discussion.

4.8.1 Introductory meeting

The first contact was an introductory meeting with the organisational lead and, where possible, the participating practitioners to explain more about the research and requirements. This meeting was beneficial for initial relationship building and engagement. Following this first set of meetings, a further Research Introduction Sheet was created (Appendix 1), as the length of the Participant Information Sheet (Appendix 2), although required, generated feedback from one site that they would value a more user-friendly version to help practitioners introduce the research to service user participants. Each organisation was asked to provide written service information detailing the nature of the organisation and their service provision, which supplemented the information gained from the service lead interview.

The data collection process was partially based on Archer's (2003) empirical work, which explored the reflexive deliberations of participants while gaining an understanding of their personal and social history relevant to their key

concerns, life experiences, and decisions. This methodology has since been used by researchers (Hung and Appleton, 2017) who found it an effective way of gaining insight into the reflexive process. For this research, Archer's methodology needed adapting due to differences in the case study design. Archer's (2003) study participants were purposively selected, either personal acquaintances or through university or local contacts, and hers was an exploratory study of individual reflexivity and not in the context of a care relationship. Given the range of the participants, further thought was needed about how to broach concepts that participants may not be familiar with discussing, like the 'internal conversation' or how people 'think things over'. The present study's focus on the nature and role of care relationships meant that adjustments were needed to both the method and the introduction to the research.

4.8.2 Research design: session 1

The first formal contact with the practitioner and service user pair was together. This intentionally established their equal participation and provided the opportunity to clarify that the research would focus first on each of them individually and then on their relationship. This step proved to be necessary, as even though the equal nature of the research was detailed in the participant information, in one session, the practitioner had assumed the primary focus would be on the service user. It is more typical for research to focus on service users than practitioners, and an equal focus on both parties is a unique feature of this research. Participant information

was sent ahead, and consent forms were completed at the beginning of the first session, with an opportunity to ask questions.

The design of the first session had several purposes. The first was familiarisation with the researcher. In most cases, no contact had been made with either participant, as the first contact was organised via the service lead. Personal experience as a practitioner visiting people's homes for the first time as an unfamiliar person guided the design. It was essential to the research that participants were comfortable and relaxed. Meeting them both together for the first time had the advantage of mutual support, and the reiteration that research was interested in *both* people individually emphasised the sense of equality and, therefore, to a degree, camaraderie. It also enabled informal conversation which variably touched on the locality, family, how long they had known each other, and any curiosity they had about the researcher, both personal and study related.

4.8.3 Ketso tool

The first design challenge was introducing the study concepts to people with different backgrounds and experiences and roles in the care relationship, ensuring that the concept was familiar enough and that they felt confident enough to share their own experiences and insights. With a background in delivering therapy interventions, including paired and group activities, the idea of using a creative activity was compelling, and the Ketso tool (Ketso, no date) introduced during a postgraduate workshop, seemed ideal.

The Ketso tool is a participatory research tool originally designed for large groups, but it can be equally effective for individuals or small groups (mini Ketso). This tool is a simple felt board with felt branches and Velcro 'leaves' on which participants can write or draw ideas. Kara (2015) suggests that where interviews address sensitive or uncomfortable subjects, visual methods can be facilitative.

Even though the subject matter of internal conversations is not necessarily sensitive or uncomfortable, it was anticipated that this idea would be novel to participants. Using a visual and tactile method would provide space and time for thinking and discussion, relax participants, and increase the quality of contributions.

Using it with the pair of participants emphasised the equality of the task; each had a pen and 'leaves' to write on, and all ideas could be discussed and included. The Ketso activity also enabled observation of the relationship between the two participants, their respective roles, and how they undertook the activity together.

FIGURE 9: IMAGE OF KETSO ACTIVITY

4.8.4 Pilot study

The original focus for the Ketso activity was planned to be the internal conversations of the individuals themselves. This was tested at the pilot phase with a volunteer practitioner from one of the participating organisations. Although the pilot did not involve a practitioner/service user pair for practical reasons, it did enable the testing out of different methods to assess their efficacy. The pilot showed that using the Ketso tool delivered the anticipated benefits; it was tactile and enjoyable to work with. However, in discussing the individual's internal conversation, the activity drew the participant's focus to writing on leaves and detracted from detailed explanation. Also, it became clear that some of the content of the internal conversation was of a confidential nature, and in a paired activity, disclosures may be limited.

The pilot also prompted the realisation that adapting the interview method in this way would draw too far from Archer's original method, which needed to remain intact within the context of this research. Therefore, it was decided to reserve Archer's interview structure for the second session (individual interviews) and retain the first session for introductions and familiarisation of concepts.

4.8.5 Familiarisation with concepts

The introduction to the research and the concept of the internal conversation and how we use it involved a story presented to participants about a fictional character, Jack. The Ketso tool was used to develop a discussion between the practitioner-service user pair about how 'Jack' might think things over (Appendix 3)[8]. The researcher read the story and the participants also had a copy to refer to during the exercise. This activity enabled the participants to become familiar with the *language and ideas* within the study without yet touching on personal experiences. In her inquiry about the 'internal conversation', Archer used prompts for the different ways we might use it; the mental activities of: 'planning, deciding, re-living, imagining, budgeting, imaginary conversations, rehearsing, mulling over, clarifying' (Archer, 2003:161), each of which were discussed in terms of how Jack might think things over. In addition, the pair discussed what might be most important to Jack and how the perspectives of others in his life may influence him.

[8] In the Appendices, there are two versions of the Jack story. They both have the same structure, but the second version was devised to be more relevant and accessible to the 17-year-old participant in case study 3. This adapted version was only used in that case study.

This introduction to concepts central to the research was intended to familiarise the participants with talking about how people, including themselves, think things over. It was emphasised that there were no right or wrong answers. The intention was that in subsequent interviews, they might feel more confident and relaxed to talk about their own experience of their internal conversation. This prediction was realised in that the researcher was able to refer back to Jack's situation during the interviews to 'tune' participants into the concepts being discussed, particularly in session 3. There may be an objection that in taking this step, data collected about the participants' thoughts or experiences may be influenced by their discussion of Jack's. However, the 'Jack' exercise is no different from the everyday conversations we may have about a neighbour or a character in a film. Jack's context and decision bore no similarities to those of the participants, and there was no indication in their interviews that they were in any way basing their personal experiences or thoughts on the discussions they had previously had about Jack. This activity was judged successful in its research purposes as an 'ice breaker', an opportunity to observe the care relationship and familiarise diverse participants with internal conversations and other concepts being used in the study.

4.8.6 Internal Conversation Indicator (ICONI)

As introduced in the theory chapter, Archer's (2003, 2007) work on reflexivity has generated a typology reflecting commonalities in reflexive behaviours between people. These reflexive modes (see 3.17), are a heuristic device, utilised in the current research to explore the reflexive nature

of the study participants. Archer's reflexive ideal types (communicative, autonomous, meta, and fractured reflexivity) offer insights into how people think and behave in relationships; the way they engage with the reflexivity of others. Archer (2008) is clear that qualitative work gaining insight into the personal biography of individuals is the most effective method of identifying their reflexive tendencies, however, she has also developed an 'Internal Conversation Indicator' (ICONI) (Appendix 4), a short, 13 item Likert scale questionnaire that assigns respondents to a dominant 'mode' of reflexivity.

This tool was utilised in this research at the end of session one, due to a curiosity about whether the patterns of reflexive preference indicated in the results would fit with qualitatively derived conclusions about each individuals' reflexive type. However, after its use the decision was made to set aside the results as some items were insufficiently relevant to some participants (for example, there is an assumption that respondents had experienced being in work) and the language used in some items rendered it inaccessible (certain abstract concepts needed explaining) to certain participants, invalidating the results. The ICONI tool has not been published for use and is only accessible via Archer's research report (Archer 2008). Meriton (2016) has critiqued the tool based on an investigation of its statistical validity identifying that further development work is needed before it can be confidently applied. The ICONI was therefore not relied upon for identifying reflexive modes, and analysis

relied instead upon the qualitative data. The second part of the ICONI questionnaire asks participants to share the things that matter most to them: a list of three. This aspect of the questionnaire *was* utilised as it provided a starting point for the second part of the session three interviews, which explored these priorities in more detail.

4.8.7 Research session 2

The second session enabled observation of a typical session between the practitioner and service user, or one that is as typical as possible with an observer present. There was the option for the pair to do this on the same day as the first contact or select a different day or session. The purpose was to gain an insight into the relationship and how it operates in an everyday context. Observations noted the context for the meeting, roles in the interaction, and the verbal and nonverbal interactions of participants, including topics covered and the purpose of the communication. Additionally, any data on how organisational structures (roles/rules) and cultures (ideas/ purpose) may influence the relationship. This session was not audio-recorded, as this might be overly intrusive, and instead written notes were taken.

4.8.8 Research session 3

This session was an individual interview, following the format used by Archer (2003) and subsequently by Hung and Appleton (2016), to build a picture of each individual's reflexivity; the way that they think about their concerns and life projects, how these deliberations have contributed to shaping their lives, and how each deliberates about their

future (Appendix 5). This interview started with asking participants whether they recognised the experience of having an internal conversation and, if so, to describe this in their terms, and then they were asked to provide examples of the different 'mental activities' of internal dialogue (see p133). The introduction of these concepts through a fictional example had value. It enabled referring to the Jack story as contextual support: 'just as we talked about in the Jack exercise, I will ask you about how you think things over', and the terms for the mental activities were familiar. The second part of the interview, also following Archer (2003), asked the participants to talk about the things that mattered most to them, with prompts that intended them to elaborate on whether these concerns had always been priorities, whether these were competing (or dovetailed) concerns, whether and how they thought these through, what in life may have helped or hindered the realisation of these concerns, and whether they could talk about their plans in relation to these concerns. Although the interview structure was the same for all eight interviews, there was significant variation in the interview length and the amount that the participants shared about these topics, with interviews ranging from between 31 and 76 minutes. The longer interviews, those breaching the planned 60-minute period, could have been longer, if not intentionally curtailed. The shorter interviews were more challenging, requiring more involvement from the researcher to encourage elaboration, with variable success. On reflection, the introduction of a Ketso timeline of life stages for each participant to complete may have provided helpful

structure for the interviewees, providing visual support and prompts which would tune them into reflecting on a greater range of life experiences.

4.8.9 Research session 4

The fourth session was a semi-structured individual interview with each participant, focusing on the social intervention and the relationships established (Appendix 6). This interview gained insight into the participants' experiences of care relationships. The first part of this interview focused on care and support relationships in general, requesting examples beyond the current care relationship. Examples were sought of both positive and negative relationships, and participants were asked to elaborate on the nature of the people, relationship, and context. The second section focused on the relationship with their fellow participant in the study, asking them to describe the person, who they are, how they think about them, and then also to describe the relationship, how it had developed, what, if anything was different for them because of the relationship, and what enables or constrains the effects of care relationships. The final section informed research question three, designed to find out about participants' awareness of the organisation, the processes and principles important in its service delivery, and their views on how these supported care relationships or otherwise.

4.8.10 Research session 5

This session was a semi-structured interview with a service lead in the organisation, close to the operational management of individual care, but who also had insight into

the wider organisational and system within which the care relationship operates. In all cases, the person whom I had met to introduce the research at the outset, had also opted to participate in the interview, and therefore had been well oriented to the research, through that first contact and the subsequent participant information. The interview was a semi-structured discussion, based on questions, used as a guide only, (Appendix 7) which interrogated their views on:

- the role and effects of care relationships,
- how care relationships are supported or otherwise by organisational and system contexts,
- the characteristics of the people they employ and manage, and
- the nature of the care relationship in their service compared with other models of relationship, for example friendship or clinical service relationships.

Alongside the secondary data provided by service leads about the organisation, this interview was designed to gain insight into the conditions within which these care relationships existed. It is important to acknowledge that each of the organisations involved in this study professed to value and promote the care relationships they offered.

4.8.11 Limitations

There were limitations to this data collection process. Data from an interview of up to 75 minutes, with participants presenting with varying degrees of openness or defensiveness (Hollway and Jefferson, 2000), could only

provide a sketch of the person. Despite this, the nature of Archer's interview format, interrogating what is important to people, how they think about what is important, and the involvement of relationship in this process enabled more direct access to relevant data than, for example, an interview producing a more generalised personal narrative.

When reflecting on the application of this method, two changes may have helped generate a more comprehensive response from some participants. Firstly, emphasising to them that who they are as individuals is central to the research. This was described in the participant information and was reiterated face to face. However, because the emphasis of the research title was on the relationship, there was a sense that the exploration of who they were as individuals was still somewhat unexpected and may have resulted in a more limited response from some participants. Secondly, the introduction of the additional step of a life timeline activity (Lord, 2016) in session one, using the Ketso tool for continuity, would be useful, partly to provide greater insight into their whole life context and partly to prompt them to use examples from across their life course. Some participants did this naturally, but with those who were less forthcoming, it would have been a helpful visual prompt and may have helped to generate more examples.

4.9 Data analysis

Smith and Elger (2014) discuss the need to develop theory through analysis during data collection to maintain a close connection between the empirical data and the developing

theory. The early engagement with the theory in this research enabled analysis throughout data collection and transcription, enabling continuity of theory application into the data analysis phase. As described in the theory chapter, this research uses abductive inference to consider care relationships in a new framework of understanding, testing the idea of re-describing (Danermark et al., 2002:94) the care relationship as a reflexive and relational process that is sensitive to and conditioned by contextual forces. The intention is to better understand personalised care relationships through this theoretical framework and learn what care relationships can tell us about the theoretical framework. As Danermark et al. (2002:95) describe: 'In research practice guided by abduction, the interplay (dialectic) between theoretical re-descriptions of cases and case study based theory development is absolutely central'. The process of abduction makes use of Archer's social theory and Donati's relational sociology. The data analysis design was informed by the research questions and structured using the theoretical framework (Figure 8: 4.6).

Maxwell (2012) distinguishes between analysis that uses categorisation and analysis that uses contiguity. Insights gained from these approaches are different. Categorisation pulls apart the data and enables the detection of emerging themes. This is the most common form of data analysis in qualitative research. Contiguity examines the data in context rather than divorced from its context and provides a more temporal understanding of the data. Maxwell (2012:119)

suggests that rather than considering contiguity and categorisation as separate methods, researchers should instead make ‘moves’ between them in response to research questions, integrating the methods, ‘at each point in the analysis, one can take either a categorising step, looking for similarities and differences, or a connecting step, looking for (contiguity based) connections between things’. These different ways of gaining meaning from data were both used in this research. The theoretical framework identifies categories or concepts for analysis, for example, people’s concerns, circumstances and reflexive modes, and aspects of structure or culture across cases that support the generation of relational goods. Narrative and sequential data involving participants’ experiences and biographies were also examined to explore their reflexive development over time. Frosh (2007) challenges an over-reliance on narrative understanding in qualitative research. He posits that narrative accounts, if seen as a ‘whole’, restrict understanding by relying too much on integrating the data into a coherent story and limiting analytic possibility. This research avoids this problem using a theoretical framework that enables a deconstruction of the structural, cultural and agential elements of narrative data to examine the relationships between them. In this research, then, applying a theoretically driven analytical approach to narrative data has helped highlight the aspects of the person of interest to the research and helps to discern, albeit partially, the person’s ontological makeup through the lens of the theory.

4.9.1 Familiarisation with the data

Hollway and Jefferson's guidance on analysis encourages approaching the data holistically, not fragmenting the data for themes, but applying the 'Gestalt' principle, which is 'the internal capacity for holding…data together in mind' (Hollway and Jefferson 2000:69). They describe this as an effect achieved by immersion in the data, resulting in the researcher having a sense of being 'inhabited' by the interviewee. In this research, the process of the transcription, completed by the researcher alone, enabled lengthy immersion in the data in a way that created this recognisable effect. However, it is acknowledged that there is a need to be mindful of one's own subjectivity and reflexivity in drawing conclusions about those of others (Hollway and Jefferson, 2000:65). Sayer (2011:13) distinguishes between a 'spectator view' of people in their contexts, and the alternative of viewing people as 'participants and agents' in their lives, to discern what matters to them. Archer's theoretical constructs support this focus, and although researchers are always to some extent spectators, her theory and research methods engage with *how* people are 'participants and agents', and why this is important. At this 'immersion' stage of analysis (Ritchie and Spencer, 2002), the memo function of NVIVO 12 was used to note thoughts and questions linked to the theoretical framework. As a result of thorough engagement with the theory before starting the data collection, interaction with the data continually presented thoughts and connections, which were recorded for future consideration.

4.9.2 Applying the theoretical concepts

With the theoretical framework established, the next step was to apply the concepts to the data to identify whether the concepts described by Archer were compatible. In order to bring the theory and data together, the core theoretical concepts, such as 'concerns', 'circumstances' 'dovetailing', 'projects', 'reflexive modes', 'internal relations of the internal conversation' and also the ICONI scores, were included in an Excel spreadsheet with representative headings (Appendix 8). The spreadsheet was then populated with data, for example, in a participant's account of a situation: the circumstances, the identified concerns, how the internal relations were represented in their account, and evidence of reflexive tendencies. This was an experimental process and one of familiarisation with and confidence in applying the theory to the data, and vice versa. Through this process, it became clear that Archer's theoretical concepts could be used to examine and build an albeit partial picture of each individual, which provided insight into who they are, what matters to them, the way they think about life, including the role of relationships. It also enabled the recording of evidence for and analysis of their reflexive preferences according to Archer's modes (Archer, 2003). Identifying reflexive tendencies is important to this research because it is of interest whether reflexive type has a bearing on the nature of the relationship (research question 2).

4.9.3 Summarising concerns in context

This immersive process generated a tangible sense of what mattered to each person in the context of their

circumstances, combined with insights drawn from their biographical data; enabling a sketch of their personal identity and 'sense of self', which, as Archer proposes, is the 'source' of personal emergent properties (Archer, 2000:255). These insights were summarised, alongside the sources of key contextual mechanisms, the structural and cultural emergent properties, in the participant's immediate contexts (Appendix 9). These summaries used the template inspired by de Souza (2013), as described in the theory chapter and represent the relational nature of existence and record the types of contextual mechanisms evident in each person's account. The summary of personal emergent properties was supportive when considering the reflexive tendencies, and relational reflexivity using the ORRAC model. These analytical tools supported familiarisation with the concept-data relationship, and when engaging with the data to understand the nature of reflexivity, this categorisation approach was invaluable. The next stage was to discern each participant's reflexive tendencies, drawing on Archer's empirical data and findings as guidance. This involved a holistic approach (Hollway and Jefferson, 2000) that enabled a more temporal understanding of the data for each person (Maxwell, 2012).

4.9.4 The ORRAC Model

The familiarisation and summarising processes resulted in descriptions, without a method of presenting the data in a way that adequately demonstrated the connection between Archer's theory of reflexivity and personalisation. It was possible, like Archer (2003, 2007, 2012), to summarise and evidence the reflexive tendencies of the individuals, but this

study needed to go a step further, so that the analysis of individual reflexivity could be extended to understand its relevance to care relationships. This gap in the analysis inspired the development of the ORRAC (Orientation to Relational Reflexivity and Agency for Change) model, a product of this research devised at the point where theoretical constructs met data analysis, in part because of the lack of guidance for analysis in Archer's exploratory methodology. During data collection and analysis, the process of moving between theory and data highlighted the need for a way of both representing and comparing aspects of the reflexive tendencies of the study participants, relevant to person centred social interventions. It was anticipated that building a picture, albeit partial, of the reflexive nature of each participant would enable examination of the relative social relations between practitioner and service user, with the regards to two key dimensions of reflexive tendencies, in the context of the intervention. The next two sections set out the rationale for each continuum of the model (Figure 10) which is presented on p 152.

4.9.4.1 Orientation to Relational Reflexivity

Archer's research established that those with Communicative and Meta-reflexive tendencies had greater experience of shared relational goods than the other modes (Archer and Donati, 2015). Early consideration of the data, and particularly the biographical data, revealed discernible shifts in reflexive tendencies of participants over time in response to life experiences and context, and suggested that

orientation to relational reflexivity increased in work environments where a relational approach was promoted, and where the leaders showed meta-reflexive tendencies. This insight inspired the idea that orientation to relational reflexivity could be represented on a continuum, representing the *extent to which* relational reflexivity features in a person's reflexive deliberations: an *openness or orientation* towards relational reflexivity. According to Archer's research findings, this orientation to relational reflexivity, for those who chose to remain within their natal context, would be inward looking; limited to family, friends and established local networks (Communicative reflexivity, see 3.17,). For those who had become distanced from their natal context, the orientation to relational reflexivity remains, but its scope is unconstrained and is open to elaboration. This perhaps accounts for the extent to which those with meta-reflexive tendencies are pre-occupied with matters of social justice (Archer, 2003:258), showing a tendency to relate to the concerns of those beyond their own personal context and experience. It is not that they *certainly* generate relational goods with those for whom they are concerned, it is that they are *oriented* to do so because of their increased openness to relational reflexivity.

The vertical axis of the ORRAC model (Figure 10, below) then, is a continuum of low to high orientation towards relational reflexivity. The bottom of quadrant 3 represents a highly individualistic mechanism which forges a process of socialisation which is self-oriented, as any relational

reflexivity is limited in scope to include those with whom autonomous goals can be pursued. The top of quadrant 2 represents a highly collective mechanism, towards relational reflexivity which is open to influence through a concern for the experiences and insights of others.

4.9.4.2 Agency for Change

The second dimension of the ORRAC model, drawn from Archer's reflexive modes is the extent to which people enact agency towards change. The social interventions that are being studied aim to support people to move forwards, to make changes in their lives, through building and strengthening relationships and through taking steps to act; to try new things, to *do* something different. Within these interventions, both agency and relationship play key roles. The horizontal axis of the ORRAC model shown in Figure 10 represents a continuum of low to high application of agency for change. This axis is not about capacity for agency or competence, but instead *the extent to which* agency is applied towards change (or moving forwards). Context will shape these levels of application of agency; it is acknowledged that there will be both internal and external contextual conditions that will have shaped and will continue to shape the expression of agency.

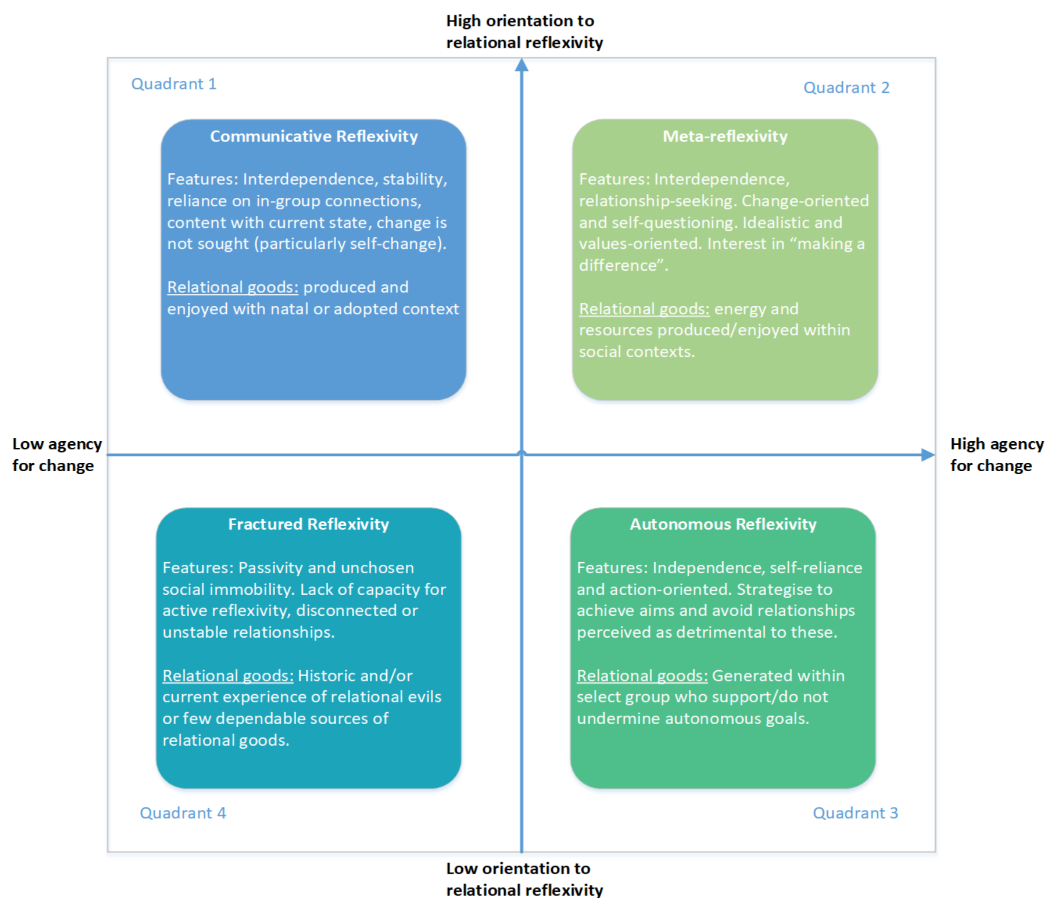
Those with Communicative tendencies enact agency but it is to maintain or reproduce their current circumstances, rather than the pursuit of change, and those who are experiencing fractured reflexivity lack the capacity for agential action; recall that their internal conversations whilst operating in this

mode lead to ‘distress and disorientation’ (Archer and Donati, 2015:143) rather than action. However, those who tend towards Autonomous and Meta-reflexivity and who have distanced themselves from their natal context have, in doing this, already expressed a tendency towards agency for change. Their capacity for the mental activities required to confront novel situations has been tested and exercised, albeit that they are fallible and may have struggled along the way.

To be clear, the quadrants of the ORRAC model are not presented here as analytically equivalent to Archer’s modes of reflexivity. Instead they represent *elements* of Archer’s (2003) reflexive modes within two axes that are key to reflexive deliberation and vary between people. The ORRAC model presents these aspects of reflexivity seen as relevant to care relationships and social interventions: agency and relational reflexivity. This model has been developed using existing theory, supported by consideration of empirical data from this study. Figure 10, below, therefore shows features of Archer’s reflexive modes that are relevant to the axes of relational reflexivity and agency for change. These quadrants are representative of discernible patterns within people’s reflexive behaviour: patterns that are integral to shaping their ongoing socialisation. They are not categories of people, or personality types, they represent different tendencies of the reflexive mechanism and can therefore help to explain patterns of choices, attitudes, behaviours, actions or inaction. The dominance of each mechanism at any one time

or in any one role can be detected. The pattern of emphasis between mechanisms can be very stable, or can change over time, or can vary between situations. In the case studies, data gathered from the participants is examined and presented using this framework. In examining the patterns of reflexivity, the interplay between structure, culture and agency in the social interventions can be more closely understood.

FIGURE 10: THE ORRAC MODEL



4.9.5 Care relationships and Donati's criteria

The analysis of the study relationships built on the analysis of the participants' reflexive tendencies, their orientation to relational reflexivity, and how this knowledge revealed insights into the care relationship. With new knowledge of

their comparative reflexive tendencies, the social relations between the participants were of particular interest.

The analytical approach was to apply the part of the theoretical framework, which represents the relationship between the parties (R->RG, p112), and is based on Pierpaolo Donati's (Archer and Donati, 2015) requirements for relational subjects that generate relational goods. The theoretical model in Figure 8, p116 shows these 'goods' bending back through the 'we-relation' to 'provide energy and resources' to each person. It is hypothesised that these relational goods have the potential to create effects within the individual, for example, may change the nature/content of the objective 'me' (e.g. I feel confident) or the future 'you' (eg I could do 'x'), or 'we' (I don't have to do this alone). Before assessing the evidence for or against relational goods working in this way, Donati's requirements were applied to the case study relationships to consider whether they met the requirements, and also considered the meaning of the requirements themselves in the context of care relationships. Donati's requirements for relational goods are presented in Figure 11 below. Each of the relationships in the study were quite different and operated within different contexts, so it was anticipated that this exercise would be fruitful in both understanding whether the relationships met the requirements, the influence of context on whether these requirements could be met, and the validity of the requirements for *care* relationships as opposed to naturally occurring social relationships. As the data collected reflected

other care relationships in the participants' lives, these were also included in the analysis, as they provided useful insights.

FIGURE 11: REQUIREMENTS FOR RELATIONAL GOODS (RG)

Requirements for relational goods (Archer and Donati, 2015:211-12)	
1	A personal and social identity of the participants. No relational good exists between anonymous subjects because the relational good implies that the actions of subjects refer to each other's identity
2	A non-instrumental motivation of each subject in his/her involvement with the other: interest toward the other must be characterised by caring; it must be about taking care of the other and not using him/her for some purpose other than the good that is intrinsic to the reciprocal relation as a good in itself, notwithstanding that it could also yield other outcomes (that is positive externalities and other social value)
3	That conduct is inspired by the rule of reciprocity: where reciprocity signifies symbolic exchange and not a do ut des; reciprocity implies that Ego gives to Alter that which Alter needs, knowing that Alter will do the same for Ego when Ego has need of it.
4	Total sharing the RG can only be produced and used together by those participating in it. It comes into existence if and only if the participants enjoy it together; no-one can produce it alone or ask others to produce it without them, even temporarily.
5	In general, it requires elaboration over time and a simple interaction in a given moment is not sufficient. It must be historical relational and not interactional.
6	A reflexivity that operates relationally, thus not a reflexivity of an autonomous type or one that is blocked or fractured. Relational reflexivity is required in order for identity, reciprocity and sharing to be undertaken with reference to the good of the relation as such, which must be produced and enjoyed together by the participants.

4.9.6 Data relating to contextual conditions

In terms of the Morphogenetic/Morphostatic framework, the emergent properties of structural and cultural conditions exert their influence through people. In addition to knowing

about these contextual conditions, it was important to examine their effects, and how these may influence care relationships, through the service lead and practitioner, and through the service user as these conditions may affect their perception about the service, and in this way influence the way that they approach or engage with the relationship. Analysis of data included a review of service information, the service lead interview (session 5), practitioner interview (session 3), and service user interview (session 3) to identify structural and cultural factors and how these were understood and experienced in practical terms by those involved. For example, there was tension for Fiona (AllCare practitioner) in the rules for spending Personal Budget funds, where limitations for spending were based on rules set by finance officers and senior managers in the Local Authority who lacked understanding of personalisation and the reality experienced by the service users. This situation required her to preserve her relationships with service users by clarifying that although her role was to advocate for them, she was not the decision-maker; these cultural and structural emergent properties were beyond her influence. There were, however, conflicting interests because a Local Authority contract funded Fiona's support, and she, therefore, was also expected to 'manage expectations'. It is Fiona's reflexivity that enables her to navigate these circumstances.

4.10 Conclusion

This chapter has set out the rationale for using case studies in critical realist research and has described the practical steps in the design and execution of this research. The next four chapters will present the case studies in turn, presenting an analysis of the reflexivity of the participants, the role of the care relationships, the structural and cultural contexts for the relationship, and the influence that these may exert.

Chapter 5: Case Study 1, WellCity

5.1 Introduction to the case studies

The four case studies provide detailed accounts of the nature of the practitioner, the service user and the organisational context (from the perspective of each organisational lead). They illustrate the use *and* reveal the utility of Archer and Donati's theories in examining care relationships at this granular level. The primary focus is on individual reflexivity because examining individuals' reflexivity in context will reveal important insight into their relational reflexivity. The ORRAC model, introduced in the Methodology and Methods chapter, is a vital tool in representing the reflexive nature of each participant.

The discussion chapter following the case studies will draw on the data already presented, articulate the research findings, and incorporate further examples from the data to support the conclusions drawn about care relationships in social interventions.

The format of each case study examines one contribution at a time: practitioner, service user, organisational lead. The research questions and data collection methods have led to thorough and personal accounts. This is reflected in the case study text using detailed description and embedding the participant voice to represent their meanings faithfully. This approach was undoubtedly influenced by Archer's (2003, 2007, 2012) empirical work, and it is hoped, helps to reflect the 'first-person character of internal conversations' (Sayer, 2009:116). The order of introduction of each protagonist

varies in each case study, aligning with the critical realist principle that people, structures and cultures are equally and incorrigibly emergent, and so a predictable sequence of importance is unwarranted.

5.2 WellCity

WellCity is a user-led organisation (ULO) that supports disabled people to take control over their lives, fully participate in society, challenge inequality and contribute to a change in attitudes towards disabled people. The organisation provides support by providing information, practical support and advice around independent living and self-directed support. Their ULO status requires that 75% of volunteer trustees are disabled people.

As an extension of a county-wide initiative to encourage local community groups to be inclusive and welcoming to all members of the community, including those with a disability and those with mental health needs, they have been commissioned by the local council to include a one-to-one service, to support people with mild-moderate mental health needs. The latter service is the focus of the research with this organisation.

The case study is structured to first introduce the service user, Luke, providing an analysis of his reflexive development, the role of reflexivity in shaping his life, and his experiences in shaping his reflexivity. Next, the organisation, WellCity, will be presented through the descriptions of senior manager, Lorraine. Lorraine provides insight into the internal culture and processes of WellCity and the external context

within which the organisation operates. Lastly, Maxine is introduced. Analysis of Maxine's case builds an understanding of her reflexive development and tendencies. It also considers the implications of WellCity's context and leadership for her reflexivity and her support role with Luke.

5.3 Introducing Luke

Luke is in his early 60s. He grew up in London, attended private school as a day pupil and studied Law at University. He subsequently began a career in recruitment which, longer-term, led to working for himself in both Recruitment Services and Management Consulting.

Luke has struggled with alcoholism for most of his adult life and had his first "*detox treatment..mental treatment*" at the age of 28-29, and at the age of 32 achieved sobriety that lasted for almost 17 years. A few months before the research interviews, Luke had been referred to WellCity by a care coordinator at his GP practice following a period of personal crisis. He had separated from his wife, sold the family home, and his alcoholism had exacerbated, resulting in hospital admission. The physical and mental impact of this relapse was significant, resulting in difficulty walking and poor mental health. When Maxine (WellCity practitioner) had first met him a few months earlier, Luke lived in a rented flat directly opposite the large property, which he had, until recently, owned and shared with his family. At that point, Luke was required to move out by his landlord, and with support from the care coordinator at the GP practice, he secured social housing in a large town in the same county,

which was some distance from his home town and new to him. Maxine's role was to support Luke to establish himself after his relocation.

Luke acknowledges that due to being on his own so much, he tends to speak a lot and quickly because he enjoys being with people whom he can talk to: *"I live a very solitary lonely existence at the moment … I used to be ...very convivial with people - and I think that's why I tend to gush too much … it's the pent up thing of being on my own all the time"*.

Unlike any other participant, Luke's interviews were less like a semi-structured conversation and more akin to a stream of consciousness: *"..and there's a point to what I am coming to – I know I go off the point – sorry..".* In this way Luke, rapidly switching between topics but almost always returning to his point, was generous in sharing a great deal of detail about his life, struggles, interests and insights during the data collection sessions.

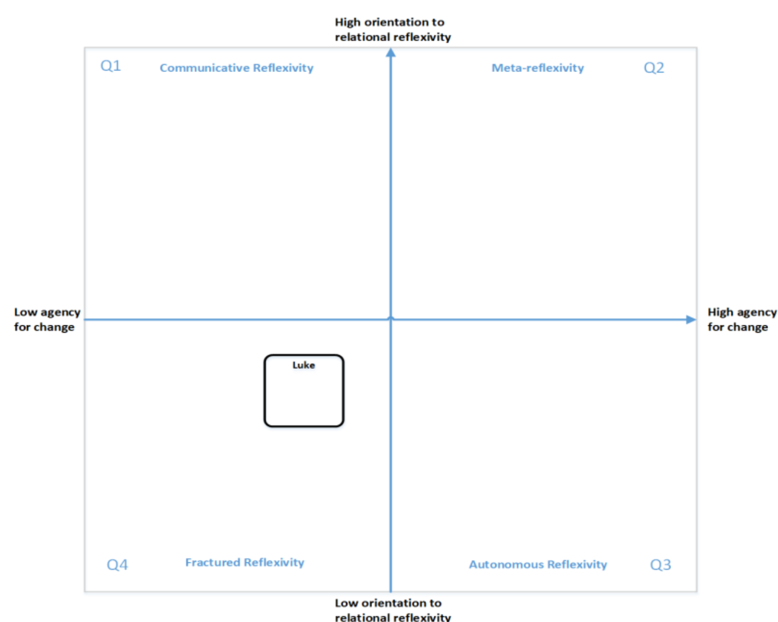
Luke's account showed that his sudden change in circumstances had presented an overwhelming challenge to the way he lived and his self-concept. He had been severely physically and mentally unwell, had lost everything (materially and socially), and was beginning at the time of our interview to regain equilibrium. *"I know that my wellbeing at the moment - not off the scale…. but... I'm sort of breathing a sigh of relief - saying crikey - maybe it is possible to start again".* At the point of the interview, Luke had recently moved into social housing in an unfamiliar town. He talked about accepting 'rock bottom' and said, "*whilst I consider my*

life to have been a considerable failure... I am grateful to be alive and to have a chance for a fresh start". Internally, his capacity for agency was low, being largely reliant on support to begin building a new life, get out and about, set up utility bills, consider employment and engage with other agencies for help with health and wellbeing. Represented below on the ORRAC model (Figure 12), his orientation towards agency for change fell at the low end at the point of data collection, albeit that there were some signs of his regaining expression of active agency.

Luke's circumstances meant that his social connections were almost completely diminished at the time of his breakdown. His second marriage had ended two years previously: *"her leaving me to sell the house and me rattling around on my own...having clients who are very demanding...I was suddenly then in a real pickle – family was all gone – work was all over – and my health had been affected – having ignited the poison of drinking again"*. He and his adult children were also estranged, and he was no longer working. He was out of contact with his network from Alcoholics Anonymous, although he had just begun to attend a group in his new town. His brother was the only consistent family contact and source of support. An agreement with his brother evidences Luke's lack of decision-making capacity: "*we agreed I would use his brain - so whether it was send a letter - have a row with universal credit…whatever the hell the decision was, we agreed that I would rely on his decision-making….it was complete acceptance of - I've by and large done it my way and*

its ended in tears". Apart from long-distance support from his brother and care relationships with service providers, Luke's social support network was minimal. Represented on the ORRAC model, Luke's opportunity and capacity for relational reflexivity was low. Low capacity for both agency and relational reflexivity places Luke in quadrant 4, aligned with Archer's mode of Fractured reflexivity, defined by Archer (2007:96) as those 'whose internal conversation serves only to intensify their personal distress and social disorientation without enabling them to determine upon a purposeful course of action' and 'subject to the pushes and pulls of social hydraulics'. Luke's own description of his internal conversation mirrors this definition: *"...what led to this crisis and what made it so profound was that my discussion with myself was quite constant and...negative - it was very much fuelling stuff I can't change - stuff from the past and I could do nothing about it - and it was very lonely"*.

Figure 12: ORRAC model, Luke



5.3.1 Reflexivity at different life stages

This finding for Luke represents his 'current' (at that time) reflexive capacity; however, it is incomplete in that it represents just one temporal slice of his life. Archer (2007:96) asserts that anyone can be susceptible to a dominant mode of fractured reflexivity: 'the continuous exercise of our reflexive powers, which is what makes us active agents...is always a fragile property, ever liable to suspension'. Luke's interviews revealed that he has shifted between fractured and more active periods of reflexivity throughout his adult life, rather than it being a single outcome of his recent crisis.

For Luke, alcoholism has been a pivotal risk factor in his unstable reflexive capacity. This is illustrated by an example which describes the onset of an earlier crisis period: *"when I was 17-years-sober in 2007 a number of events happened...and I didn't have the mental strength to deal with them…discovered that my first wife who I had met at university had died young …..got very upset about that - and then....other events that went wrong…..and I was in [town] high street one day…I picked up some vodka…."*

Luke is self-critical throughout his interviews. His comment above about being *"a considerable failure.."* could be interpreted as candid self-awareness; however, the importance of temporality in reflexivity comes to the fore here. Luke reflects on the entirety of his past *through the lens of his current dominant reflexive mode.* In this fractured mode, the internal relations, particularly the 'me-relation' of

his current internal conversation, is characterised by negativity. An illustration of this is Luke's reflection on his recruitment and management consulting career spanning 40 years. His account at interview primarily emphasises how he was at fault: *"I think on the rare occasions in my life where I have worked hard - I've had phenomenal - all good...results - but mostly I haven't - I've been more of a chancer or I've been lazy…generally I have made intuitive decisions made on gut feel and emotion - which happen to, in my case looking back, have been bad decisions".* Similarly, Luke compares himself unfavourably with others whom he holds in high esteem; his brother's very stable and prosperous career trajectory, and also that of a previous client: "*Tom was a client for ten years – a very disciplined man in a way that I was undisciplined"*.

5.3.2 Active and autonomous

Figure 12 represents Luke in Q4 of the ORRAC model, his social immobility consistent with Archer's description of Fractured reflexivity. However, this has not always been the case for Luke, and his account provides evidence of well-developed and active reflexive capacity. His description of leaving home to go to university as a young man and his moves through first jobs illustrates this active agency, which was motivated by what he wanted to do, and, he says, by 'money and status':

"I decided what I wanted to do, and I was gonna do it, and I wasn't much influenced by anyone else.."

"They paid a basic of twelve and a half to thirteen grand, [1979] - threw a company car in...so that was very attractive

- and I was very much in a hurry to achieve whatever I wanted to achieve."

The focus on personal progression and a lesser focus on relationships suggest that in this early part of his life, Luke's reflexivity was operating in Quadrant 3, aligned with the autonomous reflexive mechanism, seeking to move on and up in the world and valuing material symbols of success. The value he places in independence is evident in the way he described his later consultancy role: *"I like the idea that my consultancy job was always playing second fiddle to the client like a lawyer who works for the client - but might run his own practice - but I liked the idea that I was self-employed and that I was in control..".* His emphasis on independence shows that the autonomous mechanism was in play, engendering agency for moving forward, *but what led to the dominance of this autonomous mode in this early part of his life?*

5.3.3 Development of Autonomous traits

The information Luke shared about his family background fits the pattern set out by Archer (2007) as typical of autonomous reflexive development, involving early exposure to situations that necessitate or nurture self-reliance. These conditions directly contrast with those which nurture communicative reflexivity, where 'similarity and familiarity' (Archer 2007: 275-6) anchor social placement. Luke was clear that his parents did not get on: "*I could hear them when they rowed - and they stayed married 'til the day he died - we knew she was tricky and he was unusually easy-going - and they came from…a generation where you stayed together.."*. Luke went

to university some distance from home and began to build his career and life as distinct from theirs. Archer (2007:196) remarks that 'one of the most overt consequences [of autonomous reflexivity] is their marked tendency to leave home and…never return to their natal context except as visitors'.

5.3.4 Vulnerability to fractured reflexivity

Although the data reveal that Luke has autonomous tendencies in his initial trajectory, there are elements of his account that set him apart from Archer's ideal type of autonomous reflexivity and are implicated in his fractured tendency. Firstly, he was not equal to self-sufficiency which drives the autonomous mechanism: *"I was never very self-sufficient on my own - which is what is very interesting about this [his current situation] which is that I need to be self-sufficient on my own*". This need for relational stability is evident in his comment above that he liked to 'play second fiddle' professionally and act in a support capacity whilst also having the freedom offered by working for himself. Seeking relational stability also appears as a feature of Luke's personal life, particularly at times of personal crisis. Luke met his second wife in his late twenties during his first detox treatment for alcoholism. She was his new secretary and had come to take dictation from him at the clinic where he was being treated. *"I ended up marrying her..I thought she was a nice person...had a strong work ethic...would be a good mum…I knew I had blown that first marriage - someone I had adored…so I thought it's time for my head to rule my heart … and so we got married".*

Luke's account of this relationship and family life showed that it served as an effective stabilising factor, a period which coincided with his 17 years of sobriety: *"we started from scratch in 1990 - and rented a place for ten years and then bought quite a large house which I then sold last year - um - but there were flashes of business success.."*. Luke and his wife had two children who were finishing their GCSEs when times again became challenging for Luke. Ultimately his marriage ended, his work opportunities dwindled, relational supports disappeared, and he had limited social support to rely on.

Also out of step with a secure expression of autonomous reflexivity is Luke's account of a lack of planning and strategy in his decision-making. With hindsight, he reflects*: " I think in terms of planning, where I have planned things - at least I've had a 'what if' scenario to fall back on of if it goes wrong - so I've had the positives and negatives - but generally I have made intuitive decisions made on gut feel and emotion – which happen in my case to be bad decisions".* At times these examples of a shift from autonomous to fractured tendency coincide with relapses in alcoholism, here linked to financial decisions and management: *"….choosing to educate them [his children] privately which I could ill-afford - so putting myself under pressure…re-thatching the house couldn't afford the thirty grand for that …I've got twenty grand so I thought I would find the extra ten…and I didn't plan where the ten was coming from - just somehow I'd get it…."*

So far in this analysis, the data have shown that Luke initially operated in an autonomous modality but that at times he lost the capacity for active reflexivity, leading to 'fractured' periods with loss of both relational connection and agency. Luke appeared to regain a functional expression of reflexivity in a supportive family relationship structure, *but to what extent did relationships factor in who he was and how he operated in his working life?*

5.3.5 Relational reflexivity at work

Luke volunteered some written testimonials about his work life from his ("now defunct") company website, which, although not requested for the research, provided valuable insight into how he was viewed in his working life.

"…there were...close relationships with clients - as per those testimonials...reveal…now those testimonials are quite interesting as they are genuinely how other people see me - and although they have been chosen to be flattering to go on the website - they are people who knew me quite well."

The testimonials were from CEOs and Directors of companies he had worked with as recently as two years prior to the interview. The testimonials present Luke as someone highly skilled relationally. He is described as having a 'strong moral compass' and an ability to 'decipher cultures', using these skills to place people appropriately, build teams, and provide corporate level coaching and support organisations with acquisitions. As Luke says, these testimonials were "*chosen to be flattering"*, but it is of interest that their content is markedly relational in nature. His skill set, according to these,

was in effectively understanding what mattered to people and using this knowledge to support businesses by managing and supporting relationships.

The relational reflexivity employed by Luke in his work context, however, retained an autonomous purpose. The nature of his work was relational. As he puts it, applying *"soft skills"* or, as a client described, "*handling complex souls*". Luke's ability to apply relational reflexivity in this way promoted corporate harmony to meet clients' human resource requirements and ensure the development, smooth running, and sale of their businesses. There is no evidence that Luke's relational reflexivity extends beyond the boundaries of this instrumental purpose to, for example, broader ideas of social justice. It is of interest, though, that relational reflexivity is not absent in those who tend toward autonomous reflexivity; but instead, the interests and circumstances of others are not as readily prioritised *within their social concerns*. For Luke, it appears that managing relationships (beyond immediate family) is a primarily practical rather than a social concern and a practice for which he has been highly praised.

5.3.6 Agency and relational reflexivity in Luke's new life

Although Luke's circumstances have wholly transformed, his approach to relationship management in his new context is markedly similar. He uses his social capital and communication skills to navigate new challenges: "*for all of my short-comings and there are many – if you can't communicate over the phone or you are not articulate....you*

haven't got a chance in hell". He is frustrated by system barriers and the anonymity cast over him by the system, and it therefore makes a significant difference to him if practitioners demonstrably prioritise him as a person over and above system rules. As the following examples show, this contributes to securing his trust and approbation.

Luke applied his social skills to build a relationship with a GP receptionist to access hospital results which, for bureaucratic reasons, were not available to him: *"I worked extremely hard to build up relationships…to get the right care .. the right Doctor, the results of the scan." "the receptionist at the...surgery shouldn't have rung me but she did...she thought it was unfair the way that patients are treated – so she went outside the circle…".* Similarly to his approach to work, Luke describes relationships as a practice with a purpose. He tapped into a concern that was common to them both; that the system was in some ways unfair. The receptionist 'went outside the circle', responding to Luke's dilemma and circumventing structural barriers on his behalf. This relationship is not a long-term care relationship but may have begun to generate relational goods for both Luke and the receptionist. For both parties, the satisfaction of an issue resolved, the rules slightly bent, a level of trust between them for future interactions, and a sense of self-efficacy. In a similar vein, Luke celebrated the decision of a support practitioner who 'broke the rules' by meeting him in a restaurant where he was having lunch instead of in their booked room at the library: "*she said well I'll probably lose*

my job but never mind – I'm going to break the rules…we had a laugh about that – and she said I won't squeal on myself if you don't…".

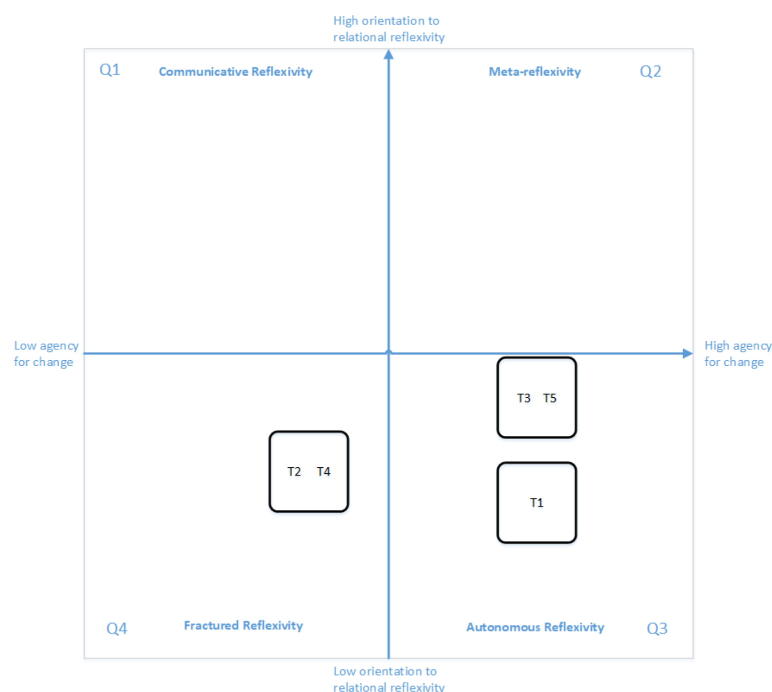
Conversely, Luke's relationship with Jessica, his Universal Credit advisor, is likely to generate relational evils rather than relational goods. Jessica is relatively new in the role, and Luke struggles to tolerate what he sees as incompetent. His impatience spills over into personal criticism, mocking her weight: *"she likes her cakes"* and expressing his frustration: *"Jessica will stand behind a computer and the Universal Credit system…her lack of knowledge…is staggering"*. Jessica's experience of Luke can only be imagined. Luke's orientation to relational reflexivity is conditional upon whether he likes a person or not, and competence is a key test. Maxine [WellCity practitioner] also observes that Luke has "*got quite a firm idea around how people should be" and* "*I suppose class is quite important to Luke*". Luke himself indicates that expressing empathy in such cases is not easy, yet also indicates that he is trying to change this: *"I had to work very hard to empathise with the people...at the Job Centre and Universal Credit...but I just thought – well it's not her fault – it's the fault of the people who employed her…the lack of training – she had a long period of being out of work before she got this job.."*

5.3.7 Summary of Luke's reflexive shifts

The ORRAC model below summarises the temporal shifts in Luke's reflexivity, revealed through his account of his life. It shows that Luke started out post-university with

autonomous traits (T1) and that in his late twenties, there was a fractured period (T2). Stability was achieved through his second marriage, family and consistent sobriety (T3), which led to Luke developing his business, and here we see him utilising relational reflexive mechanisms, albeit towards an autonomous purpose. His recent crisis takes him back to quadrant 4 (T4). Luke's support relationship with Maxine and others is scaffolding his capacity for reflexivity (T5), engaging again in relational reflexivity with autonomous purpose.

FIGURE 13: LUKE'S REFLEXIVE SHIFTS ON THE ORRAC MODEL



5.3.8 Adjudicating between concerns

According to Archer, the internal adjudication between competing interests is the core business of reflexivity. Luke raised a conflict between his ambition (practical order) and his relationship with his brother (social order). He recounts a potential conflict between the viewpoint of his brother, a

solid support to him, and his own. In these following two excerpts, Luke shows that it is important to him to use his skills (practical order) and regain a sense of self-worth and status (social order).

"I've only been here 2 months - the next part of the jigsaw is working - any paid employment - but very quickly I'll want that paid employment to be slightly more challenging and interesting - better - because it's in my nature to and I will fight that to try and prove to myself and other people that I've changed.."

Whilst Luke's reflexivity was incapacitated, he had agreed that he would "*use my brother's brain*" for any type of decision making, and his relationship with his brother was generating relational goods. However, Luke anticipates the risk of relational evils in his drive to pursue his own concerns:

" the battle then comes between … people pleasing - a job in a shop or helping out here (library) - at one end - right the way through to finding a consultancy - or counselling type job that I could enjoy - for a moderate amount of money…..so this idea of other people's judgement is difficult - - so from my brother's point of view which I am influenced by - well certainly he's helped me quite a lot - it's - you know - any job - but he is very black and white about it - and I'm probably very grey about it.."

On the second section of the ICONI, Luke's first listed concern was "Relationships – brother/son/daughter", and the 'battle' that he refers to involves the adjudication between this

crucial social concern, and his ambition to regain other social and practical footholds of his personal identity. Archer (2007:224) points out that accommodating interpersonal relationships is essential for those who tend towards autonomous reflexivity whilst ensuring that they 'do not usurp the subject's internal satisfaction deriving from work'. Now that his capacity for independent reflexivity is returning, Luke's autonomous leanings seek to satisfy these concerns, despite his challenging and unfamiliar circumstances.

This example illustrates that *shifting reflexive tendencies require accommodation in our relationships*. In other words, relationships need to be responsive to the reflexive modality of the person being supported. While he was reflexively incapacitated, Luke's relationship with his brother was one of reliance; however, in his recovery, his autonomous tendencies re-emerge. How Luke and his brother will navigate this territory will depend on the extent to which each of them a) value their shared relational goods, and b) can both exercise relational reflexivity to facilitate ongoing shared understanding.

This account of Luke has used Archer's work to explore the changing nature of his reflexivity through aspects of his biography. This research is ultimately interested in care relationships. However, it maintains that the nature of each person in the relationship and their reflexive tendencies have implications for the nature and effects of the relationship itself, an assertion which warrants this detailed analysis.

In addition, the context for the relationship is considered a key influence. The theoretical model within which this research sits sets out to investigate the potential for structural and cultural influences. These are theorised to influence the nature of the relationship through the people involved. Before introducing Maxine and then the relationship between Maxine and Luke, the next section will introduce WellCity as an organisation, mainly through the account of one of its senior leaders, Lorraine.

5.4 Organisational focus

WellCity's primary business is a contract to provide support planning for people receiving personal health budgets; part of council offer to disabled people and people with long-term health conditions. This support service is tied to council structures and processes. The project relevant to this particular case study was the 'Best Life' project, funded separately through the local Clinical Commissioning Group (CCG) Innovation fund. The 'Best Life' project aims to take a two-pronged approach:

- working with individuals in one-to-one relationship with support workers, and
- working with communities to promote the important ways they already welcome and support each other and growing this as a community movement.

The Best Life project is the part of the organisation through which Maxine was supporting Luke. This research seeks to understand the workings of the one-to-one aspect of this

social intervention at an organisational, service delivery and recipient level.

Whilst outcomes are seen as important by WellCity, their view of outcomes, as articulated by Lorraine (Business Development Manager), is person-centric, with the assertion that outcomes are not about what the organisation wants to achieve, but instead, what is vital to the individual:

> *"we want them to be empowered to feel that 'this is my life' and 'this is how I am going to live it well'...all Olivia and Maxine [practitioners] are doing is being alongside them to support them...they are not setting the journey – it has to be person-led in order to be successful."*
>
> *"it's not so much the activities that people end up going to…it's more about how they move on as a person...and their confidence and their self-esteem – that's what we are trying to grow."*

Lorraine characterises outcomes as personal growth towards an expression of agency rather than pre-defined goals or activities. Her position echoes the outcomes principle that Grönroos (2011) describes as value-in-use: 'value-in-use means that value for the user is created or emerges during usage, which is a process of which the customer is in charge' (see 2.8, p35). The implication is that the organisations cannot specify outcomes, as the nature of the 'value' is emergent of the person on the receiving end of support.

Lorraine's description above indicates that the WellCity focus is one of personal growth for the individual. We will see that

structural and cultural conditions are vital in enabling care relationships. These conditions include how practitioners think about the people they support and how to support them. The following section will draw on Lorraine's interview for insight into the culture and structures within which this social intervention and its relationships operate. As one of two senior leaders within WellCity, with influence internally through the service design and direct management relationship with the support workers and external influence through relationships with system leaders at county level, Lorraine's account provides essential insight.

After establishing an understanding of the role of the organisational culture and structures, Maxine, Luke's support worker, will be introduced. Her reflexivity will be examined to understand her reflexive tendencies in light of the cultural and structural influences of the organisation.

5.4.1 Lorraine, Business Development Manager

Lorraine was lively, enthusiastic, encouraging and challenging during our conversation, appearing to relish the opportunity to share her ideas. She has been working as the Business Development Manager for WellCity since 2014, when she was recruited to extend the community development offer within the organisation. Lorraine explained that the current WellCity approach was a significant shift in practice for the organisation, fuelled by an "*epiphany*" that swung the organisational model from a needs-based to a strengths-based mindset, informed by Asset Based Community Development (ABCD) principles

(Russell, 2020). These principles focus on people's strengths and capacities as a starting point for support rather than their needs. A mantra of the ABCD movement is to focus on 'what's strong rather than what's wrong'. Lorraine's example below illustrates their shift from one to the other, contrasting their approach with the same individual (a) before and (b) after this transition:

(a)"we were working with a person and….she lived in a small village…she'd said she was interested in crafts and our offer to her was this arts group in a town 15 miles away and we then focussed all energies on trying to organise transport to get there to this arts...but she didn't wanna even go to an art group- she was interested in crafts…."

(b)"we piloted the 'best life' conversation …. and she talked about the fact that she was a school governor … and what she really wanted was some more youth opportunities in her village – because her daughter was a teenager and really bored – ***and oh my god – we have been so dumb – we have been looking at people as a list of needs whereas actually they are a list of strengths*** *– and this woman is a massive asset to her community and we start working with her about how she could work with her community to make it stronger – and then it all started make sense – and it all started – like we just had to turn everything upside down and it's so simple."*

This shift sparked a fundamental change to the organisation because it revolutionised their emphasis on outcomes from connecting people with community activity groups to

prioritising the recognition and development of individual agency. Although this was, in practical delivery terms, a sea change for the organisation, Lorraine was clear that despite the change in approach, it also fitted well with established organisational values, which were rooted in their user-led origins and disability rights activism.

5.4.2 Maintenance of a strengths-based culture

Lorraine’s interview showed in several ways that for her, this strengths-based approach contrasts sharply with incumbent ways of thinking and practice in the health and care system, which in Lorraine’s view, draw power away from service users by professionalising help and support. A thread running through Lorraine’s narrative is the unhelpful nature of ‘professionalised’ and ‘expert’ roles. At times she uses strong terms, speaking of the *“dehumanising of professionals”* and *“it’s like they put on that lanyard and they walk into that big council building – and they lose their humanity”*.

In WellCity, she consistently challenges the legitimacy of this power differential and advocates for its subversion. She sees the value of WellCity’s offer as scaffolding the growth of the agential powers of each person, even if it is only initially evident as a “*glimmer of motivation*”:

“what the 1:1 workers are trying to do is say – ‘you are brilliant..I have no special skills or knowledge to give you but...we do understand that things break for people and they just need that help to get back into their community’”

Maxine (practitioner) articulates the contrast between WellCity’s methods and the way that other local

organisations operate, here describing informal comments from staff from other organisations:

"…we get told a lot by people – other organisations – 'we love the work that WellCity does – you are so good at working alongside people and promoting good aspects'…….but sometimes you feel that there is....competition professionally." "….sometimes…it can come across as being a bit fluffy and a bit woolly – and 'you just do the nice…'– you know and what not.."

Maxine's further explanation reveals that the key to this difference, for her, is the assessment processes. These are typical in many intervention models and are focused on what the person cannot do – rather than what the person can do; a deficit versus asset-based approach:

"you ... speak to people and they've had 7 assessments in one year ...they [other services] are talking to them about what they can't do – nobody's talking to them about what they ***can*** *do."*

Lorraine works to establish and manage a strengths-based approach and resists any encroachment of needs-led thinking within the service. Lorraine achieves this by managing the roles, expectations and behaviours of the support workers and in the design of recruitment, training and supervision processes. Recruitment of support workers emphasises the applicants' values, and Lorraine implies that professional social care experience *may* put them at a

disadvantage, with *"the one caveat…that they don't come across as 'professional knows best'"*.

In managing day-to-day practice, Lorraine emphasised a careful balance between practitioners having autonomy in their role and "*keep[ing] an ear to the ground about who they are working with and how they are working"*, stipulating supervision every six weeks for this purpose. A key intention is to steer practitioners away from thinking or acting for the person being supported. This intention extends to limiting the training practitioners are offered (avoiding, for example, counselling training): *"I didn't want them to think that they are a professional and I didn't want them feeling that they were going to save these people".* In the same vein, Lorraine talks about 'managing the ego' of practitioners who may otherwise become over-zealous about their life-changing roles and usurping the person's agency. Lorraine says, "..*its constantly reminding them who they [practitioners] are – it's tricky– I don't always get it right – I am not always on it enough – but it's trying to use those everyday examples and trying to use reflective practice..to realign them"*.

Lorraine's use of the term 'realign' suggests she sees her role as influencing how the practitioners think about service users, their role, and how they then deliver care. Of the four study sites, WellCity is the one that shows the most intentional and purposeful influence on the nature of the reflexive deliberations of the practitioners.

Lorraine has introduced regular evaluative 'reflective practice' centred on one question, as she describes here:

"..I wanted to make the reflective practice dead simple so they could use it on their visits – all the time – it could be going round in their head – it could be based on that question – ***how has the work you've done today helped that person to live the life they want to live?*** *I wanted it to be really relevant to their day – and that...changed their thinking of how they work.."*

5.4.3 Structure as 'process-light'

Lorraine's efforts are directed at how the practitioners think about themselves in their role *and* how they think about the person receiving support. Structure and process are purposefully limited in the service. Ways of working are at the discretion of the practitioner, as the service is wholly responsive in design. Lorraine speaks of the service being *"incredibly process-light and...open in terms of lengths of time….it has to centre on the person rather than any other system and unfortunately it's really easy to get seduced by systems and processes".* She clarifies that the intervention *"comes after all that real in-depth reflection and thinking – then we put that stuff [processes] in – we don't start with that – unfortunately a lot of places start with that stuff because it's easy".* The reliance on the strength-based ethos provides limited structural support, which results in a greater need for oversight of how practitioners are maintaining the approach, mainly because it is counter-cultural to the wider system approach.

For this reason, Lorraine is reluctant to scale up this approach or to package it and sell it, and the reasons she gives are

consistent. The way the service runs is not founded on replicable structures and processes; it is based on how the practitioners think about the people they support and how they think about the best way to support them:

“I wouldn’t think it was ethical to put this in another environment and just say we’ll take the money…there isn’t really a set of rules – there’s a set of principles which underpin this work and the principles have to be adhered to...if it is done wrong – all you’re doing is adding another layer of professional in their life who is trying to do good to them – yeah so we have no plans for global domination.”

The organisational ethos and values are a crucial component to the service design and delivery. Lorraine’s account confirms that culture is a priority over structure and process “*the processes have to fit with the values – as opposed the other way round.*”. Lorraine does not consider this a straightforward process in care settings because of the inclination of carers to appropriate the power of the individual. *“It [adherence to organisational cultural norms] comes after all that real in-depth reflection and thinking”.*

5.4.4 In the context of the wider system

Lorraine's awareness of the fragility of a model which relies heavily on cultural understanding and emphasis on relationships is underlined by her gratitude towards the new CCG lead who, for this project, has limited the structural constraints and expectations in financing this initiative: "it's *really been amazing working with the CCG and I never*

thought I would say that – but they've been so hands off – so they did this innovation fund...they said have a play and see what worked which was brilliant – it's what we need – we need to be trusted.."

Lorraine reflects on the juxtaposition of WellCity's "radical" approach and the systems which ultimately govern their work through commissioning processes. The definition of radical is 'concerned with fundamental aspects of a matter' (McLeod, 1987), and in Lorraine's account of WellCity's ethos, she describes their approach as fundamentally different; their emphasis on creating conditions that give and do not usurp power from service users as a principle which subverts the typical helped/ helper relationship. Lorraine articulates a particular risk of professionalising help, even at a community level. She wryly recounts telling a story (at a Local Authority event) of a man in his eighties who was taking the bins out for all his neighbours and a director asking if the man had had a risk assessment.

In Lorraine's view, this tendency to look at community life through a service lens obstructs person-centred thinking and action and is generated by "protectionism"*: "it's almost as if…they constantly feel they will be shown up for doing something wrong – or sued….it has completely influenced their practice and...made them put their guard up"*. However, to be commissioned, she also acknowledges the need to fit in with the wider system processes. In a recent bid to provide social prescribing services, she described the need to follow

tight governance terms: *"we've had to use their language in order to gain their trust",* even though in developing a service, governance procedures are at the *"bottom of our list"…"because actually that doesn't create a free relationship if your worker is constantly worrying about whether the person has filled in the right form"*.

The above examples from Lorraine illustrate a tension between the cultural bubble that is nurtured within the organisation and the contrasting cultures and structures of the broader system within which they operate. A further challenge that she believes threatens to undermine the integrity of WellCity's principles is the appropriation, and therefore the risk of undermining, terms such as 'strengths-based' by organisations who do not embed the principles as fundamental to practice. She is critical of a local charity in this regard: "*…it's got them their new tender and everything but their work has not changed – they are still working the same ways".* Lorraine concludes that the goal is to stay as independent as possible from the system and not to become *"paralysed along with the system", "there are too many hoops to jump through – we started the Best Life project with no funding – and then we built enough that we are now getting funding attached to it".* The values and adherence to principles expressed by Lorraine demonstrate a meta-reflexive core within the organisation. Organisations cannot be reflexive, and it is the meta-reflexive tendencies of those running the organisation that maintain their principles

of equality and subsequent practices. The culture is shaped and reproduced by the people within it.

5.5 Introducing Maxine

Maxine has been a support worker for WellCity for 5 years. She earned a degree in social care and subsequently worked in a day centre for people with Learning Disabilities. A five-year break from paid work to raise her two children ensued until she returned to work, firstly as a support worker in social care during evenings and weekends, and then once her youngest child was at school, gaining a support worker position at WellCity. As has been established (see 3.14, p81-82), Archer's (2000) characterisation of 'personhood' incorporates our relations with the natural, practical and social orders of reality and how we reflexively respond and proceed, adjudicating between our interests in the context of our lives. Person-centred care relationships in social interventions aim to support people in navigating life and are therefore engaging with this process. This research maintains that the nature of both people in the care relationship is important because the care relationship as a structure brings together two different personhoods and two shifting expressions of reflexivity.

Reflexive tendencies can change throughout life, as was evident in the analysis of Luke's patterns of reflexivity above. Archer (2017b) proposes that we may switch between modes in a single day. However, she also proposes that people can have a general tendency towards a particular mode in their responses to situations. It is therefore essential to

understand Archer's reflexive modes as loosely tethered rather than anchored. Maxine's interview also illustrates this. The following account reveals shifts in her reflexivity influenced by different life stages and contexts, including the influence of WellCity as her current work environment. The ORRAC model again provides a visual tool within which to represent these shifts, with its particular focus on relational reflexivity and agency for change within Archer's described modes. Seeking to understand Maxine's reflexive tendencies is an important first step in investigating whether these aspects of her personal reflexivity influence how she operates within the organisation and in her relationship with Luke. This first section seeks to establish Maxine's reflexive tendencies and begins to consider how these influence her home and working life.

5.5.1 Natal context and reflexive tendencies

On the second part of the ICONI, Maxine wrote that her three primary concerns are family (specifically noting this was husband and children, excluding wider family), being happy, and physical and mental independence. Maxine's deliberate exclusion of her extended family is explained in her interview. Her account shows an emotional distance from them, linked to a time when she perceived their lack of awareness and support during difficult and unhappy years. This is compounded by a continuing 'difficult' relationship in the present. When she talks about family, she emphasises the tight nuclear family *"…[husband] and I have quite a good game plan with the kids ..the four of us are quite strong together...external family are a different matter...".*

Maxine's focus on being happy as a primary concern is underpinned by her account of her life experiences. She alluded to times of significant unhappiness during her late teens and early twenties. She later cites contentment as something that is of central importance: *"contentment is quite important to me - [I] don't ask a lot - just - laughter - dogs, chickens"*. The concern of independence is a theme that is detected qualitatively throughout Maxine's account and is consistent with an expression of autonomous reflexivity.

Archer (2007:195) describes two precursors of autonomous tendencies, both representing a contextual discontinuity in early life. One is that the subject has had the 'freedom to encounter novel situations' generating early experiences of self-sufficiency, and the other is 'dysfunctionalities within the natal context' linked to family relationships. Maxine's account of her early life incorporates both elements at different times, and both can be seen as having an influence on the way she thinks about life in important ways. To make sense of these two contrasting aspects of Maxine's account, they will be described separately, even though these two tendencies co-exist in Maxine's experience of life.

5.5.2 Freedom to 'be'

Maxine describes her life before comprehensive school in a way that evokes a sense of complete freedom:

"..I never had a care in the world…you know, I was happy - always been very much an outdoor person out climbing trees - probably a bit tomboyie."

This sense of freedom to 'be' is echoed throughout Maxine's narrative. In terms of her future, her aspirations are modest and comfortable. She anticipates, and with her husband is working towards, a life that centres on home and family but includes travel and modest adventure:

"I don't tend to have big dreams of long holidays or villas abroad...it tends to be quite centred around being home - but...being busy within that daily living aspect.."

"he's [husband] restoring a classic car so...we will be able to go adventuring together - I'll have my tartan rug - flask - so that sort of image of how life can be.."

These aspirations may seem idealistic and more aligned to the dreaming that Archer (2007:231) associates with meta-reflexivity. However, Maxine's account confirms that for her, these aspirations are achievable and part of a plan: "*yeah without making it too idealistic [that] I suppose you can't achieve it"* and sets out some of the practicalities of the mortgage paid off, going part-time to facilitate her ideal lifestyle.

Maxine's freedom orientation extends to her aspirations for her children. She asserts the importance of her daughter's autonomy: "*I don't want her to be doing things just to please me", "she's got to have her own motivation and make her own decisions*", but she also wants to see them *"being happy and living life and experiencing life".* Echoing her own happy memories of childhood freedom, she says she *"just want[s]*

her to go out and have a good time – so she can look back at her childhood – and she's got the memories".

Although Maxine's future aspirations are temporally distant, now her children are 13- and 10-years-old and starting to become more independent of her, she has *"picked up hobbies again as such and brought a little bit of me-time back into the equation"*. Maxine is a keen wild swimmer. Her detailed unprompted description of the experience emphasises the importance of the self–sufficiency involved:

".. it's a very testing time as it 1) helps you think about your resilience and what your body is physically doing - but 2)..pushing boundaries...your endurance...it's very individual when you are out there".

For Maxine, this is embodied self-sufficiency: a concern of the natural order. Physical independence and self-reliance are strong drivers for Maxine, who later shared her worry, due to a hip replacement four years prior, about losing physical independence, unsure about how she would cope with being a recipient of care: *"if the time comes when I'm gonna need others around me to be strong - I am not sure how good I am going to be letting them take control."*

The examples above show that for Maxine, autonomy is less about agency for change or strategically ascending life's ladders and more about building a sense of self-sufficient security through hard work and planning. There is, however, a further dimension to Maxine's sense of independence, emanating from contextual discontinuity rooted in

unhappiness at comprehensive school and university and a distancing from family relationships during this time.

5.5.3 Distancing from family relationships

In contrast to her idyllic early childhood, which generated a developed sense of freedom, Maxine summarises her life as a teenager in the following terms: "*..whereas when you went to comp - you became that teenager - and you just had to grow up - couldn't keep climbing trees all your life."*[9]

Maxine describes her years as a teenager and young adult as being difficult, also reflecting that those around her failed to notice her unhappiness or offer support:

"I didn't enjoy being a teenager to early twenties - didn't like life at all back then…. I found Uni incredibly hard – if I turned back the clock would I go again?

"why didn't those around me pick up on what...on helping me to be happy, but in all honesty I probably hid it really well so they would only see what was on the outside wouldn't they - not the inside".

Maxine's account of this period of her life is echoed later when she talks about the WellCity service. It suggests that she may have experienced a period of fractured reflexivity as a young person and believes that she may have benefited from some additional support:

"I do think even compared to some of the people I work with - I think gosh, maybe I should have had a little more support

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[9] It is of interest that Maxine uses a second person pronoun 'you', distancing herself from this viewpoint

along the way - it wasn't there or I didn't think it was such a big issue - it probably really was - but I've come through.."

5.5.4 Planning and control

Maxine's autonomous traits are rooted in these early challenges, which distanced her from her family. She suggests that she did not live up to her parents' standards, recalling that they "*…were always really hot on being organised - I don't think I was a very organised young person or teenager…and then I kind of went - and overtook them"*. Her interpretation is that due to the pressure of expectations, she found herself "*over-compensating*" as an older teen and young adult by "*making sure everything was in order – everything was planned – controlled..".*

Maxine's well-developed control strategies may have helped her to manage the challenges she faced and gain a sense of stability. Her planning tendencies are still evident in her family life: *"planning a week ahead with teas.."*, and in her current work-life: "*I will think about all the nitty gritty things - I'll probably turn up early...it frustrates me if I don't have all the right things with me..".* Maxine notes that being so adept at planning can have disadvantages in work relationships: "*I can be really - too advanced with the planning - and then other people turn up and they are not on that level- and I'm like – 'haven't you done anything then - why aren't you ready?' – [laughs] - and that's how I come across like I might not be chilled out".*

Maxine herself reflects on these two contrasting aspects of her autonomous reflexivity; a sense of freedom, calling

herself ‘free-spirited' and *“I would kind of…hop on a plane and see where it goes”* and a tendency to plan meticulously. Her own reflection is: *“yeah it’s funny - I like rules. But I kind of don’t like rules because I like to see how things go...you yin/yang...there’s always two sides to things really.”*

5.5.5 Working with WellCity

Maxine sees the ethos of WellCity as a good fit, incorporating a sense of freedom both in terms of how she organises her work and how she works responsively with the client group, in contrast to the way she has been required to work elsewhere:

“…WellCity are quite happy for you to take positive risks...I’ve always felt there are too many boundaries for people when they have [Social Care] support - I’ve found that really difficult in the past..”

“I wonder if that’s ...why I like working for WellCity...you can just plan as you go along – [it’s] just relaxed..”

There is also evidence that the ethos of WellCity has enabled Maxine to feel confident to relinquish control and be more responsive in her work. When discussing imaginary conversations in her internal conversation, she reveals that this has changed with experience and that care conversations are more spontaneous and less scripted: *“I think I used to imagine conversations a lot more... I would try to perceive what would be the answer was if I had asked a question - whereas nowadays I tend to...not worry so much..”*

Maxine acknowledges that her autonomous tendencies do feature in the way that she works with people: *"to have my own strength is important to me …that has probably influenced me within my role … because I am very good at saying well what is your vision for moving forward … because … that's important for me as a person …".* However, this autonomous bent does not diminish Maxine's relational traits, which are considered next.

5.5.6 Work context and relational reflexivity

The above account of Maxine's reflexive tendencies has highlighted autonomous aspects but has not touched on her openness to relational reflexivity: the vertical axis of the ORRAC model. Maxine's key relationships are her tight knit immediate family; her husband and two children. The way that Maxine describes her future with her children *"coming through the back door with whoever in tow.."* suggests that although she has forged a separate path from her natal context, she places high value on family and relationships, perhaps nurturing a tendency towards communicative reflexivity within her nuclear family. However, ultimately Maxine prizes autonomy. During the Jack exercise, she was clear that (fictional) Jack had no responsibility for his parents who should address their own needs rather than being reliant on him. She also talks about her children's independence in the present and future, albeit maintaining positive contact: *"they'll be doing what they are doing and perhaps their own working lives, but I can still support them".*

Alongside a freedom-oriented autonomous reflexivity, Maxine has an open approach to relationships with the people she supports. She describes this as a natural tendency, and in some ways a function of WellCity approach. This openness is evident in the way she describes herself in her personal context: *"people always come to me with things all the time.…I can't even go shopping ..without somebody offloading a problem…I've always been that character in life"*. In a work context, Maxine relates the skills which help to forge relationships with people: *"..I can pick up what is important to people very quickly - and I...hope helps them relax when I am working with them …"*

Orientation to relational reflexivity in Q2 of the ORRAC model extends beyond being approachable and a good listener, although these skills are facilitative. It is also the extent to which a person is oriented relationally to how others experience the world, inclusive of any other person (as opposed to Q1's relational orientation to 'known' family/community 'others'). The next section proposes that although predominantly autonomous, Maxine is influenced by the meta-reflexive propositions and practices of WellCity which guide the way that she provides care.

5.5.7 Organisational culture influencing personal reflexivity and action

Maxine described the ethos of WellCity and a recent business strategy exercise clearly but hesitantly, suggesting that she was getting to grips with a set of new concepts. She described the importance of the person they are working with living the life they choose: *"to be as independent as possible in making*

decisions and choosing daily life." She highlighted the principles of equality and fairness: "*we want everybody to have the same opportunities and also not –not to think themselves above anybody – keeping that groundedness". Maxine's* words evoke the principles outlined by Lorraine in her interview and evidence a link between the two, supported by Maxine's acknowledgement that Lorraine is 'quite a big influence'. She particularly mentions the introduction of reflective practice: *"The reflective practice which Lorraine encourages makes you look back and see: why did you go for that? - why did you this? - what influenced this? - was that a good idea? - would you do it again?".* This introduced practice of 'thinking about thinking' is described here by Maxine as a learned skill rather than an approach that she would have adopted unprompted.

Lorraine also described a situation where Maxine and a Physiotherapist had planned to act *on behalf of* a person they both supported. This plan challenged a core organisational principle; that power is held (and action taken) *only by the person being supported themselves*. Lorraine explains this by saying that "… *it's easy to get sucked in isn't it, to this professional role*" (referring to the power imbalance of typical professional/person relationships). It is also feasible that Maxine's autonomous tendencies towards 'getting things done' influenced her response in this situation. Once they had discussed the situation, Lorraine reports Maxine responded, "*oh my god – you are absolutely right".*

Evidence for Maxine's autonomous tendency in her work context also comes from Luke's comment about Maxine's support in the early stages: "*she tried a few things with me – which in retrospect were a bit early – but she didn't appear to be disheartened by that – she wanted me to get healthier and get swimming and do this and do that..*"

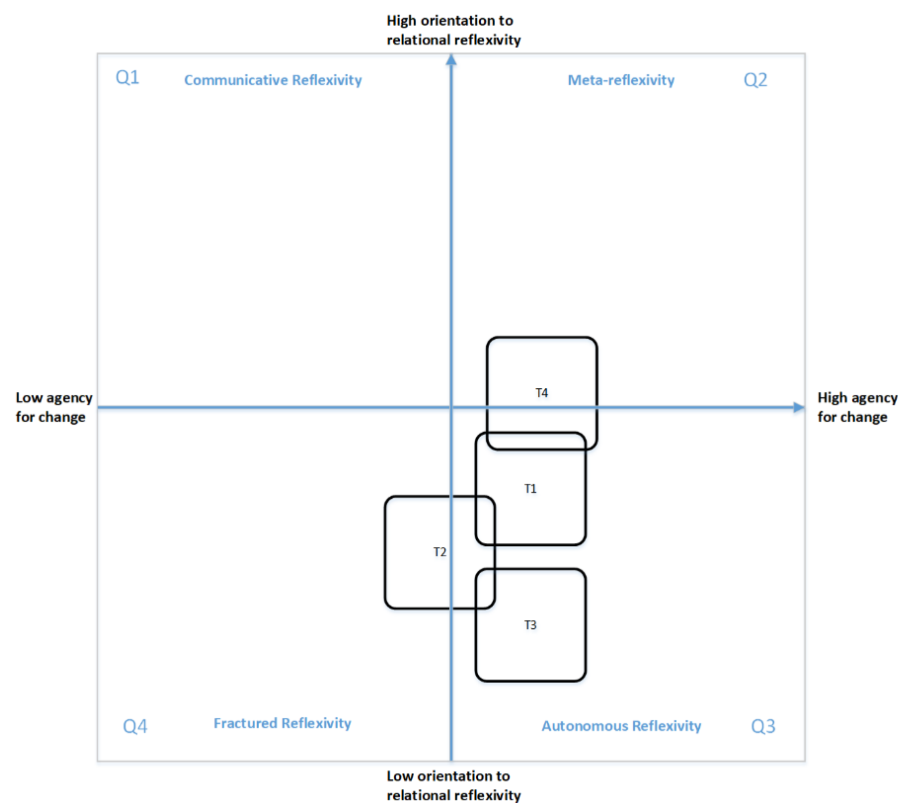
These nuances in Maxine's reflexivity are interesting because they show how reflexive thought and subsequent action are influenced by culture, structure, relationships and circumstances. They support the idea that people are pre-disposed, partially shaped by personal biographies, to certain patterns of thinking (reasoning and relational), which play a tangible part in shaping their actions. There are aspects of Maxine's developed autonomous nature which serve her role well; her organisation, her drive to move things forwards with people, and an understanding of the importance of personal freedom and autonomy. The meta-reflexive influences within her organisation expose her to ways of engaging with the personhood and reflexive capacity of others, which are core to organisational culture and supported by the structures within which she works.

5.5.8 ORRAC Model, Maxine

Figure 14 below presents a visual representation of the shifts detected for Maxine on the ORRAC model. It shows in Q3 her freedom-oriented autonomous traits (T1), her period of (near) fractured reflexivity (T2), which drew her to (in her terms) 'over-compensate' and gain some control through

planning – a less relational, more strategic period (T3). Although these tendencies remain, she has found ways to regain her original sense of self, and her work with WellCity influences how she approaches her work, being increasingly open to the reflexive potential of the people she supports (T4).

FIGURE 14: ORRAC MODEL, MAXINE'S REFLEXIVE SHIFTS



5.6 Conclusion

The ORRAC model proposes that *the extent to which* relational reflexivity is implicated in personal reflexivity is critical to the way that our reflexive deliberations steer our lives. It suggests that Archer's modes of communicative and meta-reflexivity represent mechanisms more open to relational reflexivity than the

autonomous reflexive mechanism. This does not intend to convey that those with autonomous traits cannot engage with the reflexive processes of others. However, their reflexivity has a primarily autonomous purpose and is therefore less relationally oriented. Fractured reflexivity represents a temporary or long-term absence or loss of reflexive capacity, which, whilst experienced, precludes independence of action or social connection. We cannot use these four quadrants to reduce human complexity to 'types of people'. However, if it is agreed that individuals have reflexive capacity, then the extent to which relational reflexivity is implicated in their patterns of thought and subsequent actions is of interest.

Luke and Maxine's cases have illustrated that different personal experiences shape different expressions of the reflexive mechanism. The account of their reflexive tendencies has demonstrated that openness to the reflexivity of others creates the potential for influence, in this case, between organisational lead and practitioner *and* between practitioner and service user. Suppose the care recipient is experiencing a fracturing of their reflexivity. In that case, a practitioner's orientation to relational reflexivity may enable a relationship that meets the criteria set out by Donati (see section 4.9.5) for relationships that generate relational goods. How these conditions are met in a care relationship and how this can lead to personal change are considered in the discussion once all the case studies have been examined.

Chapter 6: Case Study 2, AllCare

6.1 Introduction

AllCare is a User-Led Charity and is led primarily by disabled people, people with health conditions and carers. People with direct experience of the services make up most of the Board of Trustees, some of whom also draw on support from the services. AllCare delivers several services, including Direct Payment, banking, recruitment and payroll services to support people employing Personal Assistants, a care and respite service. In this case study, the practitioner-service user pair are Fiona and Fran. In AllCare, however, the terms used are Adviser and Customer, so this chapter will adopt these terms. Fiona supports Fran with the management of her Personal Health Budget, so this service is the focus of this case study. Peta, the Chief Executive, has worked for AllCare for 15 years in that role and has a history of care and leadership roles in the disability sector.

In contrast to Case Study 1, which focused on the way reflexive modality can change in response to life experiences and cultural contexts, Case Study 2 emphasises how lived experience, through developed personal identity and reflexivity, is implicated in care relationships. It also applies Donati's concepts of Relationships that generate Relational Goods (RgRG). It does this through analysis of:

- The reflexive nature and care relationships of Fiona, an AllCare Adviser, inclusive of her lived experience and work context

- Fran's experience as a customer of AllCare. Fran contributes an understanding of how a functional capacity for reflexivity operates in care relationships, at times in the context of uncertainty and vulnerability.
- The organisational conditions within which these care relationships operate, in ways that enable and constrain them.

6.2 Introducing Fiona

Fiona is a practitioner in AllCare and has worked there for over five years. She is in her mid-50s and lives with her husband Ken and daughter Katie. Fiona also has an older son, Craig, who was expecting his first child at the point of the interview. When Fiona was first married, she moved away from the family home to a Royal Air Force base where her husband Ken was posted, and subsequent moves took them to Belgium and then back to the UK. Fiona worked as an NHS administrator before moving to Belgium. After Craig's birth, she did not seek paid work until he started school, when she worked as a Personal Assistant (PA) for a company director. Unlike Maxine and Luke, Fiona's account of her life before Katie's birth did not include many details of who she was before then, apart from the brief comments on family life, referred to in section 6.2.2 below. She does remark, however, on the amount she has changed in the interim: "[after Katie had left school]*…I couldn't have seen myself going back and becoming...a clerical type PA as I had changed a lot...and so to go into a standard office and work for a director. I'd have..been likely to go in and say really? Is that*

really important?”. Her lived experience during Katie’s childhood led to a substantial change in her worldview and how she employed her reflexivity.

Fiona’s account of her day-to-day life showed that by any standards, it is busy. She works part-time with AllCare, has voluntary commitments, including running a weekly toddler group at her church and delivering parent support sessions at Katie’s previous school. She is a lynchpin for her wider family, providing support for her brothers and her friends. Fiona also has Multiple Sclerosis and needs to manage the energy she expends to conserve it. This is a balance which she owns that she doesn’t consistently achieve: “*…I try and make sure I am giving a bit of myself to everyone which sometimes means that I am giving too much…I am not very good at prioritising emotionally where my support should go..but I think that’s human nature isn’t it – if you can help someone – you do..”* Fiona’s daughter Katie lives with Fiona and Ken, and has full-time care from a Personal Assistant, Joanna, who is not much older than Katie. Although this relationship is a paid care relationship, Fiona’s description suggests that by virtue of their similar ages and interests, it may well be a care relationship that (in Donati’s terms) generates Relational Goods: *“[Joanna] is into all the modern music and clothes and so it works really well for Katie to have someone who she can view more as a friend*..” Katie’s support is funded through a Personal Health Budget, which Fiona manages, supported by AllCare.

6.2.1 Internal conversation

Fiona acknowledged an active internal conversation and, in the 'Jack' exercise, was adept at imagining his internal deliberations. She was able to readily describe the ways her internal conversation features in her home life: *"it's those things that you ponder about and..quite often in the middle of the night…when I try and be still and quiet...that's when I will start to think things through..".* It features equally persistently in her work life: *"I try when I switch off my computer…I try to take that as my signal to log off from those things but sometimes I manage it more successfully than others".* Fiona was open about her life, sharing experiences that have shaped her reflexive development over time. Her account gives insight into the extent to which personal experience can deeply connect to reflexive tendencies. Later in this section, it will become evident how this lived experience is embedded in her practice.

6.2.2 Reflexive nature and family

Fiona's early life lacked the contextual continuity which may have otherwise fostered a communicative tendency, disrupted by both by marital separation and Fiona's much older brothers leaving home: *"..my dad left when I was 6 or 7 and that tied in quite closely...with my eldest brother going off..to..work and my middle brother..to join the Royal Marines. So we went from having this very full household – with my mum and dad and 3 brothers and myself – to...very quickly becoming mum, myself and the next up brother".* Despite these changes in family life, Fiona did not adopt a position disconnected self-reliance, at least not in the long-

term. She remains committed to her extended family relationships, making the connection between the effective halving of the family group when she a child and her love of getting everyone back together now: *"I think that's why I … like to bring people back together….Katie had a big party for her 21st where….my brothers and nephew and nieces...came down…I'm in my element with that*".

She also describes supporting, emotionally and financially, a younger brother with gambling problems. She says that since their mum died, she has assumed a maternal role: "*although I've got 3 older brothers I kind of stepped somewhat into mum's role"*, indicating that with a maternal role to fill, there were familial relational goods to maintain.

6.2.3 A significant life event

Case study 1 illustrates that patterns of reflexivity can shift over time, sensitive to internal reflexive capacity and external life context and influences. An event in Fiona's life appears to have engendered strong self-sufficiency and, with it, autonomous reflexive tendencies. Katie's birth brought about considerable changes in Fiona's family's life and plans. Katie, who is now in her mid-twenties, incurred a brain injury at birth during a difficult delivery, which resulted in significant physical and cognitive disabilities, requiring long-term care. Fiona doesn't dwell directly on the personal effects of this event. Still, she does, in the second one-to-one interview (session 4), reflect on the enormity of the experience for other families in a way that shows her experience-based understanding: *"…Sometimes I think*

customers have been through...really traumatic experiences...they've been through a really stressful and traumatic birth – everything in their life has been completely thrown up in the air – everything has changed and then they've had to fight and battle for everything.."

6.2.4 Autonomous self-reliance

Fiona is clear that she tends to make most of the decisions at home: *"I will talk things though with him [Ken] but I often feel like I am taking the lead if that makes sense..".* There is a strong theme of self-reliance in Fiona's narrative, in particular at decision points, revealing her experience of decision-making as intense and autonomous: *"I put so much pressure on myself that I've got to make the right decision...I wish sometimes I could say - well this doesn't really matter so much …but I put a lot of pressure on myself... I want to make the best decision and the right decision at that time."*.

Fiona's anxiety to be fully confident of her decisions may have been exacerbated by a biographical event that Fiona shared as an example of 'reliving' in her internal conversation. She describes reliving her decision not to have a planned caesarean, one that may have changed the outcome for Katie: *"…I revisited that one [appointment] where I agreed to not go straight for the Caesarean section – I think, could I have done that differently? Should I have been more adamant and not allowed myself to be bullied when I was accused of being middle class [laughs]?"*

Fiona then says*: "I am not the world's best at sticking to my guns… I allow myself to be influenced by someone face to*

face". Fiona is transparent with others about her reasons for decisions, not to gain guidance or confirmation (as might be the case in a communicative mode), but to justify why she has made it: "..*once that decision has been made I like to feel that people know why I have done that – whether it be right or wrong as viewed by them..".* Fiona's thoroughness in decision-making and wish for vindication is also detected in her work life, as evident in this account of successfully supporting a family to gain appropriate funding for their son: *"you are able to think that yes – now they can see that what I was saying about how this could work and how this could help –* ***that I was right*** *.. that what worked for me could also work for them".*

6.2.5 Meta-reflexive engagement with others/ outward looking

Fiona's internal conversation is autonomous in her ownership of decisions. Yet, the above examples show that she is also critical of her thinking and anticipates critique from others in a meta-reflexive way. As a senior in the team, she considers the need for peer support in decision-making and has set up case discussion meetings: *"..it's ..just to be able to give everyone that forum of: 'I've got this case – that a bit tricky – how might I tackle that'...I think it is really important that people are given the opportunity to work things through with other people sometimes."* The autonomous tendency shifts to meta-reflexivity when our internal conversation shifts in emphasis from *self-oriented* reflexivity to *relational* reflexivity, engaging with the personhood and reflexivity of others. Fiona demonstrates

meta-reflexively in her attention to multiple perspectives in her interactions in a current friendship group: *" I've got… three close friends… of the four of us, I was always the one who saw the other side – putting the other points of view across – one of my friends says – 'it really bugs me that you do that but then I go away and I have a think about it and I'm like – she's actually got a point'."*

Fiona's meta-reflexive tendencies are also evident in the way she thinks about her career choice. When she describes returning to work after 19 years of caring for Katie, she says she could have worked in a supermarket or returned to a corporate Personal Assistant role. However, neither of those jobs would involve what was important to her. Her current work enables her to use her "*personal experiences to positive effect so it kind of* ***makes a bit more sense of what I have been through*** *– that there is a purpose and reason...that I can use – going forwards".* Fiona's words hold a poignant and meaningful point; her work serves to ameliorate the pain of her own experience. Archer's (2007) account of the meta-reflexive mechanism is characterised by an orientation towards life purpose and values, which is evident in Fiona's explanation. This could be seen as an autonomous motive, one which aligns with reasoning such as that supposed in rational choice theory (Mouzelis, 1995): the idea that helping others ultimately benefits oneself and one's own sense of identity. However, this interpretation would omit the contribution of the relationship to both parties, the integral role of relational reflexivity and the generation and sharing

of relational goods. It would define care as purely instrumental and deny that there are 'people for whom the pursuit of values is an end in itself, regardless of considerations of costs' (Archer, 2007:309).

6.2.6 Lived experience, concerns and reflexivity

Fiona's primary concerns extend to those of her family and, in particular, incorporate her daughter's: "*for Katie .. she is very dependent...so she's always going to be the main centre...for my life...so whenever I am planning or doing something I will be considering…is she being well looked after – has she got a really good quality of life – is she able to get out and do things – is she healthy ...* ***it's a layer on top of the concerns I have with Craig [son] obviously***". This extra 'layer' is Fiona's attention to the personhood of Katie: the natural, practical and social concerns that Katie cannot express in a way that affords her independent governance over her own life. Fiona's role as parent and advocate means that Katie's concerns are entwined with her own. This has seeded meticulousness in her reflexive nature, which she describes as a practical necessity. The following example of planning a family cruise is an illustration of this: "*..I will make lists ..: we've got to do the insurance...make sure the meds are ordered, have I got an up to date prescription request, ..ordered the equipment...contacted the… special needs department… There are some things in life where you can say – that really doesn't matter – for all Katie's medical supplies...and hiring the equipment...that's not a case where you can turn up on the boat and think we'll pick one of these up when we next land".*

This personal praxis has developed through long-term experience of managing Katie's life and wellbeing. Schon (1994) demonstrates through detailed examples how experienced practitioners 'reflect in action', their experience providing 'a repertoire of examples, images, understandings, and actions' (Schon, 1984:138) enabling them to respond when confronted with a novel problem. He says that their 'capacity to see unfamiliar situations as familiar ones… en- ables [them] to bring [their] past experience to bear on the unique case' (Schon, 1984:140). Fiona's engagement with Katie's concerns, the merging of these with her own, and the subsequent navigation of life have afforded her frameworks of thinking, which help her engage with her customers' novel challenges. Therefore, her lived experience is a valuable resource alongside her meta-reflexive tendencies, enabling her to more deeply reflect on and engage with her customers' natural, practical and social concerns. It is proposed, then, that lived experience *has the potential to deepen engagement with the personhood of others in care relationships if combined with a tendency towards meta-reflexivity*. This is not to imply that lived experience 'gifts' a capacity for meta-reflexivity, but instead that it can enable and enhance it.

The nature of this all-encompassing practice subsumes Fiona's home, work and voluntary life, as illustrated by her need for an outlet. Fiona runs a weekly toddler group at her church and explains that is a welcome change from her identity of being Katie's mum: "I've *always felt it's really good*

*to have somewhere where you go and do something **where you are just you**… so you're not always known as* 'Katie's *mum' if that makes sense".* This comment evokes Fiona's assertion about how much she has changed since Katie was born, suggesting that aspects of her personal identity are distinct from her developed social identity and that she gains rest from decoupling them for a while.

6.2.7 Care relationships and the value of lived experience

Fiona acknowledges that her lived experience is valuable in forming care relationships: "..*I think being able to share with people…really helps with bonding with the relationship – because they see you do understand..*". She describes a problematic case of a young man whose residential care home gave notice of closure within four weeks. Fiona was charged with helping his parents, at short notice, set up a Personal Health Budget (PHB), which would enable him to be housed and supported independently.

She said of his parents: "*our young people had both been in the [same] school – so I think that helped – because they knew that I totally understood their concerns and the anxiety..so we had a bit of a communal ground..".* This 'communal ground' was a helpful starting point, but it took time for her to tune into and appreciate their emotional state. It began with the practicalities and evolved as discussions reached a "*deeper level*", enabling Fiona to perceive an otherwise obscured vulnerability: "..*at the beginning I wouldn't have actually had a complete understanding of why this was so scary for them….but*

by...listening to them – I really began to understand – because yes if you thought you had done this contingency planning, because as a parent of anyone with a high level support needs you are always aware of 'what's going to happen as I get older?'… they had done all of that – they had done everything right…...and as you break down some of their barriers more....you get to ***see more of the real person and the fears and anxieties around things*** *– so it evolves.."*

Fiona's description shows intentional engagement in relational reflexivity with the parents, being open to and sharing in thoughts, emotions, and experiences that are not her own. The outcome of this relational reflexivity is the commitment to a shared concern, a sense of shared, rather than instrumental purpose: "*seeing me as someone that …was interested in then whole package for the young man, not just: 'I am here to write a support plan and produce a budget – set that up and then, here you go'..". Fiona's* involvement helped this family navigate a stressful situation in a way that enabled them to maintain control in circumstances where the management of their son's care arrangements had again become their responsibility. Engaging with them on a relational level helped them, in Fiona's view, to adjust to the new reality "..*you really felt that they were acknowledging and feeling that this was the best solution – rather than feeling that that solution was being foisted on them.."*

Fiona characterises the relationship as 'evolving', evoking Donati's requirement that relationships that generate

relational goods (RgRG) develop over time (see 4.9.5). This suggests that RgRGs form iteratively. A process during which each person reflexively assesses the connection and moves towards or away from it. The relational goods in this example are variously described by Fiona as ‘trust’, ‘reassurance’, and ‘understanding’, though these goods cannot be limited to verbal description.

These relational resources supported the parents’ adjustment to a different long-term support model than the one they had planned for their son. This ‘we-relation’ was hard-won, and Fiona recounted times when the parents reacted with frustration during this process: “*they were both very intelligent – very capable of challenging things – so there were times when an email would come in, and it would be – we want this – we want that.*”. However, ultimately, this situation was satisfactorily resolved. Fiona describes the effects for both herself and the parents: *“it’s taken that initial huge strain and worry off of them – because you don’t just care about the customer…you also care about the outcomes for the people supporting them as well – for their parents – so those two are very much connected, and I can identify with that from my own situation as well.”*

6.2.8 More challenging care relationships

It is proposed then that lived experience can open up relational reflexivity through an enhanced capacity to reflect on the personhood-in-context of those with similar challenges and enable relationships that generate relational goods. However, Fiona reflects that this is not always so. She

shares a case where building a connection has been difficult. The customer is the parent of a young woman with high-level support needs, like Fiona's daughter, and Fiona's role is to help her organise care through a PHB. Fiona's view is that "*she [the customer] does tend to feel…that nobody is in the same situation as her – that nobody else's child – well young adult – is…as complex to support...*". Before Fiona took the case, the customer had requested two changes of advisor: ".. *I've actually been supporting her for a couple of years – so in some respects I take it as a positive*", however little progress has been made in this support relationship, and Fiona observes: *"you'll think yeah – I've made a bit of a breakthrough here and then when you return its gone – because I think it's very much tied into her emotional – um..situation..".*

This situation is a challenge for Fiona reflexively. Her autonomous tendencies toward problem-solving and practical action are juxtaposed with her recognition that the parent is not ready to work to achieve the outcomes that Fiona can envisage. Fiona's reflection on this suggests a tension between these competing mechanisms within her own mind and that she ('mindfully' and with effort) makes attempts to apply relational reflexivity, tempering her autonomous tendencies: *"You have to be very mindful .. when in your interactions with someone like that because I sometimes think: 'ok..you [customer] are not doing yourself any favours', but you can't exactly say [that]…..as*

that's *my* *perception of things and I'm not the person that's there, going through it on a daily basis..."*

In the first example, the relationship was a facilitator of change in a challenging situation, utilising a 'deeper level' of understanding in the relationship to work towards a solution. This *negative* example also supports the idea of the iterative development of a care relationship, involving both progress *and* setbacks. It also suggests that a we-relationship can only develop and (potentially) influence change if there is a level of bi-directional openness to the relationship and limited resistance. If this is not the case, there is the risk of a 'stalemate' between the service and the customer. In her interview, Peta, CEO of AllCare, describes a contractual performance indicator that she re-negotiated *for just this reason*. She negotiated a reduction in the six-month completion target for PHB delivery from 100% to 95%. This structural change created conditions that accommodate the small number of challenging care relationships like this one while also enabling the service to meet its contractual obligations.

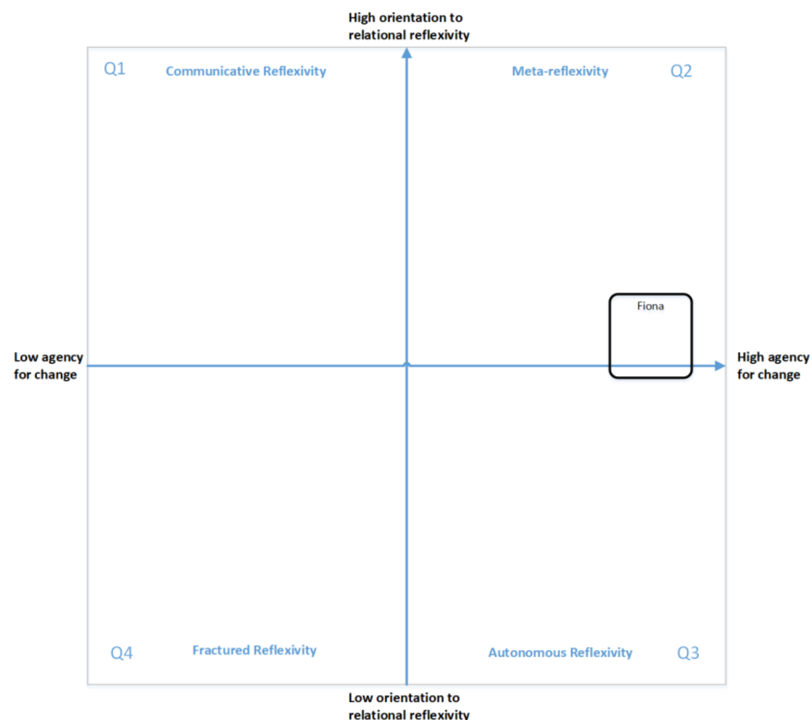
6.2.9 ORRAC Model: Fiona

In contrast to Case Study 1, analysis of Fiona's data did not reveal a pattern of reflexive development over her life course for reasons of methodology (see 4.8.11). However, Fiona's reflexive tendencies at the time of data collection are identifiable. On the ORRAC model in Figure 15, her reflexivity is plotted between Quadrant 2 and 3. Meta-reflexivity, as relational reflexivity, strongly influences her life and work

thinking and autonomous reflexivity is evident in her self-sufficiency and orientation towards action. Her reflexive tendency is represented at the right-hand side of the model due to the intensity of application of agency in response to the challenges presented by her circumstances and a developed need for thoroughness and control.

Analysis showed that Fiona's lived experience has shaped her practice. Her concerns and practices in the natural, practical and social orders have provided her with frames of reference that support an approach incorporating both agency for change and relational reflexivity.

FIGURE 15: ORRAC MODEL, FIONA



6.3 Introducing Fran

Fran is in her early sixties. She used to be a critical care nurse but has not worked for many years. Twenty years before the interview, Fran had an accident which resulted in a spinal

injury: *"I had a car crash - it was my own fault I was driving too quickly round a bend - I was in a bad mood* **….** *luckily I was the only one involved .. cos if I'd hurt anybody else it would have been devastating."* As a result of the accident, Fran has paraplegia and spends daytimes in a wheelchair, needing support for all physical aspects of life. She can use her hands but struggles with fine motor tasks such as writing with a pen, although she can type using technology. She had had a Personal Health Budget for just over a year. This change in eligibility and provision meant that Fran's care situation had improved significantly. For the twenty years before the introduction of her PHB, Fran had comparatively minimal levels of support: *"they [Care Agency carers] just came in four times a day for a while and then went again - whereas now there is someone here from seven in the morning til four in the afternoon, so you can do more…".* Fran is an avid Chelsea fan and enjoys going to '70s and '80s rock concerts and on trips (e.g.) to National Trust gardens with her Personal Assistant (PA), Karen.

Fran's interviews generated some biographical detail, as with Fiona, but not to an extent where it is possible to draw any conclusions about chronological reflexive shifts on the ORRAC model. Fran's account provided insight into her life before and after her accident. This showed the extent to which her world had since contracted. Fran had travelled extensively and had seriously considered emigrating to Canada or New Zealand: *"We'd been to Canada and we really loved it out there...cost of living was cheaper at the*

time..more places to explore - people seemed friendlier.." Fran did travel again after her accident, but the impetus diminished due to the limitations presented by her disability. She said: *"I had been to New York before so that was fine … San Francisco – it was ok but it wasn't as enjoyable as it would have been normally.."*. Fran is deterred from future travel by the practicalities involved: "*well I would like to travel again - but it's just not practical...it takes a lot of planning."* The scope of Fran's plans are pragmatically contained within the limits of her circumstances: "*I tend to live day to day really - um yeah the only thing in the future that I want to do is [plan] my funeral…I've already got my plot on the [hills] overlooking the windmill…but otherwise I don't really think of the future".*

6.3.1 Reflexive tendencies

Although she doesn't provide a detailed account of her early family history, Fran indicates that her extended family are now quite separate. She says:*"..when it comes to family I just think of my two children - I don't think of the extended family..*", even though that was not the case when she was growing up: *"I don't think our family are as close as they should be - in fact we are not a very close family at all, whereas when I was growing up we had all the aunties and uncles close by*". Fran is not in close contact with her brother or sister and their families, who do not live locally, and she says they are *"all so busy".* Fran's travels and aspirations to emigrate also suggest that she did not, in her earlier life, prize the contextual continuity sought by those who tend towards communicative reflexivity.

In line with an autonomous tendency, Fran was observed throughout the data collection sessions as self-sufficient. She manages her personal budget, which involves employing a Personal Assistant, and organises additional carer support through an agency. The processes involved are technical and require organisational and people-management skills, evident from the observation of Fran and Fiona's 'business and process focussed' (observation notes) meeting, where Fiona took Fran through a checklist of the multiple aspects involved providing advice and examples, where helpful. When asked about Fiona's role, she explains that Fiona "*knows the way things should be ….the way that [AllCare] want it done and so she's telling me the right way to do it"* but says she takes advice about the 'how', but is not influenced in 'what' she needs: *"..I am independent in what I want and need".* At the point of data collection, Fran was due an annual reassessment of her needs, and this, causing some anxiety for her, was one subject during the observation session. Her concern was that the goalposts: the process, the form and the assessor had all changed. Fran's response was a need to plan. She had delayed the date of the assessment, so she had adequate time, and requested that Fiona get her a copy of the form in advance to prepare as well as possible.

6.3.2 Vulnerability, agency and context

Fran's case provides an important reminder that being a care recipient can never entail a presumption of 'fractured' reflexivity, even in circumstances that may appear to present an increased risk of vulnerability. The introduction of Personal Health Budgets and support from AllCare has

enabled Fran to materially improve her day-to-day life within the scope of what she thinks is possible and warranted: "*I have it in my mind that it's [funding] just for care….I don't think it should be for equipment and holidays...I feel guilty taking it as it is as I think its money coming through from the NHS - and they haven't got any."* She employs active and autonomous reflexivity to manage aspects of her life. Having reflexive capacity does not make people invulnerable to either circumstances or internal change. Despite tangible self-sufficiency, Fran does comment that she has changed since her accident:*"…I don't have a lot of confidence any more - whereas I used to have... She's [daughter] always moaning at me for not being as strong as I used to be and things that I wouldn't have put up with before I put up with now..".*. Despite this observation, Fran continues to manage her care and defend her quality of life. From Fiona's account, the process of gaining the support Fran has was challenging: "*..she had quite a fight to get that [eligibility for support] – sometimes people are initially told that they don't meet criteria…and then they have to challenge that … and I think it was a bit of a battle for Fran".* Fiona recalls that when she and Fran first met, Fran had anxieties about being alone for most of the day: *"..She had to remain…connected up to things, to be able to drain urine and to be able to drink …she was very anxious..if being left on her own – so getting to know her and discuss ways that could be improved was really beneficial..".* The anxiety of this situation was resolved by the funding awarded for Fran to recruit a PA, but the annual reassessment process was now due. Autonomous reflexivity

in this context of uncertainty is protective, and Fran is mitigating the threat through preparation. Her relationship with AllCare and Fiona provides necessary instrumental and relational resources whilst navigating this difficult period.

6.3.3 Managing relationships and avoiding relational evils

Fran's nursing experience enables insight into how her carers are thinking and feeling, which has implications for relationship management. She gives the example of her Care Agency carers who come in at night to help her to bed.

It is vital to Fran to be positioned correctly: "*it's a case of getting sleep or not getting sleep sometimes… because I am lying in that position for 12 hours I need to be right – and a little tweak here or there makes a lot of difference to me."* She says that she understands the job the carers are doing and can anticipate what they are thinking: "*I know what they are probably thinking underneath – and that they are trying to grit their teeth….I am sure a lot of them think that I am just being fussy…so I try not to go overboard but also I want to be comfortable at the same time..".*

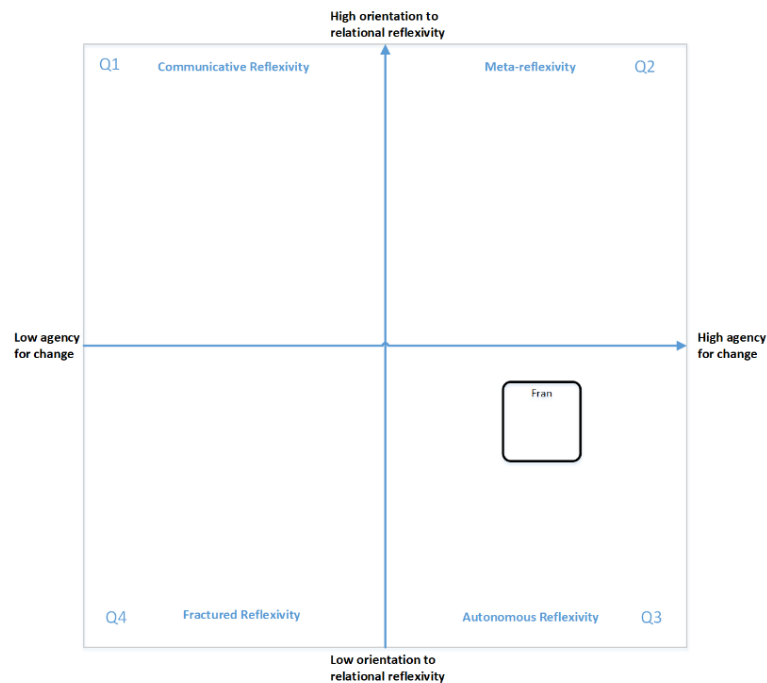
She can sense by their "*mannerisms*" that they are getting fed up, so sometimes curtails her requests, even if it means risking a night of discomfort. *"I suppose you don't want repercussions – them coming in and thinking well she's a pain...and then totally ignore what you say*". Fran trades insistence on a short-term outcome (a good night's sleep) for maintaining a relationship in the long-term where the Agency carers continue to listen to her. In Archer's terms, Fran is 'dovetailing' her concerns here, compromising a concern in

the natural order (physical comfort) whilst safeguarding a concern in the social order (retaining influence). This compromise is reflexively calculated. The relationship she describes here is an instrumental one and not a 'we-relationship' involving relational reflexivity. This is in direct contrast to her relationship with Karen, her PA. Asked what Karen would do in that situation, Fran immediately said, *"well, she would understand and she would do it".*

6.3.4 ORRAC model: Fran

Similarly to Fiona, it was not possible to identify any temporal shifts in reflexivity for Fran. However, her reflexive capacity and autonomous reflexive tendencies were apparent, placing her in Q3 of the ORRAC model. Fran's life and circumstances had contracted significantly during the history that she shared, and she appeared to have adopted a pragmatic acceptance of her position. Although she described a lessening of confidence during that time, Fran maintains an active reflexive capacity to navigate her current circumstances.

FIGURE 16: ORRAC MODEL, FRAN



6.3.5 Care relationships and relational goods

This research explores the causal role of care relationships, through the biographically shaped reflexive nature of individuals, within their ever-influential circumstances. The causal aspect of care relationships rests on the idea that through relational reflexivity and the 'we-relation' present in each person's internal conversation, a relationship that generates relational goods (RgRG) may form. Relational Goods (and their counterpart Relational Evils) are proposed by Donati (Archer and Donati, 2015) as emergent properties of a 'real' connection between people. Recall that he has proposed a set of requirements that characterise an RgRG. Two relationships in Fran's life will now be considered, followed by the application of Donati's criteria/ requirements for RgRGs in Figure 17 below.

6.3.5.1 Karen, Fran’s PA.

Fran actively recruited Karen from a local care agency, so they had an established relationship before Karen became Fran's PA. Fran describes her relationship with Karen as *"comfortable*" and although she thinks she shouldn't "*because it's professional",* she says *"well I see her as a friend I suppose…it's impossible not to get involved...I know..they are told not to talk about their family and things but you can't help it after a time otherwise what do you talk about? – 'hello it's raining again'…".* There is little doubt from Fran's account that this is a relationship with positive emergent properties (an RgRG).

Fran's comments on the nature of her relationship suggest a comfortable co-existence in their respective roles in the relationship: "*although she's a lot younger [26] … she's very mature...she sees things the same way as me…I can tell her anything and know it's not going to go anywhere…since I have had her things have been totally different…she understands my needs a lot of the time before I speak them...things have improved so much with it"*. Fran shows her autonomous nature when describing this relationship, but in a way which evokes a sense of banter, and 'give and take'. At one point she says that *"she [Karen] was determined that I was going to buy a maxi dress...and I said no I wasn't, I wasn't, I wasn't, and then I did cave in this year...whether I'll ever wear it is another matter - she hasn't won on taking me on holiday yet.."*.

6.3.5.2 Fran and Fiona

Fran and Fiona's respective reflexive tendencies are relevant in the analysis of their relationship. Fran and Fiona both have autonomous tendencies, and the relationship observed between them is *currently* a practical and instrumental one. However, Fiona's description of the early stage of their relationship highlights a time before Fran's eligibility for a PHB was agreed upon, where it is likely that an RgRG formed. Fran took Fiona into her confidence at this time: *"when coming...to understand her current situation...she was feeling very vulnerable because of the lack of support during the day...I soon got to know that she had a lot of anxiety...related to that time being on her own..". Fiona's* meta-reflexivity enabled her to tune into Fran's vulnerability, understand her anxiety and jointly plan a budget that funded care during the day.

There is no corroboration from Fran about Fiona's support during this difficult time. Still, it is feasible that their relationship then, had a different nature to the one that subsequently formed, once the PHB resolved the reasons for Fran's anxieties. Fiona's support led to stability for Fran, and their level of contact has been relatively minimal as a result: *"she's always very helpful if I – luckily I haven't really had to contact her that much over the year – but she explains it all, if I do have a problem..".* Fran speaks about Fiona in mainly formal terms, although she does describe Fiona's warmth: *"I thought she was very bubbly – nice person – easy to get on with...explained everything well –*

professional…”. Although, as concluded above, their relationship is not currently one that fulfils the requirements for an RgRG, it is proposed that, having been one in the past, the foundations would enable its reinstatement if required.

Fran illustrates by example that there is a difference between an RgRG between two autonomous reflexives and an anonymous care interaction that is wholly instrumental in nature: *“I had had another lady come before when I had Direct Payments…very similar things to Fiona – and I was very confused when she left and I was none the wiser a few years later either..”,* compared with Fiona who “*.. took more time to explain things and contacted me a few times to make sure everything was alright – whereas the other lady just went through everything and said you need this, this, this and this – and left”.* Fran interprets this unsatisfactory care contact as: “*it was the nature of the job probably*”, rather than it being a reflection on the person: “*it was just a ‘get in get out’ sort of attitude – not saying that was <u>her</u> attitude, but that was what happened, really it was”.*

FIGURE 17: CRITERIA FOR RGRGS: FRAN'S RELATIONSHIPS

Donati's criteria relationships which generate Relational Goods Archer and Donati, 2015:211	Fran and Fiona	Fran and Karen (Personal Assistant)
Personal and social identity of each participant	Fran and Fiona each have adequate knowledge of the other's identity. Fran shares relevant aspects of her life and situation with Fiona, and Fiona uses examples of her own life and PHB management.	Fran and Karen know each other well and share some details of their lives and hold similar views on life, even though Karen is much younger.
A non-instrumental motivation	Provision of an advisory service has instrumental motivation and wider system influences apply further pressure. Fiona and Fran's relationship has both instrumental and relational elements. Fiona's motivation for working in her role is not instrumental, it is meaningfully connected to her lived experience.	This relationship is care-oriented and although it is an employer/employee relationship, the focus is on providing care in the way Fran wants: "she understands my needs before I speak them". "well I see her as a friend I suppose"
Conduct is inspired by the rule of reciprocity	Within role boundaries, there is a mutual respect and equality in the relationship. Fran's active capacity for reflexivity and Fiona's application of meta-reflexive tendencies supported by her lived experience enables this. Reciprocity, however is not evident in this case.	Karen was not interviewed, but the example of the Maxi-dress above provides some insight into the reciprocity between Fran and Karen, with Fran implying that she bought the dress to please Karen rather than herself. Fran is clear that her care relationship with Karen brings many benefits to her.
Total sharing – the relational good is produced and used together – it cannot be maintained by just one person in the relationship	They are not currently addressing a challenge that brings them together in solidarity, and their activities and therefore relationship is more instrumental in nature. Fiona explained that care relationships and outcomes for people and carers are personally meaningful, and for Fran, having someone reliable that knows her history and who she can call on for support gives her 'peace of mind'.	Karen was not interviewed, but the example of Fran knowing that Karen would always take the extra time to position her correctly for sleep provides an indication of solidarity; that this outcome is important to Karen too, and gives her peace of mind.
A reflexivity which operates relationally	Fiona shows insight into what life has been like for Fran, has engaged with this knowledge in providing support and notes the improvement her PHB has enabled. This is less clear for Fran, who has a naturally lower orientation to relational reflexivity and approaches the relationship quite formally. However, she respects Fiona and wants her personal style of support to continue.	Fran says that Karen knows what she wants before she asks for it; responsive to her needs. This suggests that Karen knows and understands Fran well enough to anticipate her needs. Fran said that the same things in life 'annoy' both of them – showing a sense of mutual understanding; a tuning into each other's concerns.
A relationship with requires elaboration over time	Fran and Fiona have known each other for just over a year and their relationship is established, though it has not been time consuming.	Fran and Karen have a long term relationship as Karen was an Agency Carer for Fran before Fran recruited her as PA.

6.4 AllCare: Organisation and system influences

The case study theoretical framework (see 4.6) extends beyond the people and the relationship itself to include the influence of the organisational and broader system cultures and structures, acknowledging the effects of contextual forces on individual reflexivity. Data from Fiona and Peta, the CEO of AllCare, provides insight into these layered influences and how they create the conditions within which care relationships operate.

6.4.1 AllCare: Peta: Organisational culture and values

Peta began the interview by talking about values-based recruitment and ensuring they recruit "*the right type of people – be approachable – someone who can build trust…being able to support that person in a selfless way";* the term 'selfless' here resonating with an orientation to relational reflexivity. A recent staff survey had found that 98% of staff answered 'yes' to the question: 'if you didn't know something – would you feel confident asking one of your colleagues?' Peta concluded that this was indicative of the *"atmosphere you build…if you end up with a staff team who help each other – they're going to be the kind of people that help – they are the right kind of people".*

A thread throughout Peta's interview was the role of values across all levels of the organisation. The value placed in equality is evident in the way that customers can also serve on the Board of Trustees, or become members of staff, as we saw with Fiona. Peta explained that: *"some have ended up becoming trustees or members…one of our trustees has an advisor that supports them – but I am answerable to them*

[the Trustee] at the same time …". Peta also articulates shifts in expression of agency for people who have accessed the service and who then want to contribute*: "it's really nice to see that growth…[the person] maybe arrived at our service in crisis...and then work with someone over a period of time to build all of that up…and then they…apply to do other things in the organisation and...give something back.."* This patchwork of roles and relationships is imbued with lived experience and supported by a leadership approach that encourages agency and self-determination at all organisational levels: *"..how you take control and make decisions…regardless of your role you will have autonomy over certain things, and owning that, and feeling confident that you can."*. Peta explicitly links this approach and the sense of agency that the team encourage in customers through the care relationship.

6.4.2 Individual agency and autonomy

Peta's description of the role of relationships in the service resonates with Lorraine's at WellCity, highlighting the Adviser role in building 'confidence and self-reliance', supporting a person with information and skills to assert control in their lives. She presents the *expectation* of the service as relationally bland "*we are...just supposed to give employment information and advice and tell people how to open a bank account".* She contrasts this with the outcomes that they prize as an organisation: "..*you [the customer taking charge of their PHB] take that money...you take control and you recruit your staff - it's about building their confidence and their self-reliance and it's like managing a team of people –*

it's quite senior complex things that are marketable skills..so I think that level of confidence builds up".

People who were accessing the WellCity 'Best Life' service, described by Lorraine and Maxine, are referred due to mild-moderate mental health needs, often struggling to cope with day-to-day life. As such, their internal reflexive capacity is more likely to be limited or fragile. Customers of AllCare are accessing support to address the practical challenges of living with illness and disability and are no more likely than anyone to experience a fractured mode of reflexivity. As such, the nature and emphasis of the support is different. As a result, whilst Lorraine's focus was on promoting a value-set that encouraged her team to nurture an individual's reflexive capacity, AllCare's strategy is more focused on building structures of stratified support: "*you build the services to meet all the different needs that people have – some people might arrive feeling very capable of running everything themselves – and then something might be happening in their health or their lives which means they might have to handover bits of autonomy.."*. Therefore, the service enables the titration of support to respond to variation in need, opportunity, and preferences. Peta is clear that their role is not to advocate on behalf of someone. Neither is it to instruct them: *"we also talk about it quite a lot around person-centred support …it being advice – and not advocacy and not instruction.. they [Advisers] are not in charge of that package and that's something that's very well embedded in the advice team".*

6.4.3 Relationships, roles and boundaries

Three out of the four case study sites identified the importance of being explicit about relationship boundaries to ensure these were clear and delineated the care relationship from a 'friendship' relationship. Peta talks about the need for clarity. For example, Advisers are not allowed to do extra jobs for their customers: *"you're not allowed to volunteer for ...your customers – cos there's that boundary issue – so [for example] watering the garden would be considered volunteering".* Lorraine from WellCity described a one-page guide that they had developed, which, at the beginning of the first contact, was shared with the service user to establish the relationship rules, supplemented with additional conversations with clients about boundaries along the way. Maxine shared that Luke handed her a letter to post after visiting him in his new flat. She restated the boundary by offering to support him to find the local post box and go with him, but it was not her role to do things for him. In the following case study, the GamePlay practitioner similarly describes a continual process of re-establishing boundaries in a considerably less formal context, based around sports activities

Fran's disquiet about the relationship being a friendship whilst also being 'professional' evidences the dissonance between these concepts from a service user perspective, particularly for someone like Fran who has held a professional nursing role. Luke (Case Study 1), in a similar way, was hesitant over this distinction. He talks about Sue, a support worker from his previous GP practice, who helped

him at his lowest ebb: "…*I will always…be in touch with Sue ..just some sort of contact...for somebody like that to come into your life at a key time…you kid yourself it's a special relationship but it's probably just a professional one – but they are good at the boundaries – keeping it professional but making you think that they are a friend – and I don't have a clue whether…[tails off]*". Both relationships are RgRGs, and the dissonance for Fran and Luke is emergent of the cultural and structural norms of professionalism contrasting with the more natural form of an RgRG. Fran is pragmatic, realising that the unwelcome consequence of resisting an RgRG is talking about the weather. Luke is unsure, and his sentence tails off, uncharacteristically unable to form a conclusion. Although an issue at the interpersonal level, the organisation and system contexts can, to some extent, manage the conditions that create this confusion.

It is proposed then that these types of care relationships entail the use of relational mechanisms, which occur typically in reciprocal *social* rather than professional relationships. They engage, more so than a wholly 'professional' relationship, in 'we-relationships' in which practitioners invest more of themselves, with greater immersion in and focus on the concerns and circumstances of the care recipient, and in which the care recipient experiences a greater connection and sense of being 'seen'. These types of relationships can generate relational goods that have positive effects for both parties. However, to avoid confusion and manage expectations, the purpose and structure of the

intervention require rules and boundaries. These explicit boundaries, employed by three of the four case study sites, delineate the relational mechanisms typical of a friendship from those entailed in care and support.

6.4.4 Wider system relationships as enabling of care relationships

According to Peta, the ongoing stability of the organisation is due to the longevity of the leadership team *and* their long–term positive relationships with commissioners: "*we've had the same commissioner for one of our services since 2010 – and then the person who was commissioner before her – who was also very good – is now commissioner for one of our other services".* The equality in relationships which characterises the customer-adviser relationship is also seen in Peta's description of these commissioning relationships: *"we've discussed how we would approach targets around throughput, and it did feel very equal and we came up with ideas and they came up with ideas.."* and *"they can come to us when they've got a priority...I can talk about that".* Peta acknowledges that this is not typical and that other charities have more challenges: *"other organisations I've spoken to who are similar to ours have had a really hard time with their commissioners….[e.g.] might put things out to tender without talking to them first".*

Fiona acknowledges the role of AllCare in 'keeping the understanding going' about, for example, the flexibility in budget use: *"it's not been static… you might have one lot of [partnership] management who really sort of 'get' the choice and control and the flex –* ***because you've been working with***

them_….but as people leave and somebody new comes in, it's keeping that understanding going.."_ and "…_hopefully…you can chip away…and help that understanding"._ Fiona promotes maintaining influence on the culture-shaping attitudes of the system managers who set and implement the rules. Her use of the phrase 'chip away' indicates that she does not anticipate any wholesale cultural and structural system change. Fiona also highlights the pressure from the next managerial layer up, where a lack of understanding of person-centred principles can undermine their hard-won cultural influence:_"..they [Continuing Healthcare (CHC)] get audited by people who are financial people – and those financial people .. don't have any understanding around how a PHB would work – and being person-centred –_ ***so that drives then how CHC make their decisions*** _– that's the impression I get and obviously that is only my impression_." Fiona underplays her viewpoint here, accepting the boundaries of her role.

6.4.5 Structural forces affecting care relationships

Fiona's insight into the wider social care systems stems from being a practitioner *and* drawing on support services. She describes locally-determined limitations in the rules for Personal Health Budgets (PHBs) which constrain choice and control for customers: *"there are certainly times when I think it's a shame that we can't be more open to the choice and control side of things but each CCG [Clinical Commissioning Group] makes its own decisions as to how PHBs can be funded..".* Fiona's account reveals that there is little leeway for the flexible use of funds that enable people to spend their

budget creatively: *"it can be...a challenge to actually get things approved that are anything other than paying for PAs …and a perhaps small amount of social activities.."* and her description indicates that the choice of activity needs to satisfy the ideas of the system rather than the individual: *"we have got budgets where there are social activities included…things like going to the cinema and bowling…. they [CHC] don't want people to be saving it up to go, say...for a concert…what they want to see is people being able to access the community regularly..."* Fiona expresses some discomfort with this position: *"I tend to think..well if they wanna save it up and actually do that – but I know that it is not.. [possible]– because that's recently come up that someone has done that [applied to do that].."* Fiona is clear that she understands her role in the context of these structures and has little power to influence: "*Sometimes you are giving that information and you are thinking 'yeah that is crazy – I can't see why they can't do that' –* ***but that is not your role.."*** **.**

With any mode of reflexivity, rules and processes can operate as a 'proxy' for individual reflexivity, where deference to roles and rules embeds in reflexivity). For those with meta-reflexive tendencies, this may cause discomfort with rules as with Fiona or a propensity to challenge or subvert the 'rules' and systems-thinking, as we saw with Lorraine and WellCity.Fiona's view of the wider system, therefore, influences her approach to care relationships. These constraints temper her engagement in relational reflexivity

with customers, but she can still achieve a positive result for her customers within them.

Fiona acknowledges that being part of the system can risk damaging the support relationship. She describes her role as part of a *"three way communication triangle"* between the customer, herself and representatives of Continuing HealthCare (CHC) panel, who make funding decisions. Fiona says that this structure has inevitable consequences for the relationship. *"I think it's bound to affect your relationship..because you are the one that is ultimately saying, ' I've gone to panel and … we've fought for it but the answer is still no',* ***and it's not 'panel' dealing with them – it's you...****"*. Fiona's description illustrates the challenging balance between inhabiting the structure, *and* maintaining a strong advocacy position: *"we walk a fine line with a customer...because we are there to advocate for them – but ultimately we are commissioned by CHC… so it is part of our role to manage expectations with people…but also I think it's important that they do know that we will try and fight for something...and make a good case and explanation about why that would work for that person..".*

6.4.6 Instrumentality and Relational Goods

Peta echoes the challenge of maintaining care relationships in some care contexts, giving the example of the Continuing Healthcare nurses who make funding decisions. For them, Peta says, the relationship can be compromised. "*I think you can do it with fairness and honesty – so there's parts of the relationship that could be carried through – but there is that*

extra challenge that you are making the [financial] decision, not just advising". This indicates that the more a role has an instrumental purpose, the less likely an RgRG will form, in line with Donati's requirements. In such a relationship, an instrumental motivation undermines the potential for 'reciprocity' and 'total sharing' of Relational Goods. Indeed, such an intention may be inappropriate given the requirement for funding decisions to be impartial. However, for responsive and accurate funding decisions to be made, tailored to individual needs and circumstances, Donati's other requirements are facilitative and arguably good practice. These are, as Peta says, 'parts of the relationship that could be carried through', such as:

- the personal and social identity of each person to be 'present' in the relationship, enabling
- relational reflexivity, enabled by
- adequate time for a relationship to develop.

Fran's experience of the Direct Payments Adviser who visited on a wholly instrumental mission to impart information is an excellent example of where the practitioner met none of these requirements and where the outcome, for Fran, was being "none the wiser".

6.5 Summary:

This case study has demonstrated connections between the reflexive nature of individuals in care relationships, the nature of care relationships, and the causal nature of the

contextual conditions organisationally and at the system level. Key insights drawn from this case study are that:

- lived experience can be facilitative of orientation to relational reflexivity, whilst not guaranteeing relationships that generate relational goods (RgRGs) in each case.
- RgRGs are possible in care relationships where the instrumental purpose is subordinate to relational purpose
- organisational and system cultures and structures can influence care relationships by creating conditions that either support or constrain them.

Chapter 7: Case Study 3, GamePlay

7.1 Introduction

GamePlay is part of a nationally and internationally networked charity that aims to positively engage young people from disadvantaged communities in sports activities to support them to develop skills and achieve positive outcomes. The local programme is funded through a combination of national, regional and local commissions. It offers a weekly timetable of organised sports and arts activities, registering contact and building relationships with and between young people.

The case study firstly presents the service model through Ian's perspective (GamePlay's service lead) with contributions from Zoe (one of GamePlay's practitioners). Then the study introduces Carly, a young person accessing support, and finally returns to Zoe. This case study explores:

- Aspects of organisational structure and culture and their role in creating conditions in which care relationships are embedded.
- The reflexive nature of practitioner and service user and their relationship within this context.
- Where applicable, connections between the common themes across the first three case studies.

7.2 Service Lead: Ian and the GamePlay model

Ian is responsible for the provision of GamePlay in a city locality. He has a long history in delivering youth work oriented around sports activities, having worked for the Local Authority, a Football Club and local charities. Since 2014, the

charity he was running joined forces with Gameplay and since then Ian has provided county-level leadership.

The service model centres on community-based sports activities held in accessible venues across the city, although their offer also extends to activities such as arts, photography and computer programming. The service structures are loose and responsive, led by the interests of the young person being supported. They work to the GamePlay 'methodology', which represents core facets of the programme. As Zoe explains: *"it's flexible in that somebody can come into our methodology at any point*". It is not a progressive sequence but more a guide to the elements of the programme offered. These include access to: 'positive activities, informal education, promoting volunteering, skills development, creating opportunities, and outreach'. The service is open access. Young people can freely engage and disengage and can decide how regularly they want to participate. Ian says that the 'outreach' aspect of the methodology does enable them to check in with young people they are concerned about or those they have not seen for a while: *"but we are not forcible – ours is a voluntary project so young people realise that and I feel that young people benefit from that offer".* He asserts that their longevity and sustainability in local communities are due to 'word of mouth' that supports their reputation. He also believes that they have an advantage over statutory services because their activities hold natural incentives for participation.

7.2.1 Structural factors

Ian's account suggests that the organisational structure is enabling the agency of young people, emphasising the relational rather than the operational. Of all the case studies, GamePlay's structure is the most open access, meaning young people engage on their terms. Although processes are light-touch in terms of engagement, Ian is clear that they adhere closely to safeguarding procedures and take this responsibility seriously, not least because their relational approach can spark disclosures that need to be addressed, a fact that young people are made aware of: *"our most prime responsibility is to protect young people, so that we make that pretty clear with any disclosures".* In addition, Ian says that basic skills and training in other core aspects of youth work are essential. Ian contrasts GamePlay's service offer with statutory services with the phrase: "*we have the carrots*". The service structure encourages voluntary participation, and Ian's account reveals how they do this.

7.2.2 Activities and time

The most tangible of these 'carrots' are the activities themselves. Ian says: "*we have got the sports ...the arts and drama...the 'Go and See' rewards...the training and opening doors for young people...that is massive in supporting young people with relationship building".* Zoe's description builds on this, contrasting the personal impression GamePlay staff give with that of statutory service providers: *"..we play sports with them…so they already they have a different perception of us…we come in in sports gear – and we are throwing balls around and having a laugh...there's very few staff members*

which are above the age of 35". Ian and Zoe's work involves partnering with statutory services at times, and both contrast the limiting operational structures of statutory services with GamePlay's relationship-based model. Whilst acknowledging they have a different role in supporting young people, Ian sees these operating rules as constraining creativity and on the time that services can commit to young people: *"they can't be as creative as we can be"* and *"their time is limited...where with ours it can be anywhere from three months to seven years..".*

7.2.3 Fun and progression

Structuring their service offer to generate opportunities for 'fun' is a crucial part of GamePlay's model. Ian raises this as an aspect that is overlooked in the sector: "it's *very rare that I go to a conference...and anybody talks about – our work that's fun…if you've experienced vulnerability...and your relationships with adults haven't been particularly great – the professional side has got to be there but also they've got to have a bit of fun – that's a core aspect".* Ian talks about 'fun' in terms of "*soft skills*" for practitioners, referring to the personal and relational aspects of fun, but a key observation is that the service offer is ***structured for fun***. The role of fun in this case study is further discussed regarding Carly's support (p265). The structure also ensures the focus is on the activity rather than directly on the young person. Staff find out about young people gradually, through their participation in a naturalistic context within which a relationship can evolve, at a pace that is not pre-determined.

A further aspect of the structure that Ian says is attractive to young people is the progressive pathway. Young people can opt in to informal and formal training from levels 1-6, some of which are accredited. This route can lead to recruitment and, he says: *"young people see that we are employing young people from the local community"*. This aspect of the model is tangible for young people as 50% of the GamePlay staff are locals and have come through the programme. This built-in progression provides young people with a focus for their aspirations. In terms of individual reflexivity, this opportunity engages with the internal conversation's 'you-relation', creating the idea of what-may-be-possible, to reflect upon. The existence of role models is, therefore, a structural enabler. The way the organisation employs young people from the programme demonstrates this as a possibility, rather than an outcome. Zoe explicitly mentions this in our conversation, that young people are: *"…trying to find someone to look up to someone to be that kind of role model – take them forward – and a lot of the young people we work with don't have that*..". In Carly's case, we will see how the organisation's role models support her to think about her future.

7.2.4 Cultural factors

The structural enablers within the service model interact with the principles and values that underpin the work of GamePlay. Both Ian and Zoe shared examples that showed a recognition of the lived experiences, perspectives and agency of young people engaged with the service. Zoe explains that *"the core value of GamePlay is to give every child equal*

opportunity to succeed – regardless of their social status or their background – or whether they have had trauma…to succeed in whatever way is important to them." Ian evidences this differently, with an example of a teenager they worked with who had relocated with her mum to escape domestic violence and had flourished, ultimately going to university to study Social Work. In particular, Ian recounted the strengths that they discovered early in their relationship with her, aged 14: *"it quickly became apparent…that this young woman had...resilience, and empathy for other young people who were being affected by a whole range of issues".* This reflection evidences an active engagement with what this young person could personally offer. The articulation of a person's assets, that is, *what they value*, and *their value in society*, evidences an engagement with their personhood that suggests a meta-reflexive approach in those providing support.

Haudenhuyse et al. (2012:449) sought to understand how sports interventions can reduce vulnerability in socially vulnerable youth. They conclude that despite 'peeking into the black box' and proposing valuable themes for further research, there is more to understand about the different mechanisms and contexts which effect change for individuals. In line with the current study, they propose the fundamental importance of understanding the 'wider processes of social vulnerability': what is it about the people, their relationships, and their contexts which converge in their social being? The quote they use from one of their

practitioner participants captures also the meta-reflexive ethos of GamePlay:

> 'The ability to put yourself in the world of these youth, and how they experience it, is very important. We want to do so much good, change so many things for them and give them so many chances...but we have to be honest that we don't understand their world, nor can we put ourselves in their positions. Every young person is unique within the system and the context in which he or she finds him/herself. You can only help if you are able to feel the heart of social vulnerability (youth welfare worker G).' Haudenhuyse et al. (2012:450)

The insight here is that the 'reflexivity in context' of young people is central to who they are and how they experience life; that regardless of the aspirations and plans of practitioners for their outcomes, personal change cannot be directed or done *for* individuals. Zoe captures this idea when describing GamePlay relationships: *"..most of GamePlay's relationships with young people…[are] nurturing.. there are so many different aspects that we are trying to develop in a person whether it's…their interpersonal skills or whether it's their career pathways or whether it's…just personal growth."*

In this view, helping involves accepting that young people have their own sense of self in their unique context, and through relationship, tuning into their concerns, experiences, feelings and reflexivity. This insight leads back to the questions being asked in the current research. In particular, *can a better understanding of relational*

mechanisms and associated mechanisms at a cultural, structural and agential level help us design, deliver and evaluate interventions that aim to support personal change?

7.2.5 Relationships as structured

The relationships between GamePlay workers and young people are not left to chance. Just as Lorraine (case study 1) talks about actively managing care relationships, Ian describes the need to support the coaches in forming effective relationships with young people. In particular, he reflects that his team of young coaches naturally vary in their relational approach: *"some practitioners have got a natural ...empathy…an understanding of...the effects of some of the things that affect young people. Whereas some staff are determined and passionate but may need...extra ..supervision – mentoring...reflection in terms of how they...build relationships up with diverse groups..".* Ian is describing the variation he observes in the applied relational reflexivity of GamePlay practitioners. He concludes that some practitioners need to learn and adopt an orientation to relational reflexivity.

GamePlay's relational approach is not limited to young people accessing the service. Ian accommodates the development of newer recruits in paid roles, in the same way, accepting their nascent ability to form effective care relationships: *"..even if there's a few lapses there….we are proactive and...try not to be over-critical … so we don't damage their confidence – cos sometimes it is a learning [curve]..ways of communication – language being used".* Zoe

comments more directly on the personal qualities of the practitioners, referring to the need to have a "*thick skin*". She says that she's worked with people who *"take it [something the young person has said or done] personally and that then affects the relationship going forward… so you've just got to be able to brush it off".* Zoe's comment here identifies the risk of 'relational evils' where a young person has said or done something which affects the practitioner personally. The capacity to *not take* something personally is emergent of a meta-reflexivity that can depersonalise the offence by attributing it to the struggles and frustrations of the young person. In addition to the open-access activity model, the intervention care relationships are also structured through the service culture and supervisory support.

7.2.6 Practitioners-as-people

The above examples indicate that these types of relationships are not easy to achieve because they rely on the nature of the individuals involved, in the case of practitioners, how they think about and respond to young people within the care context. GamePlay's culture and supervision methods aim to support practitioners to consider the context, experience, and interests of the person they are supporting. Ian expects that practitioners are flexible in the way they tailor the opportunities, responsive to the interests of the young people rather than being led by their own agenda: *"workers themselves…they've gotta be creative …build the ability and skills to have 360 vision … so they've got to think outside of their own… [interests]..they've got to think about the other pathways for young people".*

Ian describes the skill involved as being like a *"social chameleon",* moving flexibly between very different relationships. He says: "*. I've been in Westminster – talking to …a Tory conference – no disrespect – and I've come to [City centre] and... I've had to go out and talk to a load of 16-year-old lads...".* He is clear that this is about both adaptability and authenticity*:* "*you can't pretend to be someone you're not – but you've got to be adaptable.".* Ian suggests, then, that applying relational reflexivity involves being oneself *and* being responsive to the reflexivity of others. Zoe illustrates the challenge of this when asked if she is 'completely herself' when working with young people, to which she answers that she is when working with most groups, but with certain groups, she needs to adapt her approach:

"if I am working with…15 year old boys…who are very very street smart … I sometimes adapt my language to be able to be a bit more relatable – or like my body language..". She explains that: *"unless you do kind of …. put that front on – they won't even listen to what you say".*

Ian makes a resonant observation about a social worker who he had worked with: *"she was brilliant...but she could not get rid of the plum in her voice...she said 'you are asking me to talk like I'm from [City] aren't you?' And I said no I'm not asking you to do that – but you've gotta take this into consideration…it's difficult isn't it – how do you address that?*" Although Ian cannot offer a solution for this particular challenge, GamePlay manages this issue internally by

recruiting local young people who have built skills through their involvement with GamePlay. Just as seen in Fiona's account, in case study 2, lived experience provides a basis for being more 'relatable', providing cultural commonality as a shortcut to relational connection. However, it is not the only aspect.

7.2.7 Relationships as structure

Structures led by relational rules operate a different type of accountability than those emphasising operational rules. GamePlay is only minimally reliant on operational structures to influence young people's behaviours. There are behavioural expectations, but these rely on mutual respect and accountability within relationships. There are different examples of this. One is from the observation session where Zoe prioritises what is important to Carly, and in the second, she allows a young lad to make his own decision, evidenced by observation notes below:

FIGURE 18: OPPORTUNITY FOR AGENCY

Example	Observation notes (Session 2)
1	Zoe talked [with Carly and others] about the fact that taking this role [volunteering at a community event] would mean representing GamePlay and that it would be important to commit to this….. Carly was given a T-shirt which each of the helpers would be expected to wear. Carly looked at the T-shirt, which would have fit her well - but she said she would rather have a larger size, so Zoe said she would drop one-off for her the next day. She responded to the fact that this mattered to Carly - even though the T-shirt she brought with her would have fitted well.
2	One of the much younger lads came over, noticed the T-shirt and said he also wanted to volunteer. .. My observation of this lad in the session so far was that he was not either old enough or mature enough to [volunteer]. I was surprised that Zoe was open to him joining in...however, she did start to tell him ..the meeting time - then duties during the day, and he immediately began to look less keen and ….opted out of his own accord with Zoe smiling and agreeing with him that it perhaps it wasn't his thing.

In each example, Zoe provides the opportunity for agency in the relationship, particularly in terms of *who decides*. The young people are exercising their reflexivity in a small way. Zoe is making space for them to experience decision-making. Zoe articulates this idea in her interview (session 4): "*I do try to…embed that...trying to give young people some…agency and some responsibility over...how they access our service...I try and treat them as equal as possible...I don't demand respect from them – just because I am in a position of power or authority".* In another example, Ian shares his response to discovering that a young person stole a bike: "*I've said –*

'you're still part of the programme – but you are not going to..QPR Football Club – on the weekend – that's it – I expect that bike to come back'...and I've had all the abuse you can imagine – then two weeks later – they are back in sheepish – back in the programme".

The programme's expectations and boundaries are strong, showing that this relational structure does not equate to 'no structure'. However, instead of distinct operational rules, relational expectations take precedence.

7.2.8 Commissioning relationships

Where possible, Ian also employs a relational approach with commissioners. In his view, where funders take a more flexible approach, there are opportunities for tackling complex issues collaboratively. An example is the growth of 'County Lines': criminals recruiting vulnerable young people to transport drugs into regional areas. Ian said: *"I think funders have woken up to the fact that ...they wanna know warts and all...what barriers that are there...how can they contribute to finding a solution…rather than penalise the [grant] beneficiaries". Ian's* response is one of transparency: *"where I am allowed, I will give a really honest appraisal…I might say 'well we've hit our KPIs but…more work-time has had to be put in... for these particular reasons'".* For Ian, the benefit of this approach is the value of stakeholders working collaboratively to address external threats to communities such as County Lines.

Allcare CEO Peta also raised positive relationships with commissioners as a necessity. She spoke about the longevity

of local commissioning relationships as facilitative for negotiating contracts and service redesign. Equally, in WellCity, Lorraine touched on the importance of commissioning relationships and the value of trust in enabling creative approaches. When asked why commissioners were becoming more engaged in understanding the factors that affect programmes, Ian says: *"I just think that...over the last 5-10 years...they've seen some brilliant work…but maybe they've been too rigid in their funding processes…I think they are [now] very quick to whittle out now those that are chancers and those that do quality work..".* Positive longer-term relationships and collaborative learning at a system level may create conditions that are amenable to flexibility in service and contract design and monitoring. Reliance on commissioning relationships, however, comes with its risks where other priorities supersede the values that underpin the work for any party. When asked if there were times in seeking funding that GamePlay's core values were compromised, Ian gave an example of an opportunity to be a lead partner in a bid, where GamePlay may not be in a strong enough position to ensure the intervention quality and where the contract period was relatively short, potentially curtailing the benefit. This was an opportunity to extend the methodology, but Ian saw inherent risks for quality aspects of provision central to their model.

7.2.9 Summary

This analysis of GamePlay's structure and culture has begun to articulate the structural affordances that can shape

positive care relationships, both internally and in association with external partners:

- Design that prioritises fun,
- Structures that support the development and practice of relational reflexivity,
- Approaches that promote individual agency, equality, and mutual respect.
- Commissioning relationships that are open to examining relational and operational aspects of design and culture and their effects.

These design features are entwined with cultural values. The structure and culture operate through the ideas and actions of people, including their relationships.

This research is exploring the application of social theory and is not designed as an evaluation of practice. However, this research proposes that using this approach could help organisations better articulate and interrogate the role of relationships in their intervention models and help those commissioning services understand and assess the nature of and inter-relationships between fundamental contextual and agential mechanisms.

The following section introduces Carly, one of the young people involved regularly with the organisation. After examining Carly’s reflexive capacity and nature, an analysis of her care relationships will draw upon further insights from

Ian about how care relationships within GamePlay operate, followed by the introduction of Zoe, Carly's support worker.

7.3 Introducing Carly

Carly was seventeen years old when we met. She presented as outwardly quite confident; however, she quickly showed vulnerability in areas outside her comfort zone. When she learned at the first session that she and Zoe would be interviewed separately at the next session, Carly responded, "*on my own? [looked a bit shocked*]" until reassured that Zoe could stay in the room if she preferred (though ultimately she did attend on her own). Also, when talking about leading some of the games sessions in the hall, she showed she is still learning to feel confident:

> *"Carly –it's hard – especially with the kids that are…*
>
> *Gail – especially with the kids – so what's the toughest thing?*
>
> *Carly – it's just...it's like - you just pray to God that they behave for yeh."*

Carly's life is rooted in her family connections and the local community. She lists 'family' as one of the things that are most important to her, qualifying this with "..*just we're such a big family and we're all there for each other every day."* She is streetwise in a very literal sense, showing independence in and around the city streets: *"..I walks everywhere – everywhere... I've lived here my whole life – I lived in [suburb], [suburb], [suburb]…my mum's got like so many kids – my mum's got nine".*

When asked if she was in touch with them all, she gave an overview of her siblings: "*yeah my older brother – he's moved out cos he's got a girlfriend – and a baby – she's erm two – my brother – [other] older brother – he's moved out because his girlfriend's overdue with her baby – she's pop it out – my other sister – she's with me, with my nan – two of my brothers and my other sister's with my dad – and two of them's been adopted somewhere...and mums over there (points in direction) in [local suburb]….cos I'm the fourth oldest – I looked after my brothers and sisters..".* This last comment is particularly poignant as in the following interview, Carly touches on her distress at this loss of her two siblings to adoption. Her close connection with family members was also evident on the day of the first research interview. Carly had been called unexpectedly to the hospital that morning: "..*well I just got a phone call – cos my little cousin got rushed into hospital yesterday..and then he had to stay over – so I got my aunt's phone call saying can I go up there ..she can't leave the baby there by himself".* When asked about the family relationship, she explained*: "..she's always round cos it's my Nan's niece…and I takes him out to the park…I love kids – I always want kids – I've always got other people's kids…my cousins, my niece – so yeah – my next door neighbour's kids.."*

Although strongly connected to her family network, Carly articulates the differences between her view of herself and others in her family and friendship groups. When talking about the future, she sets herself apart from others in her

family, saying that *"my mum and my nan and my dad said to me – that I'm the only one that's trying - doing something..".* She distances herself from some of the activities which she says some family members and friends are involved in, in particular drinking and drug-taking, again citing the need to focus on her life: *"well to be honest I don't really do a lot – I just comes here [youth club] – and just sits round with family – friends – play a bit of music – say if it's where they drinking and something – I won't go – I don't drink or do drugs ... I just smokes fags and that's it – so if someone goes – gets called up – say come down - I won't go ….I just think I just need to focus on my life – not get drunk on the streets – or somewhere.."*

Carly's statement here indicates she wants something different from her life, but her experience to date means that her starting point is a source of frustration for her: *"I so wish I'd done well in school – I actually do – I wouldn't be down this road – I wouldn't be <u>stuck</u> [notable emphasis] – like in a traffic jam….I want to – I'm so <u>bored</u> I just wanna <u>do</u> something – I'm just so bored..".* Carly had just found out that she had failed the maths foundation course she needed to have passed to start the sports coaching course she had applied for at [city] College. She had passed the English one but had needed both. Her connection with GamePlay provides a scaffold, but her starting point is peppered with challenges, emergent of her current context, and earlier life experiences.

7.3.1 Carly's reflexive nature

Carly did not express any awareness of having an internal conversation as such. In the Jack exercise Zoe [practitioner] talked about her own tendency to think things over and she said: "*oh all the time..yeah literally all the time – I'm always talking to myself*" then she asked Carly*: "I don't know about you Carly...if you have to make a decision – how do you think through it?* Carly answered: *"speak to family".* When asked if she does both*: "do you sometimes think things over in your mind as well?",* she replied *"yeah"* in a way that the researcher noted at the time as being *'*non-committal' and 'unsure'. Also, earlier in the Jack exercise[10], the example of 'imaginary conversations' was introduced, and Carly did not seem familiar with this mental activity:

*Gail: yeah **imagining conversations** with other people*

Carly: but he won't know anyone

Gail: but with the people we've been talking about – girlfriend… is that something..?

Carly: ah what he can't speak to em..? He can't call em and say it to them…?

At this point Carly's interpretation is you would only do this if you can't speak to the other person directly. Zoe helps out:

Zoe – Ah ok so its like…kind of thinking what they might say –

Gail – yeah preparing yourself – by having like – do you ever do that – do you do that [to Zoe]?

[10] The Jack exercise is explained in section 4.8.5.

Zoe - yeah – I don't know if you do it [to Carly] but if I have to tell someone something then I might imagine what they might say back to me so I can sort of..

Carly - they might say – don't go and that – they obviously don't want him [Jack] to go."

Carly continues to answer in relation to the present discussion about Jack, suggesting she is not familiar with the practice of 'imaginary conversation'. Carly also did not recognise the idea of rehearsing something that she might say or do in advance. When asked about this, she responded: *"when I have an urgent text message I'm well - what am I doing today? So yeah".*

Similarly, Carly was asked about 'mulling things over':*"Gail: thinking about a problem – or a relationship – is that something that – do you sit and do that? Carly – (long pause – non-verbal dissent)".* This is not to conclude that Carly does not think things through at all, and when prompted to talk about thinking things over she gave the example of when Zoe had asked her to help at the Community event: "*ah yeah I had to think about that a little bit – I was like ahh – ahh – cos it was such a long day and it was really hot – and all my family was coming down – all my family [cousins] was down and I hardly see them cos they live in [distant Town]."* Thinking to support planning, however, is less evident. Carly speaks in the present, is responsive to events and does not seem to engage with reasons. She uses the term 'for some reason' as a substitute for explaining, for example, she says of supporting the local football team: *"only been there once – to*

be honest I didn't like football – for some reason .. but now I like it" and "I'm a really strong swimmer – I can swim……. I've just always been able to swim – for some reason.." Her tendency to live in the present is evident in her attitude towards money – reflecting simply on what is, rather than thinking about it in terms of earning, budgeting, spending: *"to be honest with you I haven't been a money person – I get 20 pound a week for college – that's it – with that I buys a pouch of baccy and with the change – I just – have a drink when I'm out".* Equally, Carly reveals that she is not strategic about her approach to working to earn. She had had a few jobs but said: "*load of crap to be honest – shops an' that…..I walk out after a day or so - that's why I wanna do something that I like".*

Carly's connection with GamePlay has provided her with a focus on what she likes and wants to do. She knows she likes children: *"I love kids – I always want kids – I've always got other people's kids.."* and she likes sports: "*I love sports as well – so yeah.."* and working towards a job like youth sports coaching which will involve both of these elements is her plan. However, when asked about planning for the plan, Carly's inexperience with reflexive thought is again evident. For example, when asked the course content, how she would spend her week, she knew it was about coaching: "*..obviously learning about coaching – ah.. don't know what it's called - - - coaching and development in sports or something like that ..and I'll also do my maths and english while I'm there",* but

she said she did not know if it was one year or two, or if there was a practical aspect.

When asked about preparing for a previous college interview, she responded, laughing: "*yeah, no went straight in"*, and when asked about preparing for her functional skills maths exam (the next day), she shook her head, indicating that this was unlikely, saying: *"see my house is very busy".* By the time of the following interview a week later, Carly had found out that she had failed that exam, meaning that she lost her offer from the college.

7.3.2 Communicative reflexivity

More detail about Carly's biography would improve our understanding of the factors which have influenced her reflexive development, but even with the information gathered: her siblings living in 3 different homes, two of them taken into care in recent years, expulsion from *school ("I was chucked out of school and that cos I was bad")*, it is evident that there has been disruption in her natal context, compared with the anchored family relationships typical of a communicative presentation (Archer, 2003). Despite this, there is evidence of the existence of relational goods between Carly and her family. There are aspects of Carly's responses that suggest a communicative mode of reflexivity, particularly her reliance on family to support decision-making and her assertion that "w*e're such a big family and we're all there for each other every day*". She is close to her Nan whom she lives with, and when asked about the future, she jokes: *"I'll be living with my Nan til I'm 40".*

7.3.3 ‘Expressive’ Fractured reflexivity

Archer (2012) proposes different presentations within the mode of fractured reflexivity, and the ‘expressive’ presentation appears particularly relevant to Carly’s limited use of an internal conversation and her tendency to think and live day-to-day. This mode of reflexivity is described as ‘under-developed reflexivity, ie without any fully developed mode of internal conversation enabling them to diagnose (fallibly of course) the relationship between their personal concerns and their social circumstances, as is necessary for designing constructive courses of action’ (Archer 2012:250).

Archer says that rather than taking a dialogical approach, ‘expressives’ are reactive, relying on gut feelings:‘They live by ‘presentism’ because to them there is no ‘big picture’ but simply a succession of events that command their attention from day to day’ (Archer 2012: 279).

Does this mean that Carly has no option other than to live as best she can, with underdeveloped reflexive capacity? The data suggest that the answer is no, not least, because both within Carly’s account and Zoe’s, there is evidence that she wants to progress beyond her current position. In response to a recent difficult time, she decided that she wanted to go to college: *“when I went downhill – just wanted to get up and do something with my life..”* and this is supported by her earlier comment that both her parents and also her Nan had noticed that she was trying to do this. The consistent presence of GamePlay in her community has introduced new relationships and opportunity, offering the scaffolding

required for Carly to understand and evaluate more options. Carly has identified an aspiration to be a sports coach and believes that there is a possibility of achieving it with their support. It is already clear that this is not a linear path, and there will be setbacks and false starts[11]. Carly's background, external influences, lack of engagement with education and her under-developed reflexivity mean that the obstacles to achieving this goal are still significant. GamePlay is there for support and encouragement, but within the GamePlay methodology, ongoing commitment to development is required of Carly, as it involves a commitment to learning, voluntary work, and maintaining her support relationships.

7.3.4 Carly and the ORRAC model

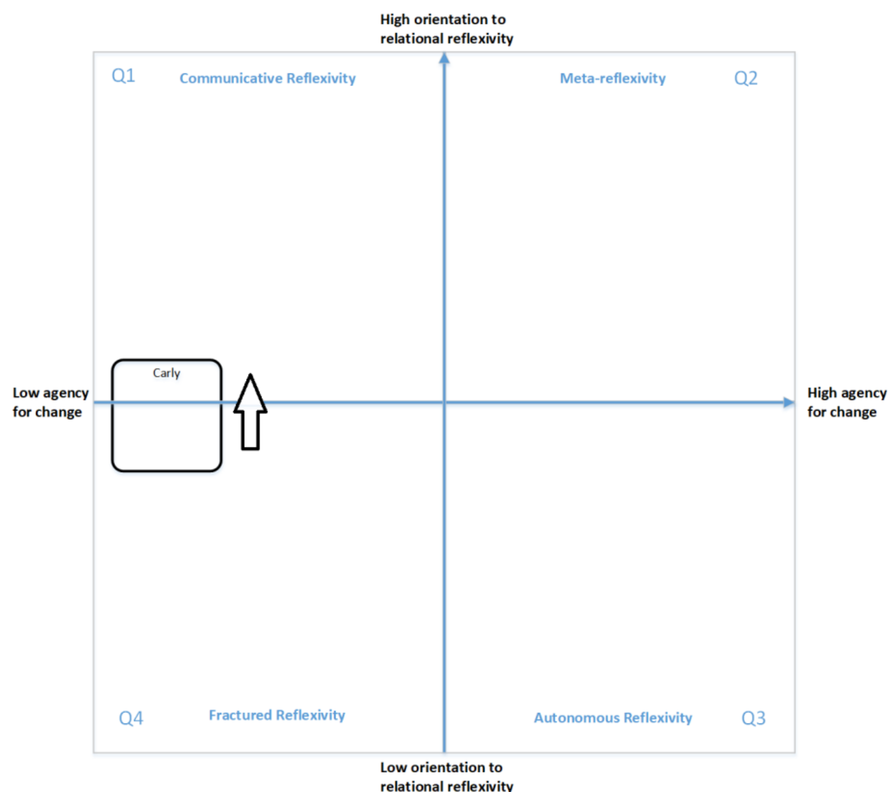
The ORRAC model represents both orientation to relational reflexivity, and agency for change as key factors in the expression of reflexive capacity. Carly's agency for change is embryonic, at this stage it is simply a will to 'do something' with her life. She is not experienced in the mental activities typically employed by those with an active reflexive capacity, and so is currently not represented in Q2 or Q3. Carly's 'expressive' reflexivity places her in Q4, because those who live reactively cannot conceive of, or operationalise a plan for moving forward. However, Carly's data also places her partially in Q1. This decision has been made for two reasons:

[11] Pawson (2013) rejects the idea that support interventions are a 'springboard' to change and uses the term 'runway', acknowledging contingencies (agential, structural, cultural) that may impair the progress of the individual in their aspired-to direction

- Carly expresses ‘communicative’ traits in her commitment to her family and her intention to always be near them, specifically saying of her future: *“I wanna be like - close to family”.*

- Carly looks to the role models available through GamePlay: Zoe and others, wanting to align herself with that group, by doing what they do: *“what she does in general – like with the kids n that – that’s what I wanna do in life..” and later “I needs to speak to Zoe cos … I wanna see what course Zoe did to become like – youth worker”*.

FIGURE 19: ORRAC MODEL, CARLY



7.3.5 Communicative reflexivity and role models:

Carly's wish to gain Zoe's counsel and follow in her footsteps suggests that role models embedded in the local community are, as such, associated with the communicative reflexive mechanism (the arrow in the diagram depicts the 'role model' contribution). This feature is not evident in the other case studies but appears pertinent to this one. It suggests that GamePlay's long-term community-based relationships can (for young people) offer the type of relational goods that occur naturally in family and close community relationships by offering contextual continuity. This analysis has implications for the structure of local provision and supports the relationship-centred longevity of community-based interventions. This introduced interdependence can, through exposure to relational reflexivity in positive relationships, scaffold individual reflexive capacity. In other words, the intervention is fostering Carly's reflexive development.[12]

7.4 The role of relationships

Carly's limited reflexivity appears to be both a product of and contributor to her circumstances, but the relationships she has developed through the youth club and GamePlay may offer her routes to developing her reflexive capacity and may create opportunities within which to exercise it; increasing her employability and chances of social inclusion in the longer term [13] Therefore, this research proposes that

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[12] This raises a question, not for elaboration here, about whether reflexive development in expressive fractured reflexives could be targeted through thinking skills training as part of the organisational offer. This was suggested by Hung and Appleton (2017) in their findings about fractured reflexivity in care leavers.

[13]Morgan and Parker, 2017:1038, in their study of sport-based interventions for 'marginalised' young people, suggest a shift away from employment-based

reflexive development, capacity, and the role of care relationships are critical considerations in designing services that specifically support young people to develop a sense of belonging and agency. The next section explores the role of GamePlay and her relationship with Zoe in scaffolding her development.

7.4.1 Carly's care relationships: GamePlay and Zoe

The analysis of Carly's relationship with Zoe has the advantage of descriptions from three perspectives: Ian's, Zoe's and Carly's. Firstly, Ian, the organisational lead, sets the scene with Carly's involvement with the organisation:

"…in terms of Carly's case …she probably …recognised that we were genuine in our intentions and committed ...in terms of our support for her welfare….I think probably that does come over time – and from her point of view – 'ok there's people here....who have been with me through high and low .. and they are there to look out for me'."

Ian, when asked for a way to describe the nature of the relationship with Carly, he said '*a positive connection*', and when it was suggested that this was perhaps hard to describe, he responded: "*Yeah, but I've seen it hundreds and hundreds of times*", going on to try to describe it: "*you could say trust – you could say a level of appropriate friendship – you could talk about [pause] – a positivity..*"

understandings of inclusion to those that foreground 'interpersonal acceptance'. They assert that this different perspective may *'provide a foundation upon which access to the formal structures of recognition that dominate the social inclusion landscape can be built*.'.

Essentially, Ian is describing relationships that generate relational goods, and in her account, Zoe talks about the long process of getting to that point with Carly; initially: *"..I think cos I'd just come in and – yeah –she didn't know me – she was just a little bit reserved…but I tried to make sure that I was always there that she could always – always say hello … the first session you say hi – maybe introduce yourself – maybe have a little bit of small talk – and then I'd just leave it – wouldn't want to push it too far..*". Carly opted out of GamePlay for a while due to family issues, but Zoe maintained contact, checked in about how she was, and let her know what was on offer. After a while, Carly returned and the relationship continued to develop: *"..it wasn't until about summer last year that we really…started to have that positive relationship where…she would straight away run up to you – and wanna tell you everything … and that's when I think you know – you've had a breakthrough with a person…so it's been – been nearly two years that I have been working with her..and…she is continuing to volunteer for us – she says she wants to work for [GamePlay]*".

Zoe's account suggests that the achievement of such a relationship is an interim outcome, consistent with the idea that the relationship, if maintained, generates ongoing relational goods. Ian's following comment supports Zoe's analysis: *"..a young person might come in and its – sometimes they might have done something particularly great...they are taking pride in telling that professional – now that for me indicates that there is some sort of friendship….*"

The example of Zoe and Carly's relationship illustrates Donati's requirement of RgRGs as those that form over time, in this case, a long period with advances and setbacks. Later, in the Discussion chapter (see 9.2.1) the Relational/Reflexive Mechanism (RRM) model will propose this as an iterative process. Next, Carly's view of the relationship elaborates further on why people's reflexive nature and relationships are important factors in understanding personal change.

7.4.2 'Expressive' reflexivity and the care relationship

We have heard from Carly that Zoe is a role model for her. When asked what she likes about Zoe, Carly's response was typical of her 'expressive' and 'in the moment' reflexivity. To Carly, what most readily comes to mind about Zoe is her energy and sense of play: *"..she's like up, forward [gestures] – like as soon as we come in – she's like come on 'up'... she's got loads of energy int she – she bounces about and like whaoah..[Gail/Carly laugh]..*". Carly's description of her relationship with Nick, the youth club manager, also showed that she values this concrete immediacy and that the 'fun' elements of Nick are important:*"it's the way he's hyper – I dunno – he's very like – aww what's the word – like he does everything to make everyone happy –he is funny and he's there if you need him".*

Zoe suggests that generating relational goods in this way opens Carly to her influence: "..*you just gotta try and persevere sometimes – just try to talk about the positives and bring her up a little bit you know. If you get a giggle out of her as well – you just slot a piece of advice in after the*

*giggle...”.*Zoe elaborates on this strategy of earning influence through play and fun:*“if you are trying to be an authority figure …I think it’s...difficult for them to take that [advice] on board...if you...can have a laugh with them...when you do ‘get real’ – you say...you know maybe we can have a little talk about...what you gonna do...they ...are more likely to take heed of your advice”.*

The above supports the proposition (see 7.2.3) that structures that enable ‘fun’ offer causal potential by nurturing a relational mechanism, one that works particularly well for those with under-developed (expressive) reflexivity. It may be that structuring services to prioritise fun and positive feelings holds more causal effect than the facilitative function that is currently ascribed to ‘fun’. Therefore, fun (its immediacy of relational connection) may be fundamental to engagement with individual reflexive capacity and development. In identifying that fun and responses to it constitute mechanisms for reflexive growth through relationship, these factors may be a more central consideration in the design, commissioning and evaluation of services.

7.4.3 Reciprocity and Total Sharing

Zoe and Carly’s relationship has been presented as a relationship that generates relational goods (RgRG), as it meets Donati’s requirements of knowing each other, being a relationship that has developed over time, that is characterised by caring and involves relational reflexivity. The requirements of reciprocity and total sharing of

relational goods are more difficult to evidence within the context of a care relationship. This challenge forms part of the discussion in chapter 9. However, the following observation provides some, albeit non-verbal, evidence of these within the context of this relation-based intervention.

FIGURE 20: RECIPROCITY AND TOTAL SHARING

Example	Observation notes (Session 2)
	Zoe said to Carly that she had been worried that Carly might not turn up to our session today - and that when a colleague..said she had seen Carly and told her that Carly had remembered. Zoe gestured that she had felt [proud – ie pressed her hand to her chest in a non-verbal expression of emotion]. Carly looked pleased and laughed and said she had the dates and times of the meetings next to her bedside table. She said this twice.

This observation was of a moment of mutual connection and a sense of 'in it together' linked to the shared goal of Carly keeping her appointment: Carly's pleasure at Zoe's pride, Zoe's pleasure at Carly's commitment. This is a 'good' that both contribute to and enjoy, and which may, through the internal conversation (I-, me-, you-, and we-relation) be embedded in each person's sense of self, adjusting or reinforcing the way they think about themselves, in the context of the relational good which they share.

GamePlay creates the conditions within which Carly retains her autonomy and chooses whether to turn up, and in this instance, she chose to, and the observed effect was that she and Zoe shared pleasure from the value this created in their relationship.

7.5 Zoe: GamePlay practitioner

Although Ian revealed that fifty percent of GamePlay's staff come through the programme, Zoe is not one of them and has joined the team in the last three years, working part-time alongside her studies. Zoe is 27 years old, and at the point of interview, she was completing a master's in criminology. At GamePlay, Zoe is one of the more senior team members, taking a supervisory role with the coaches, overseeing the group sessions and case-managing new referrals. She had recently been offered a full-time job at GamePlay for August, once she had finished her dissertation.

Observations of Zoe's care relationships have already indicated, in the analysis above, a meta-reflexive approach to her work. This conclusion is drawn from evidence of her openness to relational reflexivity and how she promotes a culture of mutual respect. In addition, her sensitivity to how young people experience life, and the challenges they face, often compounded by difficult circumstances. We have seen that the cultural context of GamePlay creates conditions that are aligned with Zoe's approach and are likely to have influenced her practice, just as she takes her part in reinforcing and developing the organisational ethos and practice. *So what can we learn about Zoe's reflexivity, which helps us understand why she is comfortable in this meta-reflexive organisational ethos?*

7.5.1 Autonomous leanings

As a younger adult, Zoe's biographical account shows she was a driven individual: "*if…you have an end goal – and there are certain paths that you can take to get that result – yeah I kind*

of debate in my own head –ok well what's gonna get me there the quickest … what's going to guarantee the most chance of reaching that end goal?". At university, she had made a decision to undertake a study year abroad because she knew that this would improve her employability: *"just to like add to my CV cos I was career, career, career..",* aspiring as she was at that time to work for the United Nations. There is a strong sense of self-sufficiency in the above comments, indicating that Zoe started her young adult life with a strong autonomous tendency. She also indicates a sense of contextual discontinuity in her upbringing: *"..I didn't have the best upbringing – I'm not particularly close with certain members of my family",* which is consistent with the development of autonomous tendencies (see 3.17). We will see that Zoe has retained aspects of this autonomous mode of thinking. However, even in the way she qualifies this statement about her family relationships, her internal evaluation of these shows a meta-reflexive turn, asking herself what her experiences mean for whom she wants to be: *"..so I think how do I want that to be different for other people – what have I learned from that and what can I take forwards?".*

7.5.2 Meta-reflexivity

On the second part of the ICONI, Zoe designated her three primary concerns as her partner, travelling and the environment/ animal rights, but unprompted, asked for the recorder to be turned on again after we had finished. She wanted to explain why she had not nominated her family, friends and job as important: *"…so like, I love my family, I love*

my friends, I love my job – but the way I am seeing the most change in me as a person…the way I see the world – those three things on there [indicates list of concerns] have had the most impact for me." This statement evidences Zoe's meta-reflexive tendency. She is thinking about the recent shift in her personal and social identity: whom she is becoming. She has become less career-focused, talking in much more general terms about her values and purpose: *"[you can] spend your whole life working towards a career...but what are you like as a person – and what impact have you had on other people – so for me I think those three things have changed me to a point where I have a positive influence on the people around me…I think I'm a better person..".*

Archer's (2007:93) summary of those with meta-reflexive tendencies is 'those who are critically reflexive about their own internal conversations and critical about effective action in society'. Zoe appears to incorporate both in her concerns and internal conversation, which she reports is very active. When asked about the mental activity of 'reliving', Zoe explains: *"you go to bed at night, and you start thinking about things that you did or said…I…am constantly like playing situations back...I think that's probably one of the things I do most"*. Her critique of society is evident in the importance she places on environmental and animal rights issues, which she embeds into her work with young people when they are curious: *"I try to live my life according to those...I'm not preachy and I'm not pushy…but kids hear that you are a*

vegan and they start asking…so I always have an open discussion about it".

7.5.3 Zoe and the ORRAC model: reflexive tensions

Zoe's meta-reflexivity evidences itself through her descriptions of her changing patterns of thinking. She appears to be at a stage where she is exercising different and sometimes opposing modes whilst she establishes her reflexive preferences, all the time attempting to identify and adjudicate between her primary concerns. It is possible to demonstrate this on the ORRAC model, as Zoe talks through the tensions and shifts in her thinking patterns. This is of interest partly because we meet Zoe at a relatively young age amid these shifts and because it reveals, within the biographically rooted nature of reflexive tendencies, their responsive development and growth.

Zoe identifies her relationship between herself and her new partner (of seven months) as a strong influence in her current thinking: "..*all our aspirations of where we wanna be line up perfectly....I was always quite career-driven….then I met him and…..the things that were lower down on my list…..he made me like realise that….I cared about these things but I wasn't living my life in accordance with my values*". This relationship has prompted a meta-reflexive realisation that she is most satisfied when living a life rooted in her core values. In doing so, Zoe has tempered her more concrete ambitions: *"..we would have lots of…debates together and I kind of just got to a point where I was like – realistically...nothing I do really matters cos I am just one person on a small rock in the middle*

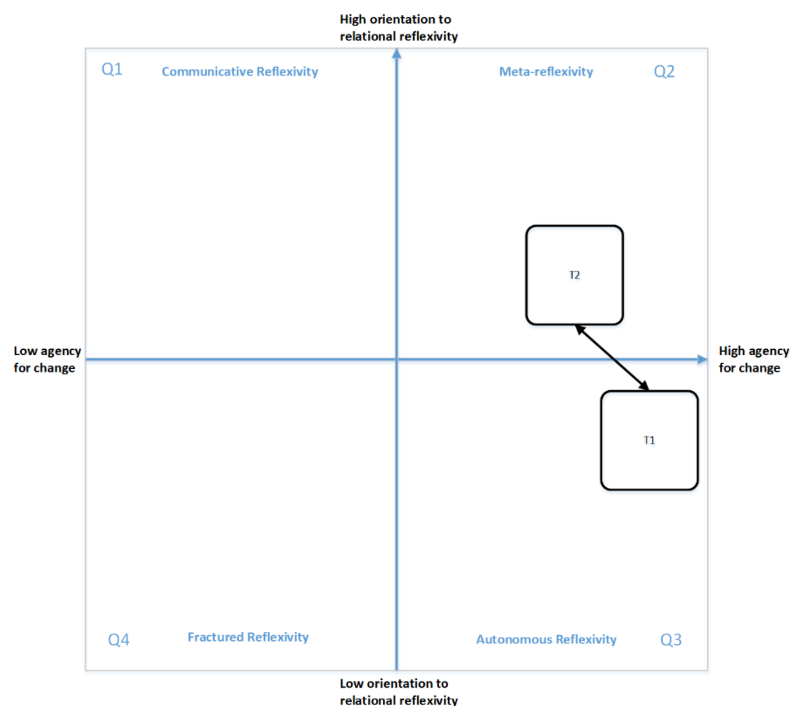
of the universe - and I think well yeah I'm doing a bit of good…but really what am I doing it for?". Her ambitions now are more focused on being a good person and a positive role model: "*I honestly think it's just about being the best person you can be...so other people have good role models to go off".*

Despite this meta-reflexive turn, Zoe has not lost her autonomous tendencies, and there appears to be some ongoing tension. Her focus on 'being' is interrupted by her tendency to set goals for the future, despite advice to herself to live for the present: *"I look to the future a lot...I don't know if that's because like I'm not where I want be now – so I'm constantly thinking about where I wanna be.."*. Yet she also meta-reflexively challenges her own tendency to do this:*"..sometimes I stop myself because I think sometimes you can think too much about the future – and...appreciate <u>now</u> – but then I guess you need to think about the future cos otherwise you've got nothing to work towards – do you know what I mean?"*. Zoe acknowledges the tension between these two positions and her struggle with not wanting to 'pin herself down', yet also wanting to plan the detail. She even alludes to a risk of a fracturing of reflexivity if she does not corral her thoughts: "*you can just spiral because there's too much to think about…you've got too many options – and you can't sort of – clarify – 'this is the best pathway'…cos I don't want to pin myself down…so sometimes I do struggle with the clarifying part – [needing to think about] the finer detail."*

On the ORRAC model, the data analysis places Zoe in Q3 at T1, in her earlier adulthood, and a few years later, in T2 in her

current life and the way she thinks about and operates in her work context. The arrow between T1 and T2 depicts the tension that Zoe is experiencing between modes as she considers the next stage of her life in the context of a new relationship and shifting aspirations.

FIGURE 21: ORRAC MODEL, ZOE



7.6 Summary

This case study has built on the concepts developed about care relationships in the first two case studies, showing their relevance across different people, relationships and social interventions.

In this 'Sports for Development' context, the following insights have been drawn:

- GamePlay's structure and culture are instrumental in shaping the relationships that support young people,

particularly because their model is open access and attendance is voluntary.

- GamePlay is structured for fun, and fun is utilised to create opportunities to influence and support the reflexive development of young people.
- Role models are integral to the service model, and in Carly's case, appear to provide support for her expressive fractured reflexivity. It was suggested that community-based role models might engage the communicative reflexive mechanism and relationships that enable aspirational thinking.
- Supporting the findings of case study 1, Zoe's reflexive profile on the ORRAC model demonstrates shifting reflexive capacity over time, a finding that may relate to her age and stage of life. Despite this, she operates a meta-reflexive relational reflexivity in her care relationships with the young people accessing GamePlay.

Chapter 8: Case Study 4: CareConnect

8.1 Introduction

This case study is the final one, and there are some critical differences in the structure of the care and support in this case that provide an interesting comparison with the three preceding case studies. This social intervention is a long-term placement, a live-in arrangement where the person shares the home and the lives of a family.

The social intervention model is called CareConnect, and its purpose is to coordinate support and accommodation for adults with additional needs, including people with disabilities, mental ill-health, and older people. Local schemes become providers of the CareConnect model, promoting family-based care in ordinary family homes. A national charity, CareConnect Plus, is the UK support network for CareConnect schemes, carers, and leaders. In each locality, CareConnect carers are matched with people requiring support using a thorough process to ensure the suitability of the match for both the carer's family and the person moving in. Most recently reported figures reveal that around 14,000 people are supported through CareConnect schemes across the UK (A.Fox, 2018). These arrangements can be long-term, some placements extending over decades.

The ethos of CareConnect centres on the importance of the nature of people and the power of relationships in achieving wellbeing for CareConnect carers and the people they support (A.Fox, 2018). Fox, CEO of CareConnect Plus, criticises the 'shallow and transactional relationships'

produced by the statutory health and care system (A.Fox, 2018:4), emergent of recent decades' public service modernisation. He instead promotes 'real' relationships (A.Fox, 2018:141) of the type fostered in family, community and friendship groups, and attention to the recruitment of carers for their ability to listen, communicate and empathise. The CareConnect model takes as its cultural base the caregiving culture of the family.

Built on this foundation are structures and processes that facilitate the selection of carers, matching carers with people needing support, and processes that equip carers to support residents, as needed, with aspects of progress, such as independence, relationships, and engagement with the local community. Like any adult care provision, CareConnect schemes are regulated by the Care Quality Commission (CQC) and are required to undergo regular inspection with assessment against CQC standards. Barbara, the scheme manager, in this case, provides insight into the practicalities and challenges of implementing a relationship-centred scheme in the context of the wider social care system.

The first section will introduce the intervention and its context understood through the insight and experience of Barbara, the service manager. The case study then introduces Harry and Una, the CareConnect family member and carer, respectively.

The care relationship and the structure of the context in this case study are markedly different from the others. However, the same analytical tools and process are used to analyse the

care relationship and the role of reflexivity, offering new insights:

- The adaptability of Archer's theory for understanding people and relationships of different kinds and in different contexts
- The value of understanding personhood as biographically emergent of our relations with the natural, practical, and social orders.
- An opportunity to consider communicative reflexivity in a care relationship, where, in the other case studies, meta-reflexivity has been dominant.

8.2 Registered Manager, Barbara and the CareConnect scheme

The CareConnect scheme is under the management of the Local Authority (L.A.), and Barbara, the registered manager, is 'responsible for the quality and safety of care and support of all CareConnect arrangements'[14] within the local scheme. The scheme is managed within the Provider Services arm of adult social care and is grouped with Day services, a Learning Disability Respite Unit and an Older Person Care Home for people with dementia.

8.2.1 Protecting the model: structural and cultural challenges

Barbara reflects that practical management issues arise from being grouped with services that are quite different, in particular adapting more traditional policy directives to such

[14] Reference from service documentation

a unique service model: "it's *such an unusual way of working.... it's explaining that to other professionals... that's quite difficult for the CQC inspectors…[for example an] inspector said to me about meal times...and I sort of said – well they haven't got a menu because its someone's home".* Although there are challenges, these structural differences are accommodated. However, Barbara also raised the difficulties brought about by the recent financial cuts and the struggle defending the ethos of CareConnect in this context. At times, she needs to manage pressures from those who see opportunities to cut costs in the model, made more challenging by parts of the organisation not fully understanding the ethos:

"I would say that a lot of the financial people...find it difficult to understand… One of the hardest things is with all the funding cuts and there are a lot within Learning Disability – is for example – Day services – so they [finance team] go out and do reviews and say... 'I don't think they need Day services any more – why should they – they are at CareConnect – why should we double fund?' – ***because they don't understand the ethos of CareConnect*** *and...I have had to properly fight and show things from the Local Government ombudsmen and things from CareConnect Plus – to say...you can't expect one carer to have two service users 24/7...what about their right to a family life? "*

To some degree, the service is protected because it is less expensive than other forms of adult care (A.Fox, 2018:118-19). However, this also creates pressures in the form of

increasing numbers of referrals, some of which are inappropriate: *"cos we are seen as the cheaper option…that's hard because you are getting...referrals that you know that you can't meet that [need]...so we're batting back a lot of things because they wouldn't be suitable".*

Barbara is clear that who her senior managers are, is an essential factor, referring to a 'win' where she had achieved an increase in the annual allocation of respite care for CareConnect carers: *"I made the most of having a different Director",* and at the time of the interview was cautiously optimistic about a new Director of Adult Social Care. Barbara gains support from CareConnect Plus, the national leadership network for schemes, to manage these challenges, and in the case of the double funding example above, she requested support from them. She says: "*I had a barrage of things through – plus things from CareConnect Plus - plus things from the Local Government Ombudsman…. and that was really good so I could do a report using all that information."* Barbara emphasises that although the structures of each of the CareConnect scheme is different, it is the ethos which provides the collective strength: *"every CareConnect service is different, but the ethos is the same...it's really important that we use them because I don't think we would be as effective...if we didn't have that behind us".*

8.2.2 Adaptive reflexive responses

Barbara's account suggests that Local Authority systems can pressure the viability and integrity of local CareConnect

practice. The model is defined at a national level by CareConnect Plus and locally, is reliant on leadership resilience to defend and maintain the ethos in the context of pressures on the social care system. A.Fox (2018) sees the longevity and quality of care relationships delivered at a lower cost as inherently protective to the ethos and practices, suggesting that local leaders of good schemes realise that 'twisting the model into a conventional 'service' quickly becomes a false economy' (A.Fox, 2018:114). This message resonates with Barbara's challenges: *"it is about protecting - and all of us are like mother bear – protecting [against] those cuts…what you don't want is to upset the carers…cos there aren't many people who will do a job 24/7 for the money...they get".*

This challenging context requires adaptive reflexive responses, which are evident in Barbara's management of the service. The way that Barbara and her team are working to maintain and reproduce the culture and structures of the model in a sometimes hostile context shows a communicative reflexive approach. They are working for contextual continuity within a changing environment, reaffirming the model's ethos and protecting the structures that enable its realisation. Relational reflexivity is utilised in discerning external threats emergent of people with a different ethos and conflicting agendas, and in seeking to influence them, Barbara employs autonomous reflexivity in making protective decisions. For example, Barbara refuses to sign off a CareConnect agreement until Day services have

been allocated to an individual, a defensive mechanism where a relational approach with the finance team is not possible.

8.2.3 Team relationships and the matching process

It is evident from the above that it is not simply the relationships between the carer and the care recipient that are important, but also relationships at other system levels. Barbara can protect the value generated by the ethos because, at a national level, the leadership and support network of CareConnect Plus remains independent of the local pressures and offers valuable external support.

The relationship between the team's three CareConnect Officers and potential carers is also important within the scheme itself. Before the matching process has got underway, Barbara allocates the CareConnect Officer whom she thinks will most suit the applicant: *"..so if it's a young person...I choose Caitlin because I think they might get on better...again its matching even before you've started the process..".* The matching process for carers takes three to six months, meaning applicants can get to know the assessor and vice versa. Barbara says: *"the wall comes down and then you see the real person so you can get to know their personalities"* and *"you can tell the warmth if that makes sense".* The matching process involves a thorough insight into the nature of the carers, their family and home life, and into the people being supported *"those layers that you are peeling – its massive – its lots of little onions all over - sometimes it works brilliantly – the majority of the time...we*

know the carer well enough...the issue is whether we know the service user well enough...we ***have to dig deep to get those answers sometimes****".* Barbara is clear that finding a suitable match is not just about personalities or relationships, it is the whole context: *"it's the whole family so it could be the way the whole family lives – it could be their interests...it could be that they have a nicer bedroom or that they are better at cooking* ***so its unpicking what it is that makes it work****".*

The matching process Barbara describes suggests that it requires a high orientation to relational reflexivity within the team, to understand the nature of all individuals involved, building relationships with potential carers and people who require support, and in the intuitive work of perceiving whether a potential match may or may not be suitable. This intuitive work draws on a necessarily meta-reflexive culture and raises a further question: *is there a way to specify this intuitive process through a theoretical understanding of personhood and reflexivity?*

8.2.4 A note about context

The CareConnect model differs from the other three intervention types as the central aim is to find a placement that achieves a relationship of belonging, to provide a person with stability, safety, contentment and opportunity. In the previous three case studies, 'the reflexivity in context' of each practitioner and service user were unique and separate, even though the value of lived experience was identified as valuable. In the CareConnect case study, Una and Harry do

not share exactly the same context. Most aspects of who they are; their concerns, and histories are unique to them; however, there is *much more significant overlap* between their contexts than in any other case study because their *home environment is shared*. The relationships in the other sites were structured through work roles, whereas in this model of care, the roles are family-oriented, and as a result, the aspects of identity that Una shares represent a wholly ‘home’ rather than a ‘work’ identity, and as such is more personal. Equally, her relationship with Harry operates more like a family member relationship than a practitioner one.

Therefore, it is essential to read this account mindful of this difference and its significance for the relationship. The following sections of this case study will consider how relational reflexivity operates in this shared context, given Una’s and Harry’s capacity for reflexivity and their reflexive nature.

8.3 Introducing Harry

Harry was 26-years-old at interview, and he had been living with Una, his CareConnect carer and her husband for eight years. Harry has a diagnosis of learning disability and autism, which he talks about openly. He explained that this has resulted in him remaining ‘younger’ than other people: *“because of my disability making it difficult to grow up in my head”.* He also, however, has particular strengths in learning and retaining information, spurring interest in history and historic ships. For example, during the interview,

Harry shared some detailed knowledge of the Titanic, HMS Victory and the Mary Rose.

When Harry moved in, Una and her husband already shared their home with two other CareConnect family members; Maggie and Martin. From both Una and Harry's account, the trigger for moving out of his family home to Una's home was a challenging relationship with his younger brother. Harry had felt increasingly frustrated with his brother and had been violent towards him at home, and everyone was concerned about the risk, including Harry himself, of hurting his younger brother: *"I didn't want my brother thinking thinking...thinking to me – 'what's happened to the kind childhood Harry?'…and thinking..thinking that – 'firstly Harry's kind and .. now he's just mean..mean…mean'".*

Throughout the accounts from Una and Harry, there were indications that Harry had had instability and loss in his life. He had been very close to his grandparents who had brought him up, and both of them had recently passed away: *"my grandad took me trainspotting – my nan taught me to cook …and I also used to go to church with my grandad."* Harry's relationship with his parents is more erratic, and at times gives Una some concern: *"I got to keep mum happy cos I worry about him going home...and how's she gonna be with him and I think there's often Uncle around and...he can be quite nasty",* although Una acknowledges that his mum has done a good job in some ways: *"cos he's very clever and she does take him out here there and everywhere".*

Conversely, Una's home life has provided stability for Harry both in terms of his health and social well-being. He says, *"this home is a lot cleaner, not so smelly – the food better – everything – whereas mum's house is dirty, dusty, smelly – not as good food"* and also remarks on the weight that he gained early on: *"…she[Una] does healthy food because when I first arrived...I was not the guy with the healthy body like this – I was thin…extremely underweight".* Having had a complicated relationship with his brother, Harry reflects positively on the relationships he has with Una, Jeremy and Una's children: "*I used to watch [Una's son] play on his PlayStation…and they like saw me as a big brother in terms of [Una's younger son] or a younger brother cos of [Una's older son].* Una explained that her son had recently had a new baby and that Harry was an "*honorary uncle*". Harry had some trepidation about holding the baby: *"it's the fact I've never been an uncle before and I was actually a bit nervous at first about how I would react around baby"*, but identified the new baby as important to him: *"I sort of fallen in love with the little fella.."*

8.3.1 Learning disability, autism and reflexivity

Harry's diagnosis of learning disability and autism raises a question about capacity for reflexivity in the context of these diagnoses, which in themselves vary greatly in presentation in any individual. Aspects of Harry's learning disability and autism may have implications for his reflexive development, such as developmental difficulties with language and communication and executive functions (attending,

planning, sequencing information, regulating emotions)[15]. These developmental differences may affect his internal deliberations, but they do not prevent him from having them. For example, Harry acknowledges his internal conversation when thinking about his grandma: *"I used to imagine life without my grandma as a child because my grandma outlived my grandad …now my nan's gone I have to face up to…having - no responsible kind adults around and…having to have...my mum and dad..".* Archer's definition of reflexivity as a capacity of all 'normal people' (Archer, 2000:221) is unhelpful in its lack of specificity; however, she qualifies this, in parentheses, as '(not addicted, fixated by trauma or otherwise incapable of reflection)'. Harry is very capable of reflection, and this research starts from the assumption that his diagnoses do not preclude a capacity for active reflexivity. In fact, Harry's data provide an interesting insight into the way that his reflexivity operates.

8.3.2 Developing 'personhood'

It is Archer's account (Archer, 2000: chapters 4-7) of the formation of personal identity through our embodied experiences in the natural order and developmental relations with the practical and social orders of reality that underpin the following analysis; an analysis that reveals individual personhood in the context of limited cognitive, language and communication development.

[15]No information about Harry's abilities in these areas was required for this study. Like the other participants, Harry's reflexive nature was considered in the context of what could be learned from observation and interview.

Where the other case studies have focused on participants' capacity to evaluate their priorities in context reflexively (i.e., how shall I act in the light of my *established* concerns), the insights that Harry provides enable consideration of the *developmental process of adjudicating between and establishing* the concerns that anchor personhood. Harry's account shows he is engaged in doing this but that it is challenging. His learning disability and autism, within his social context, create obstacles to satisfactory calibration of his core concerns.

Harry's contribution to this research is unique in that his thoughts are quite often externalised, and during his account, he repeatedly returns to certain topics (see example 'concerns' in Figure 22 below). As a result, we have a privileged insight into the struggle that he has, aligning his concerns to fit in with societal expectations, particularly where his keenest interests conflict with them. Analysis reveals an ongoing struggle in reconciling these positions to establish a way of 'being' or personhood that 'works', both for himself and within his social context. Figure 22 lists some of the concerns that Harry spoke about most and proposes the relation(s) (natural, practical, social) that each concern may be emergent of, followed by two illustrative examples.

FIGURE 22: HARRY: EXAMPLE CONCERNS

	Example 'concerns' from Harry's account	Natural	Practical	Social
1	Wanting to be younger/ buy/ play with young children's toys	■	■	
2	Being healthy	■		
3	Being sporty and a fast runner	■		
4	Avoiding being bullied/staying safe	■		■
5	Family relationships (grandparents/ parents/ siblings			■
6	Being looked after at Una's/ belonging/ Being a good influence for nephew (Una's baby grandson)			■
7	Love of cars/ mechanics/ robots		■	
8	Managing own strength, aggression and impulsivity	■		
9	Following rules and guidance eg school policies/ public health messages/ keeping the house clean and tidy		■	■

Example 1

Harry enjoys playing with plastic toys of the type designed for very young children, for example, farm animals and 'plasticky' toy cars, as part of his desire to be still young enough to play with them. When asked what he likes about them, he says: *"..playing with cars, train sets, ships, that because of my disability making it difficult to grow up in my head"* **(1)**.

This is a concern of the natural order in the physicality of play (eg. Una said that he likes to lay on the floor to play with the train set to feel the vibrations) and the practical order: the act of playing with the object itself. Harry suppresses these, or is working to, in order to preserve:

- Una's approbation **(6)** and broader social acceptance (social order)

"I don't want to risk getting in trouble with Una just because I bought something that's meant for youngster like... maybe a toy car"

"I do check out childish toys [on the internet] but…I'm an adult now and...I know that there's a danger – with my nephew around now that ..I could always end up being a bad influence"

- Physical safety **(4)** (natural order) and avoiding bullying (social order).

"I know if I keep taking toys out in public there's always a danger of being mocked" and "*I'm afraid that somebody will then turn..to a bully at me….or come up behind me and...push me over..."*

Example 2

Harry moved into Una's family home because his relationship with his brother became difficult as Harry had become aggressive towards him at times: "*through my teenage years I went from kind gentle playful teenager – from a mean nasty you know bully of…an aggressive brother – to kind, young you*

know playful adult again – meaning I had...you know...two sides to me – kind side as a child – aggression as a brother then back to kind adult".

- For Harry, the risks associated with impulsivity and aggression in the natural order **(8)** compromise one of his social order concerns **(5)**, and he remains anxious about this: "*I do see him – but I don't want to – but I don't want to stay like in his bedroom just in case the aggression is waiting to loom out at him – you know as in history repeating itself."* His placement at Una's house allays this anxiety, and he says that Una has helped him, meaning that he can stay at Una's **(6)**: *"Una actually helped me keep the...unpredictable aggression…at bay…I know if I became aggressive at Una's then I would risk being...kicked out."*

The tensions between Harry's concerns help explain the challenge that he has in articulating a satisfactory way of life. This, however, does not deny Harry a capacity for reflexivity. He has an 'inner perspective', a sense of "me in my social context' considering what I should do there' (Archer and Morgan 2020: online). He is, however, in the difficult position of navigating the expectations of an 'adult' world within the limitations of his cognitive and linguistic development. At times, this means Harry is subordinating his concerns in the natural and practical orders to 'fit in' socially. This may heighten the risk of 'fractured' reflexivity where the problem of irreconcilable interests may lead to 'internal conversations which intensify distress and disorientation'

(Scambler, 2017). We will see that Harry's current circumstances work to mitigate this risk through his relationship with Una and her family.

8.3.3 The ORRAC Model and Relational Reflexivity

The ORRAC model is helpful here because it proposes a continuum of relational reflexivity. The idea will be elaborated upon in the discussion chapter that a *capacity* for relational reflexivity is present in each quadrant, but on the continuum, relational reflexivity is applied to a greater or lesser extent by different people. We saw that Luke and Fran, each within an autonomous mode, used relational reflexivity to achieve outcomes that were important to them, and this will be described in the Discussion (chapter 9) as 'autonomous relational reflexivity'. It is the way any of us may use relational mechanisms to our own ends. Due to his autism, Harry struggles with this important reflexive skill, essentially because the ability to perceive other people's intentions and likely actions is part of setting any autonomous goal that involves other people. An independent capacity for meta-reflexivity is perhaps even less possible because it involves a synthesis of new contextual knowledge, imagination and a perceptive engagement with the agential interests of others.

8.3.4 Harry's reflexivity

It is therefore challenging for Harry, just as it was for Carly, to achieve the self-sufficiency afforded by autonomous reflexivity or to meta-reflexively engage with the opportunities presented by novel people and contexts. He is currently reliant on stable relationships to help him interpret

the social world and support his reflexive deliberations. This is evident in the support he gains from Una to make decisions, with both Harry and Una talking about Una's role in helping him to think things through:

e.g. *Una: "I said to him right you go off….check out the prices and think about it so .. do you want to spend 20 pound on this ship – or do you want to save that 20 pound for...when we are away.."*

Una's support extends to how to think about things and behave, highlighting to Harry what others may think. This is directly reported by Harry, for example: *"Una says if I want to go to Uni – stop bringing toys out in public because people will just laugh at me…because they will be thinking – 'does that young man think he is a kid?'"*. In other examples, it is possible to detect Una's counsel reflected in Harry's reasoning:

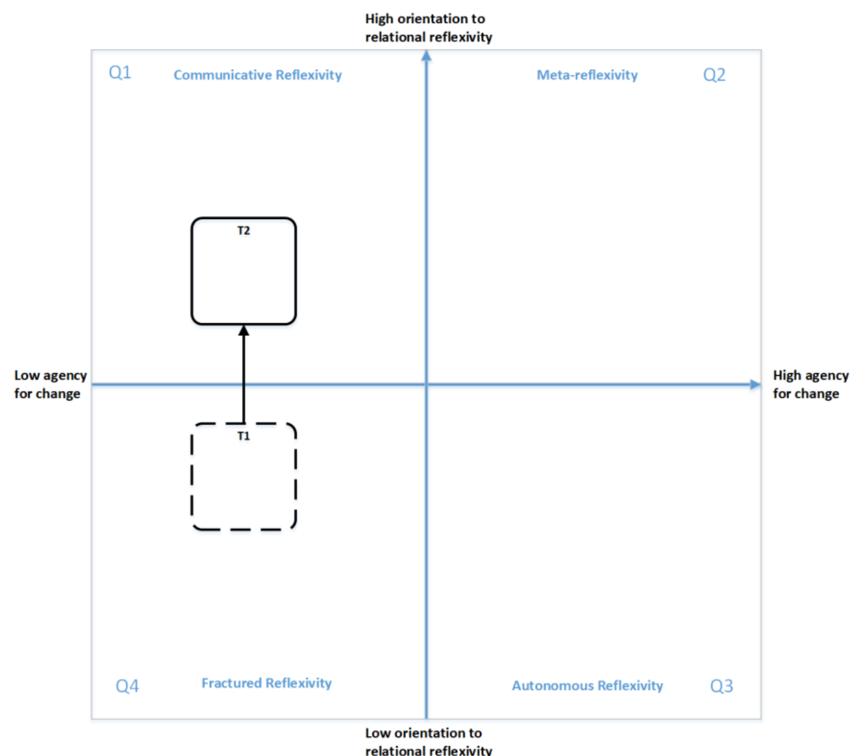
"it's [living with Una] made me more like social…and actually reserve the sportiness for public ...I didn't want to run around like silly lunatic…when I could have accidentally fallen to death."

"in winter when it's raining it would be silly bringing back a damp soccer ball…cos it be too…wet to bring back in the house – so that's why I never take chances with soccer ball in the winter."

Barbara (CareConnect Manager) says that it is common for people who move into a CareConnect family to use language adopted from their carers: "..*sometimes they come out with*

things – little phrases and you think 'that's what the carer says'." Una's counsel is scaffolding Harry's reflexive deliberations, using her own, helping him structure his thinking around his interests in the light of his context. We will learn in the next section that Una's reflexive tendencies and family culture tend towards communicative reflexivity and that this mode is, in many ways, suited to supporting Harry.

Figure 23: ORRAC model, Harry



On the ORRAC model, Harry is represented at T1, in 'Fractured'[16] mode, which is a risk (due to his disability) in an unsupported context, but at T2, whilst in his current context,

[16] "The fractured reflexives are those whose internal conversations intensify their distress and disorientation rather than leading to purposeful courses of action" Scambler (2018)

Harry's reflexivity is drawn away from a fractured expression when he is supported in a context of communicative reflexivity. It could be reasonable to conclude that, because Harry is *interdependently* rather than independently reflexive, his reflexive mode remains fractured. Yet, the same could be argued for Una, as without the family and community relationships that host her communicative reflexivity, she would perhaps also lose reflexive traction. We, most of us, are interdependent beings. With the relational support that Harry draws from his life at Una's, he operates in a communicative mode, consistent with his context. The following section expands on Una's reflexivity and why this is relevant to her care relationship with Harry.

8.4 Introducing Una, CareConnect carer

Una has been a CareConnect carer (or the equivalent Adult Placement carer) for over 25 years, and Maggie, one of her current extended family members, had been living there for 24 years at the point of our interviews. Una is in her late fifties and has resided in her local area all of her life. She is married with grown-up children, and she and her husband Jeremy provide a home for and share their lives with three people through the CareConnect scheme. One of these is Harry, who is now 26 years old, having moved in with Una and her family when he was 18. He has lived with the family for eight years, and Una says, *"…I wouldn't be without him...we have such a laugh".*

Archer's reflexive modes reveal differences in the way people deliberate about, and therefore navigate life. In case studies

1, 2 and 3, we have met those with fractured, autonomous and meta-reflexive tendencies and understood:

- how these reflexive patterns have shaped their lives and
- the implications of these reflexive modes for their care relationships within the context of the social intervention.

This final case study finds that Una aligns strongly with the mode of communicative reflexivity. There are three core features of communicative reflexivity outlined by Archer (2003:170). These are contextual continuity, the dovetailing of concerns and contentment. Additionally, the tendency of 'thought and talk', a reliance on collective decision-making, which fosters a cultural consensus. The following section outlines the evidence from Una's account of her life and how she thinks and decides, which reveal her communicative reflexive tendencies.

8.4.1 Una's life and priorities

Contextual continuity versus incongruity or discontinuity is a key aspect of personal biography, which Archer describes as contributory to the developed nature of reflexivity in adults (see 3.17). In the previous case studies, we have seen evidence of this in the biographies of Maxine, Luke, Fiona, Fran and Zoe. In Una's case, contextual continuity has been stable: a reproduction of her natal context within her local community. Una says that her primary concerns are family, health and money (in terms of "*saving for my pension*"). Una

is clear that these different priorities do not clash and that "*they all seem to fit in fine*", conceding that this may require some 'juggling' at times.

For Una, contentment arises from simple priorities: *"as long as we are all happy and healthy and making sure we all eat healthy – that's really important – and keeping things clean".* Family is of central importance to her. Her adult children live close by, and she is also close to her siblings, with all of them and their children coming for Christmas: "*Christmas we do [get together] – yeah I had 28 in here.."*.

Una's need to maintain her contextual continuity is evident when she talks of herself and Jeremy retiring from CareConnect. She has no plans to travel or take up a hobby, and when asked what she will do, she thinks that she may go and work nights in a local care home *"I'd like to go back to elderly and do nights.."* Caring is part of who she is, and she appears to find it difficult to conceive of a life where it is not integral.

Una's love of caring for and nurturing others started at an early age. Her mother was a nurse, and when Una and her siblings were young, she opened a rest home for the elderly in their family home. Una grew up in this environment, and her level of engagement in caring was high even as a child, as shown by the personal relationships she valued there: *"I had loads of nannies and grandads – so before school I used to do their cups of tea – they all had a cup of tea in bed, so I used to do that before I went to school"*. With little idea of what

she wanted to do after school, and having grown up in a care environment, Una took what seemed like a natural step*:*

"when I was at school, I didn't really know what I wanted to do so I ended up working at an old people's hospital in [place] and that was lovely – I really enjoyed doing that".

Subsequently, Una and Jeremy married and started a family. She and Jeremy had a cleaning business, then Una found her way back to care: *"Yeah I've always worked in care….I went and had the babies…and then we ended up having the cleaning business and then I got pregnant again accidentally ….and I thought well I'm at home so I might as well have someone in."* Soon after, Maggie moved in and has been with Una and her family long-term. Martin, who is also part of Una's CareConnect family, joined in the interim and was well-established before Una decided to invite a further person into the mix and was ultimately matched with Harry.

8.4.2 Communicative reflexivity on the ORRAC model:

Una's life is a tale of contextual continuity, which has been worked for within a strong and established family-based culture. On the ORRAC model, striving for contextual continuity is as aligned with lower agency for *change*, which should not be confused with a lesser capacity for agency.

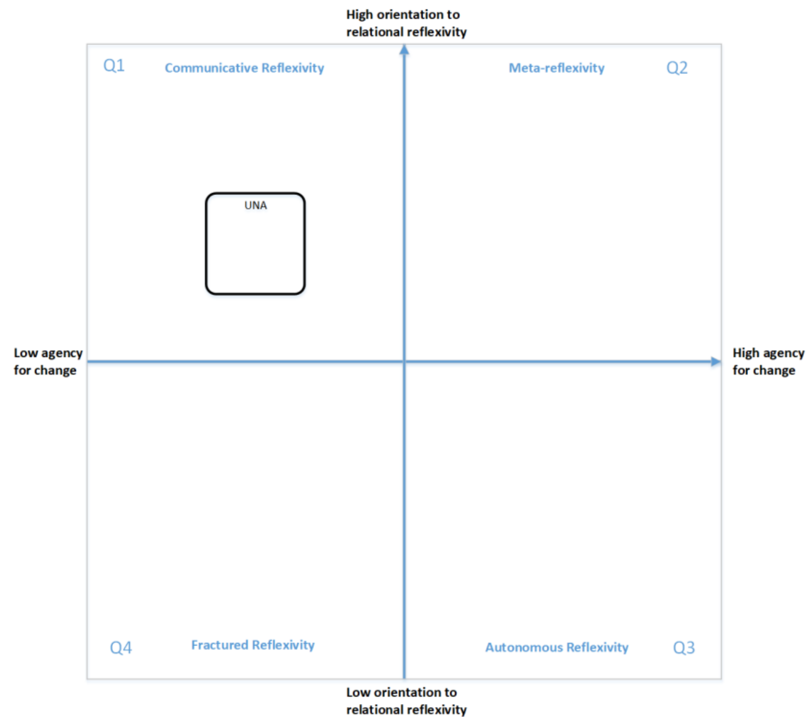
Archer (2012:125) is clear that *"reproduction now [ie in this day and age] entails innovative action"* and that maintaining one's context is an active and not a passive endeavour. Those on the opposite end of the continuum, with autonomous and meta-reflexive tendencies, are instead employing their agency to engage with change in response to opportunity.

Una's enacted agency is evident in her description of a 'sit in' at the Department of Psychiatry to get a prescription for Martin when there were no appointments available: "*they said...we can book him in next week – and I said 'well no he might be dead by then – because this is what he's threatened' – I says 'well don't worry – we'll come and sit down there until we can see one' – so me and Martin made up sandwiches – took a flask with drink – and within an hour they saw us".* This passive resistance to the system shows strong agency, yet it is not an attempt to create change. It is agency applied to overcome an immediate barrier to support a member of her extended family group. It also demonstrates the other key element of communicative reflexivity on the ORRAC model; high orientation to relational reflexivity. Una is engaged in 'we-relationships' with her extended family and focuses on being 'in it together'; 'your' concerns are 'our' (i.e. mine and your) concern. Una's stance at the Department of Psychiatry underlines this. She did not personally believe that Martin needed this medication: "*the only reason he...wanted the anti-depressants - is that mum had said to them all – 'if you are depressed – we are all on fluoxetine…you need to be on it'".* Regardless of her own view, however, she prioritised what was important to him at that time and supported him to be seen.

Una combines a tendency to reproduce the ideals and structures of her natal context with an orientation towards relational reflexivity, engaging in effective 'we-relationships' with recipients of her care. This combination creates its own

tendency in which a typically inward-facing community and family culture are valued and reproduced. This is shown on the ORRAC model below, placing Una in Q1:

FIGURE 24: ORRAC MODEL, UNA



8.4.3 Promoting equality within a family culture

Una advocates for the people she cares for within the boundary of her family home, values and culture. This boundary is evident in Una's comparisons of her care provision with other carers who support their CareConnect residents. Una does not speak about others who, like her, provide positive care, citing examples of poor treatment of service users from carers she has known in the past and distancing herself from all other carers as a result: *"it's like they're the boss – and 'you do what I say'…. 'if I tell you to go out there and do your colouring you will do it' – and it's not nice – I think no – just keep away from them all"*. Despite

distancing herself from other CareConnect carers, Una maintains a good relationship with Barbara, the local manager, confidently welcoming anyone to come and assess her provision at any time without notice: *"..you [CareConnect Officers] are welcome to come out any time... you can go off and speak to my three – I got nothing to hide".* She is keen to be seen to be doing a good job but also prefers that the organisation let her get on with it unless she approaches them for support: *"I do ask them to leave me alone – cos this is family...I don't want them pestering me every 5 minutes",* qualifying this with *"they do support me really well - but only when I want them to".*

Una's values maintain a stable family culture. There are regular practices that form this structure, for example, a regular Sunday lunch each week, for which preparation begins at 7 am *"cos we always have Sunday roast here on a Sunday so I like to get it all ready"*. The family week is also structured *"they've got their routine – I've got my routine – so on a Tuesday we go and do the shopping – go and have coffee – and on Friday its all three of us – with Maggie as well – all 4 of us – we all decide what we are doing and we go off out".* This sense of equality is a key part of the way that Una's family operate. Decisions are made by consensus and not individually. Archer (2003) describes this communicative reflexive tendency as 'thought and talk', a tendency to begin with an internal dialogue, but to complete the discussion with others in a trusted group, rather than in one's own mind: 'the membrane between the life of the mind and the life of

the group is highly permeable and there is regular two way trafficking between them' (Archer, 2003:167). Una reveals this is the case in the decisions they make as a family *"..like even with my family – we always do it – we make decisions...we sit down and we talk about things...so we make it fair".*

Una is an advocate for fairness and equality. She takes her CareConnect family on holiday each year: *"..really they are not entitled to a holiday and I think that's wrong...cos I think, you know - how would we feel if we didn't have a holiday?".* In the care home she worked in six years previously, Una would break the rules to make a sandwich for a hungry resident at 2 am: "*a lot of the time in care places its breakfast at 9, lunch at 12, tea at 4 – but if you are not hungry at 4 – they say no the kitchen closes at 5 – that's their home – and that's not fair – so I just used to get 'em jam sandwiches".* This equalisation of power in relationships creates a sense of equal value, and therefore the conditions for reciprocity and the generation of relational goods.

8.4.4 Una and Harry, a relationship that generates Relational Goods?

There can be no assumption that a CareConnect care relationship is one that generates relational goods, and the next step is to consider Una and Harry's relationship against the requirements set out by Donati (Figure 25). The strong family culture lends itself to forming we-relationships and Una and Harry provide examples of joint problem solving, a sense of 'in it together' in home and family life.

Figure 25: Criteria for RgRGs: Una and Harry

Donati's criteria relationships that generate Relational Goods Archer and Donati, 2015:211	Relationship between Una and Harry
Personal and social identity of each participant	Harry and Una are well known to each other and there were many examples of Una's insight into Harry's life (i), Harry's insight into Una's (ii) and a sense of collaboration (iii) eg: (i) Una: "..bit of a… strange relationship with mum and dad– Harry- "yeah" – Una: "had a few problems but we've sorted them haven't we?" (ii) Harry: "yeah the thing is Una tries to win the lottery but it never happens.." (iii) Harry: "..don't forget we couldn't resist outdoor waterproof coats – I bought one and then you bought one.." [for the new baby]
A non-instrumental motivation	As indicated by the evidence above, the relationship is characterised by caring, however Barbara, the service manager did highlight that there are applicants who are motivated by the financial rather than the caring aspect: "if the first question is how much will I get paid – you can tell that – it's when you go to the home and the – you can just sense.." The service is looking specifically for people who have a non-instrumental motivation to provide care. Sometimes, Barbara says "..it is people who've had things in their past – and they want to give back if that makes sense.."
Conduct is inspired by the rule of reciprocity	As described above, Una's sense of fairness and equality creates conditions for reciprocity, and the discussion below provides evidence of reciprocity in the provision and receipt of physical comfort. Reciprocity in care relationships will be further considered in the Discussion (chapter 9).
Total sharing – the relational good is produced and used together – it cannot be maintained by just one person in the relationship	Within the family context, relational goods are shared, supported by a culture of equality and fairness.
A reflexivity that operates relationally	As indicated on the ORRAC model, Una's tendency towards Communicative reflexivity consists of an orientation to Relational Reflexivity within her family and close community group. However, Donati's requirements suggest that this cannot include a reflexivity that is autonomous or fractured in nature. This may raise questions about Harry's reflexivity. There are two responses to this, the first is above in the account of Harry's reflexivity in context. The second will be discussed in the Discussion chapter as a proposed development of Donati's theory.
A relationship with requires elaboration over time	Una and Harry's relationship has formed over the last 8 years.

8.4.5 Natural order concerns and reciprocity

The practice of caring, for Una, is not simply emergent of her practical and social concerns; it also has an empirically observable embodied aspect, a concern that emphasises the involvement of the natural order in Una's approach to caring. This was not as overtly evident in any of the other practitioners in this study, and so it is worth noting in Una's pattern of concerns. Archer's theory of personhood helps to explain this aspect of Una's caring tendencies, which may have otherwise gone unexamined.

In Una's biographical account of caring, she shares a memory of Benjamin, a retired vicar who was a resident in her family home growing up. Her description of him reflects her affectionate and tactile tendencies, oriented around visceral and sensory experiences of care: *"he was so dreamy – you know – and his hand used to shake – he used to touch my hand and his hand used to shake – and I think…ooh (shudder)…bless him".* Una demonstrates an empathy that extends beyond the social to the *physical* comfort of others. It is essential to Una to ensure physical comfort: "…*some lovely ladies and gentlemen down there [rest home] – used to tuck 'em up in bed – make sure they were all ok".* Any suggestion of discomfort equally challenges her.

Her son and daughter-in-law had recently brought their new baby to visit, and Una expressed distaste over their decision to put him in a dark green cardigan and her related hope that they would not dress him in jeans *"you know they are not babies for long so you just need them to look like a*

baby….thought don’t you dare put him in denim jeans…I think how uncomfortable is that?”.

In further examples, Una reflects on the new care situation of a previous CareConnect family member “*I just wanted to bring her back [home] – you know she had her shoes on – she didn’t have her slippers on”.* Una’s emotional response to perceived physical discomfort in others extends similarly to animals. When they volunteer to walk stray dogs in Portugal on holiday, she avoids going to the kennels to choose a dog to walk: “*..I won’t go down there – cos they’re not nice – the kennels – it’s like concrete floor – and it’s too upsetting”.*

Donati is clear that reciprocity is integral to generating relational goods, meaning ‘…an exchange of something, a reciprocal action in which something passes from ego to alter and vice versa, which generates a reciprocal link of some kind between them.’ (Donati, 2011:73). Una’s account provides evidence of reciprocity through the giving and receiving of physical care. Her concerns emergent of the natural order are met as she draws personal contentment from ensuring the physical comfort of others. This entails relational reciprocity; there are shared concerns, and the benefit is reciprocal: for Una, the comfort of knowing that the person is comfortable, and for the person, the comfort itself. It is in no way autonomous in nature. Una’s benefit and confirmation of her ‘raison d’etre’ cannot emerge unless the person she is caring for is also deriving ‘goods’, consistent with Donati’s ‘Total Sharing’ requirement (Figure 11). This does not mean that a person cannot deliver care with an autonomous motivation

or that the person receiving that care will not achieve benefit. It does mean that the benefit achieved will not be relational and, as such, will not be attuned and responsive to the concerns of both parties.

8.4.6 Consequences of natural order concerns combined with communicative reflexivity

Una's concern for physical wellbeing is an advantage when it comes to caring. However, Una herself revealed challenges emergent of her values and carefully managed context, particularly when it comes to her CareConnect family members moving on to other provision. Moving on creates discontinuity which challenges Una's preference for continuity as someone with a communicative reflexive tendency. Although this does not happen often, it is something that Una reports as distressing. Her values and focus on providing security, comfort and protection for the people she looks after results in a barrier to maintaining contact after someone has left her care. Una says this is the "*horriblest bit of this job*" and the only downside she mentioned. She is concerned that when the person leaves her care, they will not be looked after to her standards. Una gave several examples of what this meant to her:

"Its like Walter – he only moved into to a group home in [place close by] – we went to see him but there was no carpet in his bedroom – it was lino and on his bed there was no underslip – you know - it was just plastic mattress with a cotton sheet on and the duvet it had a protective plastic sheet on as well and I think – 'that's not home is it' – so I didn't visit him again"

"We moved her [Shirley] out to a nursing home in [place] so we went out and it was horrible.....all her clothes had disappeared and I thought I can't come again…luckily enough she had dementia so she was forgetting who I was, but I said to my boss I can't go and visit her."

For Una, the relationship she has with her CareConnect family members works well while they are a part of her family. She develops a 'we-relationship' with each person within which she engages in understanding what is important to them and what will make them comfortable and happy, which satisfies her core concern of caring. No longer being able to influence their environment to her standard of care makes visiting impossible, and she has to break from the relationship. This can create 'relational evils'; loss and helplessness for Una: "*that is the hardest part of doing this",* and in all likelihood for the person who has moved on, with the loss of previously close relationships. Una consoles herself with imagining a more positive outcome for Maggie, Martin and Harry when she retires: *"I'd like to think I'm gonna find a nice carer that's gonna look after them properly",* but to date, from the examples, she gave, onward care has always been found wanting. Speaking generally of long-term care relationships and not specifically about Una, Barbara indicated that this situation was unusual: *"the majority of the time, they will still have that strong relationship once they have moved".*

8.4.7 Disadvantages of communicative reflexivity in support relationships

Barbara talked about the differences in CareConnect carers as a positive aspect of the programme, enabling a bespoke matching process: *"we would put...clients with different needs with different carers depending on their strengths really, and the carer's strengths".* She shared an account of a different CareConnect carer who was an equally positive care provider but with a contrasting approach to Una. This carer had explicitly requested to support a young person who needed help to develop life skills and confidence. Barbara describes the relationship: "*..he is finding his feet – she is encouraging him to find his feet – at the same time... she's letting him do it at his own pace.."* When this young man joined the carer and her existing CareConnect family member, Barbara says *"he was very monosyllabic in his responses"*, and eight months later he has a job in a charity shop and gets the bus there independently. Barbara highlights the difference in carers like this: *"...some carers...almost – mother – but for somebody like him you wouldn't want that – you would want somebody who would say – come on you can do this…not making him feel he has to do that – but she's saying brilliant – well done".* The inference drawn here is that this care relationship is characterised by meta-reflexivity on the part of the carer, relationally reflexive and oriented towards agency for change.

In contrast, we have seen that Una brings Harry into her life and worldview. Una's communicative reflexivity provides an

environment that is consistent, predictable, routine-oriented and where care, comfort and wellbeing are prioritised. There are benefits to Harry for whom contextual stability (place and relationships) is important. Una supports him with his reflexive deliberations to help him make decisions that will not later disadvantage him, such as decisions about spending money online and taking his ball or 'childish' toys out in public.

Notwithstanding the benefits, the extent to which Harry is supported reflexively may also present a disadvantage, particularly to his unique concerns. Harry's thinking is influenced by Una's, and as such, there is less opportunity for taking an independent or contradictory position within this relationship. There is a risk here that for Harry, independent thinking may be constrained as decisions and thinking are shaped within his relationship with Una and her family. His decision-making may be limited by the values and reflexive conclusions of Una, which on the one hand, keep him safe and well, but on the other may limit his choices and pursuit of opportunities and possibilities. This also raises Harry's preparedness for a future that does not involve Una and her family if the relationship cannot be maintained after he leaves, and a similar family environment is not available. The emergent effects of a communicative reflexive culture may result in a limited opportunity to develop a more independent capacity for reflexivity, which would otherwise be protective for Harry long term.

8.5 Summary

CareConnect's ethos sets the conditions for relationship-based working by using existing family and community structures. These are naturally occurring, and in using them, CareConnect is harnessing a resource that exists within homes and communities and has built a model that operates within a changing and uncertain social care system. This case study has presented several findings, examining the people and care relationships through Archer's and Donati's theoretical lens:

- Learning disability and autism diagnoses do not preclude reflexive capacity but do have implications for it.
- The CareConnect model 'matches' people to achieve effective relationships, and it is not unexpected that a high degree of relational reflexivity is evident in the service design and practice.
- CareConnect provides long-term care in stable care environments that benefit from contextual continuity and accommodate communicative reflexivity such as Una's.
- A communicative reflexive family culture can scaffold individual reflexivity through care relationships, but it is important to be mindful of the limitations this may present, as is likely to be necessary where any mode is strongly evident.
- Examination of the natural, practical, and social aspects of personhood in the carer or person being supported can provide a greater understanding of their core concerns and the implications for care relationships.

Chapter 9 Discussion

9.1 Introduction

The four case studies have demonstrated the application of Archer's and Donati's social theories. They have shown how they can be used together to examine care relationships in social interventions and highlight the conditions that enable care relationships to have causal effects. They have also demonstrated the use of the ORRAC model, devised in the early stages of data analysis. The ORRAC model is a tool that emphasises:

- the role of relational reflexivity and
- individual orientations towards stability or change, novelty, or progression, as core elements of the reflexive modes proposed by Archer (2003, 2007, 2012).

The model provides a visual representation of Archer's modes on these axes, which also mirror two core aspects of person-centred support: relationships and the ability to 'move forward' in life.

In this discussion, it will be shown that care relationships do not fall into a category of their own, as distinct from everyday human relationships, but rather that care relationships can apply the same mechanisms and, in doing so, can utilise this valuable resource of social life, under certain conditions. Archer and Donati's theories assist in understanding the mechanisms that release relational resources by providing theoretical support for understanding these core elements:

- The fundamental nature of personhood, how we become who we are, our individual and shared concerns
- How our relationships are entwined with our personhood
- How reflexivity and relational reflexivity are implicated and
- How the interplay between circumstances (structure/culture) and agency can influence people and (therefore) their relationships

9.2 Part 1: Relationships that generate relational goods

The first part of the discussion will explain how the relationship has causal effects by enabling or constraining a person's ability to move forward. This is only one aspect of the research but is being dealt with first because it pertains to the outcome that person-centred social interventions aspire to. Research into social interventions has already established that relationships are a core mechanism for personal change (Bertotti et al., 2018) and in research and practice have been described as a feature of person-centred interventions (e.g. Waters and Buchannan, 2017). However, previous research does not explain how this happens. The tacit acceptance that care relationships are meaningful was raised as a concern in chapter 2 (see 2.2). Few who had experience delivering and receiving care would disagree, but this in itself risks the relationship being shelved as a by-

product of care or a peripheral 'nice to have' rather than a causally relevant component of care.

9.2.1 Proposing the Relational/Reflexive Mechanism (RRM) model

This research has employed Archer's theory of reflexivity with Donati's theory of relational subjects generating relational goods to provide conceptual tools to examine four empirical case studies. Using these tools, a connection is presented between a mechanism emergent of a care relationship (Relational Mechanism) and a mechanism for individual action (Reflexive Mechanism)[17]. The Relational mechanism is introduced as an addition that places a 'moment' when something happens *between the generation of Relational Goods and each person's internal processing*. Williams (2018:26), in a discussion of 'making up mechanisms' in Realist research, distinguishes between two types of mechanism, those which are ontological (and real) and those which are epistemological (representative of what is currently understood), proposing that in modelling the world through epistemological mechanisms, we aim to get as close to the former as possible. Williams' proposal characterises the attempt here to establish a mechanism, supported by case study data, which represents a causal 'moment' between the emergent properties of the relationship and the person themselves.

Figure 26 (below), the Relational/Reflexive Mechanism Model is introduced in this research to visually represent the

[17] for a summary of how this research is conceptualising 'mechanisms', see 3.9).

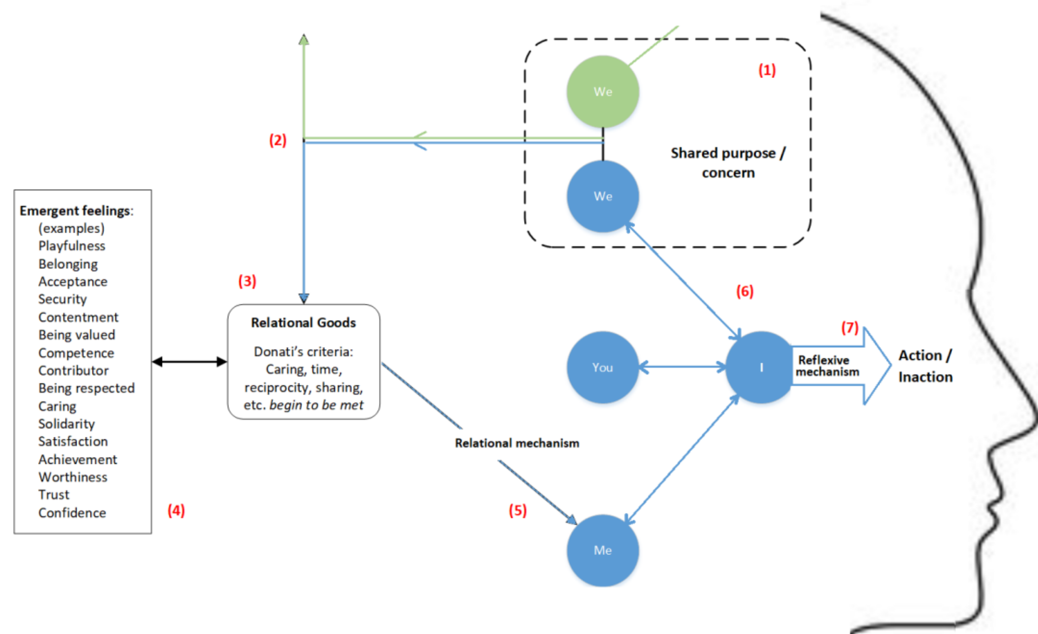
integration of Archer and Donati's theories because the analysis and, therefore, the findings rest on these existing theoretical propositions, combined.

From Archer (Archer and Donati, 2015) the idea is that the reflexive mechanism is involved in producing action, operating through the internal conversation, a conversation between 'I' and the internal relations: the 'me' (what I know of myself), the 'you' (my ideas about my future self), and the 'we-relation' (inclusive of others who are important in my life)(see 3.16). The internal relations (I-me-we-you) represent our reflexive consideration of continually changing circumstances as we think around the issue at hand, in the light of our concerns and circumstances. In the case study analysis and now in this discussion, the 'we-relation' is a central focus because it represents our reflexive connectedness, the degree of relational reflexivity entailed, accepting that this differs for each person and each relationship.

The role of the 'we-relation' is the primary focus of Figure 26 in its relationship with the other internal relations. Archer (Archer and Donati, 2015) includes an embedded role for the 'we-relation' in individual reflexivity. The 'we-relationship' is also part of Donati's theory, as described in the theory chapter, and he introduces relational goods and requirements for relationships that generate relational goods (RgRG). Donati says that the relationship is ontological, an objective and 'real' entity between people. It is helpful to conceptualise this as an 'object' that needs to be mutually

'held' between people to exist (see also Figure 27), generate effects, and continue to do so.

FIGURE 26: RELATIONAL/REFLEXIVE MECHANISM MODEL



Therefore, we can think of relational goods being emergent of *a positive connection 'held' between people*, which generates feelings for both parties that they are 'in it together'; that there is a joint purpose that they have a shared commitment to (1). This commitment may be experienced differently by each party, as it is emergent of different persons and their contexts. For example, Luke and Maxine's shared purpose, their 'in it together', is Luke's aim to move forward with his life. For Luke, this may be primarily a social concern, as how people view him is important. For Maxine, the primary concern may be performative; to learn how to effectively implement the type of support practice unique to WellCity. It is in the overlap of these purposes that

people find and hold onto a connection through iterations of this model.

The diagram splits (2), and the upwards arrow indicates a mirrored model above for the other person in the relationship. The relationship that generates relational goods (RgRG) meets the criteria described by Donati (Archer and Donati, 2015:211-12) (3), further elaborated below. These *'begin to be met',* because it is proposed that this relationship happens through iterations of this process. The box labelled (4) lists examples of feelings that emerged for the case study participants. These feelings are emergent of connected concerns; however, this is presented as an adjunct to relational goods because these feelings are experienced uniquely by each individual, they are not shared, for example, the RgRG may generate feelings of acceptance in one person, and feelings of competence in the other. Donati (Archer and Donati, 2015:205) describes relational goods as 'an intangible good into which energy and resources are invested and from which energy and resources can be drawn.' Relational goods cannot be reduced to feelings, but feelings may contribute to the 'energy and resources' that Donati attributes to relational goods. The ‘Relational Mechanism’ being proposed (5) is the process by which the relational goods connect meaningfully with the internal conversation of the person, resulting in either reinforcement or a shift in some idea of oneself, for example, what I can do, what I think about something (me-relation), what may be possible (you-relation), or how I relate to others (we-relation). The 'energy and resources' offered

by this Relational Mechanism may simply strengthen the 'we-relation' (6) or may accumulate to, at some point, tip into the Reflexive Mechanism (7) to lead to action or deliberate inaction.

Despite the ubiquitous use of the term 'relationship' in health and care settings, a care relationship with this causal potential is not so commonly achieved when considered in Donati's terms. A practitioner could make a genuine statement that: 'I have good relationships with all of my clients/service users', but it does not follow that all, or indeed any of these relationships are those which generate relational goods[18]. This distinction is an essential one if practitioners themselves are going to discern the difference. Discerning the difference is essential if we are interested in drawing on the value that these relationships can offer. Equally, not all interventions utilise relational mechanisms, nor may they need to. However, a better understanding of how these mechanisms operate and conditions that enable them could promote the capacity to deliver relationship-oriented care in situations where it is currently not prioritised but would be beneficial.

9.2.2 Requirements for relational goods

The Relational/Reflexive Mechanism model frames the next part of this discussion, drawing on the case study analysis and evidence. Donati's 'requirements' for relationships that

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[18] In this research, RgRGs were evident, however, the research was conducted with organisations that specifically adopt relational approaches in their models of care. Despite this, the case studies also provided examples where the generation of RGs was impeded.

generate relational goods structure this section (Archer and Donati, 2015:211-213). These were first introduced in chapter three (section 3.17) and are utilised in the case studies to examine the care relationships' characteristics in the light of the requirements. These requirements need further consideration for care relationships because there are differences between these and naturally occurring relationships that generate relational goods. This research does not dispute Donati's core features; however, the case study analysis has highlighted the potential for *elaborating* these requirements to further specify them for care relationships in social interventions. It is acknowledged that this model artificially extracts the care relationship from its delivery context, and for clarity, at this stage, does not incorporate the analysis of its contextual conditions. However, the research design used Archer's Morphogenetic/Morphostatic approach to situate the care relationships in context, and the part of the discussion dealing with context is presented in section 9.3.5, p356.

9.2.3 Requirement 3 and deferring the reciprocity problem

Further explanation and adaptation are provided later in this discussion for Donati's third requirement. Requirement 3 states that: "*conduct [within the relationship] is inspired by the rule of reciprocity."* This requirement presents a challenge because it is right to query whether the relationship is operating reciprocally when there is an inherent instrumental purpose underpinning the relationship within the context of a social intervention. The second

requirement partially assists, in that where a relationship is 'characterised by caring', the service or professional-level drivers take a back seat, prioritising and making space for the relationship, subordinating the instrumental characteristics of the service. However, although this may create facilitative structural and cultural conditions in which the relationship can operate, it does not address the nature of the people in the relationship and how they think about themselves, their purpose and the other person in the care relationship, or how the actual structural conditions may influence their actions. Reciprocity needs to be in play *between people:* 'reciprocity implies that Ego gives to Alter that which Alter needs knowing that Alter will do the same for Ego when Ego has need of it' (Archer and Donati, 2015:212). It cannot be created artificially but is *emergent of the relationship itself*. This reciprocity problem will be addressed later (see 9.3.4) because, to do this, further exploration of individual reflexivity, relational reflexivity, and agency is needed.

9.2.4 Requirement 1: A personal and social identity of each person

Donati's first requirement is that each person has a personal and social identity that is known to the other; that relational goods 'cannot exist between anonymous subjects, because the actions of subjects refer to each other's identity as a personal and social being.' (Archer and Donati, 2015: 211). In each of the case studies, this was the case. These social interventions used personal relationships to facilitate their work, and each of the participants were known to each other as fellow human beings with their own lives and identities. At

point (1) in the RRM model, this personal connection is an important factor. At this point, it is established that the people in the relationship have overlapping concerns, which can lead to a shared purpose. It requires that meetings be oriented towards relationship-forming, rather than simply information gathering. This requirement is what appears to be intended by the NHS Personalisation plan's concept of 'perspective', or a way of 'seeing people' (NHS England, 2019:online), but their characterisation does not explain the relational element.

If the *connecting* of concerns is important, then individual concerns must also be. Gaining insight into someone's interests and motivations enables a level of engagement not available to anonymous subjects. The theory chapter introduced Archer's account of the development of our unique compendia of concerns emergent of our early, formative, and ongoing relations with the natural, practical, and social orders. These different concerns became particularly pertinent in case study 4, where they helped present Harry's difficulty in 'dovetailing' or calibrating his concerns. Indeed, Harry's example demonstrated that Archer's theory enables the development of personhood and reflexivity to be considered for those for whom language and social communication skills are limited and may unlock the potential for further research into reflexivity, relational reflexivity, and interdependence in the field of Learning Disability. However, this blend of concerns was equally evident in other participants, notably Maxine's affinity with

wild swimming, Fiona's drive to solve practical challenges, and Una's physical and sensory engagement with care.

For the service users, sharing about one's life is an accepted process in seeking support, but this is not so for practitioners providing care. However, for those in caring roles, their work itself *may be* expressive of a core concern and value set, a vocation, not simply a role. Care-related concerns and values were evident in each of the study practitioners yet differed between them. For Zoe, it was a social concern about everyone being equally deserving of respect and herself being a good role model for others, for Una, it was a practical and physical/sensory concern of caring for others. For Fiona, it was a practical concern of using her own experience to help others and a spiritual one of making some sense of what had happened in her own life. For Maxine it was a social concern for equality ('*everyone needs a bit of help sometimes*') and a practical concern of helping people move forward. These concerns and values may be taken for granted in those who operate in caring roles, but they become a crucial part of a person's revealed personal and social identity when applying Donati's requirement.

Although beyond the scope of this research, it is noted that Donati's requirement of a 'personal and social identity' does not overtly include (or exclude) those for whom identity is somewhat obscured to others due to developmental or acquired language, cognitive or communication difficulties. It is an unwarranted assumption that a person does not have a personal and social identity simply because others are not

able to easily discern it. Archer (2000:138) briefly alludes to a continuous sense of self that is anchored non-verbally, describing eidetic (visual recall) and procedural memory 'which prevent the title of humanity being withdrawn from those who never attain speech or who lose it (the autistic and aphasic)'. It is in these cases where the care relationship and interdependence are most exposed. Davy (2019:109), describing her relationship with her sister, illuminates that 'knowing' a person involves 'concrete, embodied, and affective dimensions of communication and connection'. Davy's insights affirm the idea that relational goods can emerge from a connection that is beyond verbal language and conversation, internal or otherwise.

9.2.4.1 Navigating professional boundaries

This first requirement is resonant with one of Carl Rogers' (1961,2004) core conditions for person-centred therapy: congruence, which is that the practitioner can show genuineness as a person, unobscured by a professional façade, and able to draw on their personal experiences to facilitate the relationship. This approach may seem dissonant with maintaining professional distance; however, the extent to which this happened with practitioners in the case studies was enough to reveal and share a personal and social identity, but not so much that the practitioner's own life became the focus. Luke (case study 1) gives an example of this which shows that he values this aspect of the relationship, noting that these are 'little insights' and valuable as a point of commonality between himself and

Maxine: *"…she gives me little insights into her private life ..Max might say that her 10-year-old is keen on cricket...I used to play cricket, so ... I know a little bit about it – so we have a chat about that."* Even where there was significant commonality in terms of 'lived experience', as we saw in Fiona's case (case study 2), Fiona was clear that although her experiences enabled relationship building, that she was cautious not to make it about herself, and that there were times when she deliberately avoided doing so: *"….I will share...that I run a PHB (Personal Health Budget) – if...it is appropriate – it's about [whether] what you are sharing is beneficial to them - it's not for your purpose it's for their purpose."*

In the organisations studied, this risk to professional boundaries was managed through pre-set structural and cultural boundaries in each person's understanding of their role and the relationship. In WellCity and GamePlay, leaders and practitioners talked about active management of relational boundaries as an ongoing part of their work. The nature of the relationship makes it necessary to redraw and maintain the boundaries: *"when you start working with a young person, those boundaries are made clear from the beginning … they start to forget the boundaries a little bit if you start having a laugh with them so sometimes you just have to reinforce it" (Zoe, GamePlay)*. In WellCity, the boundaries for the relationship are in written form to ensure that the expectations of each person are clear at the outset. This is arguably no different to other types of

relationships in having inherent social rules and expectations (e.g., marriage/ team working), some of which are spoken and some unspoken. It seems that setting out expectations and reiterating roles enables a shared understanding which is protective of the relationship, and its purpose, at the outset.

This does not preclude professionalism, but it does, as Rogers described, require practitioners to drop the 'professional façade', in situations where the care relationship is predicted to be a significant causal mechanism in supporting personal change.

In acknowledging the relationship as a causal component rather than a by-product of care, organisations can formally address the management of the challenges it introduces and how individuals participate in the relationship. For instance, most organisations in this study used a supervisory and reflective practice model, where practitioners can share and resolve, with colleagues, issues that arise within the relationship. If the causal effects of care relationships are taken for granted, there is less reason and opportunity to focus these supportive discussions on key aspects of the care relationship.

9.2.5 Requirement 2: A non-instrumental motivation.

The second requirement is 'a non-instrumental motivation of each subject in his/her involvement with the other' (Archer and Donati, 2015: 212), meaning that these relationships are 'characterised by caring'. As described in the policy and practice chapter, health and social care structures are

imbued with instrumentality, focusing on activity and performance, and in doing so, side-lining relationships. This is arguably more evident in the state sector than in the voluntary sector, but each of the service leads still provided examples of defending against these types of pressures arising from their interactions with funders and system managers. For example, Peta from AllCare described negotiating flexibility in the timescale for implementing Personal Health Budgets because, for a small proportion of their customers, the process took longer. This negotiation made space for these care relationships to be unaffected by a rigid timescale. Lorraine from WellCity took up the ideological battle, challenging the local system's values, and making organisational values a priority, even if this meant not bidding for business where it was evident these values were not shared. Ian from GamePlay expressed disquiet about a new contract which would see GamePlay working in partnership with another organisation, his concern being that the nature of the contract may undermine the effectiveness of their relationship-based model. Barbara in CareConnect described the actions she needed to take locally to protect the integrity of their model, negotiating increased respite care for CareConnect Carers and fighting for CareConnect recipients' access to Day services. These actions show that system instrumentality can be subverted where there is a cultural will to do something differently, and some structural room for manoeuvre.

Each of the system contexts within which these leaders were operating were different from each other, and again, it was relationships that sustained them. Peta from AllCare described a longstanding relationship with local commissioners, which enabled mutual understanding of roles and shared values and purpose: "We've *discussed how we would approach targets...and it did feel very equal…that's not how I think it works everywhere".* At the level of the care relationship itself, service model flexibility enables the relationship to be central and therefore 'characterised by caring'. Luke described the challenge and frustration he experienced when faced with practitioners who prioritised the system rules and equally appreciated times when practitioners broke those rules to prioritise the relationship; in this case, when a practitioner met him in a café, against the rules. "*She said: 'well, I'll probably lose my job but never mind …I won't squeal on myself if you don't'…".*

Donati (Archer and Donati, 2015: 217) affirms that 'how' rather than 'where' Relational Goods are produced is important, acknowledging that it is more difficult in state or market contexts, but not impossible. If actors in those environments can meet the requirements, then relational goods can be generated. The findings from this research suggest that, to enable RgRGs in care relationships within a commissioned and specified service, the conditions (principles, roles, rules, processes) surrounding the relationship are both acknowledged as important and overtly managed to ensure that instrumental motivations do not

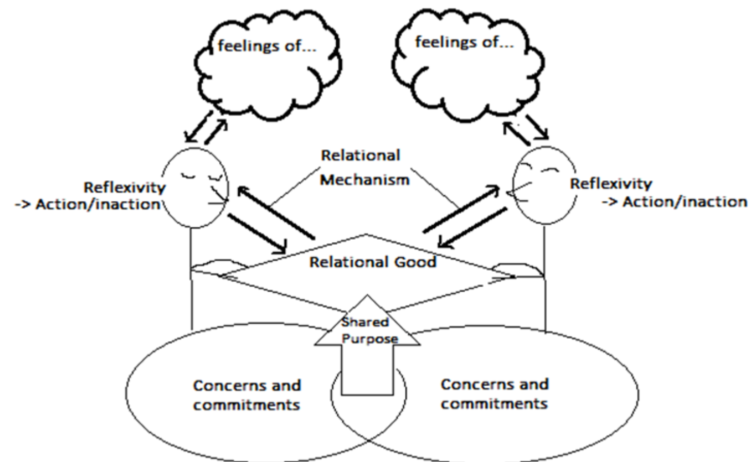
undermine the integrity of the relationship. This recalls Unwin's dichotomy of the relational and rational lexicons discussed in the Policy chapter (2.7, p31-33), the tension between them, and the need to acknowledge and manage this. If instrumentality dominates, the conditions for the relationship are only possible if (as in Luke's example) the practitioner operates outside of the rules, choosing to prioritise the relationship.

9.2.6 Requirement 4: Total sharing of relational goods.

Total sharing refers to the *sharing of the 'relational good'*; that it needs to be produced and enjoyed together as part of the relationship and cannot be produced alone, reinforcing the image of the RgRG being a positive connection 'held' between persons, each with a known identity and who have interests and purpose that intersect or overlap. The outcome of this shared concern is that both parties *also share in the relational goods* that emerge, and which (as proposed in Figure 26) feedback into each person's sense of self and internal conversation through the Relational Mechanism. This underlines the overall conclusion that RgRG can be described as ontological (in it together) connections, where 'it' is the shared concern and subsequent purpose (Figure 27 below)[19].

[19] When describing the relational aspect of personal action Archer (2016: 11.00-13.00 minutes) highlights the importance of "a warmth that links us in togetherness in the fate of at least someone or some group" https://www.youtube.com/watch?v=lDhearOwT3U

FIGURE 27: THE GENERATION OF RELATIONAL GOODS



To illustrate this concept of 'total sharing', Fiona recounts a relationship she formed with the parents of a young man who had been informed that his long-term residential home was due to close in 4 weeks, with no local alternative available. Her role was to support them in applying for and setting up a Personal Health Budget and managing his care themselves. From Fiona's account of her own personal history and reflexivity, we know that her 'lived experience' and making sense of her own experiences have shaped her personal concerns (6.2.5, p206). This family was not included in the data collection, but Fiona described her understanding of their immediate concerns, ensuring their son's long-term wellbeing and that he was geographically close to home, also describing them as *"both very intelligent – very capable of challenging things."*. Analysis of Fiona's reflexivity (see 6.2.4) showed that (autonomously) 'getting things done' and 'getting things right' are important to her and that she is adept at engaging with other people's perspectives, also

showing meta-reflexive tendencies. Her own concerns are linked to her competence, which is important to her identity. Her concerns for this family were expressed by empathising with their difficult position *and* seeing a potentially effective solution. They were 'in it together'; neither party could have (easily) resolved this situation independently of the other. The relational goods held between them generated feelings of trust and reassurance for the parents *("I think they did get that trust and understanding."*), and for Fiona, feelings of competence in supporting them *("it's taken that initial huge strain and worry off of them"*) and vindication *("they can see that what I was saying - that I was right").*

This research proposes that this positive connection can generate an effect or a change in the people in the relationship through the Relational Mechanism; that the relational goods and their effects are *shared,* as Donati proposes in this requirement. This includes the practitioner, even though the putative subject of change is the service user. The Relational Mechanism cannot be seen, but it can be illustrated in this example by two empirically available 'moments'. The first is for Fiona when she describes the realisation of how that situation would feel for these parents, having planned that their adult son would be looked after, and the sudden withdrawal of that assurance: *"by talking to them and listening to them – **I really began to understand** – because as a parent of anyone with a high-level support needs you are always aware of what's going to happen as I*

*get older … **they had done all of that – they had done everything right.**".* As described in chapter 6, Fiona's lived experience facilitates this level of insight, alongside her capacity for relational reflexivity. For the parents, the process of working with Fiona created a shift (observed by Fiona) in their thinking: "*you [I] really felt that they were acknowledging and feeling that this was the best solution – **rather than feeling that that solution was being foisted on them.".*** In both examples, there is a discernible moment: a shift in thinking. For Fiona, the realisation of the parents' frustration, enabling an empathy that would sustain the relationship, and for the parents, acceptance of their situation and the potential of a workable solution.

Just as it is important not to conflate relational goods with feelings, so it is important not to conflate them with practical outcomes. Practical outcomes are temporally distal from the relationship; however, the relationship can scaffold reflexive capacity and support new ways of thinking, which can lead to decisions and actions, which then lead to outcomes. The relational goods, through the Relational Mechanism, create change in the internal relations of the internal conversation, which may (or may not) lead to a change in reflexively-driven action, and may (or may not) strengthen the 'we-relationship'. Fiona, in this example, described the outcome of the application for funds and the subsequent configuration of the budget as very positive, for herself, the parents, and their son: "*the personal satisfaction of feeling – yeah this makes a difference – not just to the parents but also the*

young man cos also I think…. he's got a better quality of life than he had in the residential…" and *"if you are feeling yes I've got a good result – they are feeling you have got a good result for them – that increases the bond in the relationship*".

9.2.7: Requirement 5: Relationships that elaborate over time.

The fifth requirement is that the RgRG requires elaboration over time, meaning that RGs cannot be products of a brief encounter or a series of impersonal interactions, but involve a development process. The RRM model represents this development process (Figure 26), a building of relational connection through continual iterations and revisions of the 'we-relationship'.

Each of the practitioners was asked to share an example of where their care relationship was not working well, and the following example from Zoe in GamePlay shows how the temporal process of 'growing' the RgRG might begin, even in a relationship that, due to other circumstances, has only a tiny chance of fully evolving. Zoe talked about recently achieving a small 'breakthrough' with a boy with whom she has been consistently attempting to build a relationship:

FIGURE 28: WATER FIGHT AT THE COMMUNITY EVENT

"the age that he is at – it's such a challenging time and there's so much going on in his life… we saw him a couple of weekends ago at the [community event] and he had a – there was some kids there and they was having some water fights with water bottles – and you know – he was like spraying the adults with water – and some of them was getting quite .. angry at him so I just grabbed a bottle of water and I was like 'right come on then' …and you see his face light up – and I think – like – for me it's not a big deal getting a bit wet –like – if he's having fun …then for me that's a breakthrough – because ..he's gonna remember – oh no she's pretty cool cos we had the water fight – then when – after we had the water fight he still kept um like squirting everybody else with water and I said – look – no – only do it to the ones who wanna get involved - and he did". Zoe, Practitioner, GamePlay

This example depicts a highly tenuous relationship that, due to so many factors outside of Zoe's control, has only a small chance of becoming an RgRG at any point. In that example, Zoe entered into the water fight, joining him in something that was important to him. In doing this, she gave him attention, showed that she understood and cared, and it was an activity in which they could take an equal part and enjoy together. He may have experienced short-term feelings of acceptance, and belonging, and playfulness.

Zoe's assessment that it was a 'breakthrough', that he would think she is 'cool' because of the water fight, indicates that she anticipates a shift in their relationship next time she sees him; the Relational Mechanism (Figure 26, 9.2.1) connecting with the boy's internal conversation and creating an increased (however tenuous) potential for their future relationship. This example illustrates the iterative nature of the developing relationship, agreeing with Donati's requirement that RgRGs develop over time. Zoe suggests that the boy changed an action based on this momentary relational connection with her. He changed his behaviour

from 'squirting everybody' to listening to Zoe and just including those who wanted to play, influencing his Reflexive Mechanism (7). This example shows a challenging and long road to an RgRG if it ever happens, but the model can help us understand how this process may happen and the potential value of relational connection for reflexive and behaviour change. An analogy shared by Dalkin et al. (2015:online) is useful here; that activation of a mechanism *'operates along a continuum similar to the light created by a 'dimmer switch', where intensity varies in line with an ever evolving context'.* The elaboration of the care relationship will undergo such changes in intensity; as the relationship develops, the intensity may grow (or fade), as also described by Zoe in her description of the gradual building of her relationship with Carly (7.4.1). Fiona concurs that a care relationship 'evolves', strengthening over time: *"I would say it is an **evolving relationship** – as first of all it does start with you presenting the practicalities…and then as you get to discuss something with someone on a deeper level - you break down some of their barriers more – you do – you get to see more of the real person and their fears and anxieties."*

These relationships, by their very nature, are temporary. They are not usually life-long bonds; they are (relatively) short-term and purpose-oriented. Lorraine, Service Lead from WellCity, articulates this when she says that: "*what I want is for the (care) relationship to naturally fade because that person is linking into meaningful relationships in their*

own life – reconnecting or establishing new ones". What is critical here is Lorraine's term 'naturally fade'.

The relationship that generates relational goods operates within a timescale that cannot be externally determined but instead judged within the relationship by the people sharing the purpose that has inspired the relationship in the first place. Key learning from this is that RgRGs have a pace that cannot be externally mandated. In order for this to be the case, requirement 2, 'a non-instrumental motivation', must also be met, as prioritising service timescales over nurturing the relationship can create conditions which damage the potential of the relationship, as candidly concluded by Luke: *"Now there's a certain type of person who will say … your times up … you've had this six sessions – it's a wrap - that's the sort of person I think – oh - what a waste of rations – where I just think – for fuck's sake why don't you just go off and save all your time".*

9.2.8 Requirement 6: A reflexivity that operates relationally.

The sixth requirement is that the reflexivity involved is: '*a reflexivity that operates relationally, thus, not reflexivity of an autonomous type or one that is blocked or fractured*'. Donati excludes in his description of this requirement those with fractured reflexivity. However, in this study's care interventions, at least three out of the four service users presented with fractured tendencies[20] and yet were engaged

[20] Note that when Fiona and Fran first met, their relationship formed at a difficult time for Fran when her anxiety levels were high – which may have led to fractured reflexive tendencies at that time. At the point of data collection, however, Fran demonstrated an active and autonomous mode.

in RgRGs within the care intervention. This discrepancy will be addressed in the next section, alongside the discussion about reciprocity.

Firstly though, there were examples from the case studies that supported this requirement, where there was a 'block' that either prevented or inhibited a care relationship's development. Fiona from AllCare described a customer who had an adult daughter with a disability and complex health needs, with similar care needs to Fiona's own daughter. The customer varied in her level of engagement with Fiona over time, and Fiona's frustration about not being able to move forwards with this customer was evident:

FIGURE 29: CHALLENGING TO ENGAGE, EXAMPLE 1

"....sometimes she wants to engage and to talk to you … and other times it's very difficult to get her to engage at all – and that means it's very difficult to carry on providing that support – so I'll have a meeting and …everything is – 'well– I've tried that, I've done that – that wouldn't work this wouldn't work', so it can be very difficult to try and break down those obstacles and barriers because I think that she has totally convinced herself that no, this won't work .." Fiona, AllCare practitioner

In this example, the customer was not interviewed, and her reflexive tendencies are unknown, however, it is clear that she is inconsistently connecting with Fiona for support. She may tend towards self-sufficiency or may at times feel overwhelmed. In this case, Fiona's lived experience may form a barrier to progress, as the customer knows that Fiona manages a PHB and PAs for her own daughter. This unspoken comparison may generate Relational Evils, prompting

feelings of stress or inadequacy and affecting the self-concept (me-relation) of the customer to the extent that her engagement is variable, consistent with the analogy of the dimmer switch above.

The second example is from Maxine in WellCity, who described a visit to a man with a terminal illness who was concerned about how his wife would manage once he passed away, as she was reliant on him:

FIGURE 30: CHALLENGING TO ENGAGE, EXAMPLE 2

"… this particular gentleman … there was just something as soon as he opened the door…he was very bitter … he basically wants to find like - another 'him' to come in and support his wife – and that's not going to happen … when I asked him about neighbours or people in the community or Drs or services – everybody didn't want to help….. so there was this reoccurring pattern.. I did feel that he had made up his mind that I couldn't help before I had even got there … so I did leave that visit – I hadn't made a connection" Maxine, WellCity practitioner.

In these examples, although at (1) in the RRM model, there was a potential for shared concerns, neither care recipient showed an openness, or orientation to the relationship, each for their own reasons, at that time. In Fiona's example, there were fluctuations in the customer's level of engagement, as if she were wavering between being open to the support of the relationship, sometimes completing a 'circuit' of the RRM model, and other times when she drew away. In Maxine's example, the gentleman appeared to her to be blocking a relational approach, either with her, or with others in his community, meaning that the relationships did not get past (1) in the RRM model. These accounts only give the practitioner perspective, and there may have been other

factors which contributed towards this lack of engagement from the care recipient’s position. They do suggest however that both parties need to be oriented to the relationship and its potential for value. These examples support Donati’s requirement that RgRG are not possible where reflexivity is blocked or fractured. However, Section 9.3.4 (p351) will further explore this conclusion, as conversely, we have seen in the case studies that despite the presence of fractured reflexive patterns, care relationships *can* generate relational goods, through a practitioner and service orientation to relational reflexivity.

9.3 Part 2: Reflexive modes and individual reflexivity.

The first part of the discussion sought to establish the model upon which the rest of this study is premised, showing the way that Archer and Donati's theories can be brought together in the RRM model which represents the causal potential within care relationships, given the right conditions. The introduction of the Relational Mechanism, and its explanation within the model, makes the connection between the generation of relational goods and their potential effect on individual reflexivity.

The second part of the discussion will focus on the nature of *individual reflexivity*. Whilst individual reflexivity cannot be extricated from the ‘we-relationships’ which it incorporates, the *reflexive tendencies* of each participant are proposed to be relevant to the way that care relationships operate and this relevance will now be considered. From the planning stages of this research there has been an assumption that the

nature of *both people* has implications for the way that the care relationship operates in the context of their life and work circumstances; that each person is a 'reflexive-person-in-context'. This approach emphasizes the view that 'practitioners' and 'roles' are not synonymous, and that 'who someone is' and the way that they think and operate has implications for the way they inhabit, interpret and participate in care relationships.

9.3.1 The ORRAC Model

A tool devised in the process of this research is the ORRAC model (introduced in 4.9.4). This model was inspired by Archer's work on modes of reflexivity; the identification of biographically shaped reflexive tendencies which in turn have implications for how we live our lives, or as Archer's (2007) book title says: 'make our way through the world'. Two core features of Archer's theory are incorporated: the role of relational reflexivity (Orientation to Relational Reflexivity) and the idea that we seek and produce change (or reproduce stasis) in our circumstances or maintain our existing circumstances (Orientation towards Agency for Change). These two features were identified because they are highly relevant to person-centred working and to the social interventions involved in this study. The process of data analysis inspired the idea that the *extent to which* participants tended to engage in relational reflexivity was variable (vertical axis), and in each person, could change through experience or external influences over time. Also variable between people was the *extent to which* they expressed agency for change in their lives or conversely

stasis, as represented by the horizontal axis of the model. In using these core elements as axes on the model, it has been possible to:

- Visually represent the shifts in reflexive patterns during the life course, as demonstrated particularly for Maxine and Luke in case study 1.
- Provide a comparative view of the reflexive tendencies of the practitioner and service user, enabling consideration of comparative reflexive patterns in care relationships.
- Comment on and discern the reflexive patterns evident in organisations and their contexts, through service lead and practitioner interviews.

9.3.2 Reflexive patterning: resisting 'ideal types'

A key learning from working with modes of reflexivity is to resist any assumption that people slot into ideal types. One of the strengths of an understanding of reflexive modes, is that they are context sensitive and responsive. As such they should not be used to compartmentalise people or to clumsily predict responses. Archer shows us that reflexive tendencies are biographically tethered, and herself uses term 'ideal types' to descriptively demonstrate the distinctions between modes, both biographically and behaviourally. However, she also says that we can each move through different modes on a single day in response to circumstances (Archer, 2017b). Introducing the term 'reflexive patterning' here rather than reflexive modes may prevent a tendency to allocate people to a mode-for-life and instead be sensitive to

the idea that the nature of the person, experiences, relationships and other contextual conditions can influence reflexive patterns over time. This does not exclude 'ideal types', as we saw with Una in case study 4, it is possible to operate primarily within a single mode, however it requires that we do not assume them, and that we recognise that changes in context may change reflexive patterns.

Although the reflexive modes cannot be used as a blunt tool for identifying how people operate in care relationships, by using the ORRAC model to examine care relationships, we can begin to draw some insights from the reflexive patterns evident in this set of case study care relationships, and the relevance for personalisation policy.

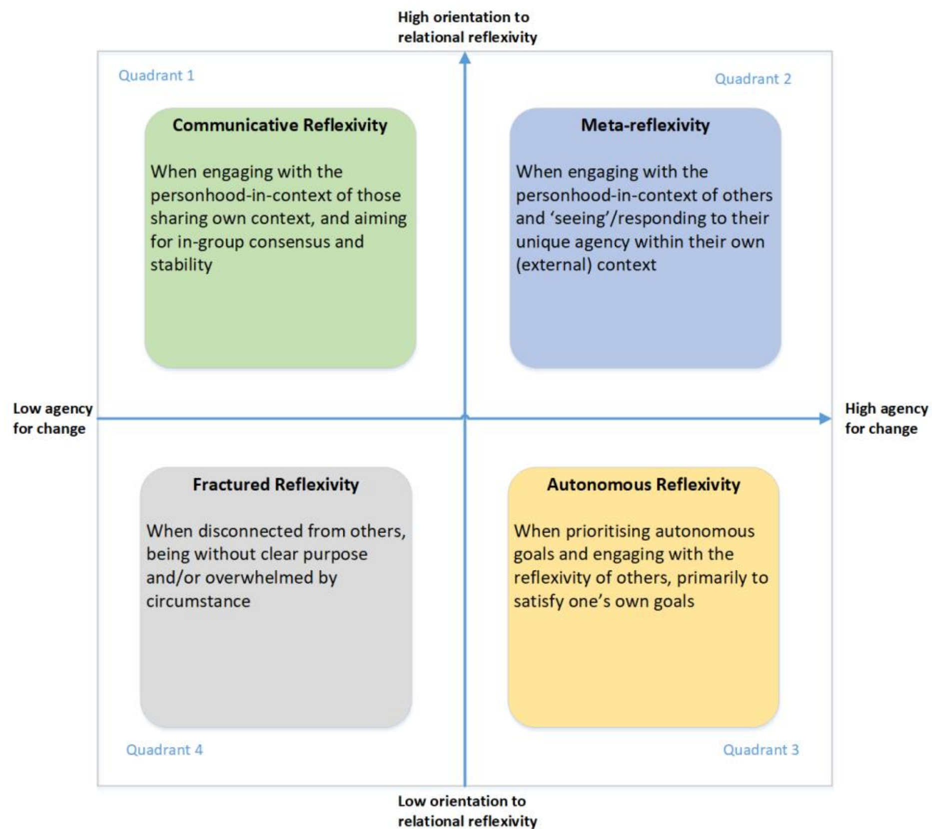
9.3.3 ORRAC model: Reflexive patterns in care relationships

Personalisation policy and practice often uses the term empowerment (Donnelly, 2019, Nunkoosing and Hayden-Laurelut, 2015, Dodd, 2013) which draws on the idea of a power differential between the practitioner and the service user, prompting an aim of equalising power, enabling the service user to gain more choice and control. It evokes a 'handing over' of power and emphasises personal agency, in doing so, omitting a role for interdependence. It overlooks the value of relational reflexivity and the contribution of relationships that generate relational goods that can support individual development or personal change. In doing this it valorises autonomous reflexivity (quadrant 3); a sense of purpose-achieving self-sufficiency. This research takes a broader view, by allowing for reflexivity that incorporates

relationships, considering instead that each person is a reflexive person in context, panning out from Q3 to take account of the four quadrants of the ORRAC model.

Figure 31 below summarises these differing orientations towards relationships, followed by an explanation of each of the quadrants and their implications for relationship with people representing other quadrants. Each statement begins with ‘when...’ to acknowledge that these are not fixed ways of being in relationship and in different circumstances people may operate in any of these ways. As described above, reflexivity is most accurately represented as a (potentially shifting) *patterning* of thought and action, and not a category of person or behaviour. A tendency towards a particular reflexive mode, however, can be identified where patterns of reflexivity tend towards a particular quadrant.

FIGURE 31: APPROACH TO RELATIONSHIPS IN EACH QUADRANT



9.3.3.1 Quadrant 1: Communicative Reflexivity in care relationships

In Case Study 4, we saw that Una's communicative tendency (Q1) is family oriented. She draws Harry into her group, including him in the family and the support and protection that this offers. There is a family way of doing things and decisions are made by consensus. Harry is accepted as a group member, including being 'honorary uncle' to Una's new grandson. Being included within this group has many benefits for Harry, however as described in the case study, there is a risk that Harry's opportunities to fully develop and test his independence may be limited; an opportunity that may be more likely to emerge from a Q2 oriented care

relationship. Although this may seem potentially detrimental to Harry, this care environment is his family home, and he also participates in activities and therefore relationships in the community (eg car workshop) which may influence his reflexive capacity differently. Barbara's account of retaining the right for CareConnect residents to have funded access to Day Centres in addition to the funding for CareConnect, is vindicated by this insight. Building diverse relationships within local communities provides further opportunity for the development of reflexive capacity.

Within GamePlay's offer, Zoe provides opportunities for Carly to experience decision-making and take responsibility. GamePlay's culture and structures are designed to create the conditions for these opportunities. Carly can participate in activities, attend training, and volunteer her time to support others. Zoe and other coaches also provide, unique to GamePlay in this study, role models. Although Carly presents with an 'expressive' fractured patten of reflexivity, she also shows communicative patterns, and those with communicative tendencies reproduce that which they value in their context. Carly has close relationships with family members, but her background does not provide the contextual continuity needed to offer a framework for its reproduction in her own life. She says that her mum, dad, and nan are proud of what she is doing *because* she is the only one to be '*doing something*' with her life. This statement shows that Carly's journey is pioneering, but her close family lacks the blueprint available to others operating in a

communicative reflexive mode. At this point in her young life, Carly's reflexive capacity is underdeveloped. She shows no capacity for the self-sufficiency typical of an autonomous reflexive pattern (for example, her inability to stick at a job or prepare for a maths test or interview) or the maturity required for meta-reflexivity. GamePlay provides her with role models and stepping stones that offer consistent direction. *Carly's emergent reflexivity, in communicative modality, can look to reproducing in her own life; what she sees has been possible for others*. Archer's model of internal relations of the internal conversation comes into play here (the 'I' talking to the 'me', 'you' and 'we-relation'). Through the care relationship (we-relation) and role modelling (you-relation), Zoe and Gameplay provide Carly with an infrastructure for moving forwards, relational and aspirational. This journey is not a solitary one, because the relationships generated through the model cushion her, absorbing her mistakes, and resetting direction if she becomes derailed.

9.3.3.2 Quadrant 2: Meta-reflexivity in care relationships

Similarly to those operating in Q1, those operating in Q2 are oriented towards relational reflexivity and open to engaging with the personhood-in-context of others. However, in contrast with Q1, Q2's *meta*-reflexive characteristics entail self-awareness and critique. Archer's definition of meta-reflexivity is described as a critical evaluation of oneself and one's own internal dialogue. This 'meta' awareness of the self also enables a view of the 'other' person as unique and

separate, in both personhood and context. In this meta-awareness, space is created (between self and other) to acknowledge each person's own sense of self, their unique concerns and reflexive potential, accepting and expecting that their position and desires may differ from one's own. This was seen in Zoe's discussion about volunteering with young people in Case Study 3 (see 7.2.7). In her work, she acknowledges what is important to them at their stage of life: "*I think it's easy to forget how small the world seemed when you were that age - and like friendship dramas and stuff…I think when you have that understanding about the issues that they are facing – then I think you are on a much better…[path]".* Maxine makes this distinction by talking about 'empathy not sympathy', seeing the people they support as individuals with their own set of choices: *"it is about what somebody can be, as independent as possible in making decisions and choosing daily life".*

The NHS personalisation plan (NHS Long Term Plan, 2019: online) proposes the importance of 'perspective'; a way of 'seeing people' that will lead to 'different conversations' and 'new relationships'. Quadrant 2, representing meta-reflexive patterns of thinking, underpins this description theoretically, and helps to resolve the theoretical gap identified in chapter 2 (see 2.14). Meta-reflexive patterns of thinking are enabling of care relationships that can lead to personal change. When the personalisation strategy proposes a new 'perspective', it is promoting a greater orientation towards meta-reflexivity. However, we also know, from Archer's own work and further

evidenced in this research, that meta-reflexive thinking is not operated by a switch, it is embedded in the biographically shaped personhood of the person providing care, in the shifting context of their own lives and the context which the care is provided. The work of shaping and sustaining meta-reflexive-friendly work cultures and structures must also be in scope.

9.3.3.2.1 Social vs clinical understandings of (meta-) reflexivity

In clinical interventions, counsellors and psychotherapists use the term 'reflexivity' to specify a clinical stance which is aligned with meta-reflexivity. Etherington (2016:1), quoting her own work (Etherington, 2004:19) says: 'Reflexivity is…an ability to *notice our responses to the world around us*, other people and events, and to use that knowledge to inform our actions, communications and understandings.' In these clinical terms, reflexivity (or meta-reflexivity) ***is deliberately honed expertise in applying self-awareness within clinical practice*** and is therefore not widely practiced. This observation is included here as it emphasises both the synergy with clinical practice and a distinction that is important in this work. Meta-reflexivity, in Archer's terms is not a honed skill for clinical practice but is instead a ubiquitous pattern of individual reflexivity. It may be the case, however, that the development of this clinical expertise may be predicated on a capacity for meta-reflexivity in Archer's terms. Lorraine in case study 1 emphasises this distinction by rejecting counselling training for the team. The role for WellCity practitioners is clearly delineated from this

clinical purpose and is instead a social and practical effort to re-orient people within their own reflexive capacity, rather than to provide specialist psychological support.

9.3.3.3 Quadrant 3: Autonomous reflexivity in care relationships.

Where autonomous reflexivity is operating in relationships, the internal conversation is more self- than relationally-oriented, prioritising individual goals, self-sufficient and self-directed action. In care relationships, this *can* translate into taking the lead and a sense of knowing what is best. Luke commented that early on, Maxine had *"tried a few things"* with him, which *"in retrospect were a bit early…she wanted me to get healthier and get swimming and do this and do that."*. Luke's comment suggests that these ideas were led by Maxine, based on her own interests. Similarly, Fran talked about a Direct Payments advisor from another organisation visiting to provide information, a visit that resulted in her being 'none the wiser'. This visit appeared to be one of autonomous purpose, as the person did not engage effectively with Fran about what she already knew about Direct Payments or needed to understand.

Autonomous ways of thinking and operating can create relational evils where system structures impose rules on relationships. Harry gave an example of a 'lost' relationship that left him feeling abandoned: *"I did have a social worker come and help me with my feelings…and then he suddenly took me to a workshop knowing I liked cars – and then suddenly… didn't actually see the male social worker again …*

basically helped me with my feelings....of aggression and then took me to workshop and ***then just vanished****".* The detail of this situation is unknown, but Harry's response suggests that this was a valued care relationship that had helped him. It may be that the system rules led the social worker to other priorities or that once Harry started at the car workshop, that the sessions were to end. However, Harry's confusion suggests that the practitioner reflexivity in this situation was autonomous, and that the relationship was not valued sufficiently to warrant explaining (effectively) to Harry why it was ending.

We have also seen Luke and Fran utilise their autonomous reflexivity within relationships to positive effect, to achieve autonomous goals for Luke in his past work context and engage the GP receptionist to allocate him a nominated GP. A similar example was provided by Fran, who utilised her experience and insight from her nursing days to manage the responses of her visiting carers to achieve the least-worst outcome. It is internally developed self-sufficiency emergent of natal context and subsequent experiences which drive this autonomous tendency. Fran, who manages her own care through a personal health budget, epitomises this independence in the context of challenging circumstances.

These examples demonstrate autonomous patterns of reflexivity in the relationships of both practitioners and service users. Self-sufficiency and goal-orientation are important capacities and are invaluable in some aspects of care (e.g., emergency surgery) or where there are decisions

to be made within stringent time and resource constraints (e.g., an interim placement to ensure a person's immediate safety and wellbeing), yet can have implications when not mindfully applied in care relationships. Grönroos' (2011) assertion, discussed in the policy chapter, is relevant here, that outcomes are at the *locus of the service user*. This advice re-orients care goals to the person on the receiving end of care and simultaneously requires the practitioner to employ relational reflexivity to tune in to the unique interests-in-context of the person they are supporting.

9.3.3.4 Quadrant 4: Fractured reflexivity in care relationships

Fractured reflexivity is a position of limited agency, through self (limited internal resources/ agency), through circumstance, through relationships (limited access to practical/supportive relationships), or any combination of these. Limited agency means that the options for those experiencing fractured reflexivity are to gain traction through their own means (autonomously), or to do so through relationships. Maxine had experienced a difficult period of life in her late teens and early twenties, and her account showed that without formal support, she had gained traction autonomously, even though she may have benefited from support had it been available. For those showing fractured patterns in this study, each one was growing or re-establishing their sense of agency through supportive care relationships.

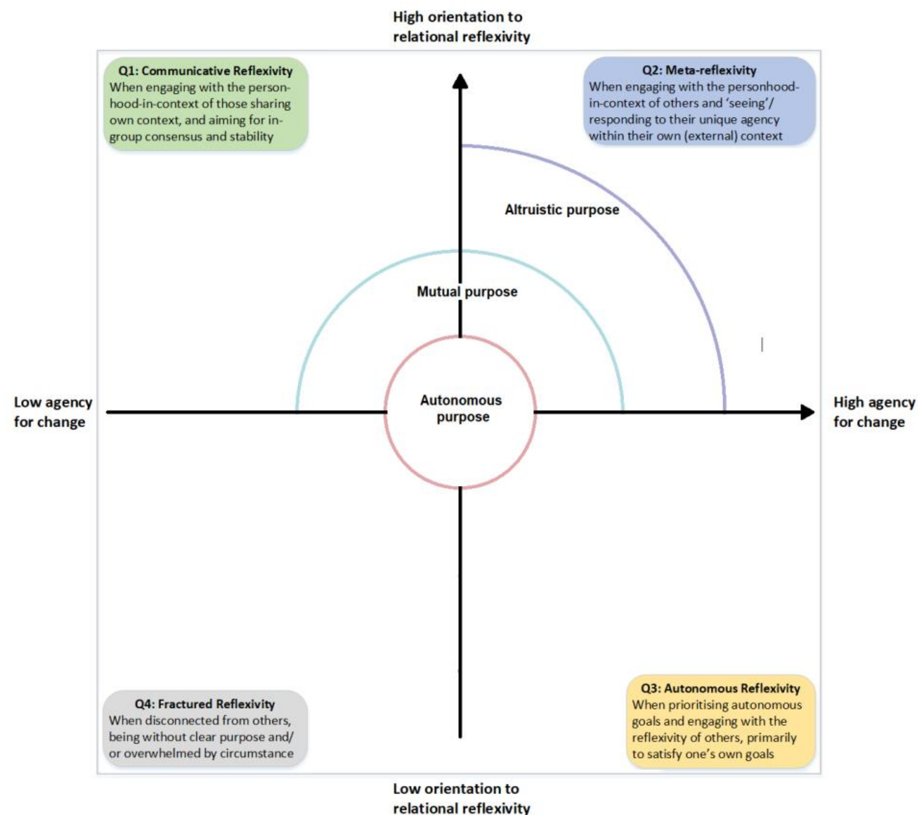
9.3.4 Meta-reflexivity and the reciprocity problem.

Donati's requirements propose that relationships that generate relational goods cannot be generated where there is fractured reflexivity; however, in this research, RgRGs *were* observed within care relationships involving fractured patterns of reflexivity. Donati also sets out in requirement three, the 'rule of reciprocity' for RgRGs, and which in the first part of the discussion, I committed to address. This section proposes that intervention culture and structure can create conditions for the generation of RgRG and, due to the people in the relationship, enable a form of reciprocity; one that is based on an altruistic purpose. The structures are emergent of a culture that is meta-reflexive.

The above has introduced the idea that orientation towards the agency of others is a key concept in understanding the role of individual reflexivity in care relationships. The prevalence of meta-reflexivity in the social interventions studied indicates a high orientation to relational reflexivity, not just in close social groups, but extending to those whose lives they either can only imagine or can identify with more closely through their own lived experience. This openness to engaging with the concerns, circumstances, and reflexivity of others is what characterises meta-reflexivity, involving an acknowledgment of the personhood, experience, and capacity or potential for the reflexivity of others, to forge relationships that generate relational goods that have the potential to foster personal change. In applying the ORRAC model to the case study analysis, the data showed evidence for a *continuum* of relational reflexivity, that involved

different meta-reflexive responses to circumstances and differences in relational reflexivity, agency, and purpose. Figure 32 identifies three levels of relational reflexivity.

FIGURE 32: ORRAC MODEL: LEVELS OF RELATIONAL REFLEXIVITY



9.3.4.1 Relational reflexivity for Autonomous purpose

Relational reflexivity for autonomous purpose is the application of relational reflexivity to discern what is important to others or what others might be thinking in order to achieve a personal or instrumental objective. Many care relationships or interactions will involve this level of relational reflexivity, which may involve a positive convivial connection but is not an RgRG because there is no 'we-relationship' established, no shared concerns or purpose. It is represented in the centre of the ORRAC model as it is

assumed to be common to all modes of reflexivity, not peculiar to any one mode. This was evident in Luke's relationship with the receptionist in his quest to be allocated a named GP, and seen with Fran, who utilised her experience and insight from her nursing days to manage the responses of her visiting carers to achieve the least-worst outcome. These examples from Fran and Luke affirm that relational reflexivity is not the preserve of carers or practitioners. It is a use of relational means to achieve an outcome, but it does not follow that this has negative intent or outcomes. For Fran, it was pragmatic and protective. For Luke, it was an opportunity to use his well-honed relational skills to gain a small victory over the system. Any intervention in which a practitioner directs a particular course of action may use this autonomous form of relational reflexivity in the presumed interests of the person, for practicality, or expedience.

9.3.4.2 Relational reflexivity for mutual purpose

Relational reflexivity with a mutual purpose can occur where both parties have an active capacity for reflexivity. The relationship meets all Donati's requirements for relationships that generate relational goods, discussed in part one, including requirement 3, the rule of reciprocity. Recalling Figure 27, reciprocity entails a sense of 'In it together' and a 'total sharing' of relational goods. The concerns of both parties are connected, and both play their part in generating relational goods. Those involved may be in different roles, but the roles' nature and boundaries are agreed upon and understood. The relationship between Una and Harry in their

CareConnect arrangement is one of mutual purpose. Harry's reflexivity is 'fractured' as an individual. However, as we saw in his case study, his relationship with Una and the nature of her family–oriented, communicative reflexivity means that they have an established 'we-relationship' which provides stability for Harry and meets Una's central concern of caring. The relationship between Fiona and the young man's parents (described in the Total Sharing section) is also an example of a relationship with a mutual purpose. As described above, the nature of AllCare's PHB support function means that most care relationships will either be instrumental, involving an autonomous relational reflexivity, or one of mutual purpose.

This does not exclude the possibility of relationships of scaffolding purpose (see below), or even 'free-giving' relationships, and the service is responsive to the needs of individuals, as Peta said, "*you build the services to meet all the different needs that people have*".

9.3.4.3 Relational reflexivity with Altruistic purpose

Donati (Archer and Donati, 2015:250) describes a type of relationship that he calls 'free giving', a relationship 'where there is no expectation of reciprocation'. It could be argued that the care relationships that involve fractured reflexivity are such relationships, as the practitioners and organisations, in recognising the lack of agency of the recipients certainly give their time and energy freely. The relationship is such that they cannot expect much in exchange. However, there is a difference. Luke described a relationship of 'free giving' when he shared his experience with Sue, the GP support

practitioner who helped him at his lowest point. Sue bought him food and a can opener, sorted out medications and mobility aids, supported him to access social housing, and referred him to WellCity. In this relationship, Sue was caring for Luke in a 'free-giving' relationship. As Donati says, 'where there is no expectation of (direct or indirect, immediate, or delayed) reciprocation, there you have a gift relationship.' (Archer and Donati, 2015:250).

Luke's relationship with Maxine is different as there *is* the anticipation of Luke's *active involvement* in 'moving forward'. Maxine and Luke's relationship supports him to move forwards, in practical terms and in his other relationships. An *expectation of reciprocity* is built into the service model. In this model, the focus of the relationship is on the agency of the person who lacks it, creating the opportunity and expectation for Luke to draw on his own resources. As Luke said of Maxine: *"she would far rather hear that I've got myself an interview for paid work than she's set it up and arranged it".*

GamePlay is a quite different organisation and model, yet in the same way, there are expectations of reciprocation from Carly in the care relationships between her, Zoe, and GamePlay. GamePlay's methodology and staff role models present this expectation, and there is no progress without Carly's commitment and action. This commitment is nurtured through the care relationship with Zoe, a relationship that generates the relational goods that support this process (see Figure 26). The service model, involving activity,

development opportunity, and relationships, responds to Carly's personhood-in-context, acknowledging her potential for agency and by giving her opportunities to express it, continuing to support her through missteps and failures by keeping her connected through the relationship. This 'reciprocity' is not of a mutual kind. It relies on a high orientation to relational reflexivity in which the practitioner can engage with the person in a way that both *prioritises their concerns and circumstances* and influences the nature of their internal conversation. The 'weighting' of the relationship is different, weighted towards the service user's concerns and circumstances and supporting their reflexivity. The practitioner and service model stand ready to take the greater weight if needed.

For WellCity, this expectation of reciprocity is the gateway to the service, even though Lorraine says that this only has to be a "*glimmer of motivation*". If people do not show a readiness to move forwards, then the work with the practitioner is paused until they feel ready, but the practitioner will keep in contact. This is a pragmatic decision on the part of the organisation. Helping people move forward is their purpose, and although, as Maxine described, they spend time getting to know people, there is a limit to support if that person wants company but is not ready to challenge themselves. GamePlay has an open approach that enables any local young person to attend sports activities, and these early contacts are 'free-giving' relationships (Archer and Donati, 2015:250). Relationships are built within that

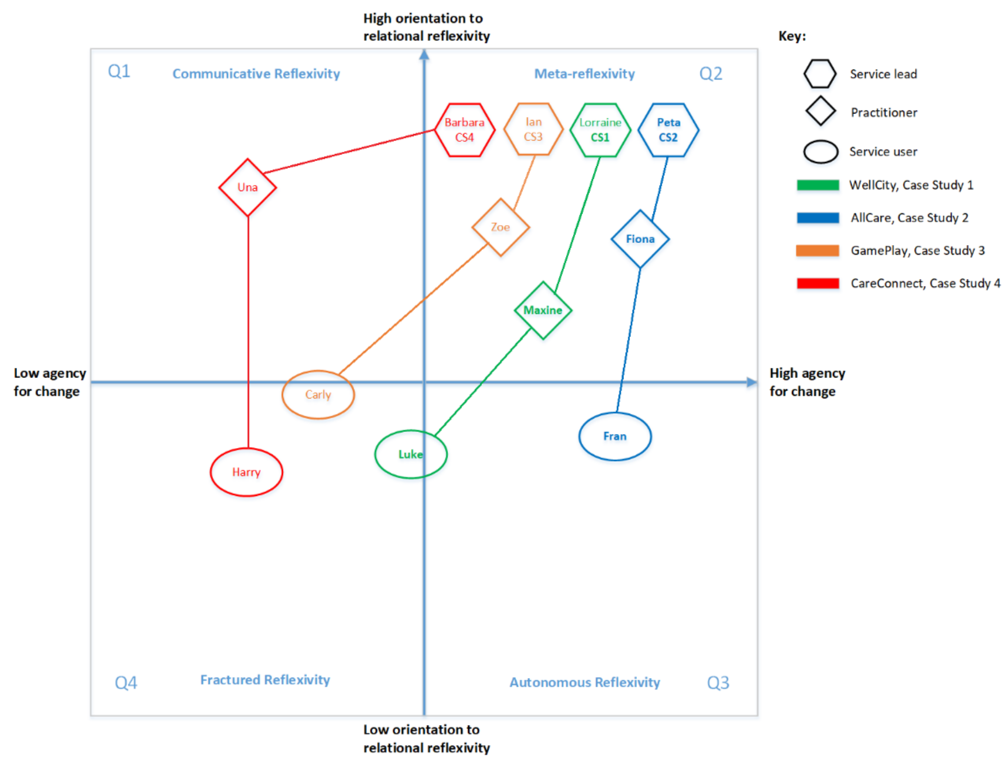
context, and structured opportunities within their methodology are optional but encouraged through the evolving practitioner and peer relationships. These relationships introduce an expectation of commitment and reciprocation. The ethos of both organisations has informed their structures, engineered to enable relationships to evolve in a natural way. They do not impose timescales or specific expectations but rely on the power of generating relational goods that support the reflexive development (or rehabilitation) of their care recipients and, in doing so, may engender action. The ethos in both cases is a commitment to social justice and others' flourishing, a meta-reflexive orientation.

Therefore, these case studies require an addition to Donati's criteria, which sits between 'free-giving' relationships and reciprocal ones, here described as *relationships with an altruistic purpose.* These require orientation to relational reflexivity at an agential level and at organisational level because the structure of the delivery models is key. Care relationships can move up and down these gears of relational support if those involved can discern the level needed and have the skills and the flexibility within their models of care to respond appropriately. In this research, this flexibility was observable because the organisations involved promoted relationships within a meta-reflexive culture. It is proposed that this would be more difficult in a more autonomous and instrumental service culture.

9.3.5 Comparative reflexive patterns on the ORRAC model

Figure 33 below plots the service lead, practitioner and service user patterns of reflexivity identified in this study. As presented in the case study chapters, each of the senior leaders showed a meta-reflexive stance in their accounts, and the social interventions studied draw upon these meta-reflexive patterns in their cultural make-up. This research has illustrated that reflexive patterns can change throughout the life course, particularly in case study 1. The confirmation in this research that people's reflexivity is influenced by their context and relationships is relevant here because each of three practitioners (Maxine, Zoe, and Fiona) with meta-reflexive patterning at the time of interview, had a reflexive history which suggested a more autonomous beginning. Their orientation to relational reflexivity had developed variously through lived experience, relationships, and cultural work contexts. This finding suggests that organisational culture can have an essential contributory role in the shaping and maintenance of reflexive patterns of care workers, albeit that life events and relationships outside of work will also have influence.

FIGURE 33:COMPARATIVE REFLEXIVE TENDENCIES OF PARTICIPANTS



The understanding of culture and structure proposed by Archer's M/M model (see 3.7) is that existing cultural ideas and structural processes influence people's thoughts and actions and are reproduced or changed *through the thoughts and subsequent actions of people*. The idea is that reflexivity is at the centre of either the agential adoption and reinforcement of existing culture and structure or their challenge, rejection, or adaptation. In the example from Aisling Duffy (2018) in the methodology and methods chapter, we saw that the practitioner supporting her mum prioritised their relationship, in doing so subverting their organisation's rules.

Common to all four case studies (to varying degrees) was a critique of the statutory systems that created obstacles for

the people receiving support or implementing and evaluating their own service model. Internally, these teams define, reproduce and protect their own cultural and structural system and critique wider system cultural conditions, where these fail to support their work. Lawson's (2017) concept of 'eudaimonic bubbles' (section 2.12) appears to effectively characterise the operation of such organisations that rely on their internal cultures. As the metaphor of 'bubble' implies, these interventions are vulnerable to external atmospheric change, whether financial, policy-driven, relational, reputational, or competitive. A protective factor for the study organisations was local and national networking. This applied to all the organisations in different ways. CareConnect sourced practical and moral support from their national body and network; GamePlay is part of an international network that provides both credibility and links into resources and success stories to promote their model. Both WellCity and AllCare are networked with a national partnership, and similarly to GamePlay, gained support from strong local networks and relationships. These relationships, whether they are with local commissioners or partnerships with similar organisations, generate RG through shared purpose and mutual effort.

The challenge identified in the policy chapter was that the system cultures and structures within which these organisations exist are essentially individualistic and instrumental, perpetuated by system-oriented (rather than person-oriented) commissioning, management, and

evaluation practices. These practices, employing the rational rather than relational lexicon (Unwin, 2018), sustain primarily autonomous reflexive patterns, and the conditions that they generate can therefore undermine the value that the care relationship can offer. The relative vulnerability of the case study sites has supported this proposition; however, the way that they deliver relational support within these conditions also provides a theoretical blueprint for relationship-oriented practice, one that emphasises a more significant role for relational reflexivity. In proposing a greater role for relational reflexivity, it is a combination of agential, cultural, and structural orientation to relational reflexivity that is needed.

This research finds that examining people's reflexive orientation and how they operate in relationships in context sheds light on how social interventions can (and sometimes do) use relational mechanisms to support personal change. Reflexive patterns have been identifiable in each person individually, within the care relationship, and in the leadership culture and structures.

The proposition is that there are conditions that enable relational reflexivity and that service design that takes account of these conditions may enable greater access to the resource offered by relational goods, emergent of care relationships. Also, the generation of relational goods is not confined to care relationships and can equally be generated within relationships of mutual (or altruistic) purpose in commissioning, leadership, or partnership contexts. The

examination of these relationships was beyond the scope of this research; however, they are promoted by change leaders in public services and researchers who champion approaches that can respond to system complexity, such as Human Learning Systems (Lowe and Plimmer, 2019).

9.4 Summary

In the policy and practice chapter (section 2.14), the challenge to the current UK personalisation policy was the proposition that 'perspective' or ways of 'seeing' people were not adequately theoretically supported. There was an assumption in the policy that this would be followed by 'different conversations and new relationships', but the theoretical gap was proposed to be, at an ontological level, the lack of a comprehensive understanding of the nature of people, relationships, and contexts and the potential of critical realism to address this gap. This research has taken steps to ameliorate the lack of theoretical engagement by uniquely using Archer's and Donati's social theories to explore and explain how the nature of people/ personhood, the nature of relationships, and the contextual conditions within which people and relationships operate leads to a more nuanced understanding of the contribution care relationships make, and also offers new ways of thinking about and planning for care delivery.

In particular, this research has proposed that Archer's conception of the development of personhood (personal identity) is applicable and potentially valuable for person-centred theory and practice. Its incorporation is

foundational to the theory of reflexivity. Building on this foundation, this research has generated the Relational/ Reflexive Mechanism model to represent the combined theory of Archer and Donati, explaining how the we-relation may operate to generate relational goods, under certain conditions, and that these may trigger a change in the internal conversation, through the (introduced) Relational mechanism.

Donati's requirements for RgRG have been applied and in part supported. It has been proposed, besides, that *care relationships* can operate as RgRG under certain conditions. The extent to which relational reflexivity is employed was held to be key. Three levels of relational reflexivity have been proposed: Autonomous relational reflexivity, Mutual relational reflexivity, and Altruistic relational reflexivity. In the case studies presented, a care relationship involving Altruistic relational reflexivity enabled care relationships to generate relational goods where reflexivity was fractured.

In the process of completing this research, innovation was required to support the theoretical work. The ORRAC model was developed, introduced as an analytical tool and as a means of visually representing and explaining the research findings. This tool has been used in different ways to:

- Plot the reflexive patterns of participants in the case study chapters
- Represent the approach to relationships typical of each quadrant

- Introduce and illustrate the ‘levels’ of relational reflexivity (Autonomous, Mutual, and Altruistic) and
- Visually represent the comparative reflexive patterns of service leads, practitioners, and care recipients

Chapter 10: Conclusion

10.1 Introduction

This research has operationalised Archer's social theory to examine care relationships in a way that has not been previously attempted. In doing so, several contributions to knowledge have been made in applying and developing theory, elaborating the role of relationships in personalisation theory and understanding the conditions amenable to the generation of relationships that generate relational goods (RgRG) in organisational contexts.

The introduction to this research and the overview of relevant research in policy and practice contexts identified a lack of emphasis on the nature of 'being' and personhood in care delivery. They highlighted that despite consistent interest in person-centred care and personalisation policy over the last 15 years, there had been a lack of theorisation of the ontological nature of people and relationships applied to practice. This is not entirely ignored; it is instead, perhaps less helpfully, taken for granted.

Critical realism, with an emphasis on ontological depth and the interplay between the emergent properties of structure, culture, and agency, provided the opportunity and means for a fresh perspective on care relationships, allowing for an examination of this ontological trio in an empirically observable context. Archer's social theory has been foundational, enabling its fruitful application to the empirical examination and comparison of social care relationships in context. This involved specifically:

- The application of the Morphogenetic Approach (Archer, 1995) to establish the boundaries of the case in the case study design
- The development of the ORRAC model, as a means of analysis and theory development, drawing on Archer's work on reflexivity, the internal conversation, and reflexive modes
- Using and building on Archer's interview structure (Archer, 2003) in the method, in the second of the four data collection sessions.
- The application of Archer's account of relational reflexivity and Donati's work on relational subjects, leading to their combined use in explaining the potentially causal role of care relationships through the introduction of the Relational/Reflexive Mechanism (RRM) model.

Critiques of Archer's social theory have been acknowledged and responded to (section 3.6), and where limitations were found in application, these are discussed below. However, the focus of this conclusion is the elaboration of the affordances of Archer's theory for the examination of the people, relationships, and conditions of possibility for care relationships in person-centred social interventions and beyond. Indeed, these affordances in themselves illustrate the potential applicability of Archer's theory and in doing so defend it against critiques that undermine both its

theoretical integrity and its utility (Caetano, 2014, Akram and Hogan 2015, Farrugia and Woodman, 2015).

Due to the dynamic nature of the interplay between structure, culture, agency and relationships, the research questions (section 1.3.1) are addressed throughout the following conclusions rather than dealt with consecutively. To recap, they queried the role of the personal and reflexive nature of individuals in care relationships, the nature of the relationship, how it may contribute causally to personal change, and whether and how contextual conditions influence the care relationship and those within it. Finally, whether personalisation theory and practice should attend more closely to the care relationship's role and its contextual conditions.

10.2 The gap in person-centred theory and practice

There is a missing piece in personalisation planning in health and social care: an understanding of the potential contribution of the care relationship to personal change. Rightly, as highlighted above, there is a strong emphasis on the 'perspective' of the person receiving care and the need for a changed relationship between people and practitioners. This research offers a more robust theoretical basis for this policy position.

This research has also exploited the resonance of Archer's theory to the practical project of personalised or person-centred care; a resonance that can hardly be overlooked. Being Human (2000) sets out a thorough account of how we become who we are, through our earliest experiences in the

world, and onwards throughout life. The intention underlying personalisation is surely to engage with the personhood of the care recipient. What is personalisation, if not a way of engaging in supporting people with this process of ‘being’ or ‘becoming’ at any stage of life? There may be a medical and social context, but the goal must ultimately be support that leads to the achievement of a (self-described) satisfactory lifestyle.

The Policy and Practice chapter highlighted that a persistent focus on ‘doing’ person-centred activity and process has overshadowed a crucial emphasis on the ‘being’ aspects of person-centred culture and relationships. This observation aligned with other critiques that highlighted the tensions between the system and life-worlds (O’Brien, 2014), the rational and relational lexicons (Unwin, 2018), the emphasis on the ‘instrumental’ rather than the ‘relational’ in care delivery and evaluation (Lowe, 2017b). This research has found that critical realism is an appropriate theoretical lens to draw out the structural, cultural, and agential mechanisms at play in care contexts that aspire to person-centred practice.

To explain the process by which care relationships can support personal change, Archer and Donati’s combined theories, applied to the case studies, enabled the introduction of the Relational/Reflexive Mechanism (RRM) model, which proposes how relationships are iteratively formed (and can recede) over time, and the conditions that support or (in their absence) undermine the relationship’s

integrity. This model applies to naturally occurring relationships, yet under facilitative conditions can also apply to care relationships. In concluding this research, it is crucial to reiterate that care relationships are not (usually) the only relationships in people's lives and that people will be connected in this way to multiple individuals and groups with whom they are forming RgRGs (or evils). In acknowledging that relationships play a variable yet significant part in developing a person's sense of self and future, all relationships are considered relevant, albeit that the focus of this research is on care relationships.

10.3 Personhood

The focus on relationships in this study does not undermine the centrality of the person in person-centred care or personalisation; it strengthens it. Each person is considered a relational being. The findings of this research are consistent with the perspective of personalism (Smith, 2011:68); that is, 'Literally, to be a person *is* in part to communicate with other persons toward the exchange of self and mutual understanding' (emphasis in original). Bhaskar (2020:119) takes this a step further, and in doing so proposes an underpinning motivation for an orientation to relational reflexivity and generalised human flourishing. His philosophy of metaReality furthers the ontological understanding of persons by proposing that who we are incorporates others in a capacity for 'co-presence'. This proposes a reason for the human impulse to operate relationally, consisting in (in part) a 'transcendentally real self', or less formally 'the notion of our 'higher' or 'better' self'.

Even the most independent person is not devoid of relationality. Our sense of self incorporates our 'we-relations'. These consist in our developmental and ongoing engagement with the world. As represented in the RRM model (see 9.2.1), our internal conversation, at the centre of our reflexive process, incorporates internal consultation of the 'we-relation' representing single or numerous relevant relationships.

Archer theorises our process of socialisation from our earliest years of life. This research, concurring with Smith's holistic view of human dignity that spans the life course and that is inclusive of 'all living humans' as persons (Smith, 2011:479), proposes that Archer's theory enables the potential for exploration of the personhood of any person, at any life stage. This move is not overtly approved or disallowed by Archer, albeit that she uses the term 'normal people' with insufficient qualification (Archer, 2000:221). Her insistence on a 'naturalistic account' of socialisation (Archer, 2000: 106) gives primacy to our embodied and developmental relations with the natural, practical, and social world in developing a sense of self, rather than an unwarranted reliance on linguistic and discursive capacities. Similarly, her account of the development of personal identity through emotional commentary on our concerns, and the proposition that the inner conversation is in part non-verbal (2000:231) can accommodate persons with any pattern of development, inclusive of people with any cognitive, linguistic, or social developmental profile, for example, those with a learning

disability and autism. This proposition was tested in case study 4, where analysis examining Harry's relations with the natural, practical, and social orders assisted in a partial familiarisation with his concerns. This exploratory analysis indicates potential for further research utilising Archer's articulation of the embodied and practical orders as well as the social on the development of individual concerns and preferences. It also warrants the exploration by carers and practitioners of a *broad range of individual concerns and preferences*, not purely social ones. This proposition underpins the focus that person-centred practice places on what is important to and for people; the idea of 'perspective' and 'seeing people' embedded in the NHS personalisation plan (NHS England, 2019: online).

10.4 Practitioners as people, in context

The research decision to engage equally with the personhood of each party in the care relationship was innovative and has been fruitful. Practitioners bring themselves to work; they do not shrug off their personal-self and shrug on a work-self each day. This research has found that the personhood-in-context of carers and practitioners, their concerns, reflexive tendencies, and work contexts are implicated in the way they deliver care. The data revealed, in each case, that the practitioner-as-person was embedded in their participation in care relationships. Features of interest were lived experience, role modelling, family care culture, and insight into potential in others; all of these reflected through the organisational contexts that housed their practice. These features are of interest because they are constitutive of the

relational reflexivity of the practitioners, their orientation to engaging with the situation, experiences, and potential of the individuals they support.

In Fiona’s case, lived experience facilitates the establishment of care relationships, enabling her to quickly tune in to the reflexivity-in-context of the families she supports. AllCare is an organisation that values lived experience and deliberately engages service user expertise in practical and governance roles.

Role-modelling is integral to GamePlay’s service model, with fifty per cent of paid sports coaches having participated in the programme. Zoe’s expressed personal values of equality and mutual respect underpin her relational work and contribute to and draw from GamePlay’s culture.

Agential potential is core to WellCity’s ideology. They do not engage actively with a care recipient until they have identified motivation for ‘moving forwards’, however slight. Maxine’s independent outlook and autonomous reflexive traits resonate with this principle, but her natural tendency towards making things happen is tempered by WellCity’s focus on the relationship enabling agency in the service user.

CareConnect builds its model around a family care culture. Unlike any of the other case studies, Una’s home context is also her practice context, and CareConnect intends that carers are ‘themselves’ in their care relationships, in their natural contexts. Organisational orientation towards relational reflexivity is pivotal as the matching process is

largely intuitive and involves perceiving the personhoods of both the carer and the person requiring support.

This embedding of personal-selves in facilitative work contexts enables practitioners to be congruent, influence the way the service is delivered, and learn from their organisations' cultural values, *creating conditions where people and relationships can be prioritised*. It is emphasised that in different cultural and structural contexts, the same practitioners may operate differently, as reflexive tendencies have been seen to be influenced by ideology, rules, and roles, albeit *towards increased relational reflexivity* for the sites in this research. Further research could examine the effects of different cultural and structural contexts on orientation to and expression of practitioner relational reflexivity in practice.

10.5 Structures, roles and boundaries

It was found that cultures and structures that are amenable to RgRGs risk a lack of clarity in role boundaries and as proposed in the last chapter, *need more rather than less attention to relational boundaries*. This means that protections that typically come from structural rules and roles must be managed differently due to the responsive nature of the relationships. The acknowledgement of the care relationship as a causal component rather than a by-product of care has implications for policy and practice. These are implications for:

- Organisational policy and leadership: Care organisations often espouse person-centred values, and these research

findings suggest that an emphasis on the relationship is needed in the articulation, establishment, practice, and review of practitioner roles, to incorporate what these values mean for care relationships explicitly, and therefore draw on their causal potential. This may present further implications for strategic planning and service design, where it is evident that existing structures undermine the relational contribution or fail to nurture it.

- Frontline practice, in the way that roles are inhabited and enacted. For example, many professional team structures incorporate reflective practice. This activity is supported by the findings of this research, where reflective practice directly addresses how the practitioner-service user relationship is working.
- Implications for organisations and frontline practitioners have onward implications for regulators, to ensure that quality standards incorporate guidelines on the value of care relationships, the circumstances (unique to each service model and intervention) in which these add value to the intervention, and the conditions required to support them. The CQC Key Lines of Enquiry [21] (Care Quality Commission, 2018:21) include two prompts for inspectors that specifically identify service and wider community relationships, standards that this research could strengthen through its theoretical elaboration of care relationships. In policy, much of the language of the

[21] These standards (R2.6 and R2.7) have been aligned with the CQC standards for Adult Social Care.

NHS personalisation plan (NHS England, 2019b:18), for example, includes descriptors of what personalised care should look and feel like. The statements are ideals, but this research explains *how and why* relationships contribute to effective personalised care. Relationships are mentioned, but the role of the practitioner-as-person is underplayed, in effect, de-personalised. Equally, the conditions of possibility for effective application of the guidelines are not detailed.

10.6 The ORRAC model and patterns of reflexivity

The ORRAC model was conceived as a heuristic based on existing theory to support data analysis, applying learning from Archer's empirical work on the varying reflexive tendencies of individuals. Its utility grew throughout the research, ultimately applied in three ways:

i. It was applied to participant's biography and analysis, where possible, of their reflexive patterns over time. Archer (2003) used ideal types to draw out typical features of reflexive modes, but in this research, lifelong ideal types were not identified, except for Una, who presented with a consistent communicative reflexive mode. The ORRAC model enabled the mapping of shifts in agential and relational features of reflexivity during the life course, as shown for Maxine and Luke in case study 1, providing evidence that reflexive patterns vary in people and can be influenced by changing contexts.
ii. In the discussion chapter, the ORRAC model was used to show that comparative reflexive patterns are of interest

in care relationships because the reflexive patterns of *each person* are implicated in the operation of the care relationship and its contribution to change. It was proposed that a high orientation to relational reflexivity is facilitative of care relationships that generate relational goods where the person being supported lacks the capacity for independent reflexivity or where there is a genuine shared purpose. This finding emphasises the importance of practitioners-as-people, and as such, has workforce implications, *especially for interventions working with people with limited reflexive capacity.*

iii. Data analysis suggested that relational reflexivity could be autonomous, mutual, or an altruistic type and these were presented on the ORRAC model. Patterns of high orientation to relational reflexivity were noted in the organisational leads (and contexts) whose values prioritised equality, mutuality and the flourishing of others and acknowledged a place for agency in addition to supportive relationships. It was also found (linked to (i)) that Maxine's reflexive tendencies were influenced by the culture of the organisation, leading to (in a work context at least) applied relational reflexivity.

Theoretically, this analysis supports Archer's claims for reflexivity and the way that personal biography and circumstances can shape the reflexive tendencies of people, offering empirical support for the practical applicability of her theory and further defending against critiques of her work (see 3.6).

The ORRAC model has practical potential as a conceptual and teaching tool, as it is both anchored in theory and can visually represent empirical findings, helping to bridge theory and practice. As a conceptual tool, the model could support learning about and reflection on individual, team, and organisational patterns of reflexivity, including the relevance of the levels of relational reflexivity (autonomous, mutual and altruistic) for different service models and client groups, and the conditions that support relational mechanisms where (and with whom) they are considered effective.

Although the ORRAC model may lend itself to practical use, there are reasons not to develop its practical potential in intervention contexts, apart from as a conceptual teaching tool. For example, there may be a temptation to develop a measurement tool for practitioner relational reflexivity to support recruitment or assess a commissioned service's 'relational potential'. However, these types of tools, bluntly applied, would risk undermining the nuanced relations between culture, structure and agency, valorising one aspect to the detriment of the interplay between them. As has been observed, RgRGs are afforded by the interplay between culture, structure and agency and not by individual or even group reflexive tendencies alone. For example, it was noted that Maxine, whose pattern of reflexivity at the outset was primarily autonomous, adapted her reflexive approach in response to work relationships and the organisational culture. A recent conversation with Lorraine revealed that Maxine is now, two years later, a leader within the

organisational model. Existing (qualitative) methods of values-based recruitment (e.g.Wellbeing Teams no date.) should be adequate to ensure that those with a capacity for relational reflexivity are recruited into care teams.

Lastly. the ORRAC model was developed for the purpose of analysing care relationships in social interventions and its use in this research, is limited to this purpose. However, as a heuristic device that enables analysis of people's reflexivity over time, it has potential for further application, beyond social care to other contexts where the nature of people and the nature and effects of relationships are of interest, such as education, organisational studies, community studies to name a few.

10.7 Care relationships that generate relational goods

This research has engaged with the work of Donati and the requirements that he set out for relationships that generate Relational Goods (RgRGs). These requirements relate to naturally occurring social relationships, such as those formed in families, community settings or with colleagues. Although Donati accepts that relational goods can be formed in the context of third sector activity in civil society, he does not detail how these requirements apply practically to care relationships in the sector. He does acknowledge that his requirements are based on 'what we know today' (Archer and Donati, 2015: 211), and in doing so, implies an invitation for elaboration.

This research has elaborated on the requirements, further specifying them based on learning from the case study care relationships. These are discussed in the previous chapter, but in particular, it was proposed that:

- Relational goods can be generated and shared in care relationships where there is a commitment to a shared purpose, albeit through different roles in the relationship
- RgRGs build over time and can grow and fade naturally. They cannot be engineered, but given space and the right conditions, they may form.
- Where one party has limited or variable capacity for reflexivity, reciprocity in care relationships is possible where the structural, agential, and cultural conditions enable relational reflexivity.
- If the value of relationships is foregrounded and protected in commissioning and planning, instrumental rules and processes can support rather than undermine the relationship. Donati (Archer and Donati, 2015:256) explains that threats for the third sector are a symptom of their constitution. They are built on their ethos, and their vulnerability stems from 'intrinsic characteristics [that] make the management of relationships with the external environment difficult'. As reported by the service leads of the study organisations, threats to their service models are applied externally through commissioning practice or other system pressures. *The implication is that to draw benefits from such care*

relationships, those designing, or commissioning service models should attend to the conditions that nurture the resource offered by the relationship. Lowe and Plimmer (2019:5) suggest that in a Human Learning Systems approach, this means commissioners and funders 'creating trust with and between the organisations they fund'.

Care relationships that generate relational goods cannot be mandated and are engaged in mindfully and responsively. For different people, the extent to which the care relationship has effects is variable[22]. An evaluation of the potential causal efficacy of the relationship is best made *within it by those involved* once the relationship has begun to form. The Relational/Reflexive Mechanism model, inclusive of Donati's requirements, provides a theoretical framework that could be developed for this purpose. This finding supports service models that have built-in flexibility in their provision of responsive support to people and families, where there is an emphasis on building and maintaining effective relationships.

10.8 Practical applications

The findings of this research offer value by explaining *how* relationships can (conditionally) support personal change, and the findings have recently been applied through the development of new service guidelines for one of the participating organisations. At the time of writing,

[22]For some service users, a RgRG is not needed (at that time), or they may not be ready to engage in that way. For some, it is a temporary state (to achieve a short-term goal), for others it may be a necessity; a connection amongst others that sustains them whilst they are (re)gaining traction in their lives.

since elaborating these research findings, joint guidance has been produced by the author and WellCity to support the induction and practice of their staff group. The developed theory has been translated to practical advice and clarifies the emphasis that WellCity places on relationships and the conditions that support them. Of particular use to the organisation has been the concept of the interplay between structure, culture, and agency. Lorraine, the organisational lead wrote in an email: “I loved what you wrote about the interplay with organisation/ values/ people in the training manual as it articulated something I couldn’t put my finger on” [23] . This critical realist concept emphasises the co-existence of these interacting emergent phenomena, and in doing so, helps to make ongoing sense of the relations between them in real-life contexts. In addition, Donati’s requirements, with the adaptations from this research, have been included in this guidance to clarify the characteristics of relationships that can generate causal effects. Despite their practical applicability, these criteria are not intended to be used lightly as a service checklist. As previously described, their existence and effects rely on supportive cultural and structural foundations within the wider system context, designed to promote, nurture, and safeguard relational approaches. The development of service guidelines demonstrates the applicability of the developed theory, bridging the divide between academia and practice and providing theoretical coherence to WellCity’s service model.

[23] Personal correspondence, 26/4/21

The practical implications of these findings may present a conundrum for those designing care in considering how to implement or apply them and will be a particular challenge to existing service models that do not adequately attend to conditions that nurture care relationships.

The study organisations have service models consistent with Lawson's (2017:242) metaphor of 'eudaimonic bubbles': 'wider community-specific flourishing-facilitating contingently protected sub-communities.' We have seen that the contingent protections, in these organisations, are maintained through a combination of:

- A tacit understanding of the causal implications of the care relationship; implications that this research has more fully explained
- An uncompromising prioritisation of:
    - The personhood of the service user and their interests
    - The care relationship in the service model
- Values that both draw on and promote the relational reflexivity of team members
- Allegiance to, and promotion of established and defensible principles such as the social model of disability, opportunities for socially disadvantaged youth, or the value of family and community culture in supporting disabled people

- Nationally networked support (eg CareConnect/ Think Local Act Personal)
- Long-term, hard-earned fruitful relationships with local commissioners and partners

These conditions are sustainable within the 'bubble' of the interventions, albeit perennially vulnerable to system changes and challenges beyond their control.

Each of the service leads and to some extent the practitioners and care recipients highlighted bureaucratic barriers to maintaining a care model that promotes relational goods, often because the service culture was inconsistent with that of the wider system. This was evident where relationships with commissioners did not sustain core service values. Lorraine (WellCity) described adapting her approach in a bid to provide social prescribing (p185) needing to 'use their language…to gain their [ie the funders] trust'. This new relationship was arguably compromised from the outset, with somewhat mismatched value-sets between the contracting organisations. Similarly, sudden growth resulting from new funding can threaten the 'bubble' through the introduction of new structures, personnel and therefore new internal cultural conditions. Recent discussion with Lorraine and Maxine has highlighted this as an effect of recruiting new staff to deliver social prescribing, in a model that has practitioners working between WellCity and GP practices, with destabilising cultural and structural effects. Ian (GamePlay) foresaw this challenge in a funding opportunity that would require them to partner with another

organisation (p252), perceiving that the value inherent in GamePlay's model would be compromised by this required change. These examples highlight the vulnerability of services that are founded on values-oriented practice, and where wider system structures run the risk of undermining the very value of the services they seek to commission. A contribution of this research is to highlight the benefits of examining the interplay between structure, culture and agency, both within organisation's 'bubble' and in their external relationships.

Finally, many service models whose intended outcomes may benefit from drawing on the value that care relationships can offer, do not operate in this way. What, then can we learn from these relationship-oriented service models and furthermore, can this learning be applied beyond the third sector?

10.9 What can we learn?

To answer this question, it is worth recollecting points posed in the Policy and Practice chapter. Firstly that 'creating value sits with the service user as value-in-use, in the context of interaction with the service users' broader life experience and drawing attention to their personhood' (see 2.8). This assertion is supported theoretically by the Relational/Reflexive Mechanism model, which shows how the relationship and creation of relational goods can be implicated in personal change. Nurturing an individual's reflexive capacity through a care relationship will have unpredictable effects, that may have both practical benefit

and significant long-term import for individuals and those close to them, but that may be indiscernible or unremarkable to a person who is unaware of the context. Capturing such outcomes is challenging but this cannot reduce their value for those either receiving or delivering care, raising the familiar question: how can these less tangible outcomes be accommodated?

The second point emphasises the role of values in service design and in evaluating outcomes, also considered in the policy and practice chapter (see 2.11). The values of, or, in other words, what matters to people who lead, deliver and access services has been shown to be central to how the case study service models are designed, delivered, and experienced. A.Fox (2019: 165), proposes outcome measurement based on: 'a clear, shared idea of what wellbeing looks like and clear individual and joint roles in pursuing it'. Sayer's (2011:61) argument provides support for this position, suggesting that reason and values have been artificially separated. He proposes, to re-balance instrumentally rational approaches, the application of practical reason that takes account of tacit, experience-based knowledge that attends to detail and 'embrace[s] ethical judgement'. In doing so Sayer re-positions values as integral to reasoning and rationality. This focus on human values and flourishing is consistent with Porpora's (2017:58) claim that 'our human vocation is to achieve certain relational goods', towards generalised flourishing. Certainly, in the study organisations, yet arguably in most care delivery contexts,

the aim is to achieve human flourishing. This research, reflecting on the interplay observed between the emergent properties of structure, culture, and agency in the study sites, proposes that greater attention to the values that underpin system and service cultures has the potential to shape structures (through the ideas and actions of agents) that enable and do not constrain person-centred approaches.

Thirdly, and resulting from the above, different approaches to commissioning and performance management need to be considered, approaches that involve collective reasoning of informed stakeholders, rather than an arms-length assessment of representative variables. If the goal is flourishing at the locus of the service user, then those funding and holding organisations to account must engage with this purpose and understand the workings of the service model designed to achieve it. Ian from GamePlay made this point when talking about a shift in attitude from funders in the context of 'County Lines' (see 7.2.8). He noted that some commissioners now want to 'contribute' to solving this complex issue rather than simply monitoring an agreed set of outcomes. This move means employing an understanding of complexity in the way that accountability and performance are managed. Lowe (2017b), describing new structural interdependencies between state and civil organisations, challenges governance practice that relies on instrumental and outcomes-based approaches to accountability. He argues that it is nonsensical to hold organisations

accountable for outcomes that they cannot be responsible for due to complexity.

The above points have significant implications for wider health and care policy. Although not naive propositions, they are recognised as challenging in the current system. The lack of engagement with the value of relationships has led to conditions that can limit their effects in health and care contexts, rather than nurture them. This research shows that care relationships, particularly those that involved a highly personalised dimension cannot be treated as exogenous and are instead integral to the way many services work with people to achieve outcomes.

For policy and practice, this research recommends creating the conditions of possibility for such causal care relationships, where it is likely that investment in them offers the potential for improved outcomes for (some) people. This negates the option of ‘one size fits all’ service models, and instead, would involve ongoing internal evaluation of the extent to which care relationships add value within the intervention, *for different people in different client groups*. The potential value of the care relationship has been illustrated through the case study examples, and the discussion has proposed some theoretical tools that could be further developed to support services to better understand the nature and contribution of care relationships in their contexts. For example, the ORRAC model and the differentiation between autonomous, mutual and altruistic relational reflexivity could offer frameworks for considering

the reflexive tendencies of a team, and the extent to which care relationships are acknowledged and accommodated within service models. This approach would require policy makers, commissioners, and organisations to ask the question: *Are we missing out on achieving outcomes with this person, family, or client group by:*

- ***not*** commissioning or engaging in relationship-oriented practice and/or by
- failing to attend to the interacting structural, agential, and cultural conditions within which care relationships can add value?

10.10 Beyond the voluntary and social care sectors

This research has focused on voluntary and social care sector services and is therefore cautious in its recommendations for interventions beyond these sectors. However, throughout this research, and with reference to many years of delivering and managing care in health and education contexts, the viability of care relationships that generate relational goods in the statutory sector has been an additional preoccupation. The potential for these types of care relationships is ever-present in any context, not least because people who are personally drawn to caring are often employed to care. Equally, forming relationships that generate relational goods is a naturally occurring phenomenon in our family and community lives. *In the light of this, are there principles that, if well-governed, could be held to protect and nurture*

conditions for (potentially) causal care relationships in any context?

Although familiar to us in natural contexts, the case studies have shown that working towards RgRGs in care practice cannot be undertaken casually. It is practised mindfully, underpinned by a way of thinking, being and relating. The concept of developing a relationship of 'shared purpose' and 'in it together' encapsulates what this type of relationship means. In these interventions, it is recognised that the ***relationship does the work*.** Ensuring that conditions support relationships is crucial, and it is the mindful review of the structural, agential, and cultural interplay that enables their guardianship. Under the right conditions, this could happen in statutory organisational teams with a robust patient-centred ethos and arms-length yet on-board supportive leadership and commissioning arrangements.

However, due to the targeted nature of some statutory services, the circumstances and reflexive capacity of people accessing support may never become known to the practitioner. As a result, any opportunity to support the person or family utilising relational mechanisms can be overlooked. The author's clinical field of Speech and Language Therapy (SLT) provides an example [24] . SLTs routinely support parents of children with delayed language development in clinic settings. Service models vary, but the typical service model is an assessment, advice and perhaps

[24] This example should not be taken to characterise all SLT practice – which varies greatly depending on client group and context

some clinic-based individual or group sessions to demonstrate good practice. For language development, it is the child's everyday environment that offers opportunities to learn words, build concept knowledge, and communicate. The therapist relies on the parent to apply certain practices at home, which may require the parent to make changes in the way they think about their role in supporting language (Davies, 2014). For many parents, this model is adequate, and an RgRG is not warranted. Others are less well able to implement the advice, and the opportunity to effect change is missed. This is a situation where the *care relationship could contribute*, yet it may not be a central focus for the practitioner. SLTs are invariably approachable and professional, but clinic-based service models are not oriented around forming relationships that generate relational goods, even though, for some parents, a relational approach could make the difference. There is no intention of singling out SLT here, as the principle applies to any professional practice operating in similar conditions; it is just to highlight that the potential causal contribution of the care relationship ***can be*** overlooked, a state emergent of the long-term contextual conditions (professional and organisational) within which service models have developed.

10.11 Summary

The lack of clarity of the role of relationships within concepts of personalisation and person-centred care prompted the questions in this research. The charge was laid that the contribution of relationships in care practice is taken for granted. An imbalance of emphasis was noted between the

activities of (‘doing’) person-centred care and ‘being’ person-centred, in a way that underplayed the value that care relationships offer. The research questions regarding the nature of people, relationships and context have been explored, and new insights have emerged through the application of critical realist social theory. To the question: ‘Should personalisation theory and practice attend more closely to the role of the relationship?’, the answer is yes, absolutely.

The care relationship is implicit in personalisation and person-centred care because another person invariably delivers care. This research has sought to make the nature of care relationships explicit and has presented a new way of thinking about the causal contribution that relationships can make to care, opening up opportunities for a more nuanced analysis of care relationships and the contexts in which they may be most effective.

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Appendix 1: Research Introduction Sheet

Hello, my name is Gail Mann and I am a PhD research student from Manchester Metropolitan University.

My research is investigating the role that relationships play in supporting individuals to make changes in their lives.

I am working with the GamePlay team because they provide a service which helps young people to make changes.

I will be finding out in detail about one relationship, between a practitioner and young person. I am interested in finding out about both of you equally, so whether you are the practitioner or the young person, your experience of being part of this research will be very similar.

There are two parts to this research:

Firstly, I am interested in finding out all about you, the way you think about things and make decisions, and also relationships in your life which support or influence you – or have done in the past.

Secondly, I am interested in talking with you about your experience of working with the GamePlay team and about the relationships you have formed there.

Time involved: A maximum of 4 hours of your time in total, spread over 4 sessions of about one hour each. The sessions can be arranged at a convenient time/place for you.

Session 1: This session will involve me, the practitioner and young person. It is an introductory session so that we can meet, and there will also be a short questionnaire and an activity that we will do together.

Session 2: I would like to observe a typical session between the practitioner and young person to understand how the support works. This would be one of the usual scheduled support sessions.

Session 3: This will be an interview between me and you, lasting up to an hour. In this interview, I will be asking you to tell me about yourself, your history and people in your life which have been important to you.

Session 4: This will be an interview between me and you, lasting up to an hour. In this interview, I will be asking you about your experience of working with the GamePlay team and the relationships you have made during your support.

If you are interested in participating, there is a more detailed explanation of what is involved in the Participant Information Sheet. Once you have read this, and if you are happy to go ahead, I will ask you to read and sign a consent form and set up some dates for the sessions described above.

Many thanks for thinking about being part of this research.

Appendix 2: Participant Information Sheet

Participant Information Sheet: Service users

Research site: GamePlay

Research title:

Examining practitioner and service user relationships in the Voluntary Sector, the role they play in interventions and the contexts which support them.

1. Invitation to research

You are invited to take part in a project which will look at the role that relationships play in supporting individuals receiving a service to make changes in their lives. The focus of this study is the part that relationships play. I am interested in talking with you about yourself and relationships in your life which support or influence you. I am also interested in talking with you about the relationships you have formed as part of the service.

My name is Gail Mann, and this study is part of my PhD research. My PhD is funded by a Scholarship from Manchester Metropolitan University (MMU). The research proposal has been reviewed and approved by MMU Research Ethics Committee.

2. Why have I been invited?

You have been nominated by a leader or practitioner of GamePlay, as someone who may be willing to contribute to this research topic. You will be from one of these groups of people:

- People who are receiving support from GamePlay. Up to 2 participants will be interviewed from this group
- People who work or volunteer for GamePlay. Up to 4 participants will be interviewed from this group
- People who work in partnership with GamePlay. Up to 2 participants will be interviewed from this group

3. Do I have to take part?

It is up to you to decide. I will describe the study and go through the information sheet, which I will give to you. I will then ask you to sign a consent form to show you agreed to take part. You are free to withdraw at any time, without giving a reason. You can withdraw by informing me direct, using my contact details below, or by informing the team at GamePlay.

4. What will I be asked to do?

The data collection for this research will take place between February 2019 and August 2019. This study is part of PhD research which is due to be completed by the end of September 2020.

You will be asked to participate in four sessions in total.

The first session will involve a discussion with both you and the practitioner together. This will involve an activity which involves writing on cards and creating a visual display of ideas. I can do the writing to give you time to think if you prefer. I will take a photo of what has been written down so I have a record of it, but this photo will not include people or any other information which will identify you. I will also ask you to complete a questionnaire which will help me understand how you generally think about aspects of your life. This questionnaire is called the ICONI (Internal Conversation Indicator) and has 13 questions. It will take about 10 minutes to complete.

For the second session I will ask to observe a session between yourself and the practitioner, so I can understand the sorts of things you normally talk about. I will not audio record this session but I will take written notes.

The third and fourth sessions will be individual interviews, which will be with me. The interviews will be semi-structured, meaning that it will be like a conversation where I will be asking you about yourself, your thoughts and your experiences. We may use the activity described above once again, to create a visual display of ideas.

The sessions will last up to an hour each and will be on different days. They are likely to take place at GamePlay, unless you prefer another local venue which can be agreed when the session is booked. The sessions will be arranged at times that are convenient for you.

The interviews will be audio recorded so that I can listen to them and transcribe them afterwards. This will help me make sure I have understood fully what you have said. When I transcribe the interviews, I will not include your actual name, I will use a different name for you so you can't be identified.

I will also ask if I can see any written information that GamePlay has created with you, such as your 'My Story' document, and also any case records that they hold relating to the support that you receive. This will help me understand more about you and the type of support you are receiving. On the consent form, you will be able to choose whether or not you agree to me seeing this information.

I may request to meet you again at a later date for a short period of time to clarify the information that you shared with me during the interview.

You will not be identified in the final report. I may use quotes from your interview, but if I do this I will change the name, so that your contribution remains anonymous.

5. Are there any risks if I participate?

It is possible that anyone contributing to this study (practitioner or service user/customer), may find talking about the way they 'think things through' and decision making (past or present) uncomfortable or upsetting. If this is the case for you, or if at any point in the study you feel this way, it is important that you let either myself or someone from the organisation know, remembering that you can withdraw from the study at any time, without giving a reason.

6. Are there any advantages if I participate?

This project will help those responsible for GamePlay, better understand the contribution relationships make to providing care, to know what can help and hinder this contribution, and to think about how to evaluate and provide evidence of the effects that relationships can have.

By taking part, you will contribute to learning which will inform the service about what supports the relational aspects of care, so that people who decide to use the service in the future may benefit.

7. What will happen with the data I provide?

When you agree to participate in this research, we will collect from you personally identifiable information.

The Manchester Metropolitan University ('the University') is the Data Controller in respect of this research and any personal data that you provide as a research participant.

The University is registered with the Information Commissioner's Office (ICO) and manages personal data in accordance with the General Data Protection Regulation (GDPR) and the University's Data Protection Policy.

We collect personal data as part of this research (such as name, telephone numbers or age). As a public authority acting in the public interest we rely upon the 'public task' lawful basis. When we collect special category data (such as medical information or ethnicity) we rely upon the research and archiving purposes in the public interest lawful basis.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, we will keep the information about you that we have already obtained.

I will not share your personal data collected in this form with any third parties.

If your data is shared this will be under the terms of a Research Collaboration Agreement which defines use and agrees confidentiality and information security provisions. It is the University's policy to only publish anonymised data unless you have given your explicit written consent to be identified in the research. **The University never sells personal data to third parties.**

We will only retain your personal data for as long as is necessary to achieve the research purpose.

It is important that your contribution to this research is treated confidentially. All research data will be anonymised so that you will not be able to be identified. To keep your personal information safe, I will:

- Store audio recordings of interviews on a password protected computer, only accessible by me.

- Remove any information that links you as an individual to stored data, eg transcriptions of audio recordings and written notes.
- Use a code instead of your name so that only I know who the data belongs to. This code will be used for my purposes only so I can keep track of which data belongs to whom in my research.
- Personal information will be replaced with a pseudonym (different name) and any material identifying other people or places will also be removed.
- Any demographic data, for example your contact details and completed consent form will be stored separately from the anonymised data. If the data is on paper it will be stored in a locked cabinet. If it is in electronic form, it will be stored on a password protected document, on a password protected computer.
- The data will be destroyed six years after this PhD research is completed.

What will happen to the results of the research study?

The findings of this research study will be written up and a thesis submitted for the award of a PhD qualification. Further publications may also be written to share details of aspects of the research such as the methods used and the research findings. In addition, insights and findings may also be shared in other ways, such as at conferences and workshops. You will not be identified in any of these publications or presentations, however I may use quotes from your interviews, using a different name, so that your contribution remains anonymous.

Who has reviewed this research project?

Professor Stephen Morris, Policy Evaluation and Research Unit, Manchester Metropolitan University : s.morris@mmu.ac.uk

Professor Chris Fox, Policy Evaluation and Research Unit, Manchester Metropolitan University: c.fox@mmu.ac.uk

Dr Tom Brock, Senior Lecturer, Manchester Metropolitan University t.brock@mmu.ac.uk

Research Ethics Committee, Manchester Metropolitan University

Who do I contact if I have concerns about this study or I wish to complain?

Principal Investigator: Gail Mann, gail.mann@stu.mmu.ac.uk

Director of Studies: Professor Stephen Morris, Policy Evaluation and Research Unit, Manchester Metropolitan University, Tel 07887 553 926, s.morris@mmu.ac.uk

If you have any concerns regarding the personal data collected from you, our Data Protection Officer can be contacted using the legal@mmu.ac.uk e-mail address, by calling 0161 247 3331 or in writing to: Data Protection Officer, Legal Services, All Saints Building, Manchester Metropolitan University, Manchester, M15 6BH.

You also have a right to lodge a complaint in respect of the processing of your personal data with the Information Commissioner's Office as the supervisory authority. Please see: https://ico.org.uk/global/contact-us/

THANK YOU FOR CONSIDERING PARTICIPATING IN THIS PROJECT

Appendix 3a and 3b: Jack Story

Introducing Jack (fictional character)

Jack is 33 years old and lives in the south east of England. He lives around the corner from his family and sees them regularly. His mum and dad are mostly well, but Jack has started to help them out with some house and garden upkeep. He has a brother and sister who both live some distance away and rarely visit.

Jack works full time for a printing company, about 10 miles away from home. He likes the work and he is good at it. He has recently taken on more responsibility, and now manages some of the staff there. The pay is OK, though he would like to progress more quickly than he has been. Most of his friends earn more than him.

Jack is into his fitness, plays football in the local league at weekends, and trains in the week. He and the team support community fundraising events from time to time. He meets up with his friends each Friday night, and has recently got together with a new girlfriend, who was a friend of his younger sister at school.

A good friend of his who he used to work with at the company left a couple of years ago to set up his own printing company in Scotland. This friend has just got in touch with Jack to say that he is opening a new print shop and wants Jack to come up to Scotland to manage it. The pay is very good, and it would be a great promotion for him. He has to decide in the next 3 weeks.

Introducing Jack (fictional character)

Jack is 18 years old and lives in the south east of England. He lives with his dad, and his mum lives nearby with her new partner and Jack's little sister who has just turned 14. Jack loves his sister and they get on well especially now they are not living together. Jack's dad is a painter and decorator but is off work at the moment with a back injury. His dad manages ok at home, but Jack helps him out with jobs around the house most days.

Jack is at college doing a business studies course which he thinks is OK but isn't sure what he wants to do when he finishes next year. Most of his friends have jobs lined up or are going to keep studying. Before his dad hurt his back at work, Jack used to go and work with him after college and at weekends, painting houses/ offices etc and has become quite good at it.

Jack is into his fitness, plays football at the local sports centre regularly, and trains in the week. He and the team support community fundraising events from time to time. He meets up with his other friends mainly on weekends and has just started a new relationship with a girl he knew at school.

A good friend of Jack's dad has just got a contract to paint several office buildings in Birmingham and has asked Jack if he would go with him to work for him. The pay is good, and it would be a good chance to get some work experience, but it would mean being away from home and college for 5 months. He must decide in the next 3 weeks.

Appendix 4: Internal Conversation Indicator (ICONI)

Some of us are aware that we are having a conversation with ourselves, silently in our heads. We might just call this 'thinking things over'. Is this the case for you?

YES ☐ NO ☐

ON THE WHOLE

	Strongly Agree 7	6	5	4	3	2	Strongly Disagree 1
1. I do daydream about winning the lottery.	☐	☐	☐	☐	☐	☐	☐
2. I think about work a great deal, even when I am away from it.	☐	☐	☐	☐	☐	☐	☐
3. I dwell long and hard on moral questions.	☐	☐	☐	☐	☐	☐	☐
4. I blot difficulties out of my mind, rather than trying to think things through.	☐	☐	☐	☐	☐	☐	☐
5. My only reason for wanting to work is to be able to pay for things that matter to me.	☐	☐	☐	☐	☐	☐	☐
6. Being decisive doesn't come easily to me.	☐	☐	☐	☐	☐	☐	☐
7. I try to live up to an ideal, even if it costs me a lot to do so.	☐	☐	☐	☐	☐	☐	☐
8. When I consider my problems, I just get overwhelmed by emotion.	☐	☐	☐	☐	☐	☐	☐
9. So long as I know those I care about are OK, nothing else really matters to me at all	☐	☐	☐	☐	☐	☐	☐
10. I just dither, because nothing I do can really make a difference to how things turn out.	☐	☐	☐	☐	☐	☐	☐
11. I'm dissatisfied with myself and my way of life – both could be better than they are.	☐	☐	☐	☐	☐	☐	☐
12. I know that I should play an active role in reducing social injustice.	☐	☐	☐	☐	☐	☐	☐
13. I feel helpless and powerless to deal with my problems, however hard I try to sort them out.	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐

X. Think about the most important areas of your life now. Things that you care about deeply. Write down, in order of importance, the three things that matter most to you in your life.

(These may be to do with: **Relationships** eg family/friends, **Achievements** – eg what you are involved in, education/career, financial success, **Social or Ethical issues** eg religion/spirituality, environment, **Resolving problems.**

1. ____

2. ____

3. ____

Name ____

Date ____

Appendix 5: Research schedule: Session 3

General Introduction

In our first session together, we talked about a fictional character called Jack – the dilemma he had about a possible move, and how he thought through his options, the pros and cons – in relation to the things which were most important to him; his family, his social life and his job. The reason for doing that in detail was to draw attention to the way that we use our *internal conversation* (an important part of this research). *That we think things over, mostly internally (but sometimes out loud to others) to weigh up our options – in the light of both our life circumstances and in the light of what is most important to us*. Our decisions and actions are a result of this internal deliberation. We act in response to, and as a result of our deliberations. Jack will make his decision to having balanced all of those types of thoughts that you and X suggested. We also talked about how other people might influence Jack's thinking may be influenced by others – by what (he thinks) they might think or say to him.

Today we are going to be talking about whether and how you use your internal conversation in thinking about your life – you can use examples from the past or things that are happening now. In the second part of the interview, we will talk about what is most important to you. **We are all different and there are no right answers.**

During this interview – it is important that you share info and examples that you feel comfortable sharing with me. Discussion about thinking or parts of your life or history may prompt thoughts/ examples which you may not feel comfortable sharing, and it is fine to say to me that you don't want to talk about certain aspects of your life.

Interview part 1

Q1 When we first met – you reported that you recognised the experience of having an internal conversation – thinking things over in your mind – is that right?

Q2 Firstly tell me a bit about what that is like for you – how do you experience it? How often/much?

Q3 You may recall that in the Jack exercise I added in different types of ways we use our internal conversation. We

are going to go through these to discuss whether you use them and if you do, how *note that not everybody uses every type and some are used more than others…you can take your time to think about your ideas/answers*

Planning (the day – the week or much longer ahead) **Rehearsing** (practicing what you will say or do) **Mulling over** (dwelling on a problem, a situation or relationship) **Deciding** (debating what to do, what is for the best) **re-living** (some event, period or relationship) **prioritising** (working out what matters most, next, or to you at all to you), **Imagining** (the future, including what would happen if..), **Clarifying** – sorting out what you think about some issue, person or problem), **Imaginary conversations** (held with people known to you or whom you know of), **Budgeting** (estimating whether or not you can afford to do something in terms of money, time, effort)

Q4 Are there any other ways you use your internal conversation in addition to these?

Interview part 2

During our first session you completed a questionnaire and at the end of it, you were asked to think about your main concerns – the areas of your life which matter most to you at the moment. We are going to talk about these now – first of all whether you have thought about these and whether there are any you would like to change or others you would add. (Share ICONI list)

Plus prompts/supplementary questions re:

☑ Whether or not these had long been the interviewees concerns?

☑ Whether or not the (open-ended) listings of concerns dovetailed smoothly

☑ Whether or not interviewees spent time in thinking out exactly what they should do in the light of these concerns

☑ Whether or not they saw or had seen anything in their backgrounds which was helpful or obstructive relating to realising these concerns**

☑ Whether and how/ how much the thoughts or perspectives of others are included in or influence deliberations about concerns

Interview part 3

Moving on to the future, what kinds of things do you think about when contemplating the future? How do you deliberate about your future?

Bearing in mind those things that are most important to you, what types of activities or actions to you do to ensure that you can continue to prioritise them?

(note how plans relate to aspirations, sacrifices or regrets, support/satisfaction, commitments of re-orientations)

Appendix 6: Research Schedule: Session 4

Introduction

Today is the last session that you will be participating in as part of this research. In previous sessions we have been talking about the way you think things over – and in particular those things which are most important to you. Today we are going to be talking about care relationships and how these work.

During this interview – it is important that you share info and examples that you feel comfortable sharing with me. Discussion about support relationships may prompt thoughts/ examples which you may not feel comfortable sharing, and it is fine to say to me that you don't want to talk about certain aspects of these relationships.

Interview part 1 – care/support relationships in general

In the second part of the interview, I will go onto asking you about the relation between yourself and XXX – but for this first part I want to start by asking you about support relationships more generally. This can include relationships you can remember from the past or current ones – whichever fits best with the question.

1. **(Aside from current relationship) Think of a care/support relationship which has been positive and tell me about it** (prompts): a) the *person* themselves b) how the relationship formed and developed c) what was good about the relationship – what did you /they get from it? D) how was it similar to/different from other relationships? E) did someone take the lead – you /them – or would you say it was an equal relationship?

2. **When a relationship works well in this way – what types of words would you use to describe it?** (How would you describe it to friends/ colleagues? (May want to ask what makes it different from a friendship – or a care 'interaction')

3. **Think of a support relationship where the relationship has not been so easy (no names) and tell me about it** (prompts): a) the person – what did you know of them, b) how the relation formed and developed (the service) c) what was difficult about the relationship d) similarities and differences

to other relationships. E) did someone take the lead – you /them – or would you say it was an equal relationship?

4. **Do you find as a P/SU that you are completely yourself – or do you adjust who you are in any way?** To what extent do you get to know each other on personal level?

5. *View from the other side:* ***Have you been in a role where you have provided care to others over a period of time (SU)/ received care from others (practitioner)*** *– are there particular people /carers who you think back to and remember? Can you tell me about that relationship? Can you think of any words which describe the nature of that relationship)*

   How did it feel different – to be on the other side of the fence? What worked/didn't work?

   Interview part 2: Care/support relationships – specific

6. **Tell me about XXX** (what do you know about him/her as a person– what were your initial thoughts on meeting him/her? Have your thoughts/impressions changed (what's different? What do you value/find challenging about this person? Is there anything which you 'share' with them in the way that you think about things – anything that you think is important to both of you? Are there things that you have different views about?

7. **How did you first meet?** In the early stages – what did you expect of this relation? Can you remember how you felt? (Confident/apprehensive/reassured?)

8. **How would you describe the relationship between you and X? What words best fit?**

9. **What – if anything – is different for you personally *because of* this relationship –** in the context of what the service offers? Positive or negative.

10. Do you think the way ***you*** *think* about things influences the way ***XXX*** *thinks*/ do you think the way ***XXX thinks*** influences what ***you think*** in this relation? If yes – in which way?

11. **What individual characteristics of a support person/ service user would get in the way of things moving forward for you/them** (achieving desired change)?

Interview part 3 – organisation: structure/culture

12. **What do you know about AllCare – how did you first hear about them** – tell me about your first experience or contact with them
13. **From what you know of the AllCare/ leadership – what ideas/ideals are important to them – what are their priorities?**
14. **What are the main processes and rules which come to mind when you think about AllCare?**
15. **What is it about AllCare (and the way the organisation is part of the system) which supports the care/support relationship you have? What can get in the way of the care relation?** (for practitioners -any boundaries established by the organisation – formally or informally)

Is there anything else that I haven't covered in the interview that you have thought of?

Introducing the research:

Practitioners and Service Users: can you remember how the idea of participating in this research was introduced to you?

Practitioners – why did you select X participant – and how did the conversation go in deciding reasons for/against participating?

Appendix 7: Research schedule Session 5

General Introduction

As you are aware, this research is looking into the role of the relationship between practitioner and service user/customer, specifically the *nature* of the relation and how it may contribute to care and outcomes – and the factors which enable and constrain the relation. I have completed all the data collection with the case study 'pair' from your organisation – and today, to add to that I am interviewing you as an organisational lead to understand the how the context for the care relationship operates.

1. Firstly, I wanted to ask you about *your view* about the role of the relationship in delivering care – specifically the practitioner-service user relationship?

   What does the relation add? What are the effects of the relation for the service user, the practitioner, the organisation? Examples?

2. Can you share an example of where a care relationship within the service went well/ not well? What was striking about this example?
3. From an organisational point of view, what are the things that in your experience **enable** productive relationships between practitioners and service users? What do you proactively do?
4. Same question but from a wider system point of view
5. From an organisational point of view, what are the things, in your experience which **prevent or undermine** productive relationships between practitioners and service users? (Do you/how do you manage these?)
6. Same question but from a wider system point of view (if not covered ask about the effect of contractual changes)
7. Tell me about the people who are working in the service – what is it about them – what do you think are the important factors (skills/ personality traits/ their outlook on life as individuals) which works or perhaps doesn't work in providing relation-based interventions?

8. Tell me about the range of service users/customers who typically access this part of the service (want to understand the extent of variety – levels of independence/agency)
9. When allocating a new case to a practitioner, what types of things do you consider/ are considered? Do you ever find that your initial allocation is not a good fit? Can you think of an example of when this has happened?
10. Could you describe the difference between the type of relationship typical in your service, and that of a clinician-patient relationship?
11. Similarly, could you describe the difference between the type of relationship typical in your service and that of a friendship? (what are the advantages/challenges)
12. *If not covered in previous answers* – In your view, does the care relation contribute to the outcome – to what extent would you attribute the effect of the intervention to the relation? Examples?

    Do you have anything further that you would like to add – anything that we haven't covered?

Appendix 8: Part of Excel spreadsheet used for data familiarisation, CS4: Harry

Situation	Concerns	Concerns Description	Circumstances	Dovetailing of concerns	Interpreted Inner Dialogue Me	Interpreted Inner dialogue You	Interpreted Inner Dialogue We
Tying his school tie/	keeping within the rules	social and practical	school policy found it difficult to physically tie the tie - reliant on mum to help	Dovetailing challenging as things that matter to Harry are in conflict	I am not good at tying the tie Rules are very important to me Preference for being young (I didn't have to wear a tie in primary school)	you will get into trouble - might get a detention Only have two choices - not wear tie/ risk punishment OR let mum do it	no evidence of a 'we' relation with mum in this context
Buying childish toys	Being more adult/ being seen to be more adult Family - Not being a bad influence on nephew	social and practical positive association with enjoying play with them	Takes toys out in public sometimes (although discouraged) Likes 'childish' toys and buys them sometimes	family and the way he is seen by others Rules and doing the right thing	I am childish - I like childish things but I need to be more adult I know that playing is a 'flaw' in adults It's important to me what people think about me	I might be a bad influence on my nephew People will mock me if I take toys out in public Una will be cross with me if I buy childish toys	Maintaining relationship with Una is important - not making her cross
Playing football in winter	Keeping within the rules	social - may also be physical in sensory terms - kicking ball	doesn't want to make the mistake of bringing a wet football into the house	Keeping Una happy prioritised over playing out with ball in wet weather	I like kicking the ball around	I need to play football when it is dry/ not raining or muddy	(observation -This may be to do with maintaining relationship with Una as she likes to keep a very clean house)

Appendix 9: Ultimate concerns in context: Fiona, AllCare Practitioner

Fiona: Practitioner, AllCare	Summary of preoccupations of reflexive deliberations drawn from Sessions 3 and 4
Personal Emergent Properties Powers of the self and personal identity, (Archer, 2000:255) *(In italics - those involving relational reflexivity)*	**'Ultimate concerns'** (things that matter) *'giving back' through own lived experiences* *(Existential element: a 'reason' for 'what I have been through')* *Volunteering to support other local families* *Prioritising wellbeing of others:* • *Family wellbeing - both immediate and extended* • *Managing daughter's medical and social needs: 'an extra layer'* • *Friends and colleagues' wellbeing* Achieving a sense of 'normality' for self/ family Managing own emotional and physical wellbeing (has MS) Being well-informed and well-prepared Problem solving Being 'right' in decisions, in the eyes of others Organisation/efficiency Fairness Careful financial governance
Structural Emergent Properties **Structures relating to:**	**Circumstances** (Home) Medical, Education and social, Personal budget/Personal Assistants (for daughter) Domestic routines and roles (Fiona sees herself as the decision maker, husband as sounding board), Medical (self) (Work) AllCare structures – rules/ roles/ processes/ responsibilities Restructure/ service redesign
Cultural Emergent Properties **Ideas and propositions relating to:**	(Home) Faith/church values, Family values (Fiona taking the role of 'mum' with her brothers) (Work) AllCare culture: Social model of disability, Equality/ opportunity, flexibility Partner/ statutory organisations – system culture/attitudes/ beliefs