Power and participation: enhancing service user agency in social care

By

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Submitted in fulfillment of the requirements for the degree of

Doctor of Philosophy

Deakin University

March 2016

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Abstract

How can non-government organisations providing social care enhance the agency of people who use their services?

This thesis concerns the possibilities for service user agency in the context of community services (social care) organisations. It draws on 35 interviews with service users, service delivery staff and managers, and government officials who had taken part in a participatory approach to service development in three diverse social care settings in a single organisation. The data analysed includes organisation, service and project documentation and field notes. The thesis presents an empirical and theoretical demonstration of how the participatory approach to service development made available more agentic subject positions for service users than were available in mainstream service delivery. It demonstrates how participation in this process in each setting offered individual empowerment and wellbeing benefits to service users, and delivered insights for non-government organisations and government officials into ways in which they could improve their services and programs. However, the transformative potential that the participatory approach offered was difficult to sustain. The thesis concludes with a discussion of the context and conditions for transformation, and explores why it was difficult to sustain.

The overarching theoretical goal of my work is to contribute to understanding the construction of the client identity and its associated subject
position in the power relations of social care, and the implications of this for service user agency. Framed by Foucault’s work on power and knowledge, the study takes as its starting point the idea that local interactions in the service delivery setting are shaped by, and shape the dominant discursive formations they intersect with. It brings this together with a rights-based approach to service development. In this approach local interactions created opportunities to resist the effects of power through legitimating marginalised voices and ways of knowing, thus making space to hear alternate meanings that challenged dominant and oppressive understandings inscribed on individuals.

My methodology is based in an examination of how discourses function at the point where people’s lived experiences intersect with the dominant practices of the service delivery system. It achieves this by deconstructive discourse analysis of the project texts, including the participant interviews. The thesis examines the different discursive formations on social care service delivery and constructions of participation in the project texts that I analysed. It explores how service users negotiated preferred identities, and resisted oppressive meanings inscribed on them by mainstream service delivery practices. The analysis focuses on the points where individuals’ lived experiences intersect with dominant discursive formations to create points of tension or contestation that also contain the possibilities for transformation of prevailing power relations. It offers one reading of how power shapes meaning in ways that are more or less limiting for service users involved in social care service delivery.
The thesis draws together three bodies of knowledge: participatory approaches to service evaluation and development; user involvement in health and social care services; and, the discursive production of marginalised identities in the context of social care. It contributes to existing knowledge on the micro-politics of participation, with practical implications for operationalising rights-based approaches to service development. By drawing on findings from three diverse service settings, and comparing constructions of mainstream and participatory processes in the same settings, it makes a unique contribution to the theory and practice of service user participation in service development in social care.
# Table of contents

ABSTRACT ............................................................................................................................................ 1

TABLE OF CONTENTS ..................................................................................................................... V

LIST OF TABLES AND FIGURES .................................................................................................. XI

LIST OF ABBREVIATIONS ......................................................................................................... XIII

CHAPTER ONE: INTRODUCTION ................................................................................................ 1

BACKGROUND TO THE THESIS ............................................................................................... 1

SOCIAL CARE IN AUSTRALIA IN THE 2000S: COMMUNITY SERVICES SECTOR .................... 5

SOCIAL INCLUSION IN AUSTRALIA AND AT WESLEY ................................................................. 9

OVERVIEW OF SERVICE DEVELOPMENT PROJECTS .............................................................. 14

PROJECT DESIGN AND PARTICIPATORY PROCESS ................................................................. 14

UNDERPINNING THEORETICAL BASIS FOR THE PARTICIPATORY PROCESS: EMPOWERMENT AND FACILITATION ............................................................................................................. 19

MY STAKE IN THE PARTICIPATORY PROCESS AND ITS RELATIONSHIP TO MY RESEARCH QUESTION ... 21

ONTOLOGICAL UNDERPINNINGS .............................................................................................. 23

MATERIAL REALITY, LANGUAGE AND SOCIAL CHANGE: RICHARD RORTY ..................... 24

UNDERSTANDING POWER: MICHEL FOUCAULT ................................................................. 27

IDENTITY AND AGENCY: A CONTRIBUTION FROM FEMINIST THOUGHT ..................... 32

THESIS OVERVIEW ....................................................................................................................... 34

CHAPTER TWO: EXISTING KNOWLEDGE ON POWER IN PARTICIPATORY APPROACHES TO SERVICE DEVELOPMENT ................................................................. 39

INTRODUCTION .......................................................................................................................... 39

PARAMETERS AND PURPOSES OF USER PARTICIPATION IN SERVICE DEVELOPMENT ........... 40
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE PROBLEM OF POWER IN PARTICIPATORY PROCESSES</td>
<td>47</td>
</tr>
<tr>
<td>THE RELATIONSHIP BETWEEN EXISTING POWER RELATIONS IN ORGANISATIONAL SETTINGS AND POSSIBILITIES FOR PARTICIPATION</td>
<td>48</td>
</tr>
<tr>
<td>UNEQUAL KNOWLEDGES AND THE LEGITIMATION AND SILENCING OF DIFFERENT VOICES</td>
<td>53</td>
</tr>
<tr>
<td>MANAGING POWER WITHIN PARTICIPATORY PROCESSES</td>
<td>59</td>
</tr>
<tr>
<td>TENSIONS RELATED TO POWER IN FACILITATING PARTICIPATORY PROCESSES</td>
<td>59</td>
</tr>
<tr>
<td>THE OUTCOMES OF CHALLENGES TO PREVAILING POWER RELATIONS</td>
<td>64</td>
</tr>
<tr>
<td>GAPS IN KNOWLEDGE ON POWER AND PARTICIPATION</td>
<td>67</td>
</tr>
<tr>
<td>CHAPTER THREE: RESEARCH DESIGN AND METHODS</td>
<td>71</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>71</td>
</tr>
<tr>
<td>LINKS TO MY ONTOLOGICAL POSITION</td>
<td>71</td>
</tr>
<tr>
<td>AN OVERVIEW OF THE CHAPTER AND PRELIMINARY THOUGHTS ABOUT KNOWLEDGE AND VALUES</td>
<td>72</td>
</tr>
<tr>
<td>FRAMING MY APPROACH TO DISCOURSE ANALYSIS</td>
<td>74</td>
</tr>
<tr>
<td>AN UNDERSTANDING OF THE DISCURSIVE SUBJECT</td>
<td>78</td>
</tr>
<tr>
<td>THE RESEARCH PROCESS AND METHODOLOGICAL ISSUES</td>
<td>82</td>
</tr>
<tr>
<td>USE OF THE LITERATURE</td>
<td>83</td>
</tr>
<tr>
<td>RESEARCHER AS PERSON AND POSITION</td>
<td>87</td>
</tr>
<tr>
<td>FIELD WORK: THE INTERVIEWS</td>
<td>90</td>
</tr>
<tr>
<td>DATA ANALYSIS</td>
<td>102</td>
</tr>
<tr>
<td>APPROACH TO ANALYSIS AND PROCESSES USED</td>
<td>102</td>
</tr>
<tr>
<td>TEXT AS THE OBJECT OF ANALYSIS</td>
<td>104</td>
</tr>
<tr>
<td>ANALYTICAL VALIDITY</td>
<td>106</td>
</tr>
<tr>
<td>ACHIEVING RIGOUR: SOME TECHNICAL CONSIDERATIONS</td>
<td>109</td>
</tr>
<tr>
<td>CONSTRUCTION OF THIS THESIS</td>
<td>116</td>
</tr>
<tr>
<td>THE PROCESS OF PREPARING AND WRITING THE THESIS</td>
<td>116</td>
</tr>
<tr>
<td>WRITE UP: THEORISATION AND RIGOUR</td>
<td>117</td>
</tr>
</tbody>
</table>
AN OVERVIEW OF THE IMPLEMENTATION OF THE PARTICIPATORY PROCESS IN THE WACHS...... 257

FINDINGS.................................................................................................................................................. 260

POSITIONALITY IN THE ACCOUNTS OF THE PARTICIPATORY PROCESS............................................... 260

SERVICE USER AGENCY IN THE SDS ........................................................................................................... 265

VERSIONS OF THE PARTICIPATORY PROCESS AND THE POSSIBILITY OF TRANSFORMATION AND

ENHANCED AGENCY...................................................................................................................................... 276

THE TENDENCY TO RE-INSRIPTION.............................................................................................................. 293

DISCUSSION AND IMPLICATIONS OF KEY FINDINGS........................................................................ 300

CHAPTER SEVEN: DISCUSSION ...................................................................................................................... 309

DISCURSIVE FORMATIONS OF SERVICE DELIVERY IN THE THREE SOCIAL CARE SETTINGS ........ 312

THE EXPERT PROFESSIONAL/MARGINAL CLIENT DISCURSIVE FORMATION: ‘DOING TO’..................... 314

THE POTENTIAL PARTICIPATION DISCURSIVE FORMATION: ‘DOING FOR’.................................................. 316

THE CO-CREATED ACTION DISCURSIVE FORMATION: ‘DOING WITH’..................................................... 320

DIFFERENT CONSTRUCTIONS OF PARTICIPATION.................................................................................. 323

THE ORGANISATIONAL ENVIRONMENT AND POSSIBILITIES FOR TRANSFORMATION ...................... 327

CHOICES FOR NGOs ..................................................................................................................................... 334

CHAPTER EIGHT: CONCLUSIONS .................................................................................................................. 337

INTRODUCTION........................................................................................................................................... 337

ENHANCING SERVICE USER AGENCY THROUGH PARTICIPATION.......................................................... 338

TRANSFORMATIVE PRACTICES...................................................................................................................... 338

DISRUPTING THE PREVAILING POWER RELATIONS.................................................................................... 343

WHAT CAN WE HOPE FOR? ......................................................................................................................... 347

REFLECTIONS ON METHOD .......................................................................................................................... 351

APPENDIX A: STAGES IN THE SERVICE DEVELOPMENT PROCESS......................................................... 357

APPENDIX B: SERVICE DEVELOPMENT PROJECT PARTICIPANT DETAILS............................................ 359

viii
## List of tables and figures

<table>
<thead>
<tr>
<th>TABLE</th>
<th>DESCRIPTION</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TABLE 1.1</td>
<td>DESCRIPTION OF SERVICES IN THE SERVICE DEVELOPMENT PROJECTS</td>
<td>15</td>
</tr>
<tr>
<td>TABLE 3.1</td>
<td>INTERVIEW PARTICIPANT CHARACTERISTICS</td>
<td>90</td>
</tr>
<tr>
<td>TABLE 3.2</td>
<td>KEY DOCUMENTS GUIDING SERVICE DELIVERY</td>
<td>101</td>
</tr>
<tr>
<td>TABLE 3.3</td>
<td>DESCRIPTION OF THE DATA CORPUS</td>
<td>105</td>
</tr>
<tr>
<td>TABLE 9.1</td>
<td>STAGES IN THE SERVICE DEVELOPMENT PROCESS</td>
<td>357</td>
</tr>
<tr>
<td>TABLE 9.2</td>
<td>SERVICE DEVELOPMENT PROJECT PARTICIPANT DETAILS</td>
<td>359</td>
</tr>
<tr>
<td>TABLE 9.3</td>
<td>GLOSSARY OF TERMS</td>
<td>363</td>
</tr>
<tr>
<td>TABLE 9.4</td>
<td>SITUATIONAL MAP: ISP FACILITATION GUIDELINES</td>
<td>365</td>
</tr>
<tr>
<td>TABLE 9.5</td>
<td>SITUATIONAL MAP: CHILDREN'S RESOURCE WORKER, CORE FUNCTIONS</td>
<td>366</td>
</tr>
<tr>
<td>TABLE 9.6</td>
<td>SITUATIONAL MAP: RESIDENTIAL AGED CARE STANDARDS</td>
<td>367</td>
</tr>
</tbody>
</table>
# List of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACS</td>
<td>Aged Care Standards</td>
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<td>ACOSS</td>
<td>Australian Council Of Social Service</td>
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<tr>
<td>CA</td>
<td>Co-Created Action</td>
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<tr>
<td>CC</td>
<td>Capable Client</td>
</tr>
<tr>
<td>CP</td>
<td>Child Protection</td>
</tr>
<tr>
<td>CRW-CF</td>
<td>Children’s Resource Worker – Core Functions</td>
</tr>
<tr>
<td>CSO</td>
<td>Community Services Organisation</td>
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<tr>
<td>CALD</td>
<td>Culturally And Linguistically Diverse</td>
</tr>
<tr>
<td>DHS</td>
<td>Department Of Human Services (Victoria)</td>
</tr>
<tr>
<td>EP</td>
<td>Expert Professional</td>
</tr>
<tr>
<td>EP/MC</td>
<td>Expert Professional/Marginal Client</td>
</tr>
<tr>
<td>ISP</td>
<td>Individual Support Package</td>
</tr>
<tr>
<td>MC</td>
<td>Marginalised Client</td>
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<tr>
<td>NGO</td>
<td>Non-Government Organisation</td>
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<tr>
<td>PP</td>
<td>Potential Participation</td>
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<td>POT</td>
<td>Project Operations Team</td>
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<td>PPI</td>
<td>Patient And Public Involvement</td>
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<td>RK</td>
<td>Resilient Kids</td>
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<td>RSPU</td>
<td>Research And Social Policy Unit</td>
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<tr>
<td>SDS</td>
<td>Service Delivery System</td>
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<td>SU</td>
<td>Service User</td>
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<tr>
<td>WACHS</td>
<td>Wesley Aged Care Housing Service</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
<tr>
<td>WHSS</td>
<td>Wesley Housing And Support Service</td>
</tr>
</tbody>
</table>
Chapter one: introduction

Background to the thesis

At the centre of this thesis is a concern with what non-government organisations (NGO) providing social care services can do to enhance the agency of people using their services. It draws on data from three service development projects undertaken in diverse social care services within a single organisation, designed around a participatory process to involve different groups of stakeholders in project activities. The thesis sets out to answer the following question:

How can non-government organisations providing social care enhance the agency of people who use their services?

It answers the research question in three ways. Firstly, it explores how service users in the service delivery settings take up and resist dominant discursive formations and implement subjugated ones. Secondly, it explores the discursive construction of service user identity at the point where the lived experiences of service users and the institutional practices that constitute social care service delivery intersect. Thirdly, it explores the possibilities for and limitations on transformation made available when alternate knowledge and ways of knowing are legitimated in service development practices. The thesis presents findings on these aspects of the question to draw conclusions about what organisations can do to enhance service
user\(^1\) (SU) agency. In doing so, it offers one reading of what happened when an organisation intentionally set out to disrupt the power relations between people receiving services and people providing services, in the context of a participatory approach to service development.

Drawing on a series of in-depth interviews with participants in the three service development projects, I was able to compare people’s experiences of mainstream service delivery with what happened in the participatory approach. I did not set out to compare these different ways of working together. I was greatly surprised in the interviews when people who had been participants in the service development projects spoke as much about their experiences of mainstream service delivery interactions as they did about their experiences in the participatory approach. A second surprise was realising that the SU participants did not distinguish between mainstream service delivery and the participatory process in the same way that I did. To them, both were organisational or service delivery system (SDS) activities, but one offered possibilities for enhanced agency that were unavailable in the other. This opened up the possibility that the participatory processes within the service development projects could be incorporated into mainstream service delivery practices. The participatory approach had made possible other ways of being a service user and participating. With this emerged conditions for a more agentic subject position for clients in a staff/client dyad, where authentic dialogue gave rise to service improvement responsive to local and

\(^1\) For the purposes of discussion in the first three and final two chapters of this thesis, the term ‘service user’ applies to both the individual receiving services and the family members who were involved in the service development projects. In the three findings chapters, I distinguish between service users and families and report the analysis of their interview data separately.
individual needs. This thesis offers one reading of how these conditions emerged and their value to participants, as well as why the conditions were difficult to sustain. In doing so, it sheds light on how social care service delivery organisations could be more helpful to those they serve, responding to them as citizens and holders of human rights (Singh 2010).

The thesis contributes to understandings of the dominant discursive formations that circulate in social care settings and how these delimit possibilities for service user agency. It also offers insights into subjugated knowledges and ways of knowing that derive from the lived experience of marginalisation and of service use. It considers the implications, in terms of service user agency, of bringing these subjugated knowledges to bear on service development decisions. At the heart of the theoretical demonstration is a concern with the discursive construction of the service user or ‘client’ identity and the potential to offer more agentic subject positions when the boundaries of what is counted as legitimate and valued knowledge are expanded.

As mentioned above, the thesis draws on a participatory approach to service development that was developed and trailed in three diverse service settings in a single organisation in Melbourne, Australia – Wesley Mission Victoria (Wesley). The approach involved three groups of people: those who used services and family members; those providing and managing services in the organisation; and, government officials from the relevant government departments funding and administering the associated programs. Led by staff from the organisation’s
Research and Social Policy Unit (RSPU), these groups worked separately and together to evaluate existing service delivery and develop action plans for future service development. The three service development projects were one program of work within an organisational policy to facilitate social inclusion and belonging across all activities in the organisation. The projects were designed to intentionally disrupt the prevailing power relations in the service delivery setting, where service users and their families were generally only included in decision-making processes that concerned individual service delivery, and were not included in broader service development or social policy decisions that nevertheless impacted on their daily lives (Gilbert 2003).

The remainder of this chapter provides an overview of the social care SDS in Australia at the time of the study. It includes a more detailed consideration of the understanding of social inclusion and belonging that informed the organisational context in which the service development projects took place. It then gives an overview of the projects and the participatory process. It explains my choice of research question and my position in relation to this study and set out the ontological framework for the study. The chapter concludes with an overview of the thesis.
Social care in Australia in the 2000s: community services sector

In Australia in the period of time when the service development projects were being conducted (the latter part of the decade from 2000), community services provided support to nurture and maintain the wellbeing of individuals and families and to enhance community wellbeing (Australian Council of Social Service 2009). Government and not-for-profit NGOs in the community services sector mainly provide services, although the for-profit sector also plays an important role, particularly in aged care (Productivity Commission 2013). According to the Productivity Commission (2013), families are the main providers of care for children, older people and people with disability. Community services organisations (CSO) supplement this by providing support to families in their caring roles, and by providing direct care when families are unable to fulfill this function. They also provide specific interventions to support people whose needs cannot be met within the community (Productivity Commission 2013). Many of the people, families and communities who use community services are affected by poverty, inequality, marginalisation and/or exclusion (Australian Council of Social Service 2015). Activities are diverse, including personal and social support, training and vocational rehabilitation, support for children, families and carers, corrective services and child protection, residential care and support and financial and material assistance (Productivity Commission 2013).

Some CSOs work with communities or groups of individuals who experience particular forms of marginalisation and exclusion, for instance Aboriginal and Torres
Strait Islander peoples or Culturally and Linguistically Diverse (CALD) communities. Others focus on specific sub-sectors, for example disability, aged care or homelessness, and provide services that target the needs of these populations. The NGOs providing community services have their roots in the communities and groups they work with, and this connection to community is generally evident in their history, mission and governance structures (Cleary 2013). Organisations receive the majority of their funding from government and provide services at a local level through contractual agreements that are administered by regionalised bureaucracies (Productivity Commission 2013). Many CSOs also make a commitment to advocacy with the aim of strengthening the systems within which they work (Wilson, Lavis & Guta 2012). They undertake this work individually and collectively through their sector-specific peak bodies and the state/territory and national councils of social service. In the broadest terms, their advocacy promotes inclusive, fair and sustainable social and economic conditions for all people living in Australia so they can participate in and benefit from the nation’s social, cultural and economic goods (Australian Council of Social Service 2015).

One characteristic of community-based organisations that Wilson, Lavis and Guta (2012) identified in their scoping review was collaboration with system decision-makers in the development of policy, programs and services. These authors note that community-based organisations play an important role in facilitating the involvement of communities and the public in the planning and implementation of their service delivery arrangements. In the Australian context, this is not straightforward, not least because of CSOs’ substantial reliance on
government funding for their future sustainability. Despite their separation from
governments and their commitment to their individual and collective advocacy, this
reliance means that there is often an uneasy tension between their accountabilities
to the communities they serve and to the governments who fund them (Cleary
2012).

Although governments in Australia have broadly endorsed consumer
participation, it has not been widely developed outside of mental health (Bryant et
al 2008; Byrne et al 2014). At the time of undertaking the service development
projects, there were minimal policy or contractual requirements for user
involvement (McCaffery et al 2011). Despite government endorsement of the
principle of consumer participation, user involvement in Australia largely remains
restricted to input into decision-making on the mix of services individuals receive at
an operational level (Ottmann, Laragy & Damonze 2009). These authors note that
service users’ influence on policy design or organisational decision-making is
generally minimal. Although CSOs are able to vary delivery within service
agreements to meet local conditions, and are able to engage service users in service
development activities and decisions, there remains a lack of high quality studies
evaluating the effectiveness of such initiatives (Ottmann, Laragy & Damonze 2009).

This was the context that Wesley Mission Victoria (Wesley) was operating in
at the time the service development projects were conducted. Wesley is a large,
multi-sector CSO based in Melbourne, Australia delivering the majority of its
services within a large inner and outer metropolitan catchment. It is also an agency
of the Uniting Church in Australia. Its history, mission and ethos as an organisation and its commitment to social justice reflect that relationship. Its historical and contemporary values as a Christian organisation shaped its services and practices, and explicitly informed the development of the Social Inclusion and Belonging policy (Wesley Mission Victoria 2009). The development of this document was informed by different but complementary understandings of inclusion: social policy research (Levitas et al 2007; Steinart & Pilgram 2007); and, the theology of hospitality towards all people (Byrne 2000). Cleary (2013) argues that faith-based community services organisations are increasingly placed in a relationship of tension between their mission-related values and the requirements of delivering services under government funded contracts, largely shaped by a neoliberal agenda of efficiency with practice constructed as a series of technical interventions at odds with the relational context of mission work. The existence of differing constructions of social care and social welfare service delivery and the contestation between them was a significant factor in the material organisational context at the time of the service development projects; a tension that is clearly visible in the findings, discussion and conclusions presented in this thesis.

At the time of the projects, Wesley provided community-based and residential services to marginalised and disadvantaged older people, people with disability, people experiencing homelessness and/or in crisis and vulnerable children, youth and their families (Wesley Mission Victoria 2010 & 2011a). It employed around 800 staff working mainly in metropolitan service locations. I was the executive manager of the RSPU, Wesley’s dedicated unit for research,
evaluation, service development and advocacy activities. I led the development of the Social Inclusion and Belonging Policy (Wesley Mission Victoria 2009) and the design and implementation of the service development projects.

Social inclusion in Australia and at Wesley

Social inclusion is relevant to this thesis because it was the framework that the Wesley executive and Board endorsed to guide the organisation’s activities, including the service development projects that this study draws on. This section provides an overview of the public and organisational policy settings for social inclusion at the time of the service development projects, and considers these policies in relation to rights-based approaches to health and social development (Gruskin et al 2012; Singh 2010).

In 2008, the Australian Federal Government established a body to oversee the implementation of a social inclusion agenda for Australia, the Social Inclusion Board\(^2\). The intention of the agenda was to ensure that public investment was targeted at achieving outcomes for the most disadvantaged groups and communities in Australia. The Rudd and Gillard Governments’ approach to social inclusion required ensuring opportunities for people to: learn, work, engage and be heard (Social Inclusion Board 2010). This approach to social inclusion was intended as means to secure long-term prosperity through social and economic participation

\(^2\) The Social Inclusion Board was an initiative of the Rudd Labour Government and continued under the Gillard Labour Government, and was scrapped by the Abbott Coalition Government in 2013.
of all Australians (Hayes, Gray & Edwards 2008). An early feature of the Australian social inclusion agenda was a focus on inclusion and participation in the workforce as a means to address concerns with skills shortages and problems associated with population ageing (Smyth 2010). It was broadly framed within a social justice focus on equitable access to resources (Smyth 2010). As the agenda developed, it emphasised both the need to provide people with the resources to participate in mainstream social and economic activities and to feel valued as a member of that society (Smyth 2010). The Social Inclusion Board was most concerned with groups who experienced multiple disadvantages, and were therefore at greater risk of entrenched exclusion (Social Inclusion Board 2012). It developed measures to track progress towards inclusion for these groups incorporating statistical data relating to access to resources, participation in social and economic life and measures of subjective wellbeing.

At the State level, the Victorian Government had a whole-of-government social policy action plan, A Fairer Victoria, aimed at addressing disadvantage and promoting participation and inclusion (Department of Premier & Cabinet 2005 & 2008). The plan was an approach to social justice for marginalised Victorians, and focused on both improving responses of specialised and universal services for the most vulnerable groups and communities. The second plan, in place at the time of the service development projects, included a focus on: families most at risk; reduction in health inequalities; and, place-based and community strengthening initiatives. Also in place at the time of the service development projects was the Victorian State Disability Plan 2002-2010 (Department of Human Services 2002).
This plan was whole-of-government and whole-of-community, and focused on community inclusion for people with disability. Included in its priority strategies were: a reorientation of disability supports to improve people’s control and choice; the promotion and protection of people’s rights; and, strengthening of local communities.

Participation in mainstream society was a key theme in each of these policy initiatives. However, national and state frameworks for the development of inclusive policies and programs do not necessarily result in inclusion at the local level, where people come into contact with organisations providing services (Taket et al 2014, p. 11). Steinart and Pilgram (2007) argue that there is a need to apply a critical lens to what is regarded as the mainstream in order to understand ways in which the meanings and values placed on particular forms of activity or identities exclude certain individuals and ways of life that are nevertheless meaningful to those individuals and their communities. The difficulties of designing and enacting policies and programs that are intended to be inclusive of all people may result in the problematisation of individual behaviours, rather than understanding these in terms of problematic social structures and policies (Steinart & Pilgram 2007; Taket et al 2014). The diversity of focus for social inclusion has led a number of authors to argue that inclusive policy needs to be based on the principles of human rights as well as social justice (Triggs 2013; Layton & Wilson 2014).

The development of Wesley’s Social Inclusion and Belonging Policy (Wesley Mission Victoria 2009) attempted to address these concerns by drawing on a rights-
based approach to health and social development (Singh 2010). Rights-based approaches are based on four principles (Gruskin, Bogech & Ferguson 2010; Singh 2010). Firstly, governments have a duty to respect, protect and fulfil human rights: duty-bearers include state and non-state actors. This principle placed a responsibility on Wesley, as a non-government social care service provider towards its service users. Secondly, every individual is a rights-holder, regardless of their individual characteristics and circumstances, and duty-bearers must ensure that people can access their rights without discrimination. This placed a responsibility on Wesley to ensure that all service users could take part, regardless of their individual circumstances and capabilities. Thirdly, key stakeholders and affected communities should be included at every stage of policy and program development and delivery. Finally, the accountability to rights-holders by duty-bearers should be operationalised at every level and adapted to local contexts. This understanding of a rights-based approach supported the rationale for involving people who use services, or might use services, in the service development projects, and became principles in the design of the participatory process that sat at the centre of the projects.

The right to participation is central to the application of rights-based approaches in health and social development (Potts 2010), where the inclusion of individual voices as central to ensuring autonomy and dignity for all (Singh 2010).

This is operationalised by ensuring that individuals’ can participate in decision-making processes that may be relevant to their lives, including the design,
implementation and monitoring of health interventions (World Health Organisation 2008). The right to participation ensures that health systems are neither dominated by experts nor removed from the people they are intended to serve (Potts 2010). Taket (2012) argues that constant vigilance on how power operates to silence some voices and ways of knowing and legitimate others is an essential component of a rights-based approach to service development. This framing informed the development of the Wesley Social Inclusion and Belonging Policy (Wesley Mission Victoria 2009). The policy set out to increase people’s agency in relation to decisions that impacted on them, including organisational and service delivery decisions and contained a statement on the role of participation:

*Because it is based on the idea that each individual has the right to determine the life they want to lead, it means working with people to give voice to their views and to challenge the norms, systems and structures that limit their autonomy and participation within their families, communities and society as a whole. It recognises that this right extends to all people, and thus individuals have a responsibility to others in shaping a future in which all have a place.* (Wesley Mission Victoria 2009).

Notwithstanding evidence of the effectiveness of rights-based approaches in delivering improved health outcomes (Potts 2010), their operationalisation is not straightforward and government agencies and non-government organisations still struggle with this (Gruskin, Bogeche & Ferguson 2010). The service development projects were one attempt to operationalise a rights-based approach, within the broader context of the Social Inclusion and Belonging Policy.
Overview of service development projects

Project design and participatory process

The participatory process was trialed in three service development projects, and had been designed with a deliberate intent to disrupt the prevailing power relations in the service delivery setting. Each project took place over an eighteen month period, and included five stages: establishment; production of program logics; design and collection of evaluation data; analysis and interpretation; and, action planning, reporting and advocacy. A more detailed description of each stage is provided in Appendix A to this thesis. Diverse groups of people were engaged in each stage of each of the projects, including those who were used to having a say in organisational decisions and those whose voices were often overlooked, omitted or ignored. The specific groups were: service users and family members (where relevant); frontline service delivery staff and their managers; and, government officials from the relevant government agencies. The service development projects aimed to identify what it was that the service did, and could/should do, and then to evaluate its current effectiveness against an agreed understanding of the service. Once each evaluation was complete, the participants in that setting then worked together to identify and plan what needed to happen to achieve a preferred future. The three service settings were: Resilient Kids; ISP Funded Facilitation service (ISP); and, Wesley Aged Care Housing Service (WACHS). Key characteristics of these services are described in Table 1.1 (adapted from Pollock & Taket 2014).
## Table 1.1: Description Of Services In The Service Development Projects

<table>
<thead>
<tr>
<th>Service Users</th>
<th>Funded Facilitation For Individual Support Packages (ISP)</th>
<th>Resilient Kids (RK)</th>
<th>Wesley Aged Care Housing Service (WACHS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with disability (intellectual, physical, psychiatric, sensory) who have funds allocated to them for disability-related support</td>
<td>Children whose families have experienced homelessness and who are receiving services from a family violence or homelessness service provider</td>
<td>People over age sixty-five who have a long term history of mental illness, substance abuse and/or homelessness</td>
<td></td>
</tr>
<tr>
<td>Service Type</td>
<td>Facilitators work with the individual to help them develop a plan for how they will use their ISP</td>
<td>Weekly therapeutically-oriented groups for children to help them explore their experiences of homelessness and develop appropriate responses</td>
<td>Accommodation and support within a low-care setting, in two, three and four bedroom houses in a suburb in inner NW Melbourne</td>
</tr>
<tr>
<td>Service Focus</td>
<td>Enhancing individual capacity and community inclusion</td>
<td>Healing from trauma and building resilience</td>
<td>Maintaining independence</td>
</tr>
<tr>
<td>Duration Of Intervention</td>
<td>Facilitators funded to provide 30 hours of assistance every 36 months (12 months in the case of degenerative conditions)</td>
<td>Groups run once a week during a school term. Children can attend multiple series of groups</td>
<td>People tend to remain at WACHS for many years, and only move on when they need higher level care or when they die</td>
</tr>
<tr>
<td>Contact</td>
<td>Extensive: intensive contact for a short period of time, with long intervals between periods of service</td>
<td>Short-term intensive</td>
<td>Ongoing: residents have contact with staff on a daily basis</td>
</tr>
<tr>
<td>Funder</td>
<td>Department of Human Services (Victoria, i.e. state level)</td>
<td>Philanthropic sources</td>
<td>Department of Health and Ageing (federal agency)</td>
</tr>
<tr>
<td>Scope Of Service</td>
<td>Also provided by other CSOs</td>
<td>Unique to Wesley, and developed at a time when there were no specific homelessness services for children</td>
<td>The model is unique, although low-care residential support is offered by other aged care providers</td>
</tr>
</tbody>
</table>


I return to the ontological and epistemological relationship between the participatory process and this study later in this chapter and again in chapter three of this thesis, but here I provide a brief outline of the seven mechanisms that were effective in achieving participation. In doing so, I draw on the description of effective processes outlined by Pollock and Taket (2014). At the time we undertook this work, there were no contractual or other requirements for user involvement in the governance of service delivery in the organisational context I was working in. I undertook the initial design of the program of work that included the three service development projects and the participatory processes they employed in conjunction with my PhD supervisor, Professor Ann Taket, at the commencement of my candidature. Service users were not involved in the design of this overarching program of work. At the time that we were developing the concept and approach to service development as an aspect of the Social Inclusion and Belonging Policy, the organisation lacked existing mechanisms for consumer participation at both local and whole-organisation levels. Service users and families were involved in designing how each service development project would be implemented in the local service delivery setting. A governance group was established at the whole-of-organisation to oversee the implementation of the three projects. Its composition included representation from outside the organisation, including a representative from the Victorian Department of Health and another from the consumer peak body representing the voices of children and young people in out-of-home care.

In the first place, an interlinked structure was established that included the whole-of-organisation governance group, and community and management
reference groups for each service setting. Secondly, sufficient time was allowed for strong relationships to develop between the service development project facilitators and participants, and between the participants themselves. Thirdly, engagement was negotiated at the design stage with each group, and across the groups, as were the various ways in which people could be involved in the project throughout its implementation. These varied from setting to setting, depending on the needs and preferences of participants. Fourth, control was shared throughout each project after initial engagement and design, including identification of relevant data, design of surveys, consideration of findings and action planning. Fifth, the groups were provided with time and space to work separately and together, and each project had two workshops where all participants worked together. These workshops were particularly effective in the redefinition of power relations that the project had set out to achieve. The first workshop determined an agreed version of the program logic (including divergent views and tensions in how people understood the service) that was acceptable to all participants as the basis for further work. The second workshop was to undertake action planning following the completion of the service evaluation. Sixth, through the separate/together group work, the process brought to the surface and collectively examined assumptions and negotiated meaning, and these assumptions and variations in meaning were documented in the program logic models and considered in the action planning stage. Finally, during the projects the process facilitators worked flexibly, shifting from technical research tasks to group facilitation and assisting participants in whatever they needed in order to take part.
The establishment stage was lengthy, around four to six months (Pollock & Taket 2014). This stage was designed to ensure that all participants were committed and comfortable with their engagement in the project. It also enabled service users and families to work with the process facilitator to design the implementation of the service development project for that setting. During this time, relationships developed between the participants within each group, and with the process facilitator. These relationships developed through open conversations around wide-ranging issues that participants brought to bear on the matter in hand: their experience of the service and service system and how they felt it could be improved. The service user and family participants had the broadest frame of reference for their conversations. They shared personal experiences, including those of service use and non-use, exchanged tips and ideas for how to get a better response from providers. Their conversations were not censured in any way by the process facilitator: everything was relevant. As the projects progressed, these broad conversations continued but were integrated into discussion and deliberation about the participatory evaluation process we were involved in. By the time we held the first workshop where all participants came to discuss the program logic, relationships within groups were established and each group was also well-prepared for a conversation that focused on different versions of an experienced reality of service delivery. Working in small groups within the workshop, and in a whole-group discussion towards the conclusion was effective in fostering authentic and robust dialogue about differing experiences and versions of the service delivery reality that each participant had a stake in. Once again, the process facilitator did not censure conversation, but established ‘rules’ for respectful dialogue. Following
the initial workshops, the groups continued to meet together and separately to work to progress the evaluations. I realised as I was undertaking the interviews for this study that, in some instances, personal relationships had developed between some of the service user and family participants that extended beyond the project context.

**Underpinning theoretical basis for the participatory process: empowerment and facilitation**

The design of the projects conceptualised service user empowerment as a precursor to participating and being able to influence decision-making from a position of greater strength (Rowlands 1997). The design of the participatory process involved a deliberate consideration of how people perceived themselves as able and entitled to make decisions, as well as the ways in which they were oppressed and/or excluded from decision-making and lacking entitlement or the right to have a say (Rowlands 1997). The process sought change at three levels: individual, service and organisation/system (Dooher & Byrt 2002). It worked with and within existing service system and organisational structures, attitudes and expectations. Through its design, the process shifted the balance of influence towards the silent and silenced voices; first and foremost service users and their families. Wallerstein argues that the most effective empowerment strategies are ‘those that build on and reinforce authentic participation in ensuring autonomy in decision-making, sense of community and local bonding, and psychological empowerment of the community members themselves’ (Wallerstein 2006, p.5). Consistent with a rights-
based approach, the process was designed to be adapted to each of the local service contexts and to identify and examine the barriers and facilitators of participation and empowerment in each setting. Critical facilitation was employed in order to surface and examine the power relations between participants in the setting (Romm & Gregory 2001). Romm and Gregory demonstrate that process facilitators can intervene in group discussions in ways that challenge statements made ‘as part of the process of discourse’ through an ‘openness to discourse’, but without a requirement for consensus (p. 453). At times, the process facilitators confronted the power dynamics within and between groups, noted by Leung (2008) as an important aspect of processes that intentionally set out to disrupt power relations in service delivery settings. The participatory process brought together the generative conceptualisation of power and empowerment through individual and group reflection, as described by Rowlands (1997) and the critical approach to facilitation, as described by Romm and Gregory (2001).

The participatory process was, at its core, an extended dialogue within, between and across groups who had a stake in service delivery processes and their outcomes. Drawing on Freire’s (1972) work on liberatory education, the process facilitators in each setting focused on identifying problems, demythologising accepted ways of understanding and affirming participation through authentic dialogue to build a shared sense of meaning. This became the basis for future action that people could accept, even if they did not agree with every aspect of what was proposed. This ‘reflection and action directed at the structures to be transformed’ was the key mechanism for service change (Freire 1972, p. 126). As process
facilitators, we focused as much on encouraging authentic listening as we did on making spaces for voices less often heard, with the result that people came to see and understand the situation under review in a bigger and more complex way (Pollock & Taket 2014). We saw ourselves as part of the setting, whereby the themes that were generated were co-produced through the interactions between the participants, including ourselves, and could not be understood separately from the relations of power that ran through these interactions (Freire 1972, p. 87). The research team held regular review meetings and we reflected on our practice together, and through one-on-one supervision – an important part of understanding our own location in the relations of power within which we were working (Wallerstein 1999).

My stake in the participatory process and its relationship to my research question

When I arrived at Wesley in 2005 to take up the newly created position as Executive Manager, Research and Social Policy, I found that Wesley’s systems and structures were designed to facilitate accountability to government in our expenditure of funding, but did little to assist us understand and operationalise our accountability to the people we served. We were not able to say, in any systematic way, whether our work made a difference to their lives that was valuable to them. From a rights-based approach, the organisation was less clear about its accountabilities to rights holders than it was in relation to its accountabilities to its funders, the office holders (Singh 2010). Over the six years that I remained at
Wesley, I led a program of work to build our systems and structures to enable us to understand the role we played in the lives of the people, families and communities we worked with: a view from the outside, looking in. Wesley’s Social Inclusion and Belonging Policy and the service development projects were important in shifting the organisation from a welfarist or charitable frame to a rights-based approach focused on enhancing inclusion and people’s sense of belonging broadly and in the context of the organisation itself.

I held various roles in relation to the service development projects. I was a member of the Wesley executive team. I lead the program of work to implement the participatory approach to service development in each of the three settings. I had some involvement in the day-to-day work of each project and was the lead process facilitator in the ISP setting. I was also a PhD student, interviewing people who had taken part in the projects and who wanted to take part in an interview about their experience. My stake in the work was thus substantial. Whilst the implementation of the project activities was participatory, and involved service users at every stage, the design of the program itself was not. I undertook this work in conjunction with my PhD supervisor and colleagues in the RSPU. In the findings chapters of this thesis, I examine the implications of this embeddedness in terms of the power relations between myself and the other participants, and explore the issue of researcher positionality for my reading of the findings. In the third chapter, I consider the implications, in terms of the validity of the research I present in this thesis, of exploring the contribution of an intervention that I had designed.
Ontological underpinnings

Before considering the ontological foundations for this study, I want to situate my research in relation to the organisational and personal values that informed the choices I and my colleagues made relating to the design, development and implementation of the service development projects. Social sciences research is a ‘kind of performance that enacts itself’ (Pascale 2008, p. 360). The foundations and assumptions of the paradigms within which we work is an important task for the researcher (Pascale 2008). The approach taken in the service development projects was driven by a vision of a more socially just world that sat at the core of Wesley’s mission, and which I shared. In selecting an ontological position, an important consideration was the relationship between how the reality is understood and how an agenda for social change might be advanced. This study is an analysis of the possibilities for enhancing individual agency when the power relations in the service delivery setting are intentionally disrupted, and the opportunities this offers for NGOs providing social services to become more inclusive.

The following section sets out the ontological position that forms the foundation for this thesis. There are three aspects to this position. The first concerns the relationship between material reality, meaning and language and the implications of this for individual freedom and social change. The second concerns the conceptualisation of power that the thesis draws on and the implications of this for individual agency. The third concerns the conceptualisation of identity as
performative rather than a fixed and essentialised characteristic, and the implications of this for individual agency.

**Material reality, language and social change: Richard Rorty**

The service development projects were designed with the intention of shifting the power relations between people using and those providing services. This was to be achieved through the incorporation of multiple voices, perspectives and values in a participatory process that examined a reality in which all had a stake. All voices and meanings were to be treated as having equal validity and would be equally contestable. Action, within the projects and in response to their findings, was to be based on negotiation and reaching a point where the way forward was acceptable to all, even if the participants did not agree with every aspect. To ensure that the participatory process was theoretically sound, I needed a framework to explain the relationship between material reality, interpretation of it and the possibilities for action. In developing this, I drew Richard Rorty’s (1989) work on language, individual and social change. This ontological position informed both the service development projects and this study.

The first pillar of my ontological position refers to the relationship between the material world ‘out there’ and what we understand to be ‘true’ about it. Rorty (1989) reasons that whilst we can say that the ‘world is out there’, the same cannot be said about ‘truth’, or the meanings we attach to it:
To say that the world is out there, that it is not our creation, is to say, with common sense, that most things in space and time are the effects of causes which do not include human mental states. To say that truth is not out there is simply to say that where there are no sentences there is no truth, that sentences are elements of human languages, and that human languages are human creations. (Rorty 1989, p. 5)

Rorty argues that ‘truth cannot exist independently of the human mind’ and is a quality embedded in sentences that compile to create descriptions of the world (p. 5). Truth and falsehood rest in these descriptions and are not properties of the material world (p. 5). Without the ‘describing activities’ of human beings, there is neither truth nor falsehood. ‘Truth’ is a property of a sentence that depends on a language-as-a-whole that is socially produced and culturally and historically contingent. Since vocabularies do not exist in the world, waiting to be discovered, Rorty contends that anything can be made to look good/bad or true/false by being ‘redescribed’ (p. 7). Rather than searching for a meta-vocabulary that might reveal the ‘intrinsic nature’ or ‘truth’ of the world, Rorty argues for allowing multiple vocabularies, ‘an endless proliferation of realisation of freedom rather than a convergence toward an already existing truth’ (p. xiii). He argues against the search for a ‘final vocabulary’ (p. 73) and sees the possibility for revolution resting in the discovery of new languages through which people may describe themselves. Rorty’s notion of freedom is embedded in the examination of linguistic practices in order to discover who is being made to suffer through the way in which they, and their experiences, are described in the vocabularies available in that location, culture and historical time.
As researcher, the position that I take up is akin to Rorty’s ‘liberal ironist’ (Rorty 1989, p. 73). Rorty defines the ironist as someone who has radical and continuing doubts about their ‘final vocabulary’, because they have been impressed by other vocabularies that they have come into contact with (p. 73). Irony is a position of meta-stability where one can never take one’s self seriously because of the realisation that one’s self-description is the product of a contingent vocabulary that is no closer to reality than any other, nor closer to any power than the self. The ‘liberal ironist’ is able to face up to the contingency of their most deeply held beliefs at the same time as retaining the hope that human suffering will be diminished. This possibility lies in the acceptance of the loss of our own ‘idiosyncratic lading-list[s]’ and ‘individual sense of what is possible and important’ (p. 23) in order that we can expand our sensitivities to the particular pain and humiliations of other, unfamiliar sorts of people. Rorty argues that solidarity is created when we can see our fellow humans as fellow sufferers and can no longer marginalise them by behaving as if they do not feel as we feel. Social hope comes through speaking about one’s pain, where solidarity is constructed out of fragments recognised by others as a form of pain that must be diminished. These fragments cannot be ethnographised into a vast meta-language that we all recognise. Rorty argues against a moral obligation to feel a sense of solidarity with other human beings (p. 190). Instead, he urges a form of moral progress based in ‘extend[ing] our sense of “we” to people whom we have previously thought of as “they”.’ (p. 192). This means developing the ability to increasingly see traditional differences as unimportant compared to similarities with respect to pain and humiliation, through actively redefining our own vocabularies.
I have drawn on Rorty’s work to inform the intention to give validity of individual experience, by hearing and legitimating voices not often heard in the service development projects. The participatory process set out to create spaces in which people could come into contact with others’ experiences, described in their own words without censure. It achieved its redemptive task when staff and departmental officials saw multiple versions of reality that combined into a ‘big picture’, and similarities in experiences that they had previously thought different (Pollock & Taket 2014, p. 82). In this study, I examine participants’ interview texts for what is redescribed in their accounts and for their associations with others’ suffering. I pay particular attention to the ways in which participants shifted their views of self and others and the possibilities for redescription, as well as the conditions that ultimately made it difficult to sustain these emergent descriptions.

Understanding power: Michel Foucault

Understanding the operations of power in the service delivery context in both its mainstream interactions and in the interactions in the service development projects is central to this study. There are, however, many different ways to conceptualise power. I have taken my understanding of power from the work of Michel Foucault, drawing on his ‘methodological precautions’ for examining the operation of power (or power/knowledge) (Foucault 1976).
Foucault conceptualised power and knowledge as co-constructed: ‘the exercise of power perpetually creates knowledge, and conversely, knowledge constantly induces effects of power’ (Foucault 1975, p. 51). Rather than being a property of an individual or a commodity, power is viewed as residing in networks of relationships that are connected systematically. ‘Discourse’ refers to the connection between power/knowledge and its circulation in the social field, attaching to strategies of domination and of resistance (Diamond and Quinby 1988, p. 185). Discourses extend beyond the production of meaning into the production of practices that inscribe themselves on the bodies of their subjects:

*Discourses are more than ways of thinking and producing meaning. They constitute the 'nature' of the body, unconscious and conscious mind and emotional life of the subjects they seek to govern* (Weedon 1987, p. 108).

In this conceptualisation, the study of power as an element of discourse is not a straightforward task since discourses are tied to social structures and practices in ways that necessarily mask the operation of power in society:

*Power is tolerable only on condition that it masks a substantial part of itself. Its success is proportional to its ability to hide its own mechanisms.* (Foucault 1976: 86).

In other words, people may *feel* as if they are free to speak, but what is sayable is a product of their specific historical and cultural vantage point (Fox 1991). It is by understanding the origins of how we understand ourselves that we can start to question the legitimacy of these accounts and resist them (Foucault 1969). Resistance to hegemonic discourses lies in illuminating the origins of our current
ways of understanding ourselves and demonstrating how some accounts of life come to be accepted as true whilst others are marginalised. Foucault referred to these unheard accounts as subjugated knowledges whose marginalised voices could be seen as a source of resistance in challenging the legitimacy of the dominant forms of knowledge which shape our understandings of our lives (Foucault 1969; Burr 2003).

Foucault laid out a series of methodological precautions for the analysis of the operation of power on subjects (Foucault 1976). The first relates to the type of power that analysis should concern itself with. Foucault argued that that the focus of analysis was not the legitimate, regulated power in its central locations, but:

...power at its extremities, in its ultimate destinations, with those points where it becomes capillary, that is, in its more local and regional forms [... where] it invests itself in institutions, becomes embodied in techniques and equips itself with instruments and eventually even violent means of material intervention. (Foucault 1976, p. 96)

Secondly, analysis should focus on ‘power in its external visage’, where it can be seen in terms of its effects on ‘its object, its target, its field of application’ (p. 97). In other words, power should be analysed at the point where it inscribes itself upon the identities and activities of individuals caught up in institutional practices understood as the technologies through which power flows through populations. Foucault argued against trying to identify a ‘sovereign’ form of power as the object of analysis, exhorting researchers to ‘try to discover how it is that subjects are gradually, progressively, really and materially constituted through a multiplicity of
organisms, forces, energies, materials, desires, thoughts’ (p. 97). Thirdly, Foucault argued that power should be analysed as something that circulates by examining the ‘myriad bodies which are constituted as peripheral subjects as a result of the effects of power’ within a ‘net-like organisation’ through which power is employed and exercised (p. 98). The important point here is that since individuals move between the ‘threads’ of power, they are neither inert nor simply fixed and consenting targets for a uni-directional conceptualisation of power. Rather, individuals are ‘the elements of [power’s] articulation […], the vehicles of power, not its points of application’ (p. 98). The implications of this are two-fold: firstly individuals are not powerless; and secondly, the way that power circulates means that it is always unstable and open to challenge. The unstable nature of power is there to be taken advantage of through the:

…insurrection of knowledges that are opposed primarily not to the contents, methods or concepts of a science, but to the effects of the centralizing powers which are linked to the institution and functioning of an organised scientific discourse within a society such as ours. (Foucault 1976, p. 84).

Foucault’s fourth precaution relates to the need to study power in an ascending analysis, starting with its ‘infinitesimal mechanisms’, and then looking at how these have been, and continue to be ‘invested, colonised, utilised, involuted, transformed, displaced [and] extended’ (p. 99). Foucault’s approach aims at making available the subjugated knowledge/s that have been ‘buried and disguised’ by the relations of power (p. 81).
There are a number of implications for this study arising from this framing of power. The first relates to the need for critical scrutiny of the subject/identity and its construction within the operation of power understood as:

...a dynamic of control and lack of control between discourses and the subjects, constituted by discourses, who are their agents. Power is exercised within discourses in the ways in which they constitute and govern individual subjects (Weedon 1987, p. 113).

The second relates to the need to study power at the micro-level where the technologies of power (for instance service delivery activities and practices) impact on the bodies, experiences and lives of individuals. However, microforms of disciplinary power are functional to larger systems such as capitalism and consumption or materialism (Walzer 1986). Understood as such, this is also a study of the reach of policy and programs into the everyday lives of citizens who use social care services (Antaki, Finlay & Walton 2009). The third relates to the opportunity for resistance and the possibility of liberation that lies in modifying the hold of power at the point of its operation, where those who are its subjects face a ‘field of possibilities’ (Sawicki 1991, p. 25). Because power is unstable, the point of its operation in the form of the activities and practices of service delivery contain both the ‘possibilities of domination as well as resistance’ (Sawicki 1991, p. 25). The importance of local criticism (Foucault 1976, p. 81) and the reactivation of minor knowledges (p. 85) were both strategies employed in the participatory process to challenge and contest the hegemonic hold that discursive arrangements had on service users and their families. Finally, there is the need to focus on points of tension and conflict in interactions as indicative of discursive contestation. Carr
(2007) argues that conflict and contestation become important in relation to freedom and conflict as a necessary part of authentic service user involvement, because they bring different ‘passions’ into contact with each other in ways that threaten an oppressive status quo.

Identity and agency: a contribution from feminist thought

The final aspect of my ontological position relates to the nature of the subject. It is informed by feminist theory on the discursive construction of identity, and its implications for individual agency:

*The reconceptualisation of identity as an effect, that is, as produced or generated, opens up possibilities of ‘agency’ that are insidiously foreclosed by positions that take identity categories as foundational and fixed. For an identity to be an effect means that it is neither fatally determined nor fully artificial and arbitrary.* (Butler 1990, p. 147).

Butler argues that the distinction between free will and determinism is a false binary, and that construction is the ‘scene of agency’ and the means through which it becomes ‘culturally intelligible’ (Butler 1990, p. 147). She describes identity as ‘performative’ whereby the acts, language and desires associated with an identity are maintained through discursive means, and the gendered body has no ontological status other than the various acts that constitute its reality. This means that identity is neither stable, nor a locus of agency from which various acts follow, but something that is constituted in time and exterior space through a ‘stylised repetition of acts’ (p. 140). The attributes of gender do not express a pre-social
meaning, but perform socially legitimated ones, and effectively constitute the identity they reveal. Butler’s (1990) distinction between the performance and expression of identity is crucial: if the various ways that a body shows its culturally signified gender are performed, rather than an expression of what a pre-existing meaning, then there is no essentialised identity against which essential gender can be measured.

What is dissolved here is the theory and concept of the subject as something fixed and pre-determined. What emerges in its place is a subject required to think of itself as plural and dynamic, with ‘leaky boundaries’ that allow for transformation into yet unimagined identities (Haraway 1991). Sawicki (1991) argues that, in this context, it is imperative to bring a critical analysis to bear on the construction of identity (Sawicki 1991). The service development projects set out to intentionally disrupt prevailing power relations and create spaces in which service users preferred versions of themselves could be legitimated as part of a sanctioned organisational process. In this thesis, I explore the subject positions made available to service users in dominant discursive formations circulating in the service delivery settings, and the ways in which they took up and resisted the positions made available. I also explore the subjugated discourses that were brought to the surface through the participatory process, and which circulate in the respondents’ interview texts, and examine the subject positions offered by these alternate formations.
Thesis overview

The thesis presents an empirical and theoretical demonstration of the limitations on service user agency in the power relations of mainstream service delivery in diverse social care settings. It presents these alongside a demonstration of the possibilities for enhanced service user agency made available by the participatory approach to service development. The thesis comprises eight chapters that build towards conclusions on participatory service development that are both practical and theoretical. The first three chapters (including this) provide a context for the findings chapters. Three findings chapters follow them, one for each service setting. The seventh chapter presents a discussion of findings from a reading across the chapters on each service setting. The eighth chapter draws together my conclusions in response to my research question:

How can non-government organisations providing social care enhance the agency of people who use their services?

The remainder of this section provides an outline of each of the chapters in this thesis, and what they contribute to answering the research question.

The first chapter introduced the thesis. It provided details of the material context in which the service development projects took place, and outlined key aspects of the participatory process. I paid particular attention to the relationship between language, material reality and the theorisation of power, and the implications of this for how identity and agency are understood. I return to questions of agency and identity in chapter three. The service development projects
were designed within this theorisation to intentionally disrupt the prevailing power relations in the service delivery setting. The position is also linked to the approach I have taken, outlined in detail in chapter three, to meaning making in the research process. This includes consideration of my own position as senior staff member, service development project facilitator and student researcher in this PhD study.

The second chapter explores relevant literature on participatory approaches to service development in health and social care settings. It pays particular attention to the literature that critically examines the operation of power in participatory/user involvement processes where marginalised service users/communities were involved. It looks at how power is treated in the empirical literature and considers some tensions in studying power in processes of knowledge production. It aims to locate the contribution this thesis makes to what is known about managing power and shifting oppressive power relations through participatory processes. As such, it extends the context from the material one where we were implementing the service development projects to a broader engagement with knowledge on power and participation in service development.

The third chapter gives a detailed account of the methodological approach I took in this study. It reads back to the ontological and theoretical positions I outlined in the first chapter and forwards to the analysis presented in the findings chapters. I outline my understanding of discourse, with particular attention to the discursive subject and the production of identity, and the relationship between identity and agency. The second part of the chapter provides an account of the
methods of engagement, data collection, analysis and reporting that I used and explores particular methodological tensions or concerns that my approach raises.

The fourth, fifth and sixth chapters present findings in turn from each service delivery settings where the service development projects were conducted. Each chapter begins with a brief introduction the service. This is followed by a consideration of empirical literature on the dominant discourses relevant to the service delivery setting and/or client group, and a summary of the deconstructive analysis of the key service document that staff identified as guiding local service delivery practice. This provides a backdrop for understanding the nature of the client identity constructed by the institutional practices in that service setting. The findings can be read against this backdrop, and present the discursive formations of social care service delivery that were made available in participants’ talk, and the possibilities offered by different understandings of participation. The findings from each setting comprise three parts. The first is a consideration of my positionality in participants’ talk, and the implications of this for my analysis of the data. The second is my reading of the meanings made available in the participants’ talk about service delivery. The third is my reading of the meanings made available on participating. Each chapter concludes with a discussion of the findings in relation to the possibilities of enhanced service user agency and the tendency to re-inscription. This discussion returns to the literature presented at the start of each chapter and locates the contribution the thesis makes within existing knowledge.
The seventh chapter presents a discussion of my reading across the three findings chapters. It explores the different constructions of social care service delivery and participating that circulated across all three settings, examining the relationship between these and the practices of social care and the implications for service user agency. This chapter then goes on to discuss the organisational conditions for transformation, and the tendency to re-inscription.

The eighth chapter draws conclusions about how NGOs providing social care can enhance service user agency. It presents a summary of the mechanisms for effective participation demonstrated in the findings chapters, and theorises their effectiveness in shifting power relations and enhancing service user agency. It then considers what this demonstration offers in terms of social hope, and to operationalising rights-based approaches to service development in social care. The thesis concludes with some reflections on method, and the opportunities for further research.
Chapter two: existing knowledge on power in participatory approaches to service development

Introduction

The central question this thesis sets out to address relates to service user agency in social care settings, and what NGOs providing social care can do to enhance this. It explores the ways that power operates to extend or restrict agency for service users. As this chapter will make clear power is identified as a significant issue in the literature on participatory approaches to service development, often operating in ways that replicate existing power relations in the setting or system where the activity is taking place. Although power is a commonly identified problem, few studies specifically address the way power operates in service development activities and the implications of this for service user agency. This chapter sets out to provide a context for this thesis by reviewing previous research into participatory approaches to service development.

This chapter focuses on studies that have taken a critical approach to power in participatory service development and user involvement. I have focused on literature that applies a critical and/or discursive approach to understanding the operation of power in participatory approaches to service and/or system development. The chapter only makes reference to studies where service users were amongst the participants in the development process, with a focus on development activities with marginalised, vulnerable or excluded communities and/or individuals. I also draw on a selection of literature reviews on participatory
service development/user involvement that included findings on power across the studies they looked at. Finally, I draw on a small number of discursive papers that are useful in clarifying some of the theoretical tensions in a study of the operation of power in participatory/inclusive service development.

The chapter has four sections: purposes of participation in service development; the problem of power in participatory processes; the power relationship and legitimation and silencing of different voices; and, managing power within participatory processes. It concludes with a summary of some of the key gaps or questions in the literature.

Parameters and purposes of user participation in service development

In this section I have drawn on studies from the literature on participatory service evaluation and on user involvement in service and system development. I explore issues that relate to how participation is conceptualised in the context of participatory approaches to service development. I also consider the relationship between approaches to participation and models of empowerment.

The first issue is the delineation of the purpose of involving service users in service development, and how this relates to the broader intention of the initiative. Two broad categories of participatory activity can be identified in the literature, with different practical intentions and theoretical underpinnings: consumerist; and,
citizenship approaches (Robson, Begum & Locke 2003; Rose et al 2003; Gustafsson & Driver 2005; Davies 2012). In the consumerist approach to service development, the objectives and outcomes relate to the improvement of service delivery structures and processes defined by accepted standards for those services. Service user input relates to the provision of feedback or knowledge on what would enhance service delivery. In the citizenship approach, service users define their own objectives and priorities for the development activity. Initiatives in one or other category are associated with different methods, for example market research (consumerist), community-led and participatory research (citizenship), and yield different results (Kreindler 2009). The two approaches are consistent with the two primary aims: a practical aim of improving or developing a service (consumerist); and, an empowerment aim of giving people who are usually excluded from decision-making a greater say in what could/should be done in future (citizenship) (Cousins & Whitmore 1998).

Cousins and Whitmore (1998) situate these different aims on a continuum and argue that empirically, initiatives may incorporate elements from different points along the continuum. The weight given to the purpose of participation will impact on how the outcomes of an initiative are interpreted and how the effectiveness of the participatory aspect is understood (Newman et al 2004). Newman and colleagues’ study of public participation and collective governance looked at various public participation activities that attempted to engage citizens in dialogue about the development of policy and services in local government settings. They found that different purposes for the participatory aspect across settings and
within individual activities led to variation in how the outcome was understood and valued in terms of contribution to individual and social capital, and in its capacity to influence policy and system development (Newman et al 2004). Lang (2008) argues that the question of the primary purpose of participation is central to the design of processes and to the determination of what are included as outcomes. She concludes that unless the question of purpose is addressed deliberately as part of the design of a participatory activity, individual benefits that arise from participation may not be given due attention. They may be included only as intermediate process outcomes, or completely overlooked so that the only valid outcomes remain those that relate to change/improvement in the service, program or system under examination (Lang 2008).

One systematic review of public and patient involvement (PPI) in healthcare in the UK addressed the complex relationship between purpose, mechanisms and outcomes in detail (Daykin et al 2007). The review included studies that related to schemes where patients/members of the public were employed as paid staff in ‘consumer consultant’ or ‘expert patient’, as well as initiatives where people took part in service development activities on the basis of their lived experience as service users. The studies included in the review had different ontological underpinnings. This made it difficult to draw simple connections between what was happening in the PPI context, the mechanisms used and what were considered appropriate outcomes to measure or assess. The authors identified two broad groups of studies. The first group focused on metaphor, discourse and micro-engagement strategies and was more likely to concentrate on process issues and
outcomes. Studies in this group demonstrated ways in which users were constrained and their agendas limited by the professional participants. The second group focused on policy, structure and resources and was more likely to identify discrete outcomes in relation to service delivery. The review also found that initiatives with consumerist models of participation and bureaucratic forms of consultation were unlikely to offer individual benefits to service user participants. They were more likely to result in service users feeling disempowered, whilst professional and managerial participants remaining in control of the agenda and outcomes.

The second issue concerns the conceptual distinction between the approach to participation and the theoretical model of empowerment that it draws on (Daykin et al 2007). Consumerist and citizen approaches to participation are associated with different models of empowerment. The consumerist approach understands empowerment as the increased ability to exercise economic power within service systems, where participation is understood as ‘choice and shopping around’ (Davies 2012, p. 63). It has been argued that in the consumerist approach choice becomes a substitute for human rights (Cloute, Mitchell & Yates 2008). Participation is seen as a means to accessing consumer preferences and tends to emphasise issues such as rights to information, access and complaints procedures (Gustafsson & Driver 2005). Gustafsson and Driver argue the citizenship approach to participation involves a model of empowerment associated with people’s inclusion in processes where their views will contribute to public policy that is more responsive to their needs. However, Davies (2012) found that poorly conceptualised
approaches did not distinguish between models of empowerment, and resulted in difficulties demonstrating whether user involvement had an impact on decision-making or generated positive change for individual service users. Notwithstanding the aforementioned concerns about the more limited rights associated with consumerist approaches to participation, consumer movements in many areas of health have worked hard to ensure that their rights as service users are embedded in law, (Epstein 2013).

Empowerment and participation are often associated in development activities, but are theoretically separate and require clear conceptual distinction. The Ottawa Charter for Health Promotion (WHO 1986) established empowerment as the basis for improving people’s control over their lives as a means of improving health outcomes (Lang 2008). Lang suggests that whether participation is seen as a means for a development activity or an end has important consequences for empowerment. Where participation is conceptualised as a means, as is more common (Kahssay & Oakley 1999), then the end can be defined by the organisation. This places constraints on the visions that service users may have for their own lives, and the place of services within them (Lang 2008). Laverack and Wallerstein (2001) note that whilst social and political change through community activism is the purpose of empowerment, it is not necessarily the purpose of participatory processes. In a review of literature on the effectiveness of empowerment initiatives in improving health outcomes, Wallerstein (2006) found that participatory processes were a key mechanism for empowerment. However, participation on its own was insufficient to bring about individual and social change and needed to be
accompanied by building the capacity of community organisations and individuals to take part in decision-making and advocacy. Wallerstein concluded that empowerment interventions needed to be created within and adapted to local contexts so that structural barriers, including existing power relations, could be identified and addressed locally.

A cross-national meta-evaluation of the effectiveness of rights-based citizen engagement initiatives found strong evidence of positive outcomes observable in the local context, rather than those that conformed to a normative framework imposed on such activities (Gaventa & Barrett 2010). These authors found that intermediate outcomes were equally important as specific initiative outcomes: engagement was a way of strengthening citizenship and the knowledge and awareness to achieve it, as well as delivering particular policy or development outcomes. Effective engagement practices increased inclusion for socially marginalised groups and social cohesion across groups. Gaventa and Barratt conclude that a ‘rich tapestry’ approach to understanding outcomes is more effective than a narrow focus on the policy or developmental goals of the engagement process (p. 57). Their findings concur with Laverack and Wallerstein’s (2001) conclusion that whilst there was plenty of evidence to support positive outcomes from empowerment activities, these were not inevitable. Gaventa and Barrett’s review found examples of engagement that led to negative outcomes: disempowerment and a decreased sense of agency that created new knowledge dependencies; tokenism or manipulation of new skills for corrupt or non-positive ends; initiatives that identified desirable change that was never implemented
because of bureaucratic brick walls and other forms of resistance, including violent reprisals; and, engagement that contributed to a greater sense of social exclusion through reinforcement of existing hierarchies and divisions between groups. Moreover, outcomes were rarely achieved through a simple linear process, but highly iterative and often uneven, marked by ‘gains and reversals, progress and disjunctures, successes and failures’ (p. 58). They conclude that ‘engagement can make positive differences, even in the least democratic settings’ and deliver development and democratic outcomes, linked to building accountable institutions and ‘making real’ human rights frameworks (p. 59).

The implications from the studies in this section indicate the need to be clear about the purpose of participation in relation to the intentions of the overall initiative, most particularly in relation to what outcomes are intended from participation for individuals and for service/system improvement. The conceptualisation of empowerment in the design of the process will affect what outcomes are valued and made possible. The design of the study presented in this thesis set out to disrupt prevailing power relations in the service delivery and organisational setting, with the express intention of enhancing service user agency as well as bringing about improvements in the design and delivery of services. The thesis demonstrates achievements in regards to both sets of outcomes, as well as finding difficulties in sustaining positive change. Gaventa and Barrett (2010) call for a new debate that moves beyond the question of the difference that citizen participation makes to one that tries to understand the conditions in which it makes a positive contribution. This thesis makes a contribution to that debate by
extending an understanding of the conditions for empowering participation in social care service delivery settings.

The problem of power in participatory processes

Power relations shape the processes of participation, and in turn are shaped by them:

_The principal barriers identified in the literature [on user involvement initiatives in social care in England and Wales] are the power differentials and dynamics between service users and professionals. Power issues underlie the majority of identified difficulties with effective user-led change. The message is that any user participation initiative requires continual awareness of the context of power relations in which it is being conducted. (Carr 2004, p. 14)._ 

Whilst power is often noted as an issue, it is less frequently the focus of inquiry. In particular, there is a lack of critical approaches to understanding the operation of power in participatory development processes (Pease 2002; Mayo & Rooke 2008). This thesis is concerned with how power operates within interactions in social care service delivery environments in both mainstream and participatory processes. This section considers the empirical evidence on some of the practical problems related to how power operates when diverse participants take part in service development activities. It considers problems of power that are related to the context in which the participatory activity is taking place, and within the participatory activity itself. It also examines selected studies that have focused on the micro-practices and politics of contesting meaning and knowledge production in processes where service users
and service providers have worked alongside each other to improve the way a service works.

**The relationship between existing power relations in organisational settings and possibilities for participation**

In her review of user involvement, Carr (2004) identified a number of common issues relating to power and organisational context across the studies she looked at. These included: a lack of organisational commitment and responsiveness; professional and organisational resistance; and, difficulties with power sharing between service providers and users within established mainstream structures. She found that power sharing was often difficult in established mainstream organisational structures, formal consultation methodologies and traditional ideologies, reflecting the values placed on different types of expertise and language, and professional assumptions about people’s decision-making competence (Carr 2004). These factors combine to make it difficult for service users to get heard or to have an impact on decisions. Beresford and Hoban (2005) reviewed a program of diverse participatory initiatives intended to involve people living in poverty in regeneration projects. They found domination of processes by people already in positions of power in the organisations involved and a sense of personal powerlessness stemming from their long-term dependency on others amongst community members. The sense of powerlessness and material poverty acted in combination with local gate-keeping practices and organisational cultures that were not sympathetic to participatory approaches to create conditions where little
change was possible (Beresford & Hoban 2005). Similarly a review of the literature on co-produced services in social care settings in the UK found significant issues of power (Needham & Carr 2009). Despite the involvement of service users in the development and delivery of services, there was a reliance on ‘expert’ providers who defined what the services were and who should or could gain access to them. Needham and Carr conclude that for co-production to achieve a shift in power relations, service users must be seen as ‘experts’ rather than dependents. They argue that the hold of professional expertise over what is regarded as valid knowledge needs to be relinquished so that other forms of expertise can be mobilised through negotiations with service users.

Another common theme was the imposition of priorities for meeting targets, the time needed to do so and differing understandings of what is required for this in participatory setting. There is often a desire, on the part of policy makers, to hear a unified voice and to hear it quickly or immediately (Bochel et al 2007). Activities may be conducted within an environment where staff and managers also need to achieve imposed targets relating to funding arrangements for the specific initiative and/or service agreements relating to the service delivery context in which the activity is taking place (Newman et al 2004; Bagley and Ackerley 2006). Organisation and funder pressures on initiatives may result in project designs that do not recognise the time required to establish trusting relationships between service users and providers (Carr 2004). Carr found that the development of mutual trust and understanding takes time, and working to organisational timetables may exclude some service users or limit their ability to participate (Carr 2004). The need
to meet externally imposed targets in particular impacts on the time available to partnership models, and does not allow for the time taken to build the trust and reciprocity within local communities that is essential to working in partnership (Bagley & Ackerley 2006). There were tensions between community participants and organisation members at the ‘strategic centre’ when organisations had to comply with policies to encourage participation from service users and/or community members at the same time having to deliver targets imposed by government funders (Newman et al 2004, p. 218). Newman and her colleagues found that these tensions were most acute where the imposed targets differed from local views on what was required.

Professional resistance and the domination of professional knowledge were also issues in multiple studies. Paternalistic or diminishing attitudes held by professionals towards service users were found to be barriers to engaging service users on equal terms (Gordon 2005; Stevens 2006; Fortune, Maguire & Carr 2007; Volmer, Maesalu & Bell 2008). These studies found that professionals held attitudes that blamed people for their situation or diminished their capacity to take part. Whilst some authors argue for the need to understand what underlies paternalistic attitudes and develop strategies to counter them (Gordon 2005; McCann et al 2008; Mizrahi, Lopez-Humphreys & Torres 2009), practical measures are less forthcoming. A study of user involvement in service development in six local authorities in London found that commissioners experienced difficulties in sharing power with service users and struggled to engage with experiences and ways of understanding/seeing that challenged mainstream or accepted knowledge (Mauger
et al 2010). In their study of user involvement in the context of mental health nursing, Felton and Stickley (2004) found that nurses were reluctant to give up their powerful positions, and drew on their professional language and knowledge in ways that reproduced existing power relations. Emphasising patient vulnerability was one way that nurses disempowered service users and made it difficult for them to get heard as equal participants (Daykin et al 2002; Felton & Stickley 2004). Professional resistance reproduces a narrow knowledge base and impacts on which decisions can be made and who is or can be involved (Beresford & Hoban 2005; Bennett Mortenson & Dyck 2006; Martin 2012). Daykin and colleagues’ (2002) study found that when professionals’ fears about service user involvement were addressed, resistance to their involvement decreased.

Professional resistance was not the only limitation on participation that stemmed from staff involvement. Gunn (2008) interviewed young people, local politicians, managers and frontline workers in three UK social services about their experiences of taking part in a policy development process. He found a shared powerlessness amongst the frontline workers and young people. Whilst the workers were positive about participation, they viewed the structures within which it took place as being skewed towards more powerful stakeholders. The workers believed that the activities they and the young people were involved in would not lead to any real change. Gunn argues that the frontline workers’ perceptions of their own powerlessness in participatory decision-making acted as a barrier to the organisation being able to demonstrate to workers and young people that their participation was genuine rather than tokenistic. He concludes that a clearer
understanding of the way power works in participatory processes would enable organisations to improve their policy making.

Drawing on findings from a number of studies of the Sure Start initiative in the UK, Bochel et al (2007) offer one explanation for why organisational arrangements present such a problem to those involved in participatory processes. Like Gunn (2008), these authors argue that lack of clarity around power relationships is a source of tension and results in ineffective participation in practice. Their review found that community members were largely powerless in the governance structures of large-scale policy projects, and were unable to move beyond local frameworks in terms of their sphere of influence. Bochel et al argue that the failure to influence decision-making reinforced feelings of powerlessness, and conclude that challenging marginalisation through participation may emphasise it. Newman et al (2004) conclude that understanding the scope of participants’ decision-making authority and the levels of decision-making is an important aspect of understanding the outcomes that a participatory initiative can bring about. She and her colleagues found that the possibilities of user participation sat at the boundary between local and strategic decision-making, where what was possible was defined by ‘politicians, managers and professional experts’ (p. 213). Common to all 17 examples in their study, participation was able to touch the periphery of organisational operation, but did not necessarily have broader influence than in the local setting, reflecting a strategic/local distinction in terms of what can be acted upon.
Unequal knowledges and the legitimation and silencing of different voices

Although service users and frontline service delivery staff have ‘critical intelligence’ about social care services that can be exercised through dialogue, it is very difficult to get to points of commonality and even eventual consensus (Carr 2007, p. 274). Carr argues that common understandings may exist between service users and service delivery staff, but these need to emerge from open dialogue rather than be suppressed and replaced with defensive, institutionally imposed consensus. Participatory processes are dominated by professional knowledge that places less value on alternate expertise and language, making it difficult for service users to be heard or impact on decisions (Carr 2004, p. 14). Freeing up a dialogic space unconstrained by prevailing discourses and values sets is a difficult task (Gewirtz et al 2005). It can happen by creating spaces for pluralistic dialogue and expression, where professionals are able to explore openly the perceived threats that can be a consequence of power sharing with service users (Carr 2007).

A number of studies analysed interactions between service users and providers in participatory development activities, considers findings on the micropolitics of knowledge production in participatory processes. Findings from these studies support the argument that the unique knowledge and ways of knowing from lived experience that service users bring to service development is devalued. A review of user involvement in change management initiatives in mental health services found that service users’ experiential knowledge was valued for its authenticity, but set alongside other forms of knowledge claiming the status of
‘evidence’, it took a second place (Rose et al 2003). In their evaluation of the Education Action Zones in the UK, Gewirtz and colleagues (2005) found that there was a lack of recognition of the concerns and interests of socially excluded groups who were the targets of system/service intervention. These were closely associated with value sets that were different to those of the predominantly white, middle-class policy-makers. These authors argue for the importance of recognising and valuing what is important to community members, and ensuring that policy agendas reflect these interests. They conclude that it is important to work with real rather than imagined socio-cultural worlds of people, and acknowledge that this is difficult. They suggest that in principle, listening and being sensitive to the perspectives of excluded groups who are the targets of interventions can achieve this. However, they warn that the groups involved can experience this as oppressive if done without sufficient attention to participation in the local context. Without attention to power, there is the risk that participation becomes a technology of control applied to citizens by getting them to exercise power over themselves aligned to the dominant ideology (Gustafsson & Driver 2005).

Martin (2012) argues that all participants come with institutionalised norms and assumptions about how public policy debates should take place. These norms provide the circumstances in which deliberation and dialogue can occur and relate to who has legitimate authority to speak, and what they can and cannot say. In his study of service user involvement in a National Health Service (NHS) pilot program for cancer-genetics, he found that emotional deliberations were omitted throughout the process, with the effect that certain participants and discourses
were excluded. Martin argues that technocratic, rational approaches will not lead to the development of practices capable of including diverse voices. He notes that if people have to struggle to be heard, they cannot contribute on equal terms. He found that legitimating emotional engagement and experiences was important in order to avoid the imposition of disempowered identities on traditionally disengaged citizens before the process of engagement commenced. He argues that the inclusion and legitimation of ways of knowing that do not depend on technocratic and rational versions of deliberation remains limited. Martin acknowledges the ‘profound challenge of creating a forum in which a multiplicity of styles of discourse can be heard’ and the need to find a balance between imposing ‘an imprisoning structure for deliberation’ and the need to allow for ‘significant shifts in the scope and remit of deliberation’ (p. 179).

Hodge’s (2005) similarly found that professionals effectively excluded contributions that fell outside the discursive boundaries set by particular and pre-existing understandings of mental health, in seemingly trivial ways. In one example, a professional participant in the forum talked about ‘radical ideas expressed from service users’ - in this case, a spiritualist approach to understanding mental distress - that were denied genuine, open dialogue on the basis that there was nothing professionals could do ‘to get the system to change to accommodate [the ideas] […] until they became more mainstream’ (p. 169). This exclusion meant that dialogue did not lead to the development of new, shared understandings. Hodge argues that new understandings could only have emerged had the discursive boundaries of the forum expanded. She found that affective content could be silently acknowledged
by individual members present at the forum, but was unlikely to be explicitly responded to because it transgressed the boundaries of the discourse. Hodge concludes that service users’ expressions of personal experience were only relevant where they could be incorporated instrumentally into existing discourse and practice.

The outcomes of discursive inequality were a theme in other studies (Barnes et al 2004b; Martin 2012). Barnes and colleagues’ study of diverse deliberative forums at local levels found that there was the potential for personal frustration for participants, and the reproduction of the discursive inequality between service users and officials, replicating wider institutional power inequalities (Barnes et al 2004b). There is also a risk that service user inclusion becomes a process of incorporation, resulting in authentic lived experiences being subsumed into dominant organisational discourses (Barnes et al 2004b; Martin 2012). Hodge (2005) argues that the discursive inequality in the requirement that service users share their experiences of the system whilst professionals are not required to produces and perpetuates inequality. Hodge concludes that some discursive policing is required, but that each trivial incident when put together, adds up to a significant exercise of power. When the forum takes place in an institutional context, such policing takes on greater significance (Hodge 2005).

Barnes and colleagues also undertook a micro-analysis of what happened when citizens and officials engaged in dialogue in four different kinds of forums each of which aimed to develop policy for local services (Barnes et al 2004a). Three
of the groups were newly formed, and experienced marginalisation (women, older people and youth), whilst the fourth was an existing area committee. Their case studies provide a good example of the difficulties of ‘hearing’ multiple voices (p. 106). The authors found that meetings between officials and citizens did not automatically lead to deliberation. Successful deliberation required an awareness of the conditions that fostered argumentation and challenge, and needed to be actively nurtured. Deliberation was also easier to achieve within groups who were already sharing issues of policy and service delivery rather than in forums established by officials, where the intention of deliberation was to meet the officials’ aspirations for more participatory forms of democracy. These authors conclude that how to debate is as important as the content of discussion in ensuring development of policy responsive to the needs of a broader range of stakeholders. Who has legitimate authority to speak is more important than determination of what priorities should inform decision-making, and this required recognition of the limitations of technical and rational discourse as a means of deliberation (Barnes et al 2004a).

Finally, the marginalisation of service user voices and lived experience knowledge produces a narrower understanding of social problems and how these might be addressed. For example, service users in the mental health setting identified a far broader range of desired outcomes from mental health treatment services than those included in the routine outcomes measures applied to understanding service effectiveness (Happell 2008). Service users identified personal and social issues, concerns with the quality of relationships with staff
providing treatment and their lack of voice or say in relation to how their individual situation was understood in relation to the treatment decisions that were made. In a participatory health and social needs identification project with a South Asian community in the north of England, the researchers found that ‘the issues important to local people went far beyond, and even circumvented, the provision of health and social services’ to include concerns with community safety, crime, drugs, poor housing, unemployment, racism and pollution (Hampshire, Hills & Iqbal 2005, p. 345). Similarly, in their evaluation of a home visiting program for new mothers with multiple social issues, the program recipients identified very different to those identified by the researchers and program providers (Vaughan, Forbes and Howell, 2009). This was particularly strong in relation to the women’s expression of the need to find ways of working that built on their strengths, and the possibility of running a women’s mutual aid program alongside the home visitation program run by the professionals.

The implications from the studies in this section suggest a need for continual awareness of the power relations in the context where the initiative is being conducted and a fundamental political commitment to user involvement as a means of driving change (Carr 2004). This is commensurate with the position underpinning the design and conduct of the participatory service development projects, where one feature of the rights-based approach was the requirement for constant vigilance in relation to the operation of power (Taket 2012). This thesis makes a contribution to knowledge on the conditions for authentic dialogue and local negotiation of meanings as a means of enhancing service user agency.
Managing power within participatory processes

Tensions related to power in facilitating participatory processes

A number of studies have focused on the relationship between the way that power is managed in participatory processes and the effectiveness of those processes in facilitating outcomes that are valued by and useful to all participants (for examples, Beresford and Hoban 2005; Hampshire, Hills & Iqbal 2005; Crishna 2006a; Newman 2008). This section considers some of the empirical evidence on managing power so that service users can have a say in decisions that affect them.

Newman (2008) argues that two things are required for participatory processes to be effective in engaging service users or community members as equal participants. Firstly, it is important to understand and be open about the power relations operating in the context of the activities. Secondly, the process facilitator must be prepared to deliberately challenge the existing power relations. Newman argues that these requirements apply to the power relations that already exist in the setting, and that operate between the different groups of participants in the participatory activity. Without this vigilance, processes risk of replicating existing power relations to the detriment of those who are most marginalised (Wallerstein 1999; Crishna 2006a; Newman 2008).

Crishna’s (2006a) study of the process for financing the development of a coal mine in eastern India found that it was often those who were most accessible to the researchers who participated. These participants were likely to be those with
more power, more control and who were more outspoken: in this case, the village elders. Recognition of the negative impact of this on the villagers, particularly women, led Crishna to develop a range of strategies to enable broader participation in the decision-making process. These resulted in active engagement and cooperation from the majority of villagers once work on the mine finally started. Her approach included: developing an awareness of the power structures in the local context; ensuring that representatives on the project committee were chosen by the people from different local groups; joint objective setting; identifying and working through difficulties together and developing a collective awareness based on shared information. In other studies, respectful listening was found to be an effective way of developing an awareness of whose voices got heard and who missed out (Wallerstein 1999; Newman 2008). Thinking about power in the development context in terms of who gains, and what they gain can assist in understanding how power is operating at any point in the process (Crishna 2006a).

As well as managing the power relations that already exist in the participatory context, an understanding of the power relations between the researcher and the participants is important, and how these change over the course of a project or initiative (Themessl-Huber & Grutsch 2003; Hampshire, Hills & Iqbal 2005). However, whilst this is a major theme in other areas of inquiry, for example post-colonial and feminist research, little attention is paid to the process facilitator/researcher as an actor in the power relations in the participatory service evaluation or user involvement literature. Three studies are particularly useful in this regard. The first is Huby’s (1997) action research study of service users’
experiences of HIV/AIDS care in Scotland. This study draws attention to the way in which the research process replicated the dynamics of the service system that it was examining. The second is Wallerstein’s (1999) evaluation of a health promotion project with Native Americans in Albuquerque, New Mexico. The third is Newman’s (2008) evaluation of a community development activity to empower women in Nigeria.

Huby’s study concerns the researcher’s location in the power relations of the participatory setting, the replication of service system dynamics and the impact of this on participant voice. Huby (1997) explored service users’ silence in a participatory action research project that examined health service users’ experiences of the co-ordination of HIV/AIDS care in Scotland. Huby found that as her relationship with the service users involved in the project grew, she saw how her discussions with them:

...became entangled in strategies for not only coping with the illness, but also of negotiating the complex and pervasive system of care [...] that helped contain the effects of the infection, but also controlled people’s lives, both practically and in terms of the expression of who they were. (Huby 1997, p. 1152).

Huby found herself facing similar problems of service user silence and avoidance as the service providers had done. She concluded that the expectation that service users would provide clear and unambiguous statements of their experience as service users is problematic in the context of the language of policy and action, which often masks or distorts a service user perspective. Experience and its
expression in language are formed in the context of everyday action and as such is an articulation of a social and political process in which research and the researcher are implicated. Huby argues that experience is not a static and absolute entity and cannot be understood outside of the context of the context in which data is elicited and recorded (Huby 1997, p. 1149). Understood as such, silence and avoidance can be seen as agentic actions in the participatory context.

Wallerstein (1999) focused on the power relationship between herself as evaluator and the communities she was working with. She found that issues in the power relations between the communities and the local government entities were paralleled in the tensions between the evaluators and the community members, especially in terms of the differences in vision for and perceptions of healthy communities. The tensions were expressed in terms of unequal power relationships between the players in the evaluation. She found that her lack of awareness of her own position of power in relation to the communities at the start of the process served to sabotage genuine community ownership of the endeavour. In turn, this made the interpretation and use of the findings by the community problematic. In particular, she had not understood the impact of her social location as an urban Anglo/university faculty member working in a rural community, nor the impact of talking about her background in the World Health Organisation (WHO) and the theoretical language she used. She found that these distanced her from the participants and made it difficult for them to challenge her ideas in the evaluation design. The only equalising factor was her gender. She argued that her unawareness of her location within the power relations of the evaluation context contributed to
the community’s rejection of findings that raised areas of conflict. She concluded that researchers and evaluators need to understand the power dynamics operating in the communities they work with, and between the organisations involved including the researchers involved. It is imperative that researchers become better listeners, able to reveal their own historical and cultural interpretations of reality (Wallerstein 1999). Without recognising personal biographies of power and the multiple realities in the research relationship, she argues that researchers cannot work with communities on an equal power base.

Newman (2008) argues that her position as a member of the community development team, a non-Nigerian and not a member of the evaluation team gave her considerable power. This had negative and positive impacts. Her position allowed her to identify and question the gender dynamics in the project. The discussions that ensued were important because they allowed her to understand the complexities in the context that, as an outsider, she could not otherwise have known about and where she could have made wrong decisions based on a lack of understanding of the context. She found that she had to work carefully so that she did not inadvertently undermine those involved in the process through her critique of their practice. Ensuring that a positive dynamic was created between her and the project workers and participants was an important part of creating a space where they could reflect on their learning experiences without feeling intimidated. She found that by reflecting on the processes of collaboration and negotiation, she was able to develop a detailed understanding of the ways in which she was both an insider and an outsider. This understanding was an important part of maintaining a
dynamic that enabled all participants to work and learn together. In concluding, Newman argues that for participation to achieve its radical and transformative potential, participants must have the space and tools to be able to analyse and transform their reality, starting from the participatory setting. This requires consideration of the power relations of all those involved in the project, including the project leader and evaluators. She concludes that through openness and an ability to challenge the existing program and by integrating learning directly into practice, participatory evaluation can become a radical learning tool.

The outcomes of challenges to prevailing power relations

This section draws on studies that report on participatory initiatives that were effective in challenging the existing power relations. I conclude from these studies that the reproduction of oppressive power relations in participatory processes is neither inevitable nor always the case. Bagely, Ackerley and Rattray (2004) studied the implementation of the Sure Start program in a single community. They found that barriers commonly reported in studies of other participatory initiatives did not arise. A clear, unambiguous and shared view of the kind of program the participants wanted to see, and a commitment to partnerships with community members and multi-agency working were identified as critical elements for success. Additionally, the program manager spent considerable time in the early stages of the project developing relationships with community members and professionals from the agencies involved, so that the program was built from the
ground up. Parents reported how the project had built holistically on their existing strengths and how professionals listened to, valued and acted on their views. This in turn changed them personally, and collectively they became increasingly involved in the Sure Start program, thus contributing to the achievement of its intent to build social capital in marginalised communities. Targets set centrally for Sure Start initiatives were accommodated within the intentions identified locally, rather than the other way round. Parents formed the majority on the board, including the chair and vice chair positions. The authors conclude that these measures enabled an ‘integrated, holistic and user-centred approach to the programme’ able to accommodate both top down imperatives and bottom up intentions (p. 717).

In their study of a participatory action research approach to service development in an acute mental health service, Wadsworth and Epstein (1998) found that participatory processes were a means of bringing about learning in the treatment setting. They argue that, by acting as a means of hearing the silenced voices of service users, staff were able to learn from these and improve their own practice. Their study explores the way that a process of ‘deep dialogue’ between researchers, service users and staff was able to both surface and address issues in the treatment setting and bring about collaborative change and decision-making (p. 376). They found that the facilitated process of authentic dialogue was an effective means to challenge the repressive discourses that limited the possibilities for service users. Their work also draws attention to the ways in which discursive power functions to limit possibilities for all participants, thus limiting the possibilities for what could or should be done to improve a system. Their study
found that the professional mental health discourse had little space for active input from service users, at the same time as it prevented staff from admitting that they did not have all the answers in terms of treatment. They conclude for an awareness of how the discourses function to repress and suppress is important in facilitating a shift in power relations, including the way the researchers’ own discourse functions. Combined with a process of facilitated, critical dialogue between participants, the process enabled the liberation of suppressed service user, staff and researcher voices with the potential to lead to changes in repressive tendencies in the system.

Mayo and Rooke’s (2008) participatory evaluation of the Active Learning for Active Citizenship program in the UK involved diverse participants: government funders, service delivery organisation members and community participants. They found that critical reflection and dialogue were central processes. Without these, participatory approaches ran the risk of being tokenistic at best, and at worst, manipulative. Their study emphasises the need for transparent ways of learning and dialogue that go beyond tokenistic consultation. These, in combination with rigorous data about program performance, can challenge the realities of ‘those with more powerful voices [who would otherwise] find ways of holding on to power, reinforcing the marginalisation of those less powerful and those already feeling marginalised’ (p. 373). They conclude that this requires thinking critically about who learns, and what needs to be challenged to ensure that broader learning arises from the process. They argue that this in turn would lead to a radical rethink of who would be involved in the evaluation process. They question whether empowerment is possible if the voices of marginalised community members ‘remain unheard by
policy makers and service providers’ (p 380). Whilst they found that it was much easier to evaluate local impacts of the program, with wider impacts being much harder to track, they conclude that a participatory approach is likely to give a ‘final outcome that is likely to be more honest and ultimately more fruitful, for the development of strategies to promote community empowerment and democratic social change for the longer term’ (p. 380).

The findings from the studies in this section demonstrate the importance of understanding the operation of power in the broader context within the participatory process itself. When facilitation is effective in challenging oppressive power relations, there are clear benefits for individuals and positive contributions for service/system development. The studies also draw attention to the need for a theoretical framework for understanding power that moves beyond a powerful-powerless dualism and seeks a more nuanced understanding of the effects of power on individuals.

**Gaps in knowledge on power and participation**

This chapter has addressed existing knowledge on the way that power operates in participatory processes. Without critical attention to the operation of power in the participatory context, processes often replicate the prevailing power relations of the context in which the initiatives are taking place. The studies imply that whilst there is good knowledge on techniques for effective participation, there
are significant gaps in understanding the effectiveness of these techniques in relation to the outcomes they produce and for whom (Crawford, Rutter & Thelwall 2003; Rose et al 2003; Carr 2004). Carr concludes that:

...the limited amount of high quality research on user involvement demonstrates some knowledge about participation techniques, but the relationships between process and 'tangible user-led outcomes' remains under-examined (Carr 2004, p. vi).

Gaventa and Barrett (2010) conclude that research is needed that goes beyond determining whether citizen participation makes a difference to looking at the quality and direction of the differences and how they are attained. Daykin and colleagues’ review similarly calls for more robust and independent research to help understand the relationship between participatory methods and organisational change (or non-change) (Daykin et al 2007).

The studies in this chapter come from diverse disciplines and draw on different theorisations of power and participation. What is clear from this reading is the importance of having a theoretical framework for understanding power that can critically illuminate the ways in which participatory processes make available enhanced possibilities for service user agency, as well as how they can reinforce oppressive relations without constant attention to the operation of power. Pease (2002) notes the dearth of studies that apply critically focused discourse analysis to social care, and argues for the benefits of such an approach in helping to understand the self-regulatory tendencies of professional practices. Hodge (2005) argues that analysis of the micro-practices of user involvement holds significant
potential to be used as a tool to assess the openness and equality of dialogue that
takes place in these initiatives because it exposes the mechanics of social
interaction at work in language.

This thesis makes a contribution to this gap by examining the ways in which
power operates in mainstream social care service delivery arrangements and in a
participatory process in the same service delivery settings. It makes a unique
contribution to the existing knowledge presented in this chapter by providing an
empirical and theoretical demonstration of the effectiveness of participatory
processes across three service settings in a single organisation, and by setting these
findings in the context of an empirical demonstration of the discursive processes
that circulate in mainstream interactions in the same settings.
Chapter three: research design and methods

Introduction

Links to my ontological position

In chapter one, I outlined my ontological position, at its core a postmodern social constructivist position that understands material reality as distinct from the meanings given to it. Language is the medium through which meaning is constructed, and through which it can be negotiated and changed. However the availability of language for interaction between individuals is circumscribed by historically and culturally contingent meta-vocabularies (Rorty 1989). Rorty argues that meta-vocabularies limit the possibilities of what is knowable and sayable, and the task for individuals who are concerned with social hope is to seek out and hear voices that speak outside of these. Social hope is achieved when, in listening to these voices one can hear their suffering and recognise similarity rather than difference, thus expanding those included in our category of people counted as ‘we’. This thesis explores my research question, encompassing Rorty’s notion of social hope:

*How can non-government organisations providing social care enhance the agency of people who use their services?*

I have a specific interest in service user agency, and what social care organisations can do to enhance agency for individuals who use and benefit from their services. In particular, I am interested in agency on the context of
organisational and service system decisions that impact on service users, beyond the individual service they receive. To understand what limits agency, and what might enhance it, I have examined the operation of power in interview respondents’ accounts of mainstream service delivery and the participatory approach to service development. Using Foucault’s (1969, 1976) conceptualisation of the relationship between power and knowledge, I have explored the construction of identity at the point where service users’ lived experiences intersect with service system practices. I have explored how subject positions made available for service users and families in these dominant discursive formations are taken up and resisted by service users, and the alternate meanings that are made available in their talk.

An overview of the chapter and preliminary thoughts about knowledge and values

To answer my research question, I have undertaken a deconstructive discourse analysis of a range of texts, including the accounts of the service delivery setting given in the interviews with the participants in the service development projects. The remainder of this chapter provides a detailed explanation of how I designed and executed this study. It considers: discourse as the object of analysis and my approach to this task; my understanding of the ‘discursive subject’; the research process (what I did); and, the particular methodological challenges and issues I have encountered. I have integrated my discussion of the methodological issues into my description of the process, because in practice the two blurred.
Although I was clear about my ontological position and general epistemological directions from the start of this study, my method evolved as my research progressed and I started to construct and reflect on the discourse I was constructing (Fox 1991). Denzin & Lincoln (2008) argue that in qualitative research decisions about tools and techniques are not necessarily made in advance of the work of researching and are linked to the question being asked, its context and what is available and can be done in that context. This meant that methodological challenges arose as I was undertaking the research, and I dealt with them accordingly.

As well as a detailed analysis of texts this thesis is informed by my values and my beliefs about what social care organisations could or should do. Denzin and Lincoln (2008) point to the inherently political nature of science, and argue that there is no such thing as value-free science. This process of knowledge construction is not a passive reflection but an active struggle to add to knowledge (Greenwood & Levin 2008). For me, this has been about understanding ways in which NGOs delivering social care services can enhance service user agency. In this thesis I seek to construct and present knowledge that is intellectual, contextual and socially complex, and that creates new spaces for collaborative reflection (Greenwood & Levin 2008). The participatory process at the centre of the service development projects was an extended dialogue about the value and meaning of service delivery, and how to make services work better for the people they are aimed at, were service users were equal partners in the deliberations about what should or could be done. At the core of my research is an interest in the performativity of language.
in relation to the material practices in service delivery settings, how these in turn are produced by prevailing power relations, and the alternate possibilities that can be constructed at the points where people’s lived experiences intersect with dominant discursive formations (Pascale 2005). It is at the point of intersection that I found what Pascale refers to as the ‘constitutive frontier of language’ where new, and potentially more agentic, identities and associated subject positions are made available and new possibilities for action emerge (p. 264).

**Framing my approach to discourse analysis**

Jorgensen and Phillips (2002) argue that ‘multiperspectivism’ is a feature of discourse analytic research based in ontologies that regard all knowledge as situated, contextual and fragmented (Haraway 1991). They suggest that researchers pay insufficient attention to the question of compatibility between ontology and epistemological and methodological approaches to research and these linkages are infrequently articulated when writing up research (Jorgensen and Phillips 2002). They highlight four premises that diverse discourse analytical approaches share. First is a critical approach to taken-for-granted knowledge where material reality is only accessible through categories. In this thesis, this is expressed in the position I have taken on material reality, language and meta-vocabularies (Rorty 1989). Second is the historical and cultural specificity and contingency of knowledge where there is no metatheoretical base that can transcend contingent human actions, expressed in this thesis in the position I have taken in relation to the lack of final
vocabularies (Rorty 1989) and the lack of fixed and essentialised identities (Butler 1990). Third, knowledge is produced through social processes and there is competition around what is regarded as ‘true’ or ‘false’, expressed in this thesis in the position that knowledge cannot be separated from power ontologically and that the processes of knowledge production are also saturated with power (Foucault 1969, 1976, 1977). Fourth, knowledge is linked to social action so that some forms of action become unthinkable or unimaginable and other actions and possibilities are thinkable only in suppressed or subjugated formations that are marginal to the knowledge on which social or collective action is based. This premise is expressed in this thesis in the position that the construction of knowledge has social consequences that generally serve the interests of power (Walzer 1986). Discourse analysis is therefore a form of social action that plays a part in producing the social world, our knowledge of it and identities within it, thereby maintaining and/or challenging specific social patterns.

Within this broad framework, I have taken a dialectical approach to discourse and material reality where the world and our knowledge of it both constitutes and is constituted by discourse (Jorgensen & Phillips 2002). This is consistent with the approach taken in discursive psychology (Potter 1996; Wetherell, Taylor and Yates 2001; Burr 2003), and in critical discourse analysis (Fairclough 1992; Locke 2004). The dialectical position acknowledges that there are other social mechanisms and larger societal structures that people draw on and/or transform in discursive practice (Jorgensen & Phillips 2002). In my study, the most important aspect of the broader context is the organisation and service delivery
system. In presenting this thesis, Wesley is the organisational context in which interactions took place, as well as being a discursive production or particular organisation of power that serves particular ends (Fox 1991). In this sense, the organisation is both material and discursive, a product of the broader discourse of neoliberalism (Biggs 2001) and a contextual non-human actor (Clarke 2005) with its own specific implications for the individuals engaged in the service development projects. I have focused on the organisation as an expression of structured power relations, because this yields practical value to what I can say about the findings from this study. Understanding the organisation as expression of broader power relations is particularly important in terms of the conclusions that I draw and the implications for the organisations that provide social care services to marginalised, excluded and/or vulnerable individuals and families. The dialectical approach allows me to offer some practical guidance in the concluding chapter to this thesis on what social care organisations can do to enhance the agency of people using their services.

The second aspect of my approach to discourse analysis relates to my location on a continuum from everyday to abstract discourse (Jorgensen & Phillips 2002). My primary interest is in people’s everyday lives and interactions where language is central to the construction of social reality and the means of its transformation. The practices of service delivery, as constituted in the texts generated by the service development projects, are the objects of my analysis, but I have set these in the context of the literature and key service/organisational documents that shed some light on the broader or more abstract discourses that
shape these local interactions. Gee (2011) argues that everyday language and practice builds and is built by abstract discourses that function as rhetorical resources that individuals can draw on in the task of building social worlds, at the same time as they delimit what is knowable, thinkable and sayable (Gee 2011). My analytical task has a pragmatic intention to determine how people can forge more agentic identities for themselves and others they care about in the context of social care practices. It also aims to understand how broader, more abstract discursive formations dominate that produce and are produced by those practices and delimit possibilities for individual agency.

Discourse plays a role in social change because it sees language as a mechanism for challenging the meanings that are ascribed to identities, actions and events, as well as generating new and alternate meanings that may offer new possibilities for agency (and new forms of oppression). Language is not simply a channel through which information about the world and underlying states are communicated (Jorgensen & Phillips 2002). Power relations determine which (or whose) meanings become acceptable and legitimate ‘regimes of truth’ (Foucault 1977). Intentionally changing the power relations through a participatory process based around authentic dialogue that sought to ‘reclaim languages, histories and knowledge [...] and to give voice to different ways of knowing’ (Tuhiwai Smith 2008, p. 120) is one way to change the social world. Struggle at the discursive level plays a part in changing, as well as reproducing, the world. The participatory process set out to create the conditions for struggle through authentic dialogue and inclusive deliberations about service delivery and development. This research study seeks to
explore the role that challenging the dominant power relations played in transforming the conditions and possibilities for enhanced service user agency.

**An understanding of the discursive subject**

In answering my research question I have developed an approach that allows me to explore the relationship between the discursive construction of ‘institutional identities’ of ‘service users’ and ‘service providers’ and the relations of institutional power that characterise the social care SDS (Benwell & Stokoe 2006, p. 88). I wanted to explore the ways in which the participatory process had challenged ‘asymmetrical speaking rights’ of this institutional dyad (p. 90). In order to undertake this exploration, I needed to make clear how I understood the relationship between identity and power. Consistent with critical approaches to discourse analysis, I have selected an approach that provides a focus on micro-level detail through analysis of project texts. I have supplemented this with macro-analysis of the broader discursive context in which identities are constructed (Benwell & Stokoe 2006), achieved through a review of relevant literature and the deconstructive analysis of the key service delivery documents. Before outlining the research process for this study and methodological issues, some further consideration of the nature of the discursive subject is required.

This thesis is concerned with the relationship between competing discourses and the social construction of reality, and what this means for service user identity
and agency. Discourses bring to bear ‘the pressure of broad social or institutional norms [...] on the identities and classifications of individuals’ (Jaworksi & Coupland 1999, p. 6). Clarke (2005, p. 158) suggests that ‘the problematic is how discourses are taken into account in situations where identities and subjectivities are on the line – at issue’, adding that these can be experienced as positive or negative. It is the negative experience, and the possibilities for more positive ones that concern me in this study. I am interested in what happens at the point identified by Foucault (1976) where the operation of power cannot be separated from its effect. This is the point where ‘individuals and discourses meet’ (Clarke 2005, p. 159). The ‘self’ is not a separate and isolated entity but one that operates within the historically, socially and culturally specific conditions of power/knowledge that produce general truths and shared principles (Mansfield 2000). The individual is an ‘effect of power and the element of its articulation’ (Foucault 1976, p. 98). Foucault uses the term ‘subjectivity’ to refer to this productive effect of discourse. For Foucault, subjectivities are the personages produced by systems of knowledge – the madman, the deviant, the homosexual. These are not the same as the flesh and blood individuals who took part in the service development projects. Rather they are available subject positions within a field of power/knowledge. Whilst important theoretically, I found the term ‘subjectivity’ difficult because it failed to capture the lived experiences of the people I had worked with in the service development projects. For my purposes, the term was too abstract.

In considering which term to use to describe the ‘individual’ when understood as an effect and articulation of power, I noticed that the terms ‘subject’,
‘identity’ and ‘subjectivity’ were frequently used with little attention to theoretical definition or explanation of how the author was using them in context (for example, Jorgensen & Phillips 2000; Burr 2003; Clarke 2005). In my reading of the interview texts I was interested in the performativity of language and the negotiation of identity between interview participant and interviewer. My theoretical interest, however, was not in the content of those identities as much as the way that power operated to legitimate some possibilities whilst subjugating others, and the implication of this for service user agency. ‘Identity’ on its own did not match what I needed, theorised either in terms of the self (for example, Henriques et al 1984; Potter & Wetherell 1987; Wetherell 1996) or in relation to the politics of identity (for example, Butler 1990, 1993; Fraser 1998; Yuval-Davies 2010). I finally settled on ‘identity’ to refer to what is constructed in interaction, and ‘subject position’ to describe its location in the relations of power.

This thesis conceptualises personhood and agency as being present in discourse as an effect of language. Identity does not originate from within the individual but from the social realm, where people ‘swim in a sea of language and other signs’ that are invisible to us because they are the medium of our existence (Burr 2003, p. 105). Identities do not pre-exist this ‘sea’, nor are they accidental but come about through the ways in which power operates to make some meanings and identities possible and legitimate, and delimit others. Personal-social identity (i.e. ‘felt’ or ‘experienced’ identity) can only be understood through the categories made available in discourse, and individuals are constrained within dominant discursive formations because the identities ascribed to them are associated with
particular subject positions within the relations of power (Davies & Harré 1990). Such subject positions pre-exist the individual whose sense of self and range of experiences are circumscribed by available discourses (Burr 2003). This is the ‘interpretive work’ (Corman 2013, p. 1321) that the project participants performed in their interviews with me. The constitutive force of discursive practice lies in the provision of these subject positions, and individuals have notional choice on which identities they take up and resist (Davies & Harré 1990).

However, these are not fixed positions, and are enacted or performed through language and practices, and such performances can vary and challenge predominant meanings, as Butler (1990) and Haraway (1991) have argued in relation to gender. Unpacking the ways in which power and knowledge combine to produce particular truth effects that relate to identity enables a political analysis to be brought to bear on the construction of knowledge (Butler 1990; Haraway 1991; Fraser 1998; Burr 2003). The possibilities for change lie in social interaction and in the possibilities for the multiplicity of selves/positions that can be taken up (Davies & Harré 1990; Gee 2011). However, the power relations of the dominant discursive formations constrain what is easily available and suppress, marginalise and subjugate alternatives. It was the intentional challenge to these arrangements that the participatory process offered, and this thesis examines alternate identities and associated subject positions made available in the analysis of project texts.

The final issue I address is nature of the discursive subject and the relationship between identity and resistance. Resistance and contestation challenge
the hegemonic hold that dominant discursive formations have on what is possible, and centre voices and meanings that are usually unavailable. Within a particular discourse some identities and actions become naturalised whilst others become unthinkable, so that different understandings of the world lead to different possible social actions (Jorgensen & Phillips 2000). In any interaction, there is a constant monitoring of the definition that each party is struggling to bring off (Burr 2003). How parties to an interaction understand the situation they are involved in significantly affects the subject positions that are available to them and whether they wish to claim or resist these positions (Davies & Harré 1990). Discourses sit behind these interactions and have a bearing on how satisfactory the identities are that we can negotiate for ourselves, and on our ability to behave how we want, both morally and physically (Burr 2003). Although individuals are constrained by discourses, they are also capable of critical historical reflection and can exercise some choice with respect to the discourses and practices that they take up (Sawicki 1991; Burr 2003). This view sees the individual as simultaneously constructed by discourse and using it for their own purpose (Burr 2003; Gee 2011). In this study, the interview texts made available for analysis the processes by which identity simultaneously constructs and is constructed through mainstream and participatory practices in the SDS.

**The research process and methodological issues**

This section describes how I went about my research, including how I addressed key methodological concerns. I undertook this work over a six-year
period starting in 2009 with the implementation of the three service development projects and concluding here in 2015, with the presentation of this thesis. The research process had its beginnings in the work undertaken to design the service development projects and participatory process. The study was conducted with approval from the Deakin University Human Research Ethics Committee, granted in February 2010. All names for participants in this thesis are pseudonyms, and quotes have been selected to ensure that respondents’ privacy and confidentiality are protected. A full list of participants who took part in interviews for this study, or who are named in this thesis is provided in Appendix A to this document.

**Use of the literature**

I have chosen to start with a discussion of the way that I have used the literature over this seven year period, since there have been a number of phases to this. As I was designing this research project, I knew I would need to approach the literature more than once, but was less certain about which literature I would look at later in the study. Thus some parts of the literature work were planned in the research design and others have emerged as I began to develop findings and refine the focus of my response to my research question.

I began to engage with the theoretical literature when I was designing the approach to the service development projects. I have drawn on this literature to develop the ontological framework for this study, in particular Rorty (1989) and Foucault (1963, 1969, 1973, 1976, 1977) and feminist scholars, including Butler
(1990, 1993), Haraway (1991), Fraser (1998) and Sawicki (1991). I have continued to read and re-read these and other associated texts throughout the development of this thesis. Their application to my research question has been covered in chapter one.

The second body of literature I engaged with at this early stage related to participatory service evaluation and development in health and social care settings. I used existing knowledge on participatory evaluation to inform the design of the participatory process in the service development projects, paying particular attention to studies that had included engagement with marginalised populations working alongside researchers and service organisation staff. I examined the empirical evidence on effective strategies for hearing marginalised voices, selecting those authors who had problematised power in ways that were consistent with the approach I had chosen (Wadsworth & Epstein 1998; Thurston et al 2004; Mayo & Rooke 2008;). I looked at the evidence on intentional empowerment of service users/marginalised communities in the evaluation context, again seeking out authors whose work had a similar theoretical frame (Haywood, Simpson & Wood 2004; Hampshire, Hills & Iqbal 2005; Crishna 2006a and 2006b). I looked at work that focused on issues of control of the participatory process and the value placed on service user knowledge (Foster-Fishman et al 2005; Newman 2008), and the positioning of the researcher (Wallerstein 1999; Coupland & Maher 2005). I reviewed work that had considered how to account for and deal with differences in power between participants in the evaluation process (Crishna 2006a; Gallacher & Gallagher 2008; Newman 2008). I have referred to some of these sources in chapter
two of this thesis, in particular empirical studies that examined the micro-practices of participation within a critical postmodern framework for understanding power.

As I moved from leading the service development projects into undertaking the interviews and analysis, I made an exploration of the body of work that applied a Foucauldian analysis to interactions in health and social care service settings (Nettleton 1991; Fox 1993; Lupton 1997; Lupton & Fenwick 2001). This work helped me develop my understanding of the application of this analytical framework to the everyday encounters in service settings. Through this I developed a sense of the value of this approach and excitement about what it might yield in relation to my research question. Although my research question did not change throughout my study as my analysis progressed, how I understood the power relations of user participation in social care became clearer. As I progressed with the analysis and my understanding refined, I decided to investigate the user involvement literature, particularly that from the UK in the decade of 2000s. I found this very valuable in understanding where my work might inform unanswered questions identified in this body of work. I have included some of the more relevant sources in chapter two, once again selecting studies that took a critical approach to the examination of power.

The final strand of literature that I have drawn on in this study is the empirical literature that takes a discourse analytical approach to identity construction and/or interactions in the specific service settings relevant to this study, namely: older people and aged care; people with disability and disability
support; and, mothers and children in extreme circumstances and child protection and/or homelessness services. As I began to organise the analytical memos I had written to form the empirical and theoretical argument that I wanted to make in this thesis, I felt confident that my analysis of the interview texts and organisational documents would allow me to present one reading of the identities made available in the mainstream and participatory practices in the three service settings. However, I was aware that I wanted to situate this local analysis in the context of the broader discourses that circulated in the social care SDS. I engaged with empirical work that sought to identify the identities inscribed on service users through the practices of mainstream service delivery. This literature has been helpful in providing a context for my findings. I searched for studies that had taken a critical approach to understanding power and/or had overtly used a critical discourse analysis methodology and applied these to the kinds of practices and setting I was interested in and/or the marginalised groups who were the targets of these services. I have written my reading of this literature into each of the findings chapters, to illuminate the discursive context for that group and service, and to locate my discussion of findings in relation to what is already known.

In each of my expeditions into the literature, I followed similar processes. I tested out search terms until I found combinations that led me to relevant studies. I refined my selection further to ensure that the studies I was using represented high quality research (National Health Service 2006). I used several databases each time, generally starting with EBSCOHOST and Web of Science, and I searched grey literature. I recorded my search strategies in my research journal, occasionally
revisiting searches to see if they yielded anything new. In the review of the user involvement literature, I drew on a number of systematic reviews that met the quality appraisal criteria I was using. These were particularly useful in mapping the terrain and existing knowledge.

**Researcher as person and position**

I was deeply embedded in the context I was researching. This presents practical/ethical and theoretical tensions. I have drawn on Dorothy Smith’s (1987) work to help frame an approach that allowed me to be inside/outside the context that I was researching. Smith’s (1987) feminist standpoint theory argues for the imperative that researchers distance themselves from the centre and look at it from the periphery. Smith argues that this can be achieved by anchoring the ways in which the knowledge produced by the researcher can be theorised and by being clear about one’s own position. I address these tensions broadly in this chapter, and have included a section in each findings chapter on my positionality in that service setting. Here, there are two dimensions to the issue of researcher-as-person (me) and researcher-as-position (“me”): the first relates to my relationship with the people I was interviewing; the second is an ontological concern with what is knowable.

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3 Throughout this thesis I use double inverted commas to indicate a discursive subject position made available for one or other actor (“me”), and distinguish this discursive subject from the material actor without grammatical markings (me). I use the same means to distinguish between the other identities, the material service user/client and the discursive subject “service user/client” subject position.
The ontological position I have taken is one where the meaning and value ascribed to material things, people and events are constituted in language linked to knowledge that is culturally and historically contingent, incomplete and fragmented. This presents a problem in terms of how the researcher can stand outside of the structures that produce “her”. It is only possible, ontologically, to get to know anything from one’s own culturally, socially and historically specific vantage point (Fox 1991). This problem can be circumvented by the view that we are all produced by discourses and can actively provide and manipulate them, giving us the possibility of personal and social change through our capacity to negotiate identity, understand and resist the discourses we are subject to (Burr 2003). However, a problem remains for the researcher-as-creator of knowledge where the researcher is also an instrument of power. In this case, she needs to examine her own power in creating a particular discourse, writing herself into the process (Fox 1991). This applies to both empirical and theoretical domains. I explore the question of how I have written “myself” into the empirical demonstration early in each of the findings chapters, grounding this question in the interactions between material me and the respondents, and relating it to the identities and subject positions made available for discursive “me” in these texts. Theoretically, reflexivity is “the process of reflecting critically on the self as research, the “human instrument” [...]. It is conscious experiencing of the self as both enquirer and respondent, as teacher and leader, as the one coming to know the self within the process of research itself.” (Guba & Lincoln 2008, p. 279). My journals are one form of critical reflection and have been included in the data corpus for this study. In
analysing the interview texts, I treated the researcher identity in the same way as other identities: “I” became a subject in my research.

Knowledge creation is complex and always involves power; researchers have a responsibility to engage reflexively in order to account for ‘their flashes of insight and their growth in self-awareness’ (Alex & Hammarstrom 2008, p. 170). Reflexivity is also a means of accounting for the political dimension of the research process alluded to above. As researcher, I am in a privileged position regarding how I record, interpret and represent my data (Genat 2009), something pointed out to me unambiguously by one of the participants in the ISP project when I asked her, at the close of the interview, if she had anything she wanted to add:

_You’ve got good material, and you know the system needs to be improved, and you have an opportunity with your research material to hopefully do that. [...] I realise it’s part of your studies, but I think it has a much greater use. Not making light of your studies, Sarah, I’m not. I think your studies are very very relevant, but I think the material you’ve created out of this project, it’s very important, and when the timing’s right, you need to be able to share it with the right people, and that’s what I would hope you would do._ (Vera, ISP family member)

I felt humbled by Vera’s comment, just as much as I felt the weight of the responsibility I held as researcher. Many of the interviews felt quite conversational, but the resulting texts contain statements and restatements that challenge dominant knowledge and assert alternate ways of knowing. I make no judgements about the ‘rightness’ or ‘wrongness’ of the discourse I present in this thesis. I acknowledge that it is my interpretation and as such, only one possible interpretation, a fragment of what is possible. However, by paying attention to the
power-laden context in which researcher and researched came together in both the participatory process and in the research interviews, I have not been naïve about the political and social space in which my explorations have taken place. By reflecting on my practice, and including “me” as an object of analysis, I have remained vigilant throughout to the operation of power within the research process, and intentionally examined some of the assumptions that would otherwise have lain unexamined about the ways in which “we” were positioned in relation to each other during every stage of the research (Kennedy-Macfoy 2013).

**Field work: the interviews**

**The interview process**

The interviews with participants in the service development projects commenced whilst the projects were ongoing. The consent form we developed for these projects had included an option for people to indicate that they were willing to be contacted to take part in other activities related to the projects. People who had indicated they were happy to be contacted were invited to take part in an interview for this study. While the projects were still underway, I interviewed four Wesley staff, two managers and one Department of Human Services (DHS) officer, all of whom were moving to new jobs. Each of these interviews took place in the last six months of project implementation, when activities were well progressed. The remaining 28 interviews took place in the three months following the completion of the projects. Of the 35 interviews, four were with people from DHS,
16 were with staff and managers from Wesley and 15 were with service users and family members. I have counted the Resilient Kids (RK) parents as service users in this instance, because of the strength in their interviews of their experiences using child protection, homelessness and/or family services. Table 3.1 provides a breakdown of category of participant in each of the three service areas. Although numbers in each category are small, this is sufficient in discourse analysis where the focus is on language use rather than the individual (Potter and Wetherell 1987). Potter and Wetherell argue that discursive patterns can be created and maintained by a small number of people, and this is particularly the case when they are similarly positioned within dominant discursive formations. Jorgensen and Phillips (2002) note that some discourse analysts focus on a single text and analyse it for its significance in a social context. In this study, my analysis focuses on the performative and tactical work that participants did to negotiate preferred identities and position themselves

<table>
<thead>
<tr>
<th>Participant category</th>
<th>Resilient Kids</th>
<th>ISP Facilitation</th>
<th>WACHS</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service users</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Family members</td>
<td>-</td>
<td>5</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>Wesley staff</td>
<td>4</td>
<td>6</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Wesley managers</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>DHS officers</td>
<td>3</td>
<td>1</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>16</td>
<td>7</td>
<td>35</td>
</tr>
</tbody>
</table>
agentically in the context of the social care setting. In this regard, I argue that the sample size is sufficient for the research task.

Interviews were semi-structured, and I used a topic guide as the basis for the interviews. They were conversational, and I rarely referred to my written guide, or to the project documentation that I had brought as prompts (the program logics and timelines for each project). Interviewees were able to follow threads of conversation that were interesting to them, and this freedom to talk about what mattered to them yielded rich texts, with some surprises. At the end of each interview, I made notes in my research journal, recording my impressions, thoughts and feelings, as well as comments that participants made once I had turned the recorder off. With the exception of the last two interviews that were professionally transcribed, I transcribed each interview myself. Whilst this was time-consuming work, it was also valuable in ensuring that I listened to the interviews repeatedly, hearing nuances that I would otherwise have missed, and raising questions and thoughts about what I was hearing. I continued to record these experiences in my research journal. Later, I created a memo for each respondent that included my reactions as well as the analytical notes I made as I worked on each text.

*Engaging participants: reliability and validity of data collection*

Issues in reliability and validity of data collection relate primarily to my relationship with the interview respondents and my organisational and social positioning. I was the leader of this participatory approach to service development
and process facilitator in the ISP setting. I had also taken part in various project activities in the RK and WACHS settings. I was also a member of the executive team at Wesley for six years, a position of organisational power. Being a staff member and familiar to many of the interview respondents presented particular ethical and methodological dilemmas. I had met all but two of the people who took part in my research interviews, and some of them I knew well. Crishna (2006b) argues that, in relation to research in participatory human environments, the quality of the relationship and the development of feelings of trust in the research environment are more important than standardisation of process. She argues that people need to be able to understand why the research is being carried out. Moreover, the researcher needs to respect the different views and reasons for taking part that people will have (Alex & Hammarstrom 2008). The quality of dialogue based on people’s ability to take part authentically replaces the need for objectivity, and this free and authentic participation then provides the basis for internal validity of the data collected (Crishna 2006b).

Given that I was deeply implicated in the research process, I took a number of measures to ensure that people were able to participate freely and authentically. These included the recruitment and consenting processes described in this section, and the supervision I received from my PhD supervisor, Professor Ann Taket. As my analysis developed, I exposed this to critical input from Ann, and from my second supervisor, Associate Professor Erin Wilson. The combination of service user control over the implementation of the service development projects, the processes for their recruitment and engagement in this study and the critical reflection that I
undertook alone and with my supervisors provided validity in the data collection, analysis and interpretation.

In order to give people the best possible opportunity for free and authentic participation, I used an invitation letter that would be regarded as standard in other similar research projects, and completed the consent process before or at the start of each interview. They received their invitation from my PhD supervisor, Professor Ann Taket, and were offered the choice of being interviewed by her, or me. All 35 people who took part in interviews for this study chose me as their interviewer. People were motivated by their participation in the service development projects, and they came to the interview as willing participants, encouraged by their experience of having been heard in the service development projects. The following quote from Vera, the mother of a man who was an ISP client, accounts for the research process as an opportunity to have a voice and be listened to:

I realised that [...] the research had opened up more avenues to study and to reflect upon, because in fact it was giving people a voice. And I could see that people were actually listening to the other perspective, so it was opening up a much wider scope. (Vera, ISP family member)

Interview respondents did not necessarily separate the conversation with me in the PhD interviews from conversations with me, Frank (process facilitator in WACHS) or Gretchen (process facilitator in RK). For them, the research interview was another part of the organisational process, a space in which we reflected together on the work we had undertaken. For instance, at the start of her interview, I asked Adele (RK parent) what she thought the participatory process had been about, and she
replied by telling me how she understood the aims and function of the RK service delivery model. Tuhiwai Smith (2008) raises the concern that informed consent for people who are not literate or well-educated is made complicated by uncertainty around whether they can differentiate the invitation to participate in research from the enforced compliance of signing official forms for welfare and social care services. In this case, people were happy to take part in what they saw as an ongoing process of discovery in which they were able to have a say and where they felt that their voice had been and would continue to be heard. Their positive engagement in the service development projects was important in giving me good access to their experiences without having to negotiate the complicated power relations and inside/outside status that arise when researching as a non-member (Kennedy-Macfoy 2013). However, as Kennedy-Macfoy and others (Nunkoosing 2005; Alex & Hammarstrom 2008) point out, as researchers we take up multiple identities, and the interplay between my identities as senior staff member, researcher, student, middle-aged woman, mother, migrant, inner-city Melbournian etc and those taken up by the people I was speaking with mattered, and were steeped in power. I needed to be sure that I read the texts in the context of these relations of power. In a practical and ethical sense, I needed to be sure that my senior position in the organisation hierarchy in particular did not create a coercive relationship in the interviews or one where, conversely there was a kind of over-identification that might also be leading in some way. The discussion of my positionality including in each of the findings chapters is one response to these issues.
The 35 texts that the interview process created formed the central data set for this study. These texts should not be understood as a static account that refers back to what ‘actually happened’, but a place where the form of the questions indicates what sort of work the respondent is being asked to do (Smith 1987). Smith argues that the interview requires the respondent to ‘operate on her knowledge, experience etc, in a particular way’ (p. 12). As I indicated in the previous paragraph, respondents entered the interview conversation from their experience in the participatory process, occupying a subject position that gave them extended rights as speakers (Davies & Harré 1990). In our interactions, respondents negotiated preferred identities and co-constructed meanings with me, the interviewer (Lupton 1997). I have treated the data in these texts as ‘a situated truth’ shaped by the context in which it was elicited (Lupton 1997, p. 375). Lupton argues that it is impossible to remove contextual factors, such as the types of questions asked, the gender, social class, ethnicity and age of the interviewer, their manner, the mood of the interviewee and so forth. It is the impossibility of eliminating these contextual factors that they apply to both parties to the conversation that makes the interview a co-construction. The question arises of whether such variability in the context of the interview may be regarded as a threat to the reliability of the study, rather than a reflection of variation in use of language (Potter and Wetherell 1987). Potter and Wetherell go on to say that such variation, including self-contradictory answers, can be seen as examples of the tactical use of several discourses.

In co-creating these texts, I have positioned the respondents as experts in their own experiences, and taken each statement as being as ‘true’ as any other. A
good example of the situated nature of the conversations came from my interview with Ursula, whom I had got to know well during the ISP service development project. We were comfortable with each other, and I interviewed her in her home. In the middle of the interview, we moved outside to her back verandah because the cleaner had arrived, and when we recommenced our conversation I failed to restart my recorder. I did not realise until I got home that I only had half an interview. I made detailed notes of what I remembered, and rang Ursula to explain what had happened. We agreed that I would re-interview her in a couple of weeks’ time. Rather than summarise what she had said in the first interview, we discussed the remaining questions afresh. Ursula’s responses included some different content and tone. We discussed these differences, which she put down to her mood and distractions in her life at the time of the first interview. I argue that this does not make Ursula an unreliable informant, but demonstrates the situated nature of experience, and its impact on a research process that relies on text as the basis for analysis and demonstrates clearly that research output can only ever be situated, fragmented and partial. My job as researcher was not to dispute the claims people made, but to interpret them as a ways of negotiating a preferred identity and a tactic in staking a claim for alternate ways of seeing and understanding the world marginalised in dominant discursive formations. In this sense, the situated nature of the text becomes less relevant, since the focus is on how language works performatively and individuals work tactically and agentically within dominant discursive formations to perform their preferred identities.
Respondents’ control over the interview process

In relation to the practical challenge and the potential impact of the power associated with my organisational and social positionality on the data and the extent to which this may have muddied the authenticity of people’s responses, I have a brief commentary. I noted a range of dynamics in the interviews, particularly at the beginnings and endings, and recorded these in my journal. I paid particular attention to these parts of the interview texts in my analysis, as well as other places where respondents appeared to question or contest something I had said, or where they digressed or followed a strand of narrative that did not seem to me to have much bearing on first reading on the question I had asked. I noted comfort and openness between the respondents and me. They offered interpretations that were framed quite differently to my own, which I read as indicating that they were able and willing to challenge my reading of events, if they wanted to. At times people sought reassurance from me as interviewer that their ideas were what I was seeking, but I do not think that this meant that they were simply trying to please me. For example, John talked freely about his involvement in the participatory process, his thoughts about the WACHS service and how it could be improved and his life in general. Despite this, he checked with me that he was giving me useful answers. I have chosen to take his, and others’ similar question or comments, to reflect a desire to make a reciprocal contribution to a process from which he had derived benefit and value.
I conclude from this that people largely felt able to participate authentically and had control over their narratives. One service user withdrew consent before I incorporated the text into the data corpus. This data item has not been included in the data corpus that I analysed for this thesis. Two of the DHS participants did not respond to the offer to take part in an interview. Otherwise, every person who had been taken a substantial role in participating in the process agreed to take part in an interview and chose me as their interviewer. This supports my argument that people were interested in and willing to take part and felt comfortable talking to me about their experiences.

One of the surprises for me in all the interviews, but particularly in those with service users, was the amount of time people spent talking about their experiences of mainstream service delivery practices. Although I did not ask them to compare their experiences in the participatory process with other experiences of the service system, many of them did this. I argue that the way they talked at length about these differences indicates the degree of control and freedom they had in the discussion. This aspect of their talk is important because it reveals how they positioned “me” and utilised “me” tactically to negotiate an identity unavailable to them in mainstream service delivery practices. I examine these negotiations and implications for positionality and agency in more detail in the findings chapters. The service users were able to use the interviews to tell stories that were important to them and to construct a preferred identity. In the following example, Brady is talking about a time when she challenged a Child Protection (CP) worker who was remonstrating with her about her refusal to cook her daughter a different meal.
when the child complained about because it contained too many vegetables and refused to eat it:

I think [DHS] almost want you to be a bit softer, or something. [...] I just felt that they made a big deal about [my refusal to cook my daughter a different meal], and I thought, maybe if I’d made Juliet two-minute noodles that night, her belly would have been full. [...] But actually you’ve just set up a precedent that [...] I can be in the kitchen for half an hour, an hour, and if you don’t want them I’ll just make you two-minute noodles. And what kid doesn’t want two-minute noodles? So, it’s basically saying, just have two-minute noodles every night. It’s setting up a pattern, and I guess in some ways DHS aren’t always aware that they’ve got to allow you to set boundaries. (Brady, RK parent)

The point is not that Brady is deviating from the questions, or that her language is biased or subjective, or that she speaks from a place of gratitude: speakers will always speak from a place of something (Burr 2003). Rather, the point is to ensure that the research process allowed for free and authentic participation, and the analysis presented in the findings chapters shows how power serves to position the interlocutors in particular ways and in turn is utilised by them to construct a version of reality that was meaningful to them. This includes acknowledging the separate vested interests or stakes that I had as PhD student, organisational member, project manager, colleague, friend and co-participant, and that the respondents had in taking up an opportunity to negotiate and perform a preferred and efficacious identity consistent with their world view and values (Gee 2011).

Analysis of organisational documents

The final aspect of the fieldwork for this study was a deconstructive analysis that I undertook of the key service delivery documents that influenced service
delivery operations in each of the three service development settings. I selected the documents by asking each of the Wesley staff and management respondents to identify the documents that were most important in guiding operations in service delivery. Staff and managers identified the Social Inclusion and Belonging Policy as shaping operations for the organisation as a whole. On this basis I included it in the data set that I applied a deconstructive analysis to. In the ISP and WACHS settings there was general agreement on the document that shaped practice. There was less agreement in relation to RK, largely because this was a unique service funded from philanthropic grants. The staff who worked on the program had designed the service model, and its theoretical and practice underpinnings were best captured in the staff version of the program logic developed as part of the RK service development project. Nevertheless, three of the four service delivery staff identified the Children’s Resource Worker – Core Functions (Department of Human Services 2006) document as key to the way in which the service operated. Table 3.2 provides details of the documents.

<table>
<thead>
<tr>
<th>Service</th>
<th>Key document</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISP</td>
<td>ISP Guidelines (DHS 2010)</td>
</tr>
<tr>
<td>RK</td>
<td>Children’s Resource Worker – Core Functions (DHS 2006)</td>
</tr>
<tr>
<td>WACHS</td>
<td>Aged Care Standards (Australian Aged Care Standards Authority 2009)</td>
</tr>
</tbody>
</table>

I analysed the discourses in each document following Clarke’s (2005) method of situational analysis to identity the discursive components. For each
document, I created a situational map as a means of articulating the human and non-human material and discursive elements in the situation (Clarke 2005). The maps for ISP, RK and WACHS are included in Appendix C to this thesis. I then wrote analytical memos for each document. This process formed an important part of identifying the dominant discursive formations that derived the institutional practice in each service setting. I have reported this work at the end of the literature section in each of the findings chapters, and refer to the analysis of the Social Inclusion and Belonging Policy in the overarching discussion in chapter seven. The deconstructive analysis situates the local practice in the broader discourses identified elsewhere in the literature.

**Data analysis**

**Approach to analysis and processes used**

My analysis of the interview texts was iterative and comprised multiple readings. I describe analysis itself in greater detail in the next section, but here I focus on the processes I used. I worked on hard copy, using coloured pens and highlighters to identify features of the text and create linkages within it. I found this more engaging than utilising the software I had available to me (NVivo). Not only was it physically easier to manage working on a paper document but also I found that I was freer intellectually in how I interacted with the text. I found the software assisted me in the first stage of analysis where I gave names to themes that I
constructed from the data extracts and then collated extracts under their thematic headings to get a sense of what I wanted to focus on. Otherwise I preferred to work on hardcopy. I returned to the same pieces of paper again and again, adding layer upon layer of analytical markings. By the end of the process, the printed interview texts were soft and multi-coloured, and rich with the signs of my thinking and interpretations. I made two sets of memos during this process. The first were thematic memos for each interview text (Charmaz 2006). I added to these memos each time I engaged with a text, so that I gradually built a comprehensive interpretation that included my experience of interviewing, transcribing and analysing, as well as the output of thematic and deconstructive analyses of the text. The second set of memos was analytic (Charmaz 2006) and was constructed out of my reading across the data sets: the interview texts, the literature and my notes on the analysis of organisational documents.

In this regard, I have drawn on Gee’s (2011) conceptualisation of the structure of social worlds. Gee identifies seven ‘world building tasks’ that language achieves, each of which he associates with specific discourse analytic questions that deal with how language is used and to what effect. Five of these were relevant in the data I was working with: practices and activities; identities; relationships; the distribution of social goods; and, systems of signs and knowledge (Gee 2011, p. 17-20). Using this as a framework, I prepared a set of memos for each of the three service settings. For each setting, the set of analytical memos contained two subsets, one for the service user texts and the other for the staff/manager/DHS texts. I also developed an additional memo for group in each setting on the
interview process that explored specific ideas about the relationship between research and respondent, and researcher positionality. I drew on these memos, the literature and my notes on the deconstructive analysis of service delivery documents in developing my argument and writing this thesis.

Text as the object of analysis

The service development projects and interviews that I undertook created an extensive data corpus that I was able to draw on, as Table 3.3 indicates. Text is the object to which I have applied my analysis of discourse. In a Foucauldian conceptualisation, discourses are not groups of signs and or stretches of text, but ‘practices that systematically form the objects of which they speak’ (Foucault, 1969, p. 49). In this sense, a discourse is something that produces something else (an utterance, a concept, an effect), rather than something which exists in and of itself and which can be analysed in isolation. Thus ‘text’ is the object to which analysis is applied in order to reveal the patterns of ideas, opinions, concepts, ways of thinking and behaving formed within a particular context, and because of the effects of those ways of thinking and behaving (Mills 1997). Mills argues that the utility of discourse analysis lies in its capacity to see ‘similarities across a range of texts as the products of products of a particular set of power/knowledge relations’ (p. 22). It is the power relations that circulated in the service delivery settings of the participatory process that I am interested in.
Table 3.3 Description of the data corpus

<table>
<thead>
<tr>
<th>Data sets</th>
<th>Composition</th>
<th>Size</th>
<th>Analytic purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service development project documentation</td>
<td>e.g. meeting minutes, notes, project products such as program logic diagrams, survey instruments, reports</td>
<td>936 items</td>
<td>Used in analytical checking, to check particular details, to provide contextual detail and to assist in developing implications</td>
</tr>
<tr>
<td>Researcher journals</td>
<td>Project journal, Research journal</td>
<td>97,748 words</td>
<td>Used in analytical checking, and to interpret findings re structural issues and implications</td>
</tr>
<tr>
<td>Organisational &amp; service system documents</td>
<td>e.g. policies, service quality standards, program outlines</td>
<td>n/a</td>
<td>Used in combination with literature to identify and confirm dominant discursive formations circulating in service settings</td>
</tr>
<tr>
<td>Interviews with service development project participants</td>
<td>34 interview transcripts</td>
<td>260,932 words</td>
<td>Used to explore participants tactical and interpretive use of language in negotiating more agentic subject positions</td>
</tr>
<tr>
<td>Empirical literature</td>
<td>Academic &amp; grey literature, including reports, relevant to this study</td>
<td>n/a</td>
<td>As described earlier in this chapter</td>
</tr>
</tbody>
</table>
This is, however, a conceptualisation of discourse that is too abstract on its own for my purposes. It implies that the individuals who were active in the production of these texts had little agency in those acts of production. Here I draw on the work of Dorothy Smith, who argues that discourse is less ‘something to which one is subjected than as a vehicle which is used by subjects to work out interpersonal relationships, complying with certain elements and actively opposing others’ (Smith 1990, p. 161). This provides, for me, a more humanistic notion of discourse, where texts are not divorced from social contexts and individual participants simply because we analyse them in terms of their discursive structures (Smith 1990). Smith argues that discourses change over time because of people’s (in her case, women’s) resistance to them, and because of changes in social structures: in other words, discourses are something that people ‘do’ rather than simply being subject to. Texts, as objects of analysis, then become the site/s from which understandings of change and contestation may be constructed. This humanistic approach is also consistent with Gee’s (2011) conceptualisation of discourse as both producing the meanings available to individuals at the same time as being a resource that they use in challenging and contesting available meanings to produce new one, thus altering discourses through interactions.

**Analytical validity**

This section outlines the strategic decisions I made in relation to textual analysis, and the techniques I employed on the basis of the strategies I used. In
developing my analytical approach, I was mindful that the purpose of data analysis is to answer the research question with a theoretical and empirical response, consistent with the underpinning ontological assumptions in which the study is grounded. Moreover, I needed analytic strategies and methods that were in keeping with the proposition for collaborative and transgressive research that I had adopted: knowledge is local, constitutive of difference and theory building is an adjunct to practice (Fox 2003).

The question of the validity of the findings in this thesis needs to be framed by my role as the designer of the intervention (the participatory approach to service development) that was the focus of the research interviews. Jorgensen and Phillips (2002) argue that, in the social constructionist research tradition, all scientific knowledge is seen as productive of social relations and identities, and as such is imbued with power. Reflexivity, or the attempt to apply one’s own theories to one’s own research practice, is one way to make transparent the power relations between researcher and respondent(s) (Burr 2003). This transparency is an important aspect of validity in discourse analytic research (Jorgensen & Phillips 2002). In this thesis, the findings are my interpretation of respondents’ comments on a process that I had designed and was deeply invested in. Understanding the implications of this for the validity of the findings I represent is important, no more so than where I argue that the participatory process was effective in enhancing service user agency. In each of the findings chapters, I explore the ways in which respondents’ positioned me, and the implications for the findings I present. Whilst this does not guarantee that I have put respondents’ interpretations on the same
plane as the mine, it does make transparent the power relations that operated in production of this thesis.

The first strategic decision I needed to make related to the scope of the analysis. I had a large data corpus giving me many possibilities for how I might go about answering my research question: ‘How can social care organisations enhance the agency of people who use their services?’ How I responded to this question needed to be linked to my ontological position. Firstly, that material reality exists separate from the meanings ascribed to it. Secondly, that meaning, or knowledge of the world, is constituted through language. Thirdly, that knowledge cannot be separated from the relations of power. Finally, that change comes about through contesting the prevailing power relations by making space for alternate voices and languages. In this approach, discourse works as an analytic concept that describes the relationship between power and knowledge in a way that provides a particular understanding of individual agency and social change. Discourse can thus be projected onto reality to create a framework for study (Jorgensen & Phillips 2002). This entails treating discourses as objects that the researcher constructs, rather than entities that exist in reality that are waiting for the researcher to identify and map (Jorgensen & Phillips 2002). Once discourse is treated as something the researcher constructs, a strategic decision arises in relation to the delimitation of the discursive fields that are relevant to the research question, and the delimitation or scope of discourse needs to be identified and to be reasonable in relation to the question (Jorgensen & Phillips 2002). In my study, the discourses I construct include ‘participatory practice’ and ‘mainstream practice’ within the higher order discourses.
that circulate in social care settings, including ageing, disability and risky motherhood. These take place within higher order discourses and ultimately within the discourse of neoliberalism (Moulaert & Biggs 2012). Although my study does not focus on these higher order and abstract discourses, these are helpful in understanding the context in which the interactions took place and are useful in developing the conclusions and implications that I draw in this study.

The second strategic decision I made relates to where I placed my focus in terms of the content of discourse. Whilst I considered all seven of Gee’s (2011) world building tasks when I examined the data, I was aware that some of the world building tasks were analytically richer. Since my research question was concerned with service user agency, I made the strategic decision to focus on two areas in the development of this thesis: identities, and activities and practices. These yielded the most relevant and useful understandings theoretically and practically. I re-read the analytical memos for the remaining world building tasks, and interpreted these against the categories of activities and practices and identities.

**Achieving rigour: some technical considerations**

The remainder of this section provides a detailed outline of technical considerations and my responses in the method of analysis that I have used. Consistent with Fox’s contention that analysis in transgressive research involves reflection as well as analysis (Fox 2003), my approach has been a process of
multiple readings, reflections and writings, as I moved into, between and around
the texts in my data corpus.

The first technical consideration concerns transcription, an area that is often
paid insufficient attention in reported research (Davidson 2009). I have treated the
process of transcription as an interpretive act through which meaning is created,
rather than simply a mechanical process of converting spoken sounds to
significations on paper (Bird 2005). I transcribed all but two of the interview
recordings myself, and gained value in terms of familiarity with the data (Braun &
Clarke 2006). After experimenting with various forms of transcript, I decided on a
denaturalised form where lexical items (i.e. words) became the main carriers of
meaning (Oliver, Serovich & Mason 2005). I omitted non-verbal data, for example
pauses, stutters, sighs. If I considered that these non-verbal components were
significant in terms of interpretation, I made a note in the transcribed text and
recorded my thoughts in the memo for that respondent. I was not aiming for an
‘unbiased’ depiction of speech, but transcripts that carried meaning that would
allow me to construct and analyse the discourses that circulated in the service
delivery setting. Given that I knew many of the respondents well and given that I
had been reflexive in my practice throughout the participatory process, I felt
confident that I had not sanitised the data, removing important fine-grained socio-
cultural features (Oliver, Serovich & Mason 2005). For instance, the reflective
writings in my journal and respondent memos where I did not know the individual
well (for example, Dora and Camille, who I had not met prior to interviewing them)
contained more detail about them and their socio-cultural location than the notes I
made for the respondents I knew well. Once I completed a transcription, I checked the text I had created by listening again to the recording, reflecting on the text and adding ideas and insights to my journal and respondent memos. Similarly, with the two texts that were professionally transcribed, when they were returned to me, I listened to the recording to check the transcription and to reflect on the interview and text. This was the final stage in the reflective process to create the texts that formed a central component of my analysis.

The second technical consideration relates to my treatment of service user/family member texts as categorically the same, in terms of the analysis. In social care practice settings, service users and their families are treated separately, often to the great frustration of family members who feel that their experiences, expertise and values are swept aside by a service system focused on the individual. Analytically, this separation is not necessary since my interest is in the discourses that I construct from my repeated readings of the texts, and what these mean in terms of the way meaning is ascribed. The separation becomes relevant again in the interpretation of the analyses, when I consider the relevance of the processes of meaning ascription to individual agency, where there is variation in the position of service user and family member in the discourses of service delivery.

The third technical consideration relates to the techniques I used to deconstruct the texts and construct alternate discourses from them made available by the participants’ talk in the interview transcript data set. I used a number of different approaches to textual analysis sequentially, each of which enabled me to
explore a different facet of the discursive formations that circulated through the texts. The first reading was thematic, following standard practices of coding the data and generating themes (Braun & Clarke 2005; Charmaz 2006). I took an inductive approach to this analysis so that themes I generated were strongly linked to the data (Braun & Clarke 2005). It was only after I had completed this process on a number of texts, and I was beginning to get a sense of the thematic patterns across the data set that I decided to draw on Gee’s (2011) world building tasks as an organising schema that aligned well and in ways that were helpful for me in exploring my research question. This also helped me refine the focus on identity and activities and practices as the two areas that seemed to have most explanatory power in terms of service user agency. This did not mean that I ignored the memos I had written for the other five tasks, but read them for what they revealed about the negotiation of identity and associated subject positions within service delivery practices and activities.

In the second reading, I sought a method that would create a separation of text and author as a means of challenging the text (Beath & Orlikowski 1994), and would place a distance between me (as researcher) and the discourses that were the object of my study (Jorgensen & Phillips 2002). The purpose of this second reading was to construct the discourses that circulated through the interview texts, in order that I could begin to consider the processes of negotiating meaning and the operation of power in the service delivery setting. I returned to the data, searching for crisis points in the flow and grammatical structure of the narrative that indicated possible conflicts between discourses (Jorgensen & Phillips 2002). For example, in
the extract below, Helene describes the experience of working with a family when
the proposal they have developed is rejected by DHS. The crisis point relates to who
gets to define what is a legitimate disability support:

But once you get that outcome from DHS, and you can’t achieve it,
sometimes the relationship turns sour, and it’s like, well, you were the one
that we met with, and we wanted all these things. And again, it shouldn’t be
wants, you know, as opposed to needs, but the relationship can kind of break
down, and I think that by looking at the service users, seeing the service user
view and so forth, it makes you think and look at what point are we actually,
are we losing it. (Helene, ISP facilitator)

I looked for repetitions, hesitations to save a situation and sudden changes in style
(Jorgensen & Phillips 2002). In the example following, Adele moves between first,
second and third person accounts of her experience of participation and
homelessness, indicating shifts in what she has control over:

I like being part of something that can perhaps lead to something that can
improve the system, because it’s pretty crap, the system. [...] There’s such a
fine line between living OK and not having anywhere to live, and all of a
sudden you’re in this whole new realm, and it’s like, wow, I can’t believe that
in Australia that it can get bad that quick. And there’s so many people that
are affected by it. (Adele, RK parent)

I paid attention to disruptions and contradictions (Benwell & Stokoe 2006). In the
following example, there is slippage in Ruth’s language as it shifts between an
activated ‘we’ and a passivated ‘they’ whose identities are taken for granted, in a
way that obscured the operation of power although power is clearly at work:

They know what they want and they can articulate it very clearly. And we
keep ignoring it. And we keep building systems around, to keep…incident
management report systems or complaint systems. We keep ignoring it, and
we keep labelling it, not calling it for what it is, when it’s really just people
saying, this is what I want. And they are just expressing their right to have something that you and I would equally want (Ruth, ISP and RK executive manager).

I looked at elements in the text that were marginalised in the grammatical structure of the sentence and other linguistic tropes such as substitution, objectification and metaphor (Beath & Orlikowski 1994; Halliday & Matthiessen 2004). In the following example, Adele uses an objectified ‘Department’ and ‘they’ as a substitute for the actor in the provision of social housing (underlined), obscuring the operation of power at the same time as emphasising her own agency:

Well, it’s supported housing. [...] It’s not the Department. [...] It’s not through Department of Housing. I think it’s part of the initiative for affordable housing. But they’re not advertised. It was an absolute miracle I got in there and found it. And they have them pretty much everywhere. They have them in the city as well. They are brand new buildings. They are really secure. Extremely lucky, yeah. (Adele, RK parent)

In the following example, Celia’s use of metaphor (underlined) suggests a collision between discourses of lived experience and those of neoliberal government rationing:

And it’s going to be years before we get [houses]. And that’s a huge frustration for everybody, but a very different type of frustration for the person that’s couch-surfing, rather than for us, beating our heads against a wall trying to get more money out of government. (Celia, DHS officer)

I examined the texts for rhetorical devices, including double-entendre, false distinctions, exaggeration of details and omissions (Beath & Orlikowski 1994). Billy’s description of Wesley executive management is energetic in detail (underlined) and
the metaphors imply physicality to how he experiences the power relations in the organisation. Particularly interesting is his reference to the staff as ‘what’:

> It’s pathetic. What do they think we are? I think that we’re the backbone of the place. They just sit up there on their little bottoms and reap the rewards. And that’s been my sentiment for years. (Billy, WACHS staff member)

This reading took the texts apart, separating text from text, sentence from sentence, utterance from utterance, and allowed me to read in ways that were not dependent on a coherent narrative told by a living, breathing speaker, but where meaning had textual patterns that aligned with, collided into or cut underneath the dominant discursive formations that I had identified in my reading of the literature and the deconstructive analysis of key service delivery documents.

By this stage, I had developed an emergent theorisation of the operation of power in the mainstream and participatory practices. Before I started to write up my interpretation, I returned to the texts a final time, this time paying particular attention to the grammatical structure and what it revealed about questions of agency, and who/what was activated/passivated in relation to whom/what. In this final reading, I drew on Halliday’s systematic functional grammar to provide a social-semiotic perspective on language, and provide a framework that is useful for explaining the discursive tasks that language plays (Halliday & Matthiessen 2004). In this analytical stage, I focused particularly on the ‘mode of discourse’, concerned with what language is being asked to do, its organisation and how it functions to achieve its purpose (Locke 2004). As well as providing a means of checking my
emergent interpretation, this reading helped me focus on agency as a discursive and material practice in the service delivery setting.

Construction of this thesis

The process of preparing and writing the thesis

As I completed my textual analysis and finished my memos, I began to construct an argument that ran through my data corpus that was theoretically coherent and relevant practically, and aligned to the value I place on surfacing and centring alternate and subjugated knowledges as an important part of social action. I developed a writing plan for my thesis that reflected this argument, and developed it as an empirical and theoretical demonstration of the value of the participatory process in challenging delimiting discourses in social care service delivery settings and constructing alternatives that offered possibilities for enhanced service user agency. I thought I could write the thesis straight from this. However, as I prepared to write, I felt as though my writing was disembodied and I needed a way of connecting it back to the experiences that we had had in the participatory process — but without losing its theoretical clarity. At this point, I returned to the two journals I had kept during the six years I had been working on this project: my project journal, focusing on the activities and events in the participatory process itself; and my research journal, focusing on the development of my ideas. Reading these as complete texts performed an analytical checking and allowed me to reconnect my theoretical and empirical findings to an applied context. This was particularly useful
in understanding the intersection of dominant discursive formations and service users’ lived experience in the organisational context. Finally, I began to write the thesis in earnest. This task has been a process of writing, revisiting data, thinking and writing. This thesis is one reading of the possibilities the participatory approach to service development offers to NGOs who are interested in enhancing service user agency.

**Write up: theorisation and rigour**

The writing up of research in a report or thesis such as this is more than just presentation of findings, but forms part of the validation of the theoretical frame and methods, as it has been applied to the research question. Research reports do not produce ‘representations (accurate or flawed) of the world, but produce contested claims to speak ‘the truth’ about the world’ (Fox 2003, p. 86). Fox argues that research writing is ‘narrative work’ that explores ‘meaning through the mutable medium of language’ (p. 86). He suggests that this both challenges the privilege of the academic to speak with authority about the world, and opens up possibilities for a research practice freed from demands to attain ‘transparent truth’ about the world. Researchers are freer to explore ‘new richness in the data generated in the play of text on text in novel and unending combinations’ (p. 86). In writing up research, the analysis should be: ‘solid’, where the interpretation is based on more than one textual feature; ‘comprehensive’, so that questions posed are answered fully and conflicting textual features accounted for; and, ‘transparent’
so the reader can ‘test’ the claims and may require including some longer data extracts and documenting the interpretations within the presentation of the analysis (Jorgensen & Phillips 2003, p. 173). The need for transparency is reflected in the attention I have paid in this thesis to explaining my theoretical underpinnings, my approach and my research processes. My findings are lengthy because they contain multiple examples or data extracts that support the theorisation I am putting forward in this thesis. In the interests of transparency, I have also paid attention to the ethical and political positions that structure my engagement with the material and discursive subjects of my research, and been clear about the transgressive intention of my inquiry (Fox 2003). I have written myself into this thesis in my awareness of my privileged location in the organisational and social context I have studied, and in my desire for a more socially just and inclusive world.

I make no claims to universal truth in this thesis. The knowledge I have created is local and contingent, constitutive of difference and can only be applied more generally in the knowledge that an understanding of one locale does not necessarily inform understanding of another (Fox 2003). This is not the same as saying the knowledge I have created and the argument I make in this thesis has no relevance or application outside of the context in which it was created or its wider locale. But it does mean we can no longer take for granted the possibility of generalisability. I argue that the findings in this thesis apply well to other locales (for instance, other social care organisations working within similar governance arrangements and my theoretical framework and method provide the required transparency in relation to this. Consideration of the intersection of service users’
lived experiences, mainstream delivery practices/discursive formations and the relations of power in the organisation/system has been an important feature of the sense-making part of writing this thesis where I offer my interpretation of the findings for organisations and service systems. Here the notion of analytic generalisability is helpful (Yin 2009). Analytical generalisation is supported by comparing new theorisation with existing theorisation through incorporation of the literature into the findings chapters, and by reading within and across the settings to find two or more instances that support my emergent ideas (Yin 2009). Each findings chapter comprises presentation and re-presentation of instances of the ways in which power operates to limit agency. My analysis included all data in the interview set, and my analytical checking allowed me to confirm my thinking from other sets. I did not find instances that could not be explained by the theorisation I offer in this thesis.

Fox argues that transgressive research breaks down the barrier between theory and practice, and becomes an ‘adjunct to practical activity’ within the setting in question (Fox 2003, p. 87). Theory should be related to practice, and research questions developed in such a way that theoretical consequences are of direct practical relevance (Fox 2003). Traditional understandings of internal validity are replaced by the need to ensure that the findings are ‘immediately relevant and setting specific’ (Fox 2003, p. 91). This is consistent with Jorgensen and Phillips’ (2002) contention that one way to determine validity is to evaluate the fruitfulness of the analysis, relating to the explanatory potential of the analytical framework, and its ability to provide new explanations. This thesis presents an empirical and
theoretical demonstration of one way to contest prevailing power relations in social care service delivery settings that has only rarely been written about in the empirical literature. The thesis explores how, through contestation of power, the participatory process was able to deliver tangible wellbeing benefits to marginalised service users and give staff, managers and government officials new ways of seeing and thinking about their work in ways that impacted on their practice and were also valued by service users. In chapter eight I consider the implications of my research for the ways in which actors take up and resist dominant formations and implement subjugated discourses become relevant to other contexts, as well as through the focus on what is displaced and the consequences of displacement.
Chapter four: Funded Facilitation for Individual Support Packages

Introduction

There is a substantial literature on disability. Whilst disability is widely regarded as a ‘distinct pattern of oppression’ and significant area in academic inquiry, it is not well covered by discourse studies when compared to other areas concerned with ‘minority or stigmatised identities’ (Grue 2011, p. 532-533). In this section, I focus on empirical studies that used a discourse analytic approach to identity construction for people with disability and/or to interactions in the context of disability services. This section is divided into four sub-sections: a brief introduction to the meanings of disability and discourses of disability in Victorian policy at the time of the service development projects; findings from discourse analytic studies on disability and identity; findings from discourse analytic studies on interactions in disability service settings; and, a summary of the analysis of the key service document shaping practices in the ISP setting.

Dominant discursive formations on disability in the literature

Historically, disability has been constructed within ‘biological truths’, where bodies are medicalised and impairments are seen as diseases that only legitimated agents can name (Lester & Paulus 2012, p. 260). These authors argue that disabled bodies are located in an ‘ideology of ability’ which is enforced as the baseline for
human activity, perception and condition and where exceptions are only tolerated with difficulty (p. 260). An important part of the debate about disability has been concerned with how an impaired body should be understood: whether it is treated as a pre-social ‘fact’ of biological bodily difference, or a contingency that cannot be separated conceptually from the social world that produced it (Imrie 2004). This tension between the body as a pre-social fact or an inseparable component in a broader ecology is central to contemporary theoretical debates on the meaning of disability.

There are a number of authors who identify discourses and/or models of disability that are broadly thematically similar (Fulcher 1989; Thomas 2010; Grue 2011; McKenzie 2013). I refer to Fulcher’s categorisation of four main discourses of disability: medical; lay; charity; and, rights. She notes the emergence of a fifth ‘corporate’ discourse that centres on the notion of ‘managing disability’ (p. 26). The medical, charity and corporate discourses override the rights discourse (Goggin & Newell 2000). Goggin and Newell argue that the medical discourse has done most to shape the ‘taken-for-granted’ meanings for disability (p. 128). Each of these models is associated with a different meaning for disability. The medical discourse produces deformity, disorder and disease in patients to whom cures are applied (Fulcher 1985; Rhodes 1985). This discourse informs the lay and charity versions, each associated with burden and dependency, incompetence, deviance and/or personal tragedy (Swain & Cameron 1999; Goodley 2010; Lester & Paulus 2012; Loja et al 2013). In these discourses, people with disability are abnormal and objects of pity, and coping and rehabilitation are strategies to address their condition.
The need to ‘manage’ people with disability through ‘special needs’ policies and programs is at the centre of the corporate discourse (Goggin & Newell 2000, p.128).

A contrasting strand in the debate is the social model of disability, derived from critical thinking on the social construction of disability (Goggin & Newell 2000). In the social model of disability, people’s experiences of living with impairment are an interaction between individual bodies and social structures (Safilos-Rothschild 1970). Experiences of disadvantage and exclusion are an outcome of society’s denial of opportunities for those with impairments (Oliver 1990). In this construction, people are neither pre-social nor inert, and impairment is both an experience and a discursive construction (Hughes & Paterson 1997). Whilst impairment is generally associated with disability, it should never be considered as determining the individual’s experience (Shakespeare 2012). Shakespeare argues for an understanding of disability as a ‘dynamic interrelationship of an individual with a health condition and the environment in which they find themselves’ (p. 129). Approaches that consider disability as socially constructed shift the emphasis from changing an individual’s actions, lifestyle or personality, to the need to change social structures and policies (Goggin & Newell 2000). The social model of disability is associated with the rights discourse (Shakespeare 2012). This rights discourse is focused on achieving an acceptable quality of life for disabled people by understanding their needs through a lens of health equity (Shakespeare 2012), and on placing greater importance on their needs in universal policies (Goggin and Newell 2000).
In relation to the Victorian context during the period when we were conducting the service development projects the dominant policy discourses were concerned with person-centred approaches to service delivery and service user control and choice (Department of Human Services 2008). Kirkman’s (2010) literature review of person-centred approaches found that Victorian policy used the language of self-directed approaches, operationalised through individualised funding packages held by a provider. Individuals used their nominal allocation of funds to purchase services in a regulated market comprising largely disability support services. Kirkman argues that person-centred approaches were synonymous with individualised funding in Australia, and were seen by people with disability and their families, service providers and policy officials to be a means of facilitating choice and control. This view is endorsed by contemporaneous evaluations (Laragy 2009; Fisher et al 2010; Productivity Commission 2011). Kirkman (2010) also found two competing discourses in relation to person-centred approaches: a social justice discourse that emphasised citizenship, autonomy and agency, community participation and choice; and a market discourse that constructed people with disability as consumers, assimilated into an existing service system that did not need to change to accommodate them. I argue that the ‘market’ discourse is a version of the ‘corporate’ discourse (Goggin & Newell 2000) where individual responsibility for choice is a key practice to ‘manage’ disability.

There is also a body of empirical work where researchers applied a discourse analytic approach to the construction of disabled identities. The literature that I
have presented here is representative of a wider range of studies I reviewed, and has been included to reflect the disparate range of topics that emerge from this work. However, I argue that overall the studies speak to how people with disability claim complex and often positive and normative re-framings of themselves, in the face of negative identities made available in dominant discursive formations.

These studies emphasise capability and resilience as characteristics of individuals with disability as a means of contesting devalued identities inscribed on the disabled body. Lester & Paulus (2012) found that parents of children with autism resisted the association with incompetence by talking about what their child could do, but almost always shared a story or account that made their child’s diagnostic label relevant. The authors conclude that whilst there was protective value in diagnostic labels, had the parents constructed their children as minimally verbal or competent, their humanity would have been jeopardised and questioned.

In Goodley’s (2010) study with people with learning disability, the narrators presented their stories in ways that accented their resilience over adversity and their activity, intention and direction over time, thus maintaining a sense of coherence and personal integrity across the life story that was being told. Cole et al (2011) explored how a group of women with disabilities used an online forum to create a safe and open space in which some of the members were able to experiment with their notions of self and identity outside of dominant discursive formations.
There are also studies that demonstrate strategies that people with disability employ to resist negative constructions of identity. Sunderland, Catalano and Kendall (2009) undertook a discourse analysis of research and policy literature in Australia and found that positive discursive patterns of human experience for people with disability were obscured by negatively oriented ways of seeing, being, acting and describing. They found that in studies drawing on the life stories of people with disability there were much deeper and richer representations of living with a disability, including positive and negative emotions and experiences, where people with disability can and do employ the concepts of joy and happiness in how they talk about themselves. Rapley, Kiernan and Antaki (1998) interviewed people with learning difficulties and found that they took pains to construct versions of themselves as doing typical, ordinary activities and being the sorts of people who were unremarkable ‘at home’ in these identities. They emphasised their day-to-day competence and ordinariness. In this way they managed the inscription of a toxic identity by ‘passing as normal’ (p. 825). Loja and colleagues’ (2013) study involved people with visible physical impairments. The interviewees in their studies recounted acts of resistance. The authors conclude that through these acts of resistance, these individuals were able to challenge hegemonic ableism by constructing disability as a positive identity, and that it is the non-disabled gaze that invalidates these disabled bodies and ascribes negative identities to them.

Despite recent changes, people with disability in the service system remain defined by their marginality (Yates, Dyson and Hiles 2008). Lack of control and choice remains a problem in service settings (Jingree, Finlay & Antaki 2006; Goodley
2010), where choices are often limited by what suits staff (Antaki, Finlay and Walton 2009). Whilst changes in service structures and philosophies were helpful, ‘an important and less manageable site of power relations in people’s everyday lives’ is their interactions with care staff in a residential setting (Jingree, Finlay & Antaki 2006, p. 212). They found a range of ways that residents’ attempts to exercise choice were ignored, over-ruled or reframed. Although residents were consistently given opportunities to voice their preferences, the choices they made often appeared pre-ordained. When residents challenged decisions, their objections were met with rejoinders from staff who used their position of ‘knowing what was better’ to propel their arguments (p. 225). Antaki, Finlay and Walton (2007) found that resident identity was constructed and controlled by staff through routine interactions and control of the environment to create an impression of harmony that overrode and obscured more difficult negotiations. Antaki, Finlay and Walton (2009) locate identity negotiation between people with learning disabilities and others at the interface of rights and self-determination, and assumptions about impairments. They argue that people with disability get talked to as if they have reduced rights, and this in turn reduces their autonomy.

To counter these trends towards control, Yates, Dyson and Hiles (2008) argue that supporters of people with disability need to work to open up spaces in which the struggle for control takes place, in order to unsettle the naturalness of contingent forms of subjectifying knowledge that people with disability confront. They argue for a critically reflective practice as a way of surfacing and unsettling the embeddedness of service delivery in powerful institutions. Antaki, Finlay and
Walton (2009) argue that if researchers want to contribute to understanding the choices that are available to people with disability, then research should start from the ground up and advocate for supporting staff to rise to the challenge of assisting people make and enact their choices, so that daily practice might come more closely into alignment with official policy discourse.

**Analysis of ISP Guidelines**

As part of the analysis for this study, I undertook a deconstructive analysis of the ISP Guidelines (Department of Human Services 2010) (see Appendix D.1 for the situational map). This analysis constructs individual control and choice as central to self-directed approaches for people with disability, consistent with the findings in Kirkman’s (2010) literature review. The individual funding package is constructed as the active agent:

> An individual Support Package is an allocation of funding to a person with a disability to purchase supports that will best meet their ongoing disability support need and achieve their goals. (Department of Human Services 2010, p. 3)

In this statement, it is the ‘allocation of funding’ and the ‘supports’ that can be purchased with it that are activated in relation to meeting disability support needs and goal achievement. The ‘person with a disability’ is constructed within this technology. The definition of ‘person’ makes clear the relationship between the individual and the technology of support:
The person with a disability who is the subject of an Individual Support Package. (Department of Human Services 2010, p. 30)

Whilst DHS is named as the material agency in approving people’s funding arrangements, power over decisions about how funding can be spent is obscured, positioning DHS as the most powerful discursive agent. Choice is limited by rules that govern what can be regarded as a legitimate disability support. The funding package itself is constructed as a form of currency in a highly regulated specialist market of services for people with disability to assist their active participation in communities of their choice. Within this market, the individual with disability is constructed as a vulnerable consumer, activated in the context of their community and choices over the supports they need, but not in relation to service or system design. It is ‘as if’ the market pre-exists individual need. The person with disability-as-consumer is not activated in terms of deliberations on what the market might offer. Put differently, they cannot negotiate what might constitute a ‘disability support’ outside of the process of determining their own funding arrangements. The principles for the funding guidelines set out a list of prescriptive forms of supports:

Individual Support Package funding must be used to purchase supports that are directly related to the person’s disability needs and to achieve the goals identified in their support plan. [List of ten activities that constitute legitimate support]. Funding is not provided as income for the person. (Department of Human Services, 2010, p. 8).
In the market, agency is materially regulated by the rules presented in the ISP Guidelines and discursively by meanings for disability that reside in these guidelines.

Agency for people with disability relates to their location in their communities, these are constructed as separate to the specialist market. In the context of community, people with disability are constructed as goal-focused, self-directed and autonomous actors. However, the Guidelines are silent on individual capacity to exercise choice and people’s limited resources and means, thus marginalising the material effects of poverty and impairment on choice-making (Kirkman 2010):

[The Individual Support Package] enables the person to exercise choice in obtaining support that will assist them to achieve their goals and pursue their own lifestyle. (Department of Human Services 2010, p. 3)

It is ‘as if’ the person with disability is no different to a person without disability or impairment in relation to the choices they make. The person as ‘subject of an ISP’ (Department of Human Services 2010, p. 30) is foregrounded, and their family constructed as a resource or commodity for their support in community. Families are referred to in the context of ‘informal support’:

Naturally occurring support or assistance available within families, among friends, neighbours and members of a community. (Department of Human Services 2010, p. 30)
‘Naturally occurring’ is a presupposition that both commodifies the relationship between individual and family in terms of support and renders invisible the complex interdependencies between people in families. In this construction care and support are simplified as a transactional and linear process between providers on the one hand and receivers on the other. Finally, the construction of community in the Guidelines is not problematised. Communities offer opportunities for inclusion and participation, and the Guidelines are silent on the question of community capability in relation to inclusion.

On the basis of this deconstructive analysis, I argue that whilst the intention of the ISP program is to increase people’s control and choice, in reality this is limited to choice making that fits into existing, pre-determined meanings of what it means to have a disability. This is aligned to Kirkman’s (2010) argument that there are competing discourses of choice in person-centred approaches that associate service user agency with economic power in a marketised service delivery system, or with their status as holders of human rights. I argue that the version of control and choice in the ISP Guidelines is more closely aligned with the former, consumerist version. Kirkman argues that this is a weaker form of citizenship than made available by the social justice discourse of choice and control.
An overview of the participatory process in the ISP setting

Of the three settings where we implemented the participatory process, I had most involvement in the ISP service. Here, I led the implementation of the service development project and I was familiar with Wesley’s disability program from my work as manager of RSPU and knew many of the staff and managers. The ISP program was a relatively new mode of funding and delivery in Australia, and was also a new service for Wesley. I was not familiar with the service, or the staff team, although I knew each of the two individuals who took on the program manager role over the period that we were conducting the service development project. There was a period of time between the two incumbencies when the position was vacant. This covered the start of the service development project. Having no manager at the start of the project meant that it took me longer than I anticipated to build trusting relationships with the service delivery team. During the period of the service development project, there was some turnover within the team, as well as an expansion from four to six people. There was no program manager for the first half of the project, although during this time the executive manager was an active participant. There was also a change in executive manager, which took place some way into the project. As with the change in program manager position, there was a period of time where this position was vacant.

Although the start was slow, the relationship I built with the staff and the other participants was strong, as was the relationship that built between participants within and across their groups. We had good engagement from DHS
personnel who took part in various project activities including both the big workshops, and had a member of staff from the regional office, Neville, on the project management group. During the project, the ISP staff made various changes to their practice on the basis of what they learned from the service users and families who took part, as well as from the findings of the evaluation. We also came close to being able to implement system change to the service model across the DHS region. As an outcome of our work together, the participants and a senior manager from the DHS office proposed a model for local service-level verification for in-budget/in-guidelines spending proposals. Despite initial agreement to trial this approach from the DHS decision-makers, this did not eventuate and practices returned to status quo. I argue that this was indicative of a re-inscriptive tendency and consider the reasons for this in the discussion section at the end of this chapter.

My project journal records the roller-coaster ride that I was on as project lead. Well supported by Gretchen in a co-facilitation role for the process, I started the work feeling excitement, hope and anxiety about getting the process right without a real sense of what I was doing. Later, this shifted to a depth of commitment and persistence that was energised by the close relationships I had developed with the participants, particularly the service users and family members. ‘My’ project became ‘our’ work. However, the constant turnover of managers took a toll on me. I became tired of and frustrated by having to explain the purpose of the service development project and how the participatory process worked over and again to new senior staff. It also impacted on my ability to form relationships with other organisational decision-makers who might have been able to act as allies.
in supporting some of the changes the staff were making at service level, and in sustaining the impetus for change to the service model that the participants were jointly proposing.

**Findings**

**Positionality in the accounts of the participatory process**

The positions made available for (discursive) “me” in the respondents’ narratives were shaped by their experience of (material) me during the participatory process. One effect of this was that there was a certain amount of detail omitted from their accounts because we had both been present at events they were talking about. Moreover they knew that I knew about their experiences and opinions of the service system in general and Wesley in particular. I had learned a great deal about the service user and family participants’ experiences of living with disability through our interactions. Although their narratives contained accounts of service delivery there was also much that they did not refer to that had been included in discussion within the participatory process. They omitted aspects of their experience that I had acknowledged during the service development project. Derek offered the following commentary on the value of the dialogue within the participatory process:

*From the dialogue side, you know what we are feeling, what we are needing, so you can suggest to the service [what] is best suited for the clients. So we are working, like a machine, working very well. (Derek, service user)*
Their talk made available particular subject positions for “me” that were associated with my position of relative organisational power. Derek’s statement is also an example of this positioning, which places “me” in a powerful but ambiguous position in relation to service delivery decisions. Although “I” may be able to make a suggestion about client needs, the agency for change remains obscured. “I” am linked to service users’ knowledge of their own needs in the ‘we’ of the machine metaphor but it is unclear who or what is driving the machine, nor what its purpose is. It is also unclear whether ‘we’ extends to ‘the service’. I explore this complex and ambivalent positioning further later in this sub-section. Here it is sufficient to say that “my” positionality is always positioned within the dominant relations of the SDS, but at a point where these intersect with service users’ and families’ experiences and lifeworlds. It is an insider/outsider position (Kennedy-Mcfoy2013).

“|” am constructed variously in different narratives and at different points in single narratives: as an ally and collaborator in a shared organisational process; and, as an organisational member running a participatory process with service users and family members. Each of these constructions associates “me” with the organisational power associated with dominant discursive formations circulating in the service delivery setting, but they vary in the degree to which they draw on other social locations that I might/do occupy. As an ally and collaborator, “I” was constructed as part of the ‘we’ working together in the participatory process:

And to me [the participatory process] had value that it wasn’t one-sided, so we weren’t just insular. We were going to look outside our own little box [...] I thought we were there to try and improve a system. Make it better. Make it more meaningful because I think sometimes we can have all the
guidelines and the philosophical thoughts, but unless you’re actually speaking to the people that the plan exists for, which is what your project did, we can get a bit lost.’ (Vera, family member)

Vera’s ‘we’ includes all the participants ‘the individual receiving the package, the families, the carers, the facilitators, DHS and so forth’, but locates ‘me’ as organisational ‘owner’ of the activity we were both involved in. Moreover, her reference to ‘your project’ is an acknowledgement of my role in designing and introducing the service development projects into the Wesley service delivery environment. It is a statement that can be read as emphasising my positional power in this regard, and demonstrates Vera’s awareness of the power relations that existed between me and her, as process designer and participant respectively. The association of me with the participatory process is not just material, but draws “my” organisational authority into the construction and legitimation of knowledge that occurred in the participatory process. Constructing “me” as an ally in a process that had value to them was one way in which the service users and family participants could utilise organisational authority in negotiating a preferred version of their own involvement. Heinrich’s account made the interactions with DHS personnel in the course of the project instrumental in fixing system problems other participants were having:

[The service users] were able to get some of their problems [fixed]. When Terry brought up for the first time there about his holidays, and I said to the DHS chap, well how come they can’t sort that out, that he can accumulate his [funding] and have a decent holiday? Well, somehow, it got fixed, so I think, well that was worthwhile.’ (Heinrich, family member)
Understood discursively, it is not relevant whether his statement is materially correct, because it constructs the participatory process as one where individuals could co-opt formal power for their own ends. I argue that the subject position made available to me in this construction of “system ally” is also associated with efficacy and the possibility of meaningful change. This identity is an organisational actor able to facilitate the legitimation of marginalised voices and subjugated or alternate ways of knowing. When “I” am given a powerful identity within the dialogic process of discovery and development, “my” organisational power also becomes available as a resource for pursuing alternate possibilities in a change agenda.

The second construction of “me” was a more mainstream version that related to an organisational identity but was lacking the focus on legitimating marginalised voices and ways of knowing. This had its clearest expression in Trent’s narrative. Of the three service users who took part in interviews, I knew Trent least well. He had joined the project later than the others, and had remained silent on how his personal experience of disability impacted him. He was also the only interview respondent who had lived with impairment all his life. Throughout his account, Trent positioned himself as a ‘client’ in a dyadic pairing with ‘staff’. He started his interview with the following statement:

Well, feel free to correct me if I’m wrong, but my understanding was [that], the project was to get some clients, DHS and Wesley workers, Wesley facilitators, together to attempt to identify what we was working about the ISP process and what needed to be improved. (Trent, service user)
His reference to ‘the project’ makes “me” invisible and obscures the operation of power within it. I have interpreted this as assigning the same meanings to the participatory process as he gave to other ‘client’/’staff’ activities within a professional discourse of service delivery, where “I” am positioned on the side of relative organisational power. In this case, my role as designer of the process is also omitted, obscuring the power relations but leaving “me” in a more powerful position. “I” have the power to veto his understanding of the process he had been involved in and that I had designed. At the same time, “my” power is obscured and delimited by the professional discourse of service delivery that has also made it available to me. “I” am both more powerful than him and only as powerful as the discourse that has produced “me” as ‘staff’. Trent’s question positions him as dependent on a process that “I” dictate. I argue that this is an example of a tactical use of “my” positional power in the client/professional dyad - by acting as ‘compliant’ client: ‘How did I go with answering your questions?’ Positioned at the end of the interview and read in conjunction with his comment at the start (‘correct me if I’m wrong’), these two statements foreground the client identity that Trent negotiates for himself in his talk with me.

There is value in service users and families constructing “me” as a resource, and then drawing on and leveraging “my” organisationally sanctioned power to achieve their goals. An example of this positioning and tactical use of “me” came from Zorah, the mother of a young woman, Isabel, who needed a great deal of assistance with all aspects of daily living. In my project journal, I recorded how Zorah had minimal involvement with formal project activities, but called me on two
occasions to petition me to assist her to resolve problems and access the services and supports she needed for Isabel (Project journal, p. 93). I argue that by using my organisational position, she drew on me as a resource to get her needs met, regardless of what I might want from her in the participatory process in return. It was not a reciprocal exchange (as in the earlier example from Derek) but a tactic that runs counter to the prevailing direction of help-giving as it is constituted in mainstream understandings of social care practice. In this example, Zorah organises “me” as a resource to get her needs met. Whilst this is a form of agentic action, the extent of its efficacy is limited by the meanings and possibilities made available to “me” and to “families” within the arrangements of the SDS. Whilst this second version of “me” may offer a tactical benefit to service users and families, its efficacy is more limited in scope and possibility. Unlike the first version where “I” was associated with the possibility for legitimating alternate meanings and possibilities that lay in including marginalised voices in a sanctioned organisational process, the second version cannot offer efficacy beyond what is available in the individual’s own narrative. There is little or no dialogue or negotiation and it is in dialogue that the possibilities for transformation lie (as I will demonstrate later). In the first version “my” inclusion in an activated ‘we’ gave the service users and families a voice that was able to influence the direction of change in service delivery – individually for Terry and Heinrich and collectively for Derek and Vera. But in the second, individualised version, change is associated with action that happens outside of the context of the participatory process. It is not associated with “me” or “my” project and is therefore unavailable also to the other participants:
Sarah: Did anything happen because of the project?
Trent: I'm gonna cop out here and say that I think it’s probably too early to tell.

Both my statement and Trent’s response obscure the workings of power and construct change as an activity dependent on an obscured power that is neither he nor I. In this version a subject position, located in the dominant discursive formation, is made available for “me” as a more or less powerful actor who is subject to and subjectivated by the same processes that subjectivate the service user and family participants.

Before I consider service user agency in the context of the SDS, I want to briefly explore positions made available for “me” that extended beyond the limits of the service and organisational setting, because these have implications for how I constructed and located “myself” in relation to my research. “I” was located in a position largely within the discursive context of the service delivery system. However, there were times where the construction of “me” extended beyond the service setting to consider other social roles and locations that might be available for “me”. These were clearest in the talk of Ursula and Vera. I have chosen two examples that serve to illustrate this shift in self-positioning. In the first the service co-ordinator, Gabrielle, contacted me to tell me that Ursula, who had been in hospital for several months and had not been able to attend project activities, had expressed her concern for me because she had not heard from me for some time. I noted my surprise at being positioned as possibly ‘not ok’ by someone I saw as needing assistance (Project journal, p. 192). In the second, Vera and I met to talk
through how she could utilise an upcoming meeting she had with the Victorian Minister for Human Services as an opportunity to advocate for and recommend the ways of working that we had developed in the participatory process (Project journal, p.145). At the time I made this journal entry, it had not occurred to me that service user or family participants might have had the same motivations for taking part as I did (i.e. trying to improve a system to create a better society as opposed to improving a system because they were direct beneficiaries of that system). My re-readings of these entries occurred during my analytical checking, after I had already formed a preliminary interpretation of the participants’ accounts of the participatory process. This timing, of course, will have influenced the re-reading in which I saw the ways in which I had ‘othered’ Ursula and Vera by ascribing a vulnerable identity (Ursula) and different motive for participation to my own (Vera). In each case, I placed “them” in a different space to “me” in a relation that centred my agency and in doing so, was unable to see theirs. I argue that this finding is about how I had taken up meanings made available by the dominant discursive formation and then critically challenged my own constructions as a result of my involvement in the participatory process and in undertaking this study.

**Service user and family agency in the SDS**

The first part of this section explores how the service users negotiated an identity for themselves associated with an agentic subject position within the SDS. Whilst the individual service users employed different tactics to achieve this
positioning, in each case the effect was the same: to construct a version of themselves as capable, deserving individuals **within** broader delimiting constructions of disability in the dominant discursive formations. Similar tactics were employed in the families’ talk about their experiences of the service system, but one version in the family narratives went further in challenging the meaning of the disabled person identity. The final part of this section presents findings on the version of the service user/family in the staff narratives, exploring a discursive tension in the staff’s talk about the people they work with.

**Taking up the ‘disability person’ identity to enhance agency as a service user**

As constructed in the service users’ talk and consistent with the findings from the literature reported at the start of this chapter, the ‘client’ identity made available by dominant discursive formations is associated with incompetence, particularly cognitive incompetence:

*To point out that just because my legs don’t work it doesn’t mean that my brain doesn’t. Coz a lot of people see you in a wheelchair and all of a sudden, treat you like you’re stupid. You can’t make up your mind. (Ursula, service user)*

The use of the genericised second person (‘you’) associates this statement with a common view, one also held by some of Ursula’s carers. Despite the claims made in the literature, none of the three service users nor the family members negotiated a meaning for disability that was consistent with those made available in the
discourse circulating in the social model of disability. Rather, their talk conflated the meanings of disability and impairment in their experience of living in/with bodies that do not conform to societal norms and that are associated with low social value and risk. In Derek’s account, disability, however acquired, is a characteristic of the individual and perpetuated: ‘We cannot overcome it’. It is only possible for Derek to improve his quality of life through his own efforts. In his talk, Derek attributes the burden of impairment to his body, making it a problem of individual action and of identity in a social space that has not been designed to meet the needs of impaired bodies:

I didn’t want to join the group because I was scared. But these days I feel I can say yes to the group, but I still want people to understand I have a problem. And my second problem is language. I understand maybe seventy per cent, eighty per cent. Not a hundred per cent. That’s another difficulty. And third difficulty is transportation. I’m not easy to come to the bus stop [and] also I have to stay near something I can touch, you know. (Derek, service user)

Here the social space is constructed as largely fixed and pre-determined, and the majority of action to adapt lies with Derek himself – although he does hope that others will accommodate his social anxiety about being in a group. In this construction, a support service becomes a bridge to the immovable and unchanging world, and the possibility and hope for change is contained in the individual’s in their bodily condition. None of the participants’ talk accounted for the broader social responsibility of a community to include all its members. This omission leaves the individual with a disability in the invidious position of being responsible for something they have little control over, but which impacts on their lives on a daily
basis. In the face of this powerful individualised construction, it is not surprising that individuals construct a version of disability that emphasises their capability and fitness to the tasks of living and participating, including managing within the SDS.

One tactic the service users employed was to align themselves to the professionals they interacted with, creating a client-professional dyad that positioned them agentically in the context of service delivery. Ursula talked about how she negotiated with one of her attendant carers outside of the rules set up by the system to come up with arrangements that suited both her and the worker. In doing so, she was able to shape local service delivery arrangements to suit her particular needs. In a second example, she talked about how she and her facilitator Karen learned about the system together: ‘We were just streamlining how the effects of the ISP works.’ This statement positions them equally as learners alongside each other in the context of a system that they are both subjectivated by. The important point here is how Ursula used her interview with me to negotiate an identity for herself where she positioned herself equal to the professional staff member allocated to her. As this capable client, Ursula co-opted Karen in much the same way as Zorah co-opted me, and constructed Karen as an ongoing ally in getting her needs met.

These negotiations happen at the point where the service user’s lifeworld and the SDS intersect, or discursively where lived experience collides with the dominant discursive formation. Whilst they are materially effective in getting their individual needs met, in this version there is no disruption to the discursive
boundaries. The notion of the disabled person in the dominant discursive formation is not challenged, although Ursula is able to extend her pre-disabled and preferred identity as a capable person into the new world of the disability system. What is ‘othered’ in Ursula’s account is the service system and its representation as the genericised identity ‘DHS’:

*But DHS really had no idea. You know, they don’t realise...they see a request form come across their table and they don’t realise.* (Ursula, service user)

I argue that what they ‘don’t realise’ and what is marginalised is the experience, expertise and humanity of the individual.

Trent’s account also constructed a preferred version of the individual service user. Unlike Ursula’s and Derek’s account of the capable client able to use the system resources to suit their situation, Trent’s version focused on the service user as an expert client whose expertise lay in his experience as user of services and systems, rather than as a capable client in negotiating his own service delivery arrangements. In his interview, he spent considerable time offering a critique of the way that person-centred planning was being implemented in Victoria: ‘I think what’s missing is the true understanding of what person-centred planning is actually about.’ His identification of the core of the problem also illustrates the way he experienced the power relations of the system:

*Coz we all speak our opinions in our groups, and...I guess staff will always be staff and clients will always be clients, but I still think there needs to be kind of, I don’t know, as I said before, it’s contradictory on the one hand,*
I argue that as well as the explicit statements about the separation of staff and clients and the implication that clients’ views are ignored, his hesitations (underlined) indicate the presence of discursive tension between the imposed arrangements of the SDS and his experience of living with impairment. In Trent’s account, professional knowledge wins out. It is in this contest that he aligns his expertise as a user of services and systems with the voice of DHS, where he works on a casual basis as a paid consumer consultant. In the following extract, he is describing his response to an argument that had taken place between Vera (parent) and Neville (DHS official) on who should decide what constituted a legitimate disability support:

*It annoys me when people tend to use DHS as a scapegoat. Coz it’s not all DHS’s fault, if you know what I mean. [...] I suppose I’m a bit pissed off because I do the occasional job for them, and you know, when you go in there they’re actually some of the nicest people you could meet…* (Trent, service user)

This statement is interesting because it both aligns him to DHS as the powerful agent, at the same time as it obscures the way that power is operating to construct him as a particular kind of ‘client’ identity. Whilst it could be argued that this alignment is simply material, relating only to his role as a paid consumer consultant, I argue that it is also a discursive alignment with the most powerful actor in the system. In terms of negotiating a preferred identity as the knowledgeable client, it is this positioning that is important. Because this statement was close to the start of
his interview, I also argue that this was Trent’s way of staking his claim for agency in a social reality that marginalised and excluded him and others with bodies like his. The value he placed on his role as a paid consumer panel member relates to being useful in a reciprocal knowledge sharing arrangement that gave value to his experience of the service system and by extension, to his body. His language, however, placed him in a disempowered position in the social arrangements into which he provided his embodied knowledge: ‘staff will always be staff and clients will always be clients’. This suggests an essentialised, perpetuated ‘truth’ within which his ‘capability’ is associated with being able to offer his lived experience to ‘the system’, albeit on terms whose definition he has little control over.

Whilst Trent’s primary tactic was to align himself to DHS, Derek and Ursula constructed an alignment to their individual ISP facilitator. In each of these versions of the ‘capable/expert client’, the tactic had both material and discursive dividends. The capable client is able to get the most of the system resources and the expert client can draw social status and even an income from their expertise. However, there are also discursive consequences that relate to being able to negotiate a preferred identity associated with a more agentic subject position in an ableist world. These tactics take up rather than contest the identities made available in the dominant discursive formations that circulate in the SDS. This coalescence makes it easier or more likely that the individual will successfully achieve the discursive (and material) task of negotiating their preferred identity. However, it also means that alternate ways of knowing remain subjugated and with them, the possibilities for alternate meanings for the impaired body.
Contested identities and agency in the family members’ narratives

The family members’ narratives exhibit similar tactical use of the material and discursive resources made available by the SDS arrangements. In their talk, each of the family members negotiated a ‘system’ identity that related to being a good advocate for their son/daughter. The following extract from Xanthe’s account of Gino’s activities to ensure that their son, Lenny, had good support illustrates this:

What to do, say [when] a worker doesn’t turn up at the home. So the funding’s not utilised for that person. Even with Lenny, there are times when, well, Gino pulls his hair out most weeks because either a worker can’t turn up or [something else goes wrong] and if we’re not around, what would happen? Lenny wouldn’t be able to do it. (Xanthe, family member)

The third person description (underlined) constructs the experience of the service system as a genericised or common one. This passive verb form (‘utilised’) indicates the lack of control that the family have over their preferred use of the individual funding package, with consequent impacts on the support they are able to access. They have the funding, but are reliant on a malfunctioning system to make use of it. This means that Gino’s energy is directed filling system gaps as an indirect route to creating a better life for his son. In this way, their family (and families like theirs, implied by the use of third person) are subject to a system that they have little control over and where their time and agency is taken up with correcting system problems.

A second version of using system resources to provide for the families’ material situation concerned the take up of identities made available in the
dominant discursive formations. Dinah explained how her nephew accepted labels for his two sons (both of whom had disabilities) because this was one way to access extra resources. However, the position she negotiated for herself and her son Simon, was different:

*People like to put things in boxes, don’t they. Everyone has to be put in a box and labelled and put away. [...] His dignity comes into it. [...] He’s a man...he’s 27. I can’t treat him like a 14 [year old], and it does happen. I’ve seen parents who treat their sons and daughters like Simon like 12 year olds’* (Dinah, family member)

Her statement not only contests the meanings that come with the labels, even though these might give her access to greater resources. It also establishes identities for herself and for her son that are a normalised version of the mother/adult son dyad. A normalised family life may not look the same as other families (mine, for instance, or her life with her other, non-disabled son), but it is nevertheless a normalised version of being a family:

*He belongs to different things, but almost a nil social life, very little social life, and he has a family life, he’s got me, and he’s happy, I think, but that holiday is just the most wonderful thing for Simon, I have to say. (Dinah, family member)*

Similar tactics were evident in Vera’s narrative. Her son Luke was a long-distance runner, running 25 kilometres several times a week. In addition, he was 40 years old, had a diagnosis of autism and a mild intellectual disability. Running was an important part of maintaining his wellbeing and managing otherwise intrusive anxiety. He had used part of his ISP to pay for a worker to accompany him on his
runs, but his request to use his package to purchase running shoes had not been approved on the basis that these were not a disability support because they were an item that anyone in the community might use. This de-contextualised understanding takes no account of the meaning of running to Luke, or of his constrained financial circumstances. Leticia, the mother of Harriet, a young woman who had had a promising career as a lawyer before she contracted a virus that impaired her short-term memory, told a similar story during the project. Although her memory had been damaged, Harriet’s substantial intellect had not. She struggled with boredom and sought out activities that were intellectually stimulating but did not rely on short-term memory capacity. The crossword in *The Age* newspaper was an important part of her day. Leticia and Harriet (both of whom, like Vera and Luke, were on pensions) had tried to get a newspaper subscription included in Harriet’s package but had not been successful, on the ground that it too was not a disability support.

In both these examples, the families were advised that the resources they sought funding for were not ‘disability supports’. This is an example of a material struggle of control of resources, and on the other, a discursive struggle over what it means to be a person with disability and to have the right to define a meaningful and participating life. Vera’s statement locates the definition of needs within the ‘guidelines’, a reified object that it is not possible to negotiate with, and whose development appears not to have included the people to whom the guidelines apply:
That those guidelines have been established, and they’re firm, and it really does impact upon the quality of their package, because they can’t truly address their needs because it’s outside the box. (Vera, Family member)

It is this effect of power that she resists through her struggle to get the supports her son needed, defined on his own terms. By subjugating meanings associated with living with disability in the dominant discursive formations, Luke’s identity as a man with a disability who also runs marathons is diminished. Vera is reconstructed as a ‘squeaky wheel’ (Xanthe) or ‘usual suspect’ (Neville). I read this as a form of ‘epistemic violence’ (Spivak 1988) perpetrated on a family with a member who has an impaired body where only certain kinds of lives can be legitimated, and other ways of knowing/being are subjugated and marginalised. It is through this subjugation that the oppression of the dominant discursive formations makes itself felt in people’s lives.

I argue that this is a contest to make available other ways of understanding what it means to have a disability that begins and ends in the experiences of the people living with the effects of bodily impairment in contemporary western society. The language in the parents’ narratives normalised the family experience and reflected a humanity that is absent from the language of the policy documents and the families’ own accounts of their experiences in the service system. Vera’s account of her son’s loss of the discretionary component of his package links the marginalisation of lived experience to an obscured power referred to as ‘they’, assumed to be DHS (underlined):
I doubt that they read the fine line, because my recent experience is, if a human being had truly read the words that the facilitator had put into my son’s submission, no human being would have cut it by 50%. So the sceptic in me says, did they even read the fine lines? (Vera, family member)

This constructs ‘they’/DHS as a powerful ‘other’ at the same time as constructing the possibility of an alliance with the ISP facilitator to contest the actions of the powerful ‘they’. This contest was exemplified in ‘the box’ metaphor that several participants used (including families and staff) as a shorthand way of describing the limitations that the SDS arrangements ascribed onto their identities and lives. It is these limitations that the family members contest and resist:

‘It’s a little bit of a farce, isn’t it. Go out there and dream and come up with a plan of what your aspirations are and what you’d like to have happen in your life and then you dream away and then it’s all squashed into a tiny little box and it’s all, this is what you can and can’t have, and at the bottom line it comes down to resources.’ (Xanthe, family member)

Here the material and discursive effects blur. The important point is to see how ‘the person with disability’ and ‘the family’ are re/produced and positioned by the SDS that requires conformity in order to access resources, at the same time as making claims for control, choice, independence and capacity building. This situation creates two opposed choices: resist and become ‘the squeaky wheel’ or take up the position of family-as-commodity and risk not being able to take up one’s own normalised parent identity.

Extending Carr’s (2007) argument that conflict in user involvement initiatives is inevitable, I argue that the conflict in the families’ accounts is inevitable because
of the limited identities and subject positions made available by the mainstream SDS arrangements, and the marginalisation of lived experience and alternate knowledge. This brings a level of complexity to the question of what it is that families feel is lacking in the current system arrangements and presents an alternative to simplistic arguments about insufficient resourcing. This version suggests that it is the process that is also inequitable. As mentioned previously, it is the question of where control lies and over what that was most strongly resisted in the families’ accounts. The oppression occurs when their ways of understanding themselves, and their needs, are not recognised or valued. At the heart of the different meanings placed on the SDS are differing notions of ‘what ought to be’ in relation to the questions of who gets to define what is ‘right’ and ‘fair’, conversations from which families and service users are excluded materially and discursively. I argue that by taking away people’s capacity to make decisions about how they define themselves through what they could do and what they could spend their money on, the service delivery system becomes doubly disabling.

The SDS in the staff narratives and the inevitability of conflict

Before considering the possibilities made available in the participants’ accounts of the participatory process, I present findings on the construction of the SDS in the ISP staff narratives. Here too I found tension between the dominant discursive formations and an alternative version of staff’s local practice. This
tension was constructed in their talk about the emotional experience of working with people who were often facing difficult circumstances:

‘We just can’t walk in the door and do that process and walk away and live with it’ (Helene, facilitator).

Here, the language shifted from being about ‘clients’ and ‘proposals’ to individuals called by their given names, providing intimate details of their lives. Irene’s account included talk about her feelings of grief and loss of relationship with ‘her families’ when she resigned from Wesley. Gabrielle’s account places her alongside her clients in the experience of waiting for a verification outcome:

‘So I had to ring that family and tell them, and it’s heart-breaking, because you’re there with them. You’re living it with them at that stage. […] Because you become part of it when you’re working on a case.’ (Gabrielle, service co-ordinator)

Importantly, in their descriptions of the emotional experience of working in the SDS, the subject position made available for staff is similar to that made available for service users/families: as subjects of an obscured power. This is not, however, an inclusive space for staff with service users/families and the relationship between them is still constructed as an artefact of a professional system (‘a case’).

The ISP facilitators’ interview narratives included the ‘box’ metaphor in accounts of how they had worked with their clients to get the most appropriate arrangements out of what was available in the system. In this talk the staff drew on rhetorical devices such as references to rights, entitlements and a needs/wants
dichotomy to justify their actions with specific individuals. I read this talk to be another way that the facilitators constructed themselves as allies with their clients in resisting imposed identities and/or meanings of living with disability. Read in this way, actions such as lodging appeals, ‘challenging DHS’ by asking for explanations, or questioning decisions and encouraging ‘clients’ to speak out are all forms of resistance. Karen’s description of using the formal processes to advocate for a client or family illustrates this:

> I see it as trying to push the box out a bit especially with DHS’s involvement, so they could actually hear what the frustrations are, what the limitations are. I see it as trying to widen the box a little bit. (Karen, facilitator)

Here, her talk does three things. It constructs ‘DHS’ at variance with the individuals’ experiences and needs. Secondly it situates the ISP facilitator and client in one discursive position, in a less powerful position than ‘DHS’. Thirdly, it establishes the appeal process as a means of resisting the imposition of mainstream arrangements, values and meanings. I argue that this conflictual position is reflective a discursive tension between the constructions of control and choice in the staff’s alternate practice discourse and in the institutional practices of the ISP Guidelines.

Some examples from Neville’s talk illustrate the inevitability of conflict. In the first example the Department view stands in for the sole version of ‘truth’, where alternate knowledge is silenced by being dismissed as inaccurate:

> A lot of what was [talked] about, and it’s not unique to that group, is that the processes are broken or they don’t work or this or that, whereas I don’t believe
that. I actually believe the processes are, whilst there’s certainly room for continuous improvement, the concept of ISP is firmly, it is the way to go. There is no question in my mind. (Neville, DHS officer)

Neville is able to speak with certainty here, as he does elsewhere, because he is ‘of’ the Department and it is from this knowing subject position that his talk gains authority. His response to hearing the service users’ and families’ concerns about uncertainty of funding, illustrates the tension that is created when this knowledge collides with alternate, lived experience:

Some of those anxieties […] really concerned me, and the big one was that uncertainty and fear of losing [funding]. That one really bothered me. That’s huge, for people to have to live with that notion when they don’t, it’s so unnecessary. And we as a service system, including the facilitation, how could they know that? Why have they not convinced these people otherwise? (Neville, DHS officer)

This statement is indicative of the tenor of other statements elsewhere in his narrative, and in my project journals. It contains an acknowledgement of system responsibility for service users’ experiences, but where individual responsibility for ensuring that individuals and families no longer feel anxiety about funding (a DHS decision) rests with the ISP facilitators (who have no control over decisions about funding streams). This construction of the infallible service system is important because it gives a sense of the hegemonic power arrangements within which the client/professional dyad is made available, and what it takes to resist it.
Versions of the participatory process and the possibility of transformation and enhanced agency

This section presents my findings on the meanings and possibilities that were made available in the participants’ talk about the participatory process. I demonstrate that the process offered ways for the participants to understand their experience of disability that were more positive than those available to them in the context of mainstream service delivery, as well as providing opportunities to be involved in organisational activities that further enhanced their sense of agency and value. As well as transformational outcomes for individuals, I demonstrate that there were outcomes at the service level, associated with shifts in the way staff saw the service users and the potential for transformation at a system level. However, the participatory process as transformational was not the only version made available in the participants’ narratives. A second version where the participatory process was a replication or extension of the existing arrangements of the SDS was also evident. As well as these competing versions of the participatory process, there was also conflict between participants over how they understood the ISP service. I read the contestation of meaning as a contestation of legitimacy of voice within the power relations of the participatory process and SDS. In the discussion section at the end of this chapter I explore the dimensions of this contest, and the tendency to reinscription.

There are three parts to this section. The first focuses on the two versions of the participatory process made available in the service user and family narratives. The second explores the transformational possibilities found in the staff narratives.
The final part presents my findings on the transformative potential of the participatory process to challenge and shift oppressive dynamics at a system level.

**The participatory process as an opportunity for self-definition and redescription**

The service user/family group events and activities were well-attended, vibrant meetings and over time the core group of regular attendees formed strong relationships with each other and with me. From the start, people contributed openly to discussion and dialogue, with much of the conversation focusing on people’s experiences of the service system and what they did to get arrangements to work for them. In their interviews, Xanthe, Dinah and Vera all talked about the importance of hearing from other service user and family participants:

*Resources are tied, so in that way, hearing from other families is better sometimes than hearing from the bureaucracy. It’s a different, less open process. (Xanthe, family member)*

Xanthe’s statement associates what is possible with how the resources are configured in a sentence structure in which agency over resource decisions is obscured (underlined). This means that what is possible is limited by DHS’ knowledge and understanding of what is possible and where the possibilities are ‘less open’ than the suggestions families may put forward. Dinah explained the value that lay in the knowledge that came from lived experience as different to
‘people that work [in the SDS who] sometimes love to expose their knowledge, but nothing goes’ (i.e. it makes no difference):

Because in the talking between us, you know, then you maybe come up with some ideas between us. Just the people receiving the funding and just having a general conversation about how you’re managing. (Dinah, family member)

Here ‘us’ (underlined) is made agentic in generating possibilities from experience that are not available in the professional knowledge on its own. The participatory process had created a space in which service users and families were able to share experiences, shifting from individual stories to a collectively valued (although not homogenous) knowledge about what it means to live with ‘disability’, including how a system of support might then be understood to work or not work. I argue that the opportunity to share their experience of the system in an uncensored but sanctioned process was also a means of legitimating their own version of the service system and resisting the ‘truths’ imposed on them by mainstream SDS arrangements. This was particularly strong for family members; positioned within the service system as an ambiguous and passivated entity, part of the service recipients’ ‘naturally occurring supports’ (DHS 2010, p. 30), rather than as a valued and legitimated ‘knowing’ identity.

The organisational context for the participatory process was also significant. Dinah included in her account an experience of attendance at a carer support group she belonged to:
I’ve joined this carers thing. [...] So I went for the first time, and all sorts of carers there. And I talked to a few of them [but the organisers] were trying to entertain you, whether we wanted to be entertained or not. [...] I think most people just wanted to talk to people, and you just want to hear what other people’s stories are, but they didn’t do that. (Dinah, family member)

This experience exemplifies a lack of control over activities, and implies an assumption about the support that carers need that is quite different to Dinah’s own experience. She juxtaposed this description with an account of being in a group with other service users and family members in the participatory process:

Because in the talking between us, the, you maybe come up with some ideas between us, you know, say... just the people receiving the funding. And just having a general conversation about how you’re managing. (Dinah, family member)

The value placed on being able to take part in an ongoing service development process was evident in all the family members’ narratives, illustrated here by Gino’s statement:

Well, from my point of view, it was instead of people getting a letter advising them of what was available, it was more a matter of the service provider saying, well this is what we believe you should have. What do you think you should have? And what you are getting, is it working or isn’t it working, I guess, in a nutshell. (Gino, family member)

This statement constructs the service development project as an alternative to the one-way flow of information from an obscured and powerful agent telling him what was possible, where the process facilitated dialogue and negotiation around the meaning and purpose of service delivery arrangements. I argue that what was transformational for these family members was the possibility of articulating their
own meanings within an organisationally sanctioned forum to deliberate on matters that the participants also thought were important. Being able to describe one’s self in one’s own words and being able to share this description with others in the same category was an important aspect of the repositioning of the family identity in the power relations of the SDS. However, it was not just the families who benefited from the transformational possibilities associated with having a meaningful voice:

I realised that there was greater scope, that the research had opened up more avenues to study and to reflect upon, because in fact it was giving people a voice and I could see that people were actually listening to the other perspective. […] I could see the worth [of the process] in [the service users] lives, that for a change, they were being given an opportunity to help to improve a system, and they know it needs to be improved. (Vera, family member)

In referring to all participants as ‘people’ Vera’s talk constructs equal positions for all speakers and listeners as actors in a valued process of improving the service system.

Sharing the experience of living with disability also offered the possibility for people to redescribe themselves and others and see each other in new ways. Having an opportunity to meet without professional participants, and to build relationships gave people an opportunity to talk about themselves in their own words and about what it meant to live with disability. Ursula talked about hearing from Ivan, Isabel’s father: ‘I remember the father saying, the best thing he ever did was giving up work and to spend time with her, because she needs somebody.’ She
used this in her talk to challenge her position in her family and, I argue, to challenge
a view of the devalued/tragic identity ascribed to people living with disability:

‘It really opened your eyes, and it makes me compare my relationship with
my own father […] I really hate him referring to me as his disabled daughter,
as a negative thing, or a poor Urs [and that] I need to [be] looked after.’
(Ursula, service user)

Derek’s talk also contained a similar shift in how he understood himself, but
associated it with the practical activities of taking part. When he was in his mid-
thirties, Derek had had a stroke that had left him physically impaired and with some
effects on his cognition. Now eight years later he needed little practical assistance
but was very isolated, bored and saddened by his inability to contribute, which he
saw as part of his duty towards community. In his interview he paid a lot of
attention to how his participation in the service development project had assisted
his recovery, including speaking up in groups, carrying a cup of coffee for another
service user who was unable to carry anything and managing the difficult journey to
project events by public transport, despite our offer of vouchers for a cab. In his
interview, he talked about taking part as a reciprocal gesture:

Organisation come to me, I’m very happy to express what I’m thinking about
because I know you have helped me, and I must help you to make service
much better. You are happy to help me [get] much better, and I’m very happy
to help you make service better. (Derek, service user)

For Derek, participating in the project was ‘one dot of colour in my life’.
Participation meant ‘that someone can listen so I can have a platform so I can
express my thinking’. I argue that whilst Derek’s expression of the shift related to
activities rather than what he heard from others, the effect was the same as in Ursula’s narrative. In legitimating and valuing his experience, he was able to negotiate a more positive identity and take up a more agentic subject position in the context of the organisational process, which had flow-on effects in his personal life.

The final shift was the meaning given to participants by others. This was evident in the staff narratives (see later) and in the family narratives. In their talk, Vera and Xanthe negotiated a self-identity that already valued and included people with disability in the category of people include in ‘we’. The participatory process had given them an opportunity to see this ‘we’ included in an organisationally sanctioned process where it is usual to exclude (or not include) people with impairments that require accommodation in interactions with them. However, for Heinrich the participatory process provided an opportunity for him to come into contact and develop relationships with people outside of his regular social connections. As the statement below indicates, this was transformative:

*He’s got a brain too, I notice that with him. I was amazed, like, he could eventually get out what he wants to, but I used to work for a guy when I was a kid, on the farm. He stuttered. And I used to sit there listening to Trent, and think, that’s a huge stutter really, isn’t it. […] Well, the same with Terry I suppose, when he was speaking. (Heinrich, family member)*

By comparing Trent’s unfamiliar speech with a past experience that was familiar to him, Heinrich was able to extend his category of ‘people I understand’ or ‘people like me’ to include Trent and Terry (both of whom had some difficulty with speech).
I argue that this is an example of redescription that brings these men closer together on the basis of what they share as people/men rather than focusing on what is different or unfamiliar.

*The participatory process as system status quo*

As mentioned previously, a second version of the participatory process was also made available in the service user/family participants’ talk, where the individual transformational possibilities were not forthcoming and service-level change was yet to be seen. This was most apparent in Trent and Gino’s narratives. In Trent’s narrative, the participatory process was constructed as another organisational activity where the possibility of transformation was dependent on an organisational response to the issues raised during the course of the project:

*But I would hope that the powers that be will get the results and...take it on board and make the appropriate changes.* (Trent, service user)

In this extract the decision-makers are hidden in the statement, ‘the powers that be’, and Trent’s own agency relates only to the mental act of hoping. The decision-making in the participatory process is like decision-making in the SDS where, in Trent’s narrative, ‘a lot happens behind closed doors’. This is a powerful metaphor in his talk, and one that he applies to the interview context, locating it as an activity within the broader power relations of the SDS:
The door’s closed [now], and nobody knows what’s being said. That’s what I mean. And that happens right across the disability sector, when things are being reviewed. Staff get intimidated very easily. (Trent, service user)

In Trent’s talk, SDS power relations construct ‘DHS’ in the most powerful position and staff as less powerful and easily intimidated. This has a flow-on effect on clients, which he referred to a number of times. For Trent the participatory process remained an interesting process, but one where there was no shift in identity or subject position for service user/family participants from those made available in the dominant discursive formations.

Gino’s narrative offered a variation on this version of the participatory process. The limitations for Gino related to the contribution of some of the other service user/family participants. Although he talked about the value of a process where negotiation with the service provider occurred, he had not enjoyed the program logic workshop involving the DHS participants that he had taken part. He felt this was ‘not very productive’ and ‘got off topic’, even though this was to be expected given ‘you’ve got representation from right across the board, so you’d expect that’:

Just looking at the comments that were written up, so much of it was either totally unrealistic, what was being put up as suggestions, or people didn’t really understand the task at hand for the group. (Gino, family member)

Whilst this could be read as a statement on group process and participation, it can also be read as a statement on the legitimacy of voice and knowledge. I argue that a version was made available in Gino’s account where some knowledges/experiences
were more valid than others, particularly those that could be understood within the existing arrangement and meanings for disability made available by the mainstream SDS arrangements. This is not just a question of whether Gino agreed with the ideas, but goes to the heart of who has the right to speak, what they can speak about and the value of their contribution. In Gino’s version the only valid contributions were those that could be made sense of within the meanings made available in the SDS:

If [the service users] had somebody there to help them with their responses, basically to guide them to maybe ask them a leading question to get them to answer relevantly, that’s probably the main thing. I mean, the Wesley people who were involved were good. They all seemed to know their stuff […] And of course, in that forum, you couldn’t challenge [the service users]. You just had to let them go. (Gino, family member)

It is interesting that Gino disputed specific input at the same time as feeling unable to challenge or question this. One interpretation is to see this as the lip service that is paid to ‘consumer involvement’ in the SDS. For Gino, the process remained a means of giving feedback on the workings of the system where the purpose of family and service user participation was to give information on their experience of service delivery to the provider, with no response on actions that they took or might have taken. Participation was focused on getting the best out of existing arrangements, where change and development could only occur within arrangements. Whilst system, or high-level change was a possible outcome, like Trent, Gino placed himself outside the sphere of influence, activated only in relation to hoping that some sensible change would come because of the service
development project. I argue that in this version the greatest legitimacy of voice/knowledge lies with DHS.

**Shifting the client/staff dyad and the possibility of change at the local level**

The version of the participatory process in the ISP staff narratives had two dimensions. The first related to the value staff placed on hearing directly from service users/families about their experiences and how they responded to this new (to them) way of understanding their service. The second related to a shift in the way staff saw the service users/families and the consequence of this in terms of the ‘client’ identity and associated subject position.

The value of hearing directly from the service users/families was a significant feature of the participatory process in all six staff accounts. For the staff, the service users/families were the most important group of participants, illustrated here in an extract from Gabrielle’s narrative:

> I think I placed more value on the feedback from service users than I did DHS, personally. I mean, if DHS turned round and said we were doing something seriously wrong and not in line with what they’re expecting, then yes I would of course take a good hard look at that. But I don’t feel they came up with anything that was earth-shattering. (Gabrielle, service co-ordinator)

In this statement, DHS is the objectified, genericised entity that imposes ‘expectations’ on service providers. On the one hand, the statement sets up DHS’s way of knowing as guiding practice, but on the other hand, undermines it in the
exaggerated description of their input (underlined). I argue that this exaggeration indicates the possibility for an alternate knowledge to inform their practice: that made available through ‘feedback’ from the service users, foregrounded in this statement and made significant in terms of its value to her.

In this construction the opportunity to hear people’s experiences of the system in their own words an efficacious mechanism for service development. Hearing their experiences assisted in being able to ‘see the bigger picture’ (Irene) and then understanding the experience of service users/families within this. This was not passive listening, but one where there were individual and team responses. Irene, Helene, Jacinta and Karen all talked about how they made changes to the way they worked with people, illustrated in the example from Karen’s narrative: ‘just hearing what people go through, and their perception of what we actually do’ helped her to develop an understanding of and her practice in response to what ‘people were looking for in relation to what we were providing’. Hearing service users’ experiences of the SDS did not diminish staff’s sense of their expertise as facilitators of the system. In their interviews, the staff negotiated an activated and responsive listener identity, committed to improving things for the people they worked with and agentic in relation to control over their own and the team’s practice:

*We didn’t realise the family were thinking that way, because we were so headed down this track and we thought we were doing the right thing by the process, by the Wesley guidelines, by the DHS guidelines that we were losing a little bit about the family, even though we were all doing our person-centred [practice]. So it was trying to pinpoint where we were actually losing that,*
whether it was the DHS process that was making us lose it, or whether it was
the Wesley, or even just the [design of the] program, having to get out to
meet everybody and so forth’ (Helene, facilitator)

As in the earlier illustration from Gabrielle’s narrative, Helene’s talk contains a
tension between working within the DHS practices of facilitation and responding to
the experience of service users. I argue that this reflects a collision of ways of
knowing on how to be ‘person-centred’. And as with the pervious example from
Gabrielle, Helene’s talk privileges the service user knowledge as being more useful
in terms of developing a practice that helps people live the lives they want.

As the project progressed, the team made incremental changes to the way
they ran the service and to their practice in response to what they heard. Their talk
placed value on dialogue as a means of working out what could or should be done
differently:

That first workshop, because that was the first real opportunity to, I mean,
yes we’d read what other people were saying, but it was the first real
opportunity to sit and talk to people and say, wow, that’s what you’re
thinking. Well, this is kinda what we see, and you could have that
corversation about it. (Gabrielle, service co-ordinator)

One of the changes they made after the big workshop was to more frequently use
the DHS ISP appeals process to contest decisions where DHS had not approved
proposals or parts of proposals. At the end of the project, Gabrielle told me that
they did this despite being censured by Tina and Neville (DHS) for helping their
clients prepare appeals. They continued to do this, however, because many of their
clients had no one else who could help them with appeals. I argue that their
inclusion and validation of service user/family knowledge as the basis for local practice development was important in enabling them to resist aspects of the process that they came to understand as not being ‘person-centred’. Understood discursively, the alternate knowledge that came from the lived experience also enhanced the agency of staff as allies in resisting the oppressive arrangements of the SDS:

*I suppose we’ve become…yeah, less focused on the big bad wolf, DHS and having to please them and more focused on the clients and getting to know them and helping them feel comfortable through the process’* (Irene, facilitator)

Another example, also from Irene’s narrative, concerned her work with a woman who had wanted to die at home, supported by her husband, despite advice from DHS that she should be moved into a hospice. These and other examples in the staff narratives made clear that ‘feeling comfortable in the process’ also meant challenging the meanings available in the SDS when the individual’s comfort required this.

This second dimension of the transformative potential of the participatory process in the staff narratives related to how the facilitators saw the people they worked with. Gabrielle’s narrative contained a generalised shift in the way she understood who the service users/families were:

*I think I’ve got a little bit more respect for the service users now, just because of the involvement with the project. And it’s not just the people who have been involved. I think I’ve kinda taken a minute to reflect and consider the
way I’m working with people. [...] I realised that the service users have a much greater understanding of what we do than what I gave them credit for [...] and that I need to give people a bit more credit. (Gabrielle, service coordinator)

I argue that this is a redescription that brought her closer to the experiences of the people she worked with. This is also true in the accounts of the other staff where they listened to others and talked about their own emotional experiences of the SDS. I argue that staff's talk about the emotional experience and impact of service provision on the people they worked with reflects a humanising tendency that comes about when staff are able to see and hear service users/families talk in their own words about their experiences of the SDS. By drawing on a language of emotion to describe experiences of the SDS, staff position themselves similarly to the position they make available for service users and families in relation to their experience of DHS in the context of the SDS. Through this process of surfacing alternate descriptions of the SDS, the possibility arises for alliances between service users and staff based in authentic dialogue and negotiation of identity at the intersection of lived experience and the dominant discursive formations of the SDS.

**Dialogue and the possibility of transformation at a system level**

Dialogue was the key mechanism for individual transformation, service improvement and potential change to the service design. These possibilities emerged through bringing together diverse participants and treating their knowledge of the system as equally valid, and by exposing all participants to these
diverse meanings. In my project journal, I noted how the DHS participants engaged with people’s emotional experience of the service system. The extract below is a comment made by David, a senior manager from the DHS regional office who attended the workshop:

*David:* DHS give reassurance that funding is there, but [I’ve heard today that] there’s still fear that it will be taken away or reduced. So the fear is still there, so the DHS position doesn’t reassure people. He is surprised by how strong the fear is. He will take this back to DHS. (Project journal, p. 135)

In the dialogue at the workshop, the service users and families were able to talk about their inability to get their needs met as an outcome of having little control over what a legitimate support need was, and not only as a question of resourcing. Towards the end of the workshop, David asked two questions about changes to service design: ‘How could it work differently around unmet need?’ and ‘Should there be a verification process?’ (Project journal, p. 137). He concluded by adding: ‘We don’t always get it right. There are times when we don’t always get it right.’ (Project journal, p. 138). It is in this articulation of a position that allows for other knowledge to be sanctioned as ‘right’ or ‘true’ that the possibility for change lies. I argue that it was hearing the voices of people with lived experience of the SDS opened up this possibility and challenged the prevailing view that the system was working well. The dialogue was humanising and liberating for all the participants, illustrated by this extract from my project journal (p. 135):

*Ursula:* This forum is good because we meet each other, and DHS is not the big bad wolf

*David:* DHS are just people too.
The same humanising effect was present in the staff narratives:

For me, the client involvement and the family involvement, and DHS actually sitting in a room with them and hearing what they have to say. (Karen, facilitator)

These examples indicate the tension that is created when diverse participants come face to face with each other’s’ experience of a shared system, expressed in their own words. This was the only setting where power was acknowledged in explicit terms in a group setting where all participants were working together (Project journal, p. 135):

Ruth: The power and control still sits with DHS, in the perception of families
Paige: The gap between what is given and what people still need. People mightn’t get all their needs met, and this feeds into the sense of powerlessness

This was the most open discussion of the oppressive effects of system power but it was not its only expression. I argue that the openness with which we discussed the operation of power was significant in being able to determine a systemic or strategic change agenda.

The tendency to re-inscription

This section presents findings on the difficulty of sustaining the impetus for transformation that was generated by the participatory process, and considers the implications of these for the transformative potential of the participatory process.
My project journal records what happened in the first meeting I had with Neville after this workshop. The meeting had been set up to work on modifying the DHS version of the program logic in response to what the DHS participants had heard in the workshop. I had anticipated a continuation of our open dialogue, but was met with a rigid and almost hostile response where changes made to the DHS program logic took it further away from service user/family experiences, rather than closer. Although the possibility of change had arisen in the program logic workshop, and discussions commenced about a trial of local, service level verification, in the end nothing occurred outside of the changes that staff made to their own practice. David did not respond to my invitation to take part in an interview, so it is not possible to know how he would have constructed these events that moved him to a different way of thinking and potentially acting at the time of the workshop. My record of this is just that: my record. In analytical terms, I am not dealing with the same data set as I would have been had these comments been recorded in an interview. I have interpreted this silence to indicate that we did indeed create a discursive collision with considerable potential to disrupt the prevailing power relations of the SDS. I read the ultimate lack of action by DHS officials as an indication of bureaucratic resistance, resulting in a re-inscription of oppressive relations.

Re-inscription was also made easier by lack of management support in the service context for the changes and challenges the service delivery team were making, on the basis of what they had heard from the service users/families. As described earlier in the chapter, the facilitation team members had been
challenging DHS decisions in relation to individuals’ ISP. The following extract from my project journal records what happened:

Gabrielle said she also feels in a difficult position because she can’t advise Vera to go to the press or go to her MP [over the ongoing problems with Luke’s ISP]. She only feels comfortable saying that there are things like the Disability Services Commissioner, and giving her the number to call. She says she has already been ticked off by Tina at DHS about the number of appeals they put it, so she said she feels like she’s in a difficult position. This contrasts markedly for me with how Melanie handles things [Program manager, Wesley Disability Services South], over the disability and ageing thing where DHS have withdrawn funding to let people stay at home during the day. Melanie has organised the families to write to DHS and their MP, and has said, if they don’t get anywhere, to go to the press. (Project journal, p. 211)

At this point, the ISP facilitation team was without a program manager and the executive manager, Phil, had multiple and competing priorities across his portfolio, and appeared to be constrained in his engagement in their work in the participatory process. This example reveals the fragility of the changes at a local level where there is insufficient support from other organisational power holders.

Discussion and implications of key findings

As the findings in this chapter have demonstrated, the participatory process in this setting offered a way for ISP service users/families, Wesley staff and managers and DHS officials to interact and work together as equal partners to identify service development direction that were agreeable to all parties. The process delivered benefits at individual and practice levels and came close to
changing arrangements at the system level. Ultimately, the transformational possibilities at this level remained unrealised and the prevailing SDS relations were reinscribed.

This section presents a discussion of service user and family agency in the context of prevailing SDS relations, and possibilities made available in the participatory process. It discusses the mechanisms and conditions for transformation in the service delivery setting, and the tendency to re-inscription. The discussion is set in the context of the literature presented at the start of the chapter and the deconstructive analysis.

Service user and family agency in the prevailing SDS relations

The findings demonstrate the limitations on the extent of service user/family control over the choices individuals can make in regard to how they use their ISP. In the prevailing relations of the SDS, choices that fall outside ‘the box’ are not seen to be a legitimate ‘disability support’ even if they ‘meet the needs and goals of a person with disability’ (DHS 2010, p. 29). The degree of control, choice and flexibility that they were able to achieve, however, was limited by SDS arrangements and the meanings made available for living with disability (Jingree, Finlay & Antaki 2006). The findings in this chapter support Laragy et al’s (2010) findings that service users/families employ various tactics to achieve a response from the service system that met their needs. The findings extend this by
demonstrating different ways in which service users/families sought control over meaning (i.e. how funding could be spent) as well as resources. What is also contested is the notion of the passivated system actor constructed by the ISP Guidelines: service users and families are not just activated in their communities, but can and do take up active and agentic roles that can contribute to the development of services that are meaningful to them. The service user/family narratives in this study demonstrate the range of ways in which individuals asserted control, and in so doing resisted disempowering and delimiting elements of a disabled identity inscribed on them by SDS practices.

I argue that the limitations of possibility produced by dominant SDS practices (‘the box’) come about when ways of knowing that come from the lived experience of disability are silenced or subjugated in the production of meaning. What became contestable in the participatory process was the meaning of being a person with disability, and who has – or should have – the right to define this. I argue that the findings presented in this chapter extend the notion of diminishment of rights that occurs in the conversational interactions between people with disability and service providers (Antaki, Finlay & Walton 2009) to a delimitation of language and meaning made available for the experience of living with disability in the SDS. When ways of knowing that come from lived experience are marginalised or silenced in the practices of service delivery, production of identity is also delimited (Antaki, Finlay & Walton 2007). Yates, Dyson and Hiles (2008) argue that when people with disability in service delivery contexts are spoken to as if they have diminished rights, this effectively limits their rights. I argue that when people
with disability are excluded from forums for service development, including those in service delivery organisations, a similar limitation on their rights occurs, and in particular their right to self-determination.

The exclusion of ways of knowing derived from lived experience was particularly marked in families’ narratives, where individuals resisted and contested the material and discursive limitations placed on their own and their loved ones’ lives and identities. This is consistent with Laragy’s (2011) finding that service users and their families sought to control formal support arrangements in ways that complemented their informal arrangements. This chapter has demonstrated some of the difficulties families encountered, in a system that constructs them as an informal support or resource to the individual, rather than a system actor in their own right (Department of Human Service 2010). In constructions of service delivery where the individual is the object of professional attention, families’ ways of knowing about themselves are substituted for constructions of ‘family’ made available in the dominant discursive formation, as the deconstructive analysis of the ISP Guidelines demonstrates. What is buried or suppressed in the interactions and practices of mainstream SDS are alternate ways of understanding being a family. Ways to support people that rely on these alternate meanings are thus omitted from dominant discourses that produce and are produced by the institutional practices of service delivery. I argue that this has negative implications for system efficiency, and contributes to the amount of time that family members spend negotiating and acting within system arrangements to secure what they need for their loved one and their family.
I argue that the version of choice made available in the discursive formation that circulates in the mainstream SDS is consistent with the consumerist discourse that Kirkman (2010) identifies in relation to person-centred care. Laragy et al (2011) argue that the experience of a service system is information by individuals’ views of themselves in relation to the broader meanings of welfare. Where these are based in a discourse of rights and entitlements, people assert their right to service more strongly and have higher expectations (Laragy et al 2011). Choice in a consumerist discourse gives greatest agency to those with greatest resources (Kirkman 2010). Kirkman argues that limited attention on broader rights can result in risks for low-income groups. This chapter supports this finding and extended them. Individuals were not always able to spend their funding package in ways that were meaningful to them and staff were sanctioned for assisted them appeal decisions. I argue that choice without rights may result an oppressive form of support where individual meanings and experience are not legitimated by the prevailing meanings for disability in the SDS.

Surfacing alternate understandings of living with disability and the need for support

The findings demonstrate that the participatory process was able to disrupt and make contestable the effects of these prevailing power relations. In the participatory process, spaces were opened up in which silenced voices could be heard (Yates, Dyson & Hiles 2008) and alternate ways of knowing could be legitimated. By legitimating service users’/families’ voices in a sanctioned dialogue,
it was possible to contest oppressive meanings and surface alternate ones that offered more agentic possibilities for service users. Mainstream discursive formations silence or omit a range of human experiences and emotions in the language made available for description of what it means to live with impairment (Sunderland, Catalano and Kendall 2009). This chapter demonstrates how the participatory process made it possible to express deeper and richer ways of understanding ‘disabled lives’, and to recast or redescribe these as ‘normal’ lives, with a more empowering understanding of bodily difference (Lester & Paulus 2012) for both service users and families.

The contestation of normalised constructions of difference that was possible in the participatory process was facilitated by mechanisms that required and enabled powerful voices to examine their own constructed positions (Yates, Dyson & Hiles 2008). This was most evident in the program logic workshop, even if the shifts in position and associated possibilities for service development were only temporary. The dialogue and exchange that was possible in the shared/together events created opportunities where all participants could explore each other’s perceptions and reflect on their own assumptions and vulnerabilities. There were shifts in position (including mine, the facilitators and within the workshop itself the DHS participants) that were achieved when people were confronted with their own assumptions about disability and impaired bodies as they listened to the uncensored descriptions of their lives offered by service users and their families. The sharing of perceptions, views and concerns created an ‘equality’ between the participants that, I argue was both material and discursive. It was no longer possible
to ‘other the other’ in the ‘us/them’ dynamic of the prevailing relations. By ‘hearing’ (i.e. granting legitimacy to) other ways of knowing, new subject positions were made available for all participants and located them equally in relation to the service development task at hand. In presenting this argument, I note that the absence of any of the senior DHS officials who took part in project events, in particular the workshop, makes the claim that new subject positions were made available for service users more inferential in relation to the DHS officials than for the Wesley staff and managers.

McKenzie (2013) argues for processes that can shift fixed/static meanings imposed on impairment to interactive understandings that open up possibilities for how people with impairment are supported, and the role/s they can play in determining supports. In the participatory process, this happened through building the critical reflective practice competence of participants in separate spaces before working together in the program logic workshop. The value and impact of critical reflection in reformulating staff perceptions of identities and practices by drawing attention to their own constructed positions (Yates, Dyson & Hiles 2008; Phelan, S. K. 2011) is extended when this can be undertaken through a facilitated process (Romm & Gregory 2001). The process facilitator can open up a space in which meanings and arrangements can be unsettled (Romm & Gregory 2001; Yates, Dyson & Hiles 2008). I argue that this is most effective when the process facilitator locates themself in the dynamics reflected upon. The analysis of my own positionality in this research study has been important in demonstrating how the meanings made available for “me” reflect the relations of power within which all our interactions
took place. Whilst existing literature comments on the importance of hearing service user/family voices (Jingree, Finlay & Antaki 2006; Cloute, Mitchell & Yates 2008; Yates, Dyson & Hiles 2008), this chapter has demonstrated the importance of hearing a range of voices that are not often heard by each other. In this way, the participatory process offered enhanced opportunities to legitimate and reflect on alternate meanings and experiences of disability in the lived experiences of service users/families, as part of a process of service development. The organisational process was a means of enabling people to work together more fully as citizens (McKenzie 2013), determining arrangements in which they all had a stake, consistent with the social justice discourse of choice (Kirkman 2010).

Alternate discursive formations for service delivery practice

One outcome of surfacing and reflecting on the lived experience of service users/families was the impact on staff. Staff used the legitimation of the alternate ways of knowing (their own, and that of the lived experience of service users and families) to make changes to their practice and form alliances with service users/families whereby they could act together to collectively resist delimiting or oppressive system practices that subjectivated both staff and service users. Although the point about forming alliances has been made elsewhere (e.g. Yates, Dyson & Hiles 2008), it has been cast as a uni-lateral shift of view rather than the multi-directional one that I argue was at the core of what made the participatory process efficacious as a transformative process. In other words, the formation of
alliances depended on new subject positions being made available by staff for service users and families and vice versa. However, not only did they make changes to their practice in response to what they heard, but they also made available an alternate discourse of care in their accounts of their own lived experience of the SDS. What was centred in this version was a humanised, emotional and relational experience of service delivery and decentring a technocratic, managerialist version (Leung 2008).

The possibilities and limitations for service user agency and transformation

The chapter has demonstrated the shifts power relations that made available more agentic subject positions for service users and families. These shifts were achieved through inclusion and legitimation of a variety of ways of knowing, and redescription or re-authoring of what it means to live with disability (Cloute, Mitchell & Yates 2008). Through authentic dialogue, new meanings and possibilities for how people were seen and what could/should be done were made available. I argue that this ‘opening up’ also introduces instability into the SDS, and that the participatory process unsettled the prevailing relations of the SDS (Yates, Dyson & Hiles 2008). The chapter has demonstrated that centring the knowledge derived from lived experience creates a tension at the point where individuals’ experiences collide with meanings made available by the dominant discursive formations circulating in the SDS, causing fixed meanings to become unstable. However, the instability this produced also meant that the new relations were vulnerable to re-
inscription. As the chapter has demonstrated, oppressive practices were re-inscribed following the program logic workshop. I argue that the lack of senior management support within this service setting made it difficult for local staff to resist the imposition of directives from the regional DHS office. In this context, the DHS staff became the dominant agent in determining local practices, and without organisational authority the alternate discourse of practice that staff held was marginalised.

A second limitation to the transformative potential relates to the discourses of participation that circulated in the service users’ and families’ account of the service development project. As the chapter has demonstrated, more than one meaning for participation in organisational and service development activities was made available in service user/family accounts. In one version, the valency of the participatory process lay in its effectiveness to achieve service development decisions that were the responsibility of organisational and government actors not included in the process. This was most apparent in Gino and Trent’s accounts. In the second version, the valency of the process lay in being able to take part in the process itself, to have a say and to be heard in an organisational deliberation that mattered to all. In this version, effectiveness of participation was not dependent on achievement of change, although change that was agreeable to all was desired and hoped for. This was apparent in, for example, Vera, Derek’s and Cathy’s accounts. Where agency for change rested with the service provider or DHS, the experience of the process in terms of individual transformation was more limited than where agency for change was associated with dialogue in the participatory process. In
summary, I argue that these findings demonstrate that different versions, or discourses, of participation circulate in a participatory activity, and impact on participants’ sense of their own agency as actors in the process.
Chapter five: the Resilient Kids setting

Introduction

This chapter presents the findings from my analysis of the data from the Resilient Kids (RK) setting. The chapter comprises three main sections: introduction; findings; and a discussion of transformative potential and the tendency to reinscription in this setting. Each section is divided into a number of sub-sections. The introduction includes three sub-sections. The first summarises selected literature that examines the meanings of mothering in extreme circumstances in the dominant discursive formations that circulate in the service delivery setting (SDS). The second summarises my analysis of organisational documents relating to RK service delivery. The third provides an overview of the implementation of the participatory process in the RK setting and my role in it. The findings also include three sub-sections. The first discusses researcher positionality in the interview texts. The second presents findings on the mothers’ agency in the service delivery setting. The third explores the meanings of the participatory process made available in the participants’ talk and the transformative possibilities of the participatory process. The final section of the chapter includes a discussion of the findings on the transformative potential of the participatory process and the tendency to reinscription in the context of the literature presented at the start of the chapter.

In order to give context to the literature, the following provides a brief description of the parents whose children used the RK service. All those who took
part in the participatory process were women and sole parents, as were the majority of parents of children using the RK service. All were housed during their period of involvement in the project, but all had endured intermittent homelessness and housing insecurity for a number of years. Many had been victims of family violence, and all were clients of the Child Protection (CP) system, family services and/or homelessness and housing support services. Most were on a government benefit or a low wage, and poverty compounded their experiences of other hardships. The RK service provided a short-term, group-based therapeutic intervention for school-aged children to help them interpret their experiences and express their feelings, in order to build their resilience and self-esteem. The mothers saw the RK service as a non-judgmental refuge from the more punitive interventions of the CP system and the narrow focus of other services. It provided their children with somewhere special and safe where they could explore their experiences and feelings, and assisted the women in their task of mothering in extreme circumstances. Additionally, the RK workers often provided the mothers with informal advice and assistance that they also regarded as helpful.

**Dominant discursive formations on mothers in extreme circumstances in the literature**

There is limited empirical literature that applies discourse analysis to the homelessness experiences of women, particular mothers. The majority of literature relating to homelessness and women relates to causal factors and effectiveness of interventions. Very few studies include women as participants in the research
process. This is also true of the broader body of research that relates to mothers who are marginalised by low income and/or other experiences (e.g. drug addiction or being very young). The most coherent body of work that takes a discourse analytical approach to mothering in extreme circumstances relates to women who are clients of CP systems. Its relevance to this study relates to the service user participants’ involvement in the CP system, and attention paid to this in their accounts of service use.

A number of authors have pointed out how the systems that are set up to protect children fulfill a different function: that of protecting societal norms relating to mothering and what it means to be a good mother (Mass & Van Nijnatten 2005; Smeyers 2010; Hennum 2011; Van Den Mieroop 2011). These systems protect a culturally held image of appropriate motherhood, creating an underlying morality that functions as a standard against which individuals are measured and found to be deserving/undeserving (Breheny & Stephens 2009). Micro-analyses of service system interactions demonstrate how a governable subject is produced and perpetuated through a series of data collection practices that see the individual mother as a collection of risk factors that need to be managed (Brown 2006). The risky mother then has to be fixed by the system: this requires making the mother responsible for her failings, and focuses professional intervention on fixing these failings (Mass & Van Nijnatten 2005; Brown 2006; Schmid 2010). Help that the mother identifies for herself is ignored (Brown 2006), as are alternate explanations for why she is in a place of difficulty (Gillies 2005; Mass & Van Nijnatten 2005; Brown 2006).
These micro-analyses also reveal the societal work done by the systems that regulate mothering in extreme circumstances, and make central an ontology of moral judgement that relies on individual explanations of disadvantage and exclusion over structural ones (Mass & Van Nijnatten 2005). The neoliberal discourse understands individuals to be autonomous players in a marketised society where people make decisions based on material or economic considerations and/or their own self-interest (Breheiny & Stephens 2009). Breheny and Stephens argue that this leaves mothers who are reliant on state assistance in a double bind. When they use their system knowledge to get the best for themselves, they are seen to be ‘playing the system’ for their own ends (i.e. rational but immoral). When they reluctantly accept welfare because they have no other choice, they are seen to be morally acceptable but irrational because they then have to be enticed and coerced by professionals into doing what is best for their child. Two important aspects of the mothers’ experiences are subjugated here. Firstly, the impact of poverty on the resources they have available to them to deal with their situation, including the demands that the regulatory systems place on them (Gillies 2005; Mass & Van Nijnatten 2005; Brown 2006). The second is the value of mothering in its own right, which can only be acknowledged if the individual is outside of the welfare system and in a breadwinner family unit (Breheny & Stephens 2009).

This decoupling of poverty and gender from explanations of social problems can only occur because subjects’ lived experiences are marginalised and subjugated in the processes that reproduce these taken-for-granted understandings of mothering in extreme circumstances (Breheny & Stephens 2009; Messmer & Hitzler...
The processes of ‘clientification’ exclude individuals from discursive practices that then derive professional practices (Messmer & Hitzler 2011). One effect of this is that practices that have been set up with the intention of being participatory are reduced to mechanisms whereby service user input is reduced to feedback (Brown 2006; Schmid 2010). Parents’ attempts to identify interventions that they regard as helpful are ignored, or recorded as being unco-operative (Brown 2006). Their explanations are given less weight than those of professionals, or excluded from what is contained in sanctioned documents (Hennum 2011). Hennum argues that these exclusionary practices have the effect of silencing voices that might bring an alternate understanding to parenting in extreme circumstances, thus limiting the possibilities for effective intervention.

For clients of the SDS, identity is constructed within a complex web of professional and institutional practices that organise modern capitalist society (Brown 2006). Brown refers to Dorothy Smith’s work on the ‘relations of ruling’ and notes the contribution these make to the struggle and oppression in the lives of women caught up in the CP system (Brown 2006). In this context it is impossible for alternate explanations to be sanctioned, and oppressive practices combine with the underlying moral ontology to ascribe limited and devalued identities onto those who are mothering in extreme circumstances. Dichotomous identities are made available that reflect individual responses to the practices produced by the relations of ruling: abusive/caring parents (Schmid 2010), deserving/undeserving mothers receiving welfare (Breheny & Stephens 2009), deviant/conforming mothers (Van De Mieroop 2011), safe/risky mothers where the object of safety/risk is not the
individual mother and child but the social fabric and norm of mothering (Gillies 2005). In each case, risk and failure is attributed to the individual and away from structural and systemic causes (Smeyers 2010). These are identities that are produced by institutional practices that also place the individual mother as an outsider to the processes that formulate possible identities (Mass & Van Nijnatten 2011; Messmer & Hitzler 2011). When an individual or class of individuals are excluded from the negotiations of meaning within institutional practices that govern social experiences such as homelessness or mothering, any resulting identity becomes unreliable and subject to contestation (Messmer & Hitzler 2011).

A number of studies focus on the ways in which mothers use the system strategically to get their needs met, subverting and resisting the ascription of institutional identities (Bogard 1998; Van De Mieroop 2011; Gueta & Addad 2013). Institutional practices of describing and classifying family life function as ‘liminal bridges’ that served to move children and their families from one category outside of the professional gaze to one subject to it (Hennum 2011, p. 342). The liminal moment can be understood as the point at which institutional practices intersect with individuals’ unique experiences. Brown suggests that the risky mother identity emerges at the point where institutional practices intersect with mothers’ lived experiences, made problematic by the discursive relations of ruling of modern capitalist societies (Brown 2006). Hennum (2011, p. 341) argues that it is possible to intentionally disrupting the ‘transformative performance’ that categorises individuals through the legitimation of their voices and unique experiences within institutional decision-making processes.
Analysis of Children’s Resource Worker – Core Functions

As part of the analysis for this study, I undertook a deconstructive analysis of the Children’s Resource Worker – Core Functions (CRW-CF) document (Department of Human Services 2006) (see Appendix D.2 for the situational map). This analysis centres the child, constructing them as individuals in their own right with unique responses to homelessness and family violence. There are three references to ‘children’ and four to ‘children and families’ in the single page CRW-CF document. Children are constructed as potential users and consumers of information, resources and services, but only in conjunction with their families: in the context of the SDS, they are not seen as distinct or separate. The CRW core functions include:

*Supporting and/or initiating regional research programs relating to children and families...Provision of information on resources available to children and families...Individual counselling for children and families.* (Department of Human Services 2006).

In the SDS, ‘children and families’ are constructed as a single entity, and their roles are limited to need, and receipt of services. Broader constructions outside of the SDS are implicated or silenced. These combine to have the effect of obscuring the power relations within families, and marginalising the parent-as-actor in the child’s lifeworld and the SDS. The focus on a decontextualised child has the effect of silencing the parents/families who become implied or silent actors. Since children can only access the RK service on the basis that their parents are clients of family violence or homelessness services, this discursive marginalisation of the parent as an actor in the practices that produce and are produced by
understandings of homelessness serves to marginalise them as decision-makers in the RK service delivery context. Finally, the genericised family identity also obscures the way that power accumulates intersectionally in terms of gender, and serves to marginalise the particular ways in which mothers experience homelessness.

Professionals working in the SDS are constructed as agentic actors in the provision of services where the SDS is the primary site for action. There is no active role for children and families, other than as receivers of professionally identified and designed support:

*Secondary consultation on a range of issues impacting on children experiencing homelessness and family violence...Raising awareness of the impact of homelessness on children within the SAAP sector and other related sectors. (Department of Human Services 2006)*

This produces children and parents as subjects of professional knowledge and practice, implying a single knowledge of the problems of homelessness and family violence that can be addressed and how to help. This marginalises alternate ways of knowing that children and parents may have that are derived from their experiences of homelessness and family violence. Dichotomous relations are constructed where there are passivated children and parents who need assistance because of their experiences, and different, activated professionals to assist them. Community development is constructed in terms of what the professionals will do: children and families are omitted from an active role:
Community development constitutes staff participation in regional and state-wide initiatives. Development of cross-sector links in the community including local council, education, health, family violence, child protection and early childhood services. (Department of Human Services 2006)

Efficacy of outcome rests with the professionals providing assistance, and whilst children and parents may actively use information, resources and services, these are produced and provided on the basis of professional knowledge. This constructs a dichotomous world where there are actors who provide and actors who receive services, a reductive construction that focuses on problem solution or amelioration. What is also marginalised is the possibility of other kinds of relationships between these two categories that might be based in a common humanity and from which other possibilities and actions might be derived.

An overview of the implementation of the participatory process in the RK setting

In this setting Gretchen led the implementation of the service development project from the start. In the early engagement and design stages, I worked closely with her and later assisted with a number of project events, including the two workshops with all participants. I had met two of the mothers, Adele and Brady, who later took part in an interview and I knew all but one of the Wesley staff and managers from other work I had done with the Wesley Housing and Support Service (WHSS). I had also met the DHS participants at project events. This setting also had ongoing involvement from DHS and three of the four DHS participants took part in interviews for this study. As Gretchen’s line manager and as the overall lead for the
service development projects across the organisation, I was also aware of the general progress of the project and the various tensions that arose along the way. Gretchen had developed a close relationship with the mothers so that they felt safe and supported to take part actively and authentically, confirmed in their interviews. Staff also reported a positive experience of working with her, in particular her understanding of the issues faced by the families they worked with, her familiarity with their practice and respect for their work. These close and valued relationships impacted positively on the interviews. I explore this further in the next section on researcher positionality.

This setting was marked by staff turnover within Wesley and at DHS. Over the period of the project, three officers from DHS took part in its activities at various times. There was also a change in personnel in the WHSS program manager and executive manager positions at around the same time, part of the way through the project. Each of these changes in personnel represented a break in continuity, and although the new incumbents were committed to the service development projects, they had multiple and conflicting priorities to manage. In this context, it took each person a little time to understand, engage and commit to project activities. The service co-ordinator, Brian, and the service staff were consistent throughout, although Martha went on maternity leave around the time that the executive manager left the organisation.

The WHSS comprised multiple services, the majority of which were DHS funded. The RK service was not: instead it had been designed and developed by
WHSS staff, including Martha and Nadifa, to meet a gap that they saw in the SDS. At the time of the project, children experiencing homelessness were not recognised as needing specific support in their own right, and were categorised as ‘accompanying minors’ in the adult homelessness system. Whilst the service had attracted philanthropic funding and had been running for five years, its location outside of the government funded service system meant that it occupied a marginal position in relation to other government-funded services. I argue that this impacted on the sense of disempowerment that the staff felt, in the power relations that they experienced in the SDS. I explore these contentions later in the chapter.

There is one final contextual issue: my own experience of having to care for my children for several months while I had nowhere to live. At the time I did not consider this a period of homelessness, which I associated with rough sleeping. I was able to stay in a friend’s spare room with my two primary school-aged children, whilst I sought and eventually found appropriate and affordable rental accommodation. During the introductory workshop with service users, which I co-facilitated with Gretchen, as I listened to the women in the workshop talking about their experience, I realised there were elements in their stories that resonated with what I remembered of my experiences. The feeling of uncertainty, being scrutinised and the lasting, constrained financial circumstances were a shared experience. At this point in the project, I did not speak about my own experiences, and recorded the following observation in my project journal:
I decided not to talk about this - not to them, nor to Gretchen – because this is their space, not mine. [...] I think it was necessary for me as a researcher to maintain that boundary so that I could create a safe space for them to come into contact with each other in relation to their present experience – their coming into contact with me needs to be around something different – our work together in this pilot project. This is not about objectivity – my memories helped me feel their experiences, and enabled me to respond with empathy. (Project journal, p. 51)

However, I did mention my experience in my interview with Adele. In the next section, I explore this further, and argue that there is no simple alignment, but complex ‘inside/outside’ positioning related to the tactical work that gets done in research interviews. In particular, I suggest whilst I may have shared some experiences with the women that potentially place me ‘inside’, other, more enduring factors privilege me and locate me ‘outside’.

Findings

Positionality in the respondents’ accounts of the participatory process

Following on from my previous comments about my “inside/outside” location, this section explores how the participants’ positioned “me” in their talk, and the implications of this for data analysis. I begin with a detailed exploration of how the mothers positioned “me” in their talk followed by an exploration of the discursive construction of the organisation and SDS and “my” positionality within the staff narratives.
Positionality in the mothers’ talk: the researcher as listener and ally

The positions made available for “me” in the mothers’ talk related to the point of intersection of the organisational/system arrangements and the mothers’ lived experiences. Although their talk about the participatory process in the service development projects included me in their ‘we’, in relation to their lifeworld as a whole, it did not. It was important that I remained a part of the SDS as one tactic for achieving a preferred identity. The following two sub-sections explore my positionality in the mothers’ talk in more detail.

In the first place, the positive interactions between Gretchen and the participants extended to the relations between the interview respondents and me as researcher. There was continuity between the activities within the project and the reflective space the interview provided. Whilst I found these applied to interviews with all participants (mothers, staff, managers and DHS officers), in this section I concentrate on the meanings made available for “me” in the mothers’ texts. In the following example, Camille is talking about her positive experience of working with Gretchen:

I’m normally shy [...]. Afraid of what to say. That my answer’s not the right answer, or I’d have no input or nothing to help the project. But with her, it was like, natural. You could just sit there and talk about how you were feeling and be able to express that, and not feel like you were dumb or you didn’t have anything to say. (Camille, mother)

In my interview with her, Camille spoke at length about how the RK service had assisted with things that mattered to her, what constituted helpful/unhelpful
service delivery and her experience of taking part in a service development process.

I saw none of the shyness she referred to, and argue that this resulted from her experience of working with Gretchen. In my interviews with Brady (whom I had met once, in the program logic workshop) and Adele (whom I had also met once, in the introductory session for service users), the theme of listening was combined with having control within the interview space to talk about what mattered to them:

“I just feel like every time I’m around you, it’s blah blah blah. Nobody’s actually asked those sort of things. You maybe get therapy, but that’s on other things. Nobody’s actually said, how can this service be better, or what kind of services would actually be useful to you. Nobody asks you that so [...] you’re gonna get a lot of stuff. You’re gonna get a long story. (Brady, RK mother)

Adele and Brady digressed significantly in their interviews from the questions I asked them, telling me about the things in their lives that were important to them. Adele spoke at length about how she overcame system inactivity so that she and her son were able to survive prolonged violence at the hands of her son’s father. Brady gave a number of different examples of how she redefined and challenged practices that SDS workers imposed on her when she felt they were not helpful in terms of how she understood her work as a mother.

By positioning “me” as a willing listener in their talk about the SDS, the mothers located “me” within that system, and as an ally interested in their lifeworld. Importantly, this also provided me with interview data that I had not expected, and the analysis of this wider-than-anticipated input gave me an opportunity to compare SDS power relations with those made available by the
participatory process. These digressions yielded rich data for me and provided the mothers with an opportunity to use “me” tactically to negotiate a preferred and more agentic identity. By negotiating control in the interview space with the “researcher-as-listener”, Adele and Brady included stories that made significant their agency within their own lifeworlds, including the SDS. Adele talked about how she had found housing and protected her son from harm by his father on an access visit. Brady related how she had managed to keep studying whilst living in a tent, and how she had begun to demand support on her terms from their family services worker. I explore these findings more in the following section on service user agency, but here want to emphasise that this negotiation of preferred identity was made possible by positioning “me” as the researcher willing to listen but located at the boundary of the SDS and therefore a relatively powerful identity within that system.

The mothers’ tactical use of the “powerful-enough interviewer” and the importance of keeping “me” at the boundary

The second aspect of positionality relates to the source of the agency ascribed to “me” by the mothers. The respondents’ ability to negotiate an agentic identity for themselves relied on a subject position for “me” that was relatively powerful. Its location within the SDS is significant in this regard and applied equally to staff and service user participants. Brady’s statement (above) that I would ‘get a long story’ because nobody had ever asked service users for input before does not separate “me” as interviewer from “me” as agentic organisational actor. Whether
“I” am interacting with her in the participatory process or in a research interview, “I” am positioned within the service delivery world, but agentic in facilitating a space in which alternate meanings of service system events could be legitimated and brought to bear on organisational decisions.

This process of aligning one’s self with a powerful other, however, did not equate to “my” inclusion in “their” lifeworld, and appears to be more of a tactical use of “my” position. The mothers used this insider/outsider location as a means of legitimating what was of value to them in their experiences of the participatory process. This is most clearly illustrated by considering what happened in the interview with Adele where I briefly shared my own experience of being homeless:

Sarah: What it made me realise [when I heard you talking in the introductory group session] for the first time was that actually I had had a period of homelessness. I’d never thought of it like that. And that pulled me up short.

Adele: Yes, it’s a bit of a reality check. It really is. It’s a shock [...]. There are maybe people who wouldn’t ask for help, or know where to find help because they don’t actually recognise that’s what’s going on. (Adele, service user)

Adele’s response is ambiguous. On face value, it is not clear whether she understood that what had pulled me up short had not been the experience of being homeless, but realising that my experience could be defined as one of homelessness. At first, I dismissed this as her misinterpretation of what I had said. But on further re-readings, I understood her statement to be performing an important tactical function in relation to where “I” was positioned. By keeping her response to an impersonal third person, Adele situated “me” outside of her
lifeworld. For Adele, “my” positionality is thus associated with my role as organisational actor in a sanctioned process where she could negotiate a preferred identity associated with a more powerful subject position. This is summed up in the following statement:

[My involvement] made me feel a bit differently about myself. It made me feel that this is a circumstance. This isn’t me. This isn’t who I am. And the fact that I’m participating and I’m offering some good ideas makes me realise that […] because I’ve lived it, that it might have an impact on my future. [...It made me realise that] you’ve got something that’s helping us and could make a difference. It could actually make a difference to the whole situation in future. (Adele, service user).

If Adele positioned “me” within her lifeworld (i.e. recognising my experiences as similar to her experiences), then “I” would have lost my potency in offering this alternate possibility. In this statement, ‘us’ does not refer to the participants in the participatory process, but to other women who experienced similar circumstances to her, i.e. not “me” but other service users. It is the need to ask for help rather than the experience of being homeless that is what Adele’s statement makes significant. In my reading of her account, what separates “me” from Adele is her experience of service use. It is in this experience that the impossibility of “Adele” and “I” occupying the same subject position (or myself and any of the mothers) lies. I argue (and will argue further in the next section) that what the mothers were resisting was the meaning and value ascribed to their experiences of homelessness in the SDS. In the participatory process, their material experience of homelessness became a resource that was valued, whereas in the SDS the experience constructed them as risky, dangerous and in need of professional intervention. In this reading of
Adele’s response, it is not in the least bit ambiguous: the experiences that we do not share are more defining and delimiting, in the context of the interview, than the one we do share.

**Positionality and the discursive construction of “Wesley” and the “service delivery system” in the staff narratives**

The ‘service system’ was ubiquitous and significant in the participants’ texts as the ultimate location of control over decisions relating to almost every aspect of service delivery. In their narratives, participants referred to the SDS or DHS as impersonal, objectified actors, and positioned themselves in relation to this. In the narratives of the DHS officers and two Wesley managers, this was a benign but taken-for-granted representation. Throughout the narratives, control remained obscured and its precise operation impossible to locate. The following extract from Celia’s narrative places an objectified actor, ‘Canberra’ at the top of the power hierarchy:

*Canberra has a bundle of money that it doles out to the states, that it has to balance its priorities as well, then the states have to balance all their priorities, then it comes down to the region […] and ultimately it gets down to the providers who are trying to balance not burning out their workforce with supporting their client base with meeting reporting requirements, and everybody’s being pulled in fifteen different directions, and when you actually look at it, the processes are very similar at each level, but there’s this lack of understanding up and down the line of the drivers and enablers for each of the levels. And the poor clients at the bottom of the heap going, just bloody help me. I wouldn’t be here if I didn’t need help. (Celia, DHS officer)*
Her reference to ‘drivers and enablers’ suggests there are different, and possibly competing meanings and values at each level but these do not become the focus of dialogue or negotiation. The result is that there is nothing to disrupt the self-perpetuating view or notions of priority set by one group of people for another:

Whereas we’re comfortable, well-fed bureaucrats who live in a well-paid world [...] without having the real visceral understanding of what it’s like to be homeless. We haven’t got a clue, to be perfectly frank. So all of our judgment sets are quite different. (Celia, DHS staff member)

Celia’s description of the relations that connect the obscured power in ‘Canberra’ to a ‘client’ constructs system relations as a linear chain, with negotiation possible within each level but not between levels, supporting Newman et al’s (2004) argument that whilst it is possible for user involvement initiatives to influence local decisions, it is much harder to influence decisions in the strategic centre of a system. The ‘client’ is situated as a passive recipient at the end of the chain. In this account, ‘Wesley’ is another functional and collectivised entity (underlined) whose agency relates to its location within the service system:

It was good to have a stronger knowledge around Wesley, and what they were planning around the program. (Abbie, DHS officer)

I think, clearly, Wesley already have a very strong focus on and a commitment to reflecting on service development, service outcomes and further developing their service. (Barbara, DHS officer)

In each of these examples, ‘Wesley’ is constructed as a non-human actor, but the objectification of identity obscures the control and decision-making within the organisation. In this obscuring of individual functions within the organisation, it is
also hard to discern how “I” am positioned. Whilst one reading might be that this is a result of Abbie, Celia and Barbara not knowing individuals within Wesley, this was not the case in the participatory process. I argue that the extension of the functionalisation to relations within this process stands for the taken-for-granted power relations that govern the SDS and positions “me” as a function within the organisational function ‘Wesley’. For the Wesley managers and staff, ‘Wesley’ was less visible than the service system, particularly in its representation as ‘the Department’ or ‘DHS’. Ruth, who was my peer on the executive, referred to a ‘we’ (underlined) that appeared to include all system and organisational decision-makers, caught up in the ubiquity of the system:

_We artificially separate and diagnose users of our services to fit [our services] and we mask it around this, ‘coz we delivering you a special service and we know what your needs are, and in fact the service structure just builds more barriers and we make them fit more boxes. [...] And we keep crafting and using different jargon or using different names, but we haven’t really changed the way [we] should be working with clients. (Ruth, executive manager)_

Here ‘we’ is the actor in the provision of services that do not necessarily meet people’s needs, but where there is no choice. This is important because agency for change is omitted or obscured. These texts construct a version of the SDS that is everywhere hard to pin down and hard to resist.

The service delivery staff’s talk constructed a more localised view of the SDS, but associated with similar relations of power and disempowered subject positions for staff. What was most striking in their talk was the sense of disjointedness within
the service level. Personnel from DHS were referred to as ‘DHS’ almost ubiquitously by both service user and staff participants, and were rarely named or given a unique identity. In their talk, the three frontline service delivery staff and the service co-ordinator had narrow inclusion for ‘we’ and ‘us’, generally referring only to the RK team and sometimes to the broader group of workers in the WHSS program (particularly for the service co-ordinator). ‘We’ did not include the service users and generally omitted Gretchen, me and other Wesley staff. The position they constructed for themselves within the service was also marginalised, compared to other roles and functions, with negative impacts on their sense of professional efficacy:

_We’re not [case] workers. We’re not case managing families and this is an overwhelming problem, that I’m seeing the kids once a week, and it just feels like an endless battle to get anything for this child. And what are we doing, and what’s happening?_ (Odette, staff member)

This lack of agency was also apparent in their talk about the service development project, where it was ‘Wesley’ or ‘management’ who would determine what would happen at the end of the service development project, to which the service staff would then respond. Whilst ‘Wesley’ and ‘management’ were presented as relatively benign, they were also impersonalised and functionalised identities, where it is hard to locate agency and consequently limiting the possibility for local action.

The functionalising of identities masks the ways in which power operates in the SDS to reproduce dominant ways of understanding unique experiences of
homelessness and poverty. Within these relations, the position/s made available for “me” are either taken for granted (“I” am one of the many functionaries, within a functionary organisation) or ambiguous (“I” am not ‘of’ the service, but I am ‘of’ Wesley). Where the talk does identify specific interactions in which I was involved, “I” am constructed as an efficient and capable process facilitator within the SDS context. Although the participatory process was unanimously appreciated, particularly because it gave staff access to service users’ versions of the SDS that were novel to them and significant in shifting their understanding, the impetus and decision-making in the design and implementation of the project was omitted from discussion. This had the effect of constructing an identity for “me” as a powerful system functionary, reducing my efficacy as a potential agent for change. In reducing “my” efficacy, each participant also reduced their own efficacy and control, and reinforced a construction where ‘staff’ are subjectivated by the same institutional practices that govern the service users.

**Service user agency in the SDS**

In their talk, the mothers resisted the inscription of the ‘risky mother’ identity, negotiating alternate version/s that emphasised their capability, resourcefulness and resilience. They did not deny their need for assistance, and welcomed ‘good’ help, but they wanted a say in the help they needed and how they received it. Moreover, they sought an alternate explanation for homelessness that did not rely on a narrative of personal failure, where ‘risky mothers’ need to be
protected from their own uselessness. The mothers’ accounts drew on alternate explanations and offered redescriptions of their experiences in more hopeful and empowered terms.

**Negotiating a capable and resourceful identity in a dangerous system**

In the first place, the CP system featured more strongly in the women’s accounts than the homelessness system. Brady, Adele and Dora all recounted various negative interactions with CP workers and/or its subsidiary systems (out of home care, family services). The following extract from Brady’s narrative is one example. Here she is talking about ‘DHS’:

*They’re like, well you have to talk to us right now. You have to have this meeting on this day. It’s not like when you make a time with someone and it’s like a mutual thing. It’s like, no! You should see us then. And then they start making you feel bad about classes and things like that. But I think that what they sometimes do is that they are breaking down all your supports. You’re trying to say, well, this is actually important to me. These things actually regulate my life and give me a sense of purpose and a sense that life will get better. (Brady, service user)*

The ubiquitous sense of the power relations that Brady was subjected to is carried in the generalised second person ‘you’ and obscured ‘they’. The lack of purpose for the demand to ‘talk to us’ emphasises the function of bureaucratic control over an alternate more helpful dialogue. What is important to her (underlined) is backgrounded in the text and subsidiary to the foregrounded discussion about meeting system requirements. The obscurity of the operation of power is both
discursive and material: it is hard to negotiate when it is not possible to identify the decision maker. Equally, it is hard to negotiate when one’s own meanings and priorities are made invisible by a language that focuses on the present, and on conformity with institutional practices rather than an individual’s broader lifeworld and lifetime horizon. The reality was, for these three women, the risk of non-compliance could result in the removal of a child from their home. These are high stakes indeed. Even in the less punitive housing system, the risk of non-compliance with system requirements was made significant:

You don’t really get a choice, because if you need housing, then you need to do what they need you to do. It’s not something that you can actually participate in, and say, OK, well, I’ll stop now, and I’m walking away, and I don’t want to have these questions any more. (Camille, service user)

Camille’s statement indicates her position in relation to the objectified ‘they’ of the system, and the difficulty of ‘participating’ in a negotiation around how the interactions might happen.

It is in the context of this hostile system that the women sought to construct a preferred identity for themselves. There were two ways in which they did this. The first was to emphasise their capability and resourcefulness as mothers caring for their child/ren in extreme circumstances. The second relates to constructing the system as failing them, as a counterpoint for their own ability to care for themselves and their children.
In the first, the mothers used the research interview to tell stories that emphasise their capability and resourcefulness, something not readily available to them in their interactions with ‘DHS’. In the earlier example, Brady’s view of capability and resourcefulness as a mother collides with what the system requires, based on an obscured, non-negotiable construction of what it means to be a ‘good mother’. Brady accounted for her experiences prior to getting a house on her own terms:

I was living in a tent for three months and I was cold and it was windy. [...] I thought I do have survival skills, but a tent that you buy in Darwin is not exactly the tent that you wanna live in in Melbourne when it’s at least twenty or thirty degrees cooler than it is in Darwin. So it wasn’t a normal life. I was studying the final year of uni, so I was pretending to be a normal person, and I was handing in assignments that and I was coming back to a tent in a caravan park. Coz I did the slum lord thing, getting all my money taken off me and being homeless again, and I’d given up and I just set the tent up. (Brady, Service user)

This account emphasises her resourcefulness, skills and persistence in the face of adversity. This stands in contrast to the ‘system’ judgements about her capacity as a mother, made on the basis of what she was unable to provide for her daughter or herself. This led to the immediate but unhelpful outcome that she was regularly scrutinised by a CP worker and offered a computer to help her with her studies, despite living in an unpowered tent.

The second way of constructing a preferred identity was to shift the blame for failure and incapability from the mother to the system. This was apparent in Brady and Adele’s narratives. Their accounts describe an inept system where
individual workers draw on a knowledge base to inform what they do that collides with the mothers’ meanings for their circumstances. This is best seen in Brady’s narrative. Here, a family services worker, concerned about Juliet’s nutrition and general health, opens Brady’s curtains without asking her:

When you’ve been homeless, [having a house] is a sense of a haven, even if it’s messy and even if you’ve got crap everywhere […] I think that workers might think, she needs to open the curtains. She needs more sunlight. But that’s just one example of just violating. […] I think that if you worked with the family more, and worked on things, safety and security, they may open them, but I think it’s not up to you to go and open someone’s curtains. (Brady, Service user)

The functionalised ‘worker’ and use of second and third person statements (underlined) to describe an event that Brady was involved in construct these actions as generic events imposed on her as a genericised client, rather than a specific event where action and meaning can be negotiated. Brady becomes the passivated subject of professional knowledge about nutrition and health, and is acted upon by a ‘knowing’ professional – although in her view, the professional is wrong in her understanding and actions.

A second example comes from my interview with Adele that included a long account of her experience of family violence. She constructed herself as agentic in keeping herself and her son Harry safe when ‘the system’ had placed him in a dangerous situation in relation to overnight access visits to his father’s home. In my early readings of Adele’s interview, I thought this was a digression away from the focus of the interview because it appeared to have little direct bearing on either RK
or the participatory process. As my analysis developed, however, I read it differently: as one example of the way in which the capable mother identity is a subjugated formation, with discursive and material consequences. At the centre of the account there was a contested space about knowing how to ensure the safety of a mother and her child. Adele had left her partner because he was violent to her. During the time she lived with him, he had not been violent to her son, Harry, but she said she ‘knew’ that this would happen at some point during his visits to his father. Her attempts to express these concerns to the CP workers and the Family Court were ignored, in preference for the father’s right to see his son:

_The courts would never listen to me. It was just, he’s a father and this is what it is. They didn’t want to look at the history, his record, what had happened to me. And then finally it happened. And they did listen._ (Adele, Service user)

In her account of what happened, it was Adele and her son themselves who were agentic: they had set up a secret system of phone messaging so that he could alert her if he felt afraid. When Harry contacted her in this way, she was able to alert DHS and ‘luckily they acted’. Adele’s account does a number of things that are important. Firstly, it makes her agentic in relation to her son’s safety. Secondly, it centres the knowledge that comes from her unique experience of male violence and activates this in relation to activities to keep her son safe. Finally, it de-centres and exposes the professional knowledge on which the systems designed to keep children safe from violent parents are based, including the notion of rights and responsibilities that are derived from this knowledge base. In Adele’s account, it is the system that appears to be inept and risky, not the individual mother. It is also
an example of the risks that come with discursive formations that ignore gender and the power relations within families, such as the discourse that circulated in the CRW-CF.

Taking up the help on offer: agentic use of system resources

Needing help was a contested notion in the women’s narratives. They did not deny the difficulty of their situation, nor their ongoing, on-or-off or occasional need for help. However, needing help was associated with a diminished sense of agency.

[The family services workers are] supposed to sort of help you get with parenting. Give you parenting advice, and that kind of thing. But one of them came over, and she opened my blinds. Here I keep them open, because there’s trees in front of the window. But at the other place, it was on the street. I remember she opened my curtains. And I know that doesn’t sound like a lot, but that’s quite violating. That’s quite invasive. (Brady, service user)

One tactic the mothers used to counter this sense of dependency was to account for outcomes that they valued in terms of what they had done to make things happen. Adele’s account of how she found her current home centred her actions, whilst marginalising those of the SDS. Dora’s account employed a similar tactic, but constructed a double-edged understanding of help. She explained how ‘DHS pushed my case really quickly’ (helpful, but where she remains a passivated ‘case’) and found her somewhere to live in public housing, but on the other side of town from her son’s school. In her account, she talked about the importance of maintaining
Ricko’s education and how she solved the problem of getting him to and from school, a problem that had been caused by a system action. In her interaction with me, she accounted for her actions as an agentic and responsible mother, with her own version of how best to assist her son that ‘the Department’ ignored:

_They sort of shrug their shoulders over RK. A couple of times, they weren’t really interested in how much Ricko was gaining from it, whereas in that sense, I sort of saw him grow up that little bit from those groups._ (Dora, service user)

In her account, Dora moved between being a passivated subject of the housing system and an activated subject in her own lifeworld as a mother whose unique knowledge of what her children needed was marginalised at the point of intersection with the SDS.

A different version of needing help was made available in Camille’s narrative, where she placed value on the help she was able to access. I argue that this was another tactic to position her as a capable mother who used the resources available to her to improve her situation:

_I remember the thing that opened my eyes was, I kind of was more not allowing my child to really express her feelings, but when she’d go [to RK], she could do that and when she was at home I couldn’t handle it sometimes, and I just didn’t understand. And I think during the program and talking to the workers, they really helped me, and helped me to allow her to express her feelings, and that […] was one of the things that changed us._ (Camille, service user)
Camille’s account is discriminating about the help on offer, and the organisations providing it: ‘I had organisations that I would never ever go back to’. I argue that the way her account moves between good/bad versions of receiving help emphasises her agency in taking up help that was useful to her and avoiding diminishing help experiences. In doing this, she negotiated a position for herself that was both subject to ‘the system’ and activated in being able to use it in ways that were meaningful for her.

The claim of efficacy for outcomes is associated with what is meaningful to the individual, rather than ‘the system’. In telling these stories, Adele and Dora shifted the service system actions from central institutional practices in which they were subjects to a peripheral resource that they, as capable mothers, drew on in their achievement of meaningful outcomes. Since encouraging and supporting individuals to find and sustain housing is a stated intention of the service delivery system, it would be possible to read these examples as a demonstration that the system works in the way it intends. The women’s accounts, however, were very different from Brian’s description of the work that staff do with housing clients. In Brian’s account, institutional practices are based on a professionally derived knowledge of homelessness: ‘There is this expertise, this body of knowledge of…and if you let the clients drive things too much, are they gonna take wrong turns etcetera?’ The institutional practice is at the centre of this account, and the unique experiences of the individuals are marginalised because ‘the homelessness is already there’. What shifts between the staff/mother accounts is the relation between subject and object. In their accounts, Adele and Dora resisted being
objectified by an institutional practice that claimed control over what is achieved for them (housing as the object). Instead, they made the system an object within their talk about mothering in adversity, where they were agentic and capable mothers. By accounting for what and how outcomes were achieved the women positioned themselves agentically, able to identify their own problems and concerns, rather than only being positioned as passivated subjects of the SDS whose practices inscribed their lived experiences with meaning, regardless of their own understandings and possible actions.

**Transformative mechanisms in the participatory process**

The participant narratives produced an account of the participatory process as an alternate experience of engagement in the service delivery environment. Consistent versions of the participatory process were made available in the mothers’ and professionals’ narratives, with some variation in some aspects of the latter. The mothers’ narratives placed value on the ways in which their participation had enabled them to take up more agentic subject positions within the service setting, and had played a part in extending their agency outside the immediate RK setting. The staff narratives also placed value on the new understandings available to them and the meanings that were not available or were subjugated in mainstream arrangements. In addition, staff were able to see the value of the process to the mothers. Despite this, there was no change at the service level. I argue that this is associated with the hegemonic effects of the dominant discursive
formations on ‘risky mothering’ that circulated in this setting and the disempowered position made available to staff in these formations. I discuss this further in the final section of this chapter.

**Having control over one’s story**

In all four of the mothers’ narratives, the participatory process was constructed as providing opportunities to challenge the deficit identity inscribed on the mothers by the practices of mainstream service delivery. Their talk made comparisons between their interactions within the SDS and those in the participatory process. In the mainstream setting, the mothers did not ‘generally get asked’ what they thought about services (Brady):

*I think that this is something that you don’t think about when you’re in the system and you’re just this poor, disadvantaged, vulnerable…there’s so many labels…and you just fall into it. And you don’t actually question, well how is this helping me? Or, is this actually supporting me? (Brady, service user)*

There is a taken-for-granted quality about these statements where the uncritical, non-questioning client is a co-creation of a labelling system and an individual who takes up and is taken up by ubiquitous power relations of the system. ‘You just fall into it’ is a naturalised statement that indicates the lack of agency made available to the individual who falls in. Even when assistance is provided with compassion and without judgement, it remains a disempowering experience:
Yeah, I mean as a client, you feel...pretty, I don’t know. I don’t really like asking for help, although I need it. [...] I mean to walk into Wesley, and I have done it, where I literally don’t have dinner for tonight, and they’re so nice about it. It’s like, that’s absolutely fine. You know, there’s no judgment on that, whereas out in the real world, there’s total judgement of that. But you still feel less. But then suddenly, as soon as I’m participating, I feel much more empowered. (Adele, Service user)

Adele’s statement foregrounds the diminishing experience of needing help (underlined), constructing it as the main experience of being a client, whilst the elements of the statement that describe the response from the Wesley service remain grammatically marginal and referenced by ‘you still feel less’. The more empowering experience associated with participation comes at the end of the statement, again as a minor component and an unexpected one (‘suddenly’). I argue that these two statements demonstrate that the prevalent experience for clients is one of passivated receipt of service. As such, they are positioned as disempowered subjects associated with dependency and need, regardless of their actual circumstances and actions in trying to remedy their own situation.

For the deficit client identity, there is no possibility to negotiate how a situation might be understood, nor what might be done. One example is the matter of Brady’s curtains in the previous section. This makes interactions in the mainstream SDS disempowering for the mothers and an unsafe space in which to talk about their experiences and need for help. However, the version of the participatory process constructed in the mothers’ talk was one where they had the opportunity to talk about the same issues, but in a way that was safe:
Yep, and they really dig into your background and your previous history and everything and at the end of it they write up a report based on the bad things, not the good things. Whereas [with] Gretchen, I got the good things…in the sense [that] talk[ing] about domestic violence, the homelessness, financial difficulties and everything. It was a safe place to do it in. […] Whereas, like, as I say, Department or anyone else, they’re out to nitpick the gritty bits out for their own purpose. (Dora, Service user)

Here the shift in proper names and pronoun (underlined) highlights an important shift in control over the dialogue. The content does not change, but how the conversation takes place and for what end purposes does. In the former, Dora is subject to an examination of her past, told through official records created by professionals about her and for an organisational purpose that excludes her. In the latter, there is a shared dialogue:

Encouraged to talk at your own free will. Like, you’re not pressured into having to let everything out or anything. It was that relaxed that you could let those sort of things out and talk about the issues the kids had had and everything else. (Dora, service user)

Having control in the dialogue and being able to tell one’s own story in one’s own way created a sense of safety that meant that mothers were able to talk authentically with others about the service and what it meant to them.

The mothers welcomed the opportunity to be involved in a process that tried to understand where the service fitted in their lives and the meanings they gave it. The organisational authority leant authority to their participation where they were treated as an expert in their own experience:
When you’re just going up to the workers, and saying, you’re doing good, it’s kind of not getting in depth and not being able to say, this structure has helped, and this is happening. […] So when Gretchen asked, that was like, wow, that was a good thing. It felt like her and whoever else that wanna work on this just really want to see this program thrive and wanna see the kids in a healthier and better situation than what they’re in now. (Camille, Service user)

Camille’s statement is important for two reasons. Firstly, it makes clear the difference between expressions of thanks that a grateful parent might give to a worker and contributing detailed ‘service user’ knowledge of the SDS. Secondly, through the act of having a say in a legitimated organisational process, it positions the service recipient and staff member in a reciprocal exchange that brings value to both parties. This brings about a shift in subject position from dependent client to unique and valued participant in a shared service development activity. In these statements, the service users are positioned as active agents in an organisational process valued for their unique experiences of the service system and its efficacy in supporting them.

*Shifting the narrative and performance of an alternate identity*

The inclusion of mothers as equal actors in a legitimate organisational process was not the only way in which the prevailing power relations were contested. Through the sharing of the mothers’ stories, firstly with each other and later with the staff participants and then reflecting on these critically separately and together, an alternate narrative of homelessness emerged. In this alternate narrative, ‘homeless people’ went from ‘being on drugs’ or ‘alcoholics’ (Adele) to
people who had had similar difficult experiences (Brady, Dora). Accompanying this shift in who was included in the category of ‘we’ (or, ‘people like me’) was a shift in the mothers’ understanding of their homelessness and need for assistance. Their understanding shifted from being about individual deficit to being the consequence of systemic and policy failure. Although this is not a narrative that is entirely silenced in the dominant discursive formations on homelessness, as is clear in the staff narratives, it is decentred and contested within the practices of mainstream service delivery as the literature and analysis of the CRW-CF document shows. I argue that the participatory process made alternate discursive forms more readily available and the mothers were able to draw on these as a tactic to perform a preferred identity, associated with a subject position that afforded them more agency and dignity.

Three of the four mothers had taken part in a range of the group events within the participatory process. Their narratives placed value on the opportunity to hear and share experiences with others in a similar situation and, to do this in a facilitated process. Unlike in service sectors where there are group based interventions (mental health, disability) or support groups (mental health, disability, family violence), interventions in the homelessness and CP sectors are directed at individuals and/or families constructed as genericised and undifferentiated actors. This results in service users being isolated from each other. I argue that this isolation is also discursive: there is no “mother-in-extremis” identity around which people can rally as victims/survivors or allies, compared to, for example, the disability movement, the mental health consumer/survivor movement or family
violence survivor movement. There are only a range of undesirable identities that do not easily serve as a point for collective identification and action. Not only are these inscribed onto the bodies of clients within the service system, but are taken up by them as a tactic to separate self from other:

I guess you just see the other people as just a block to what you want, which is a house. So you don’t actually perceive, oh, OK, well other people are struggling. Maybe you don’t have enough energy to take it on. You can’t. It’s like, I’m struggling. (Brady, Service user)

Brady’s statement marginalises collective struggles and centres her own need, understandable in material terms but perpetuating the idea of homelessness as an individual experience rather than a social failing and excluding the possibility of shared action. However, the opportunities to share stories that the participatory process presented shifted this dynamic and made available alternate ways to understand the experience of homelessness. This shift in meaning had material and discursive consequences for the mothers, as I now explore.

Firstly, having the opportunity to talk in their own words about their experiences with others who had had similar experiences was important. This enabled them to think of themselves as one of a category of people whom they saw as having value, rather than experiencing themselves as isolated and problematised individuals. Brady’s view of other people experiencing homelessness changed because of coming into contact with others in the participatory process:
And they’re not obstacles. You realise that they’re people that have had [similar experiences], even though they might have completely different lives to you. (Brady, Service user)

Being able to tell their own stories to people who had had similar experiences also meant that elements of their experience that were marginalised in the dominant discursive formations were surfaced, legitimated and could be shared with the other mothers, Gretchen and later with the other staff participants in the first workshop with all participants to review the development of program logics:

It got to the point where it was easier to talk in [the service development project] rather than have a Department worker come out, have a coffee with you and talk to them about it, coz you knew they weren’t there for you, in that sense. Like, they’re there for themselves and for the kids in the long run, but they’re not there to help you through the grief, the emotion, emotional rollercoaster that you’re on a lot of the time. (Dora, Service user)

‘Grief and emotion’ were present in all the mothers’ narratives as central elements of their experience, but marginal in their interactions within the mainstream practices of the SDS. These were included in the mothers’ final version of the program logic. In the program logic workshop DHS participants changed their version of the program logic to include these marginalised elements, in response to discussion in the group about their importance in the women’s lives. Brady’s narrative constructed this as an important point of transformation where something shifted in the agreed meaning as a result of hearing the mothers talking about their own experiences:

I think that the other groups that had the parents [in] also listened. I remember making the comment about lollipops and rainbows. I was glad that
people listened to that, because the way it was put there [in the DHS program logic]…(Brady, Service user)

The final, agreed version centred the emotional experience of homelessness as an important component in understanding the long-term impacts on parents and their children. These negotiations of meanings for homelessness represent a shift in power relations in the production of local knowledge on which service development decisions could be based.

The final dimension to shifting meanings related to the mothers’ understanding of their own circumstances. Adele, Brady and Dora all talked about the increased sense of self-confidence that they had gained through their participation. They associated this with being able to tell their own story, being listened to and being able to make a contribution to something that might benefit others. In Adele’s narrative a version of this was presented that associated these changes with a shift in her understanding of homelessness from individual deficit and failing to a product of broader social arrangements:

*It made me feel a bit differently about myself. It made me feel that this is a circumstance. This isn’t me. This isn’t who I am. And the fact that I’m participating and I’m offering some good ideas makes me realise […] that it might have an impact on my future.* (Adele, Service user)

Adele’s talk here is silent on who/what made her feel differently (underlined), juxtaposed with and emphasising her own agency as a participant. Whilst the version of the participatory process in the other mothers’ narratives did not offer a politicised understanding of homelessness, they constructed the participation
process as an empowering experience and associated it with having an authentic voice over things that mattered to them in the context of their interactions in the service system:

I think that the important thing for me was that I was listened to and I was asked. I hadn’t really drawn a connection […] but] I’m actually at a point where I’m saying I want support that’s supportive and this isn’t helping. I will actually attend a meeting with my respite carer and say these things to her face to face, and not only will I do that but I will also follow through. (Brady, Service user)

Being listened to and having one’s unique experience and interpretations validated and valued were the significant factors in this shift of identity and subject position for the mothers. I argue that these are an outcome of both the critical stance on practice and service system arrangements taken by the professional participants and the shift in their view of each other that came about through the mothers sharing their experiences. This has implications for how the purpose and scope of critical facilitation is understood. I will return to this later in the chapter.

New possibilities for understanding ‘help’ and ‘service’

In the version of the participatory process made available in the mothers’ narratives the possibilities for change at a broader system level remained difficult. This was present in Brady, Adele’s and Camille’s narratives, expressed in terms of specific constraints (e.g. funding, service guidelines) and less specified concerns:
I think those people that were there listened. I don’t know whether it’s been taken on as a big thing, or whether DHS have as a whole [laughs]…but it seemed like the people there listened. (Brady, Service user)

And you think change will occur as a result of what you’ve done? (Adele, Service user)

In the first extract, a genericised identity (underlined) obscures the operation of power and sits in contrast with agency at the individual level (‘the people there’). In the second, the passive verb form lacking a subject or agency (underlined) also obscures the operation of power. When agency and responsibility for change are masked or omitted, it is very hard to identify a contribution that one can make as an individual to creating change. For marginalised service users, it is easy to construct change as being solely the responsibility of the provider, implying a role where the mothers can inform but cannot be drivers in the process. One of the most interesting statements came from Camille after I had turned the recorder off:

She and others who use services are very clear that there are a whole range of constraints on service providing organisations. She said that these constraints are placed on the providers by government, who fund the programs, and that if it wasn’t for those constraints, she said she thought that organisations like Wesley would do things quite differently. (Memo, Camille)

This is important because of its content and because of its marginal location to the recorded interview. It stands as an ‘aside’ and I argue, a contestation of the taken-for-granted arrangements of mainstream service delivery in the dominant discursive formations. It indicates the subjectivation of providers within the service system, at the same time as it indicates possibilities that are not available in these current arrangements.
The construction that places sole responsibility for service change outside of the mothers’ sphere of agency in the participatory process also marginalises the contributions the mothers made about alternate forms of support or ways of helping people. All four mothers expressed a desire to see facilitated groups for parents in the homelessness system. Brady suggested the possibility of a mentoring or peer support program where ‘the people that had been in the system a long time could meet with the people that were basically just at the beginning’. Importantly, both of these forms of support do not rely on provision of assistance from a professional to a client, but are located in the relationship between people who have had similar adverse experiences. I argue that this kind of peer or community support offers empowerment that is not available in traditional professional/client forms. But perhaps the most important idea that remained marginal was a reconstitution of the value of being asked how a service was working for them:

So I think support services don’t often do that, and maybe one reason why they don’t is because that may seem unprofessional to them, or that may seem like they’re getting paid to know what to, and they’re supposed to know what to do, and if they don’t, then they may see that as their failure, when in actual fact, asking is probably more healing and actually quite an important thing to be asked, what you need or what you want. […] [Being asked] is actually empowering for people […] It’s like a turning point, because instead of being stuck in services, you may still need to use them, but you can use them in a way that…you can ask yourself, well, is this supportive? (Brady, Service user)

Brady’s statement accounts for a hierarchy of knowledge in which service users’ unique knowledge is subjugated and marginalised with the effect of perpetuating unequal relations between people providing and receiving support. The outcome of
this is that an opportunity is lost to heal from the ‘grief and emotion’ of the experience of being homeless.

*Disrupting the taken-for-granted arrangements of the service system: the participatory process in the staff narratives*

The version of the participatory process in the Wesley and DHS staff participants’ narratives also made available an alternate, more agentic position for service users. The professional participants valued the access to insights into service delivery from the mothers’ unique perspective. This brought about a shift in the way they ‘saw’ the service users, from being passive recipients to potential partners in service and system development. In ‘seeing’ in this new way, some of the taken-for-granted assumptions of mainstream service delivery were disrupted. However, this new identity and associated subject position was limited in context and unstable in the mainstream SDS arrangements. One element of this contestation was the expression of a critical awareness on the part of staff participants of their position within the relations of power of SDS, not considered in the taken-for-granted version.

The first way in which prevailing relations were disrupted was through access to the mothers’ experiences of services and service delivery. The RK staff valued what they learned about the contribution and effectiveness of the RK service in helping the mothers and their children regain a sense of control and efficacy in their lives after a period of homelessness. Similarly, the DHS officers valued hearing
directly from the mothers about the impact of homelessness on their lives. By seeing and hearing the unique experiences of the mothers within a facilitated process that took all knowledge as equally valid, a new subject position was made available for service users. This was made possible by treating all participants as having an equal but different contribution, accounted for in many of the interviews and illustrated by this comment from Nadifa, talking about the process of negotiating meaning in the big workshops:

And so, there was that equal kind of vulnerability there that, although we think this, they might think something else about what we say. Or about what we’ve said we think is important. And you know, that went both ways. (Nadifa, staff member)

For the staff, this related to ‘authentic’ feedback (Martha) on their practice, and for DHS participants, for input on the efficacy of the system. As valued participants, the mothers shifted from being constructed simply as the subject of professional intervention to being a partner in a shared organisational activity:

I learnt more from that woman [RK parent, in program logic workshop] in terms of what the real impacts are. You can read it, you can hear it from workers, but until you actually hear in the first person… (Abbie, DHS officer)

By seeing and hearing the unique experiences of the mothers within a facilitated process that took all knowledge as equally valid, service users were given a more equal subject position as SDS participants:
Even though I know that they’re people, it gave them a lot more of a real face and [...] shape as participants. They do have opinions. They do have experience outside of being just clients. They have a lot to offer, which we know, but until you actually ask and go down that path... (Brian, service co-ordinator)

The final sentence in Brian’s extract (underlined) is important because it claims that the parents’ broader contribution is already known/available, but inaccessible within the activities and practices of mainstream delivery, where what is known about homelessness is taken for granted. This is how I have chosen to read his statement about the implied ‘path’ not taken, a reading confirmed by statements elsewhere in his narrative about the tendency of mainstream service delivery to impose knowledge on service users.

By enabling a space in which meaning could be negotiated, and more than one meaning accepted and sanctioned, the space in which service users and service providers interacted became safer. Nadifa accounted for the quality of interactions as of a different order to what she had experienced in SDS practices:

I saw [...] clients being empowered enough to be able, to be comfortable enough to just say, and not hostilely or aggressively, but just to say, actually, that’s not quite how it is for me. (Nadifa, staff member)

Practices that inscribe a devalued identity and remove the individual’s control over the meanings placed on their unique experiences are not safe. Interactions that inscribe a meaning and identity can only occur when one actor (the service provider) is located in a relatively more powerful position than the other (the service user) in terms of whose ways of knowing are taken-for-granted and whose
are contested. Safety is thus a product of dialogue and interaction between service system actors and, as a consequence, new possibilities for inclusive, safe interactions emerge.

Finally, I come to the issue of critical reflection and the understandings that Abbie, Celia and Brian articulated on their role and position in the SDS. In the following extract, Abbie’s talk locates her as an activated agent (‘we’) in the service development practices that exclude those people who are the intended beneficiaries:

_Hopefully that sense that they're not alone, that this is an issue for a range of people for a whole range of reasons. And not only that they are not alone, but that they can contribute, and that they are an important contributor, in actually resolving some of those bigger issues. That’s exactly how they should be recognised, yeah, and we don’t do it enough. don’t use that expertise, that knowledge near enough. It’s crazy._ (Abbie, DHS staff member)

Although Abbie’s talk maintains a separation of ‘them’ from ‘we’ and ascribes agency for action on social problems to ‘we’ (underlined), it creates value for the mothers’ unique knowledge in the context of a shared concern with ‘those bigger issues’ (the inadequacy of housing supply). This is not just a question of getting input on a problem or situation whose definition has been fixed, but a matter of getting agreement on what is ‘in’ the reality that can be explored in this process. Celia talked about how she read what seemed at first like a naïve recommendation in the service users’ program logic (‘build more houses’), then was challenged to reconsider her own social position before she passed judgement on the recommendation:
They just want somewhere to live. At its bare bones life and death, hand to mouth, day to day, cliché cliché, I know, from their point of view. Whereas we’re comfortable, well-fed bureaucrats who live in a well-paid world, with all of the complexities of the Minister’s office wanting this, and Treasury wanting to cut that and us trying to find a balance in between, without having the real visceral understanding of what it’s like to be homeless. We haven’t got a clue, to be perfectly frank. (Celia, DHS officer)

The genericised ‘homeless person’ identity indicates the reality of the power relations that are in play between ‘well-fed’ bureaucrats and those people living without adequate accommodation. It also reveals the way in which Celia’s assumptions are undermined by what she hears directly from the mother participants, where the direct contact was significant because it ‘instilled some confidence that each of us was respecting the other one’s view.’

Brian’s narrative produced a critical construction of the service system as applying taken-for-granted professional knowledge to individual situations associated with individual ‘failure’ or deficit:

We’re coming from a position of assumed experience of dealing with the person who is potentially going through similar things as other people that we’ve dealt with, so we have this pre-existing knowledge and experience of dealing with similar issues (Brian, service co-ordinator)

Brian went on to question the extent to which this way of working took away people’s ‘self-determination’ and limited their capacity to learn and build capabilities for themselves. In his description, the ‘client’ had to fit a system:

I guess the key is we try and include the client as much. We get them to drive as much of their case plan as possible, for practical reasons. It’s not going to
work if they’re not involved. They don’t buy into the goals that you are trying to achieve. (Brian, service co-ordinator)

Here, the ‘client’ is passivated (underlined) in the context of the system and their own lifeworld by this ‘clientising’ view. Their agency is limited to ‘buying into’ goals that are determined as valuable by an expertise that has been constructed without input from individuals experiencing homelessness. In this case, self-determination is limited to what the system deems appropriate. This version of the SDS stands in contrast with a view that he presented once I’d turned the recorder off:

In talking to Brian after I’d turned the recorder off, he said that there were times when he’d thought about how he’d like to have a different kind of relationship with some of the service users, but he said the constraints of the role prevented this, as well as the ethics of the role. He said there were service users who he could imagine himself being friends with, but that this isn’t the way that service delivery is done or thought about here. (Memo: Brian, p. 1)

Brian went on to say that this was not an inevitability, but a function of the way the system was designed, and compared this to working with Sudanese families where he had found himself sharing personal information in response to their expectation that they would get to know him before he started to work with them. He did not associate this alternate view solely with the participatory process and as a coda to his interview, after the recorder had been turned off, his statements sat as a subjugated alternative to the mainstream way of doing business.

Staff also considered their position within the power relations of mainstream service delivery. Brian also considered the complexity of his position as a service co-ordinator, with responsibilities to perform a management role that was
about compliance with system and organisational requirements. He suggested that staff had more freedom to express their anger or concern at a situation (‘no consequences of responsibility other than just being a staff member’), although their voices might lack the ‘weight’ that his carried. The RK staff also located themselves within the power relations of the system, having freedom to work ‘autonomously’ within the context of RK (Martha), but lacking the authority of case managers in the way they worked with families to assist them resolve their housing situation (Nadifa and Odette). An important feature of the experience of working in the SDS that was present in all staff narratives (Wesley and DHS) was how hard people worked for little return, illustrated in this extract from Faith’s narrative:

You work your guts out for not very much money and [the staff] work hard, and I do believe that in our service sector we go above and beyond our funding. (Faith, program manager)

This presents a genericised ‘good worker’ working to requirements of an obscured power, but residing in a construction of a service system that has the interests of marginalised citizens at heart. What those interests might be made problematic in the participatory process and in their talk about their participation. In the mainstream version, the associated activities and practices of ‘managing programs’ and ‘case work’ draw on ‘this expertise, this body of knowledge’ that provides formulaic responses to individual experiences of homelessness. Seen from the position of a staff member working in the SDS, this way of knowing and doing is seen as helpful, and the power relations in the service delivery setting were taken for granted. I argue that the visibility of their own location within the system power
relations served to reinforce the prevailing relations of power, where the staff had surrendered individual agency to these broader dynamics. This made it difficult to achieve or sustain transformation other than at an individual level and within the context of the participatory process.

**Discussion and implications of key findings**

As the findings have demonstrated, the participatory process was able to offer an experience of the SDS that enhanced the agency of individual service users and offered potential service/system development outcomes. However maximising the transformative potential at service/system level was difficult. Although the participants reached a point of agreement from which collective action could have been possible, change was restricted. In this section, I discuss four main issues that emerge from the findings: the extent of individual transformation for service users; the opportunities for service/system development; the limitations on what was possible associated with particular reference to staff; and, the failure to take collective action. I draw on the literature presented earlier in the chapter, and consider implications for how to achieve a more responsive outcome at service and system levels.
The possibilities for individual transformation and enhanced service user agency

The participatory process was effective in making available more agentic subject positions for the mothers and had positive effects on their wellbeing and self-esteem. Their participation also contributed to their confidence in questioning the helpfulness of services they received and the competence in negotiating more suitable arrangements. In other words, by asking for services that met their needs as they defined them, the mothers were able to act as holders of rights in the service system (Singh 2010), not just as clients. This version of the participatory process as empowering was consistent across all the participants’ narratives including staff and service users, making available an alternate way for clients and professionals to interact and work together. This was made possible when the mothers’ descriptions of their experiences in their own words were legitimated and they were able to negotiate preferred identities as capable, resilient women and effective mothers in the most difficult circumstances. These negotiations took place in both their interactions with staff participants in the participatory process and in the interviews for this study. Because they were able to describe their experiences in their own words, it was harder to overlook the compounding impact of other factors that are often omitted in institutionalised talk about risky mothers (Brown 2006). These included poverty, bereavement and violence. The mothers’ narratives made visible the legitimate work of mothering in extreme circumstances absent in professional accounts (Breheny & Stephens 2009). Breheny and Stephens also found that ‘risky mothers’ are generally excluded from the processes of institutional identity construction inscribed on them through categorisation and institutional
practices. In the participatory process the mothers had control over their identity, and as a result were able to resist the deficit identities inscribed on them. The overt disruptive intention and privileging of service user voices that underpinned the design of the participatory process was important in the achievement of this transformative outcome.

The second way that mothers were able to act more agentically was by sharing their stories with each other. Through this, the mothers shifted how they saw each other and other service users generally. They began to develop a shared sense of an agentic identity that relied on an understanding of homelessness as a social rather than an individual problem. In Brown’s (2006) study of women in the CP system, the women were aware that their own role in reducing risk was overlooked and compounded by the requirements that the system placed on them, as well as being at odds with their own meanings of being a ‘good’ mother. However, in the context of Brown’s research there was no opportunity for the mothers to come together to share their experiences. The participatory process offered this opportunity, whereby the mothers developed a sense of a shared identity that was made powerful by their shared but unique experiential knowledge of system inefficiency. This generated a platform for action, and made visible new meanings and possibilities for what was helpful or healing. It also draws attention to the marginalisation of ways of knowing based in the mothers’ lived experiences in the dominant discourse of service delivery in this setting, seen in the deconstructive analysis of the CRW-CF document. The sole authority of the professional knowledge
base for service delivery is displaced, and plural ways of knowing are made available and valued.

One further outcome of the participatory process not identified elsewhere in the literature relates to safety. The need to govern the unruly mother is an effect of wider discourses on mothering in modern western capitalist economies and which also derive the institutional practices that constitute some categories of mothers as deficit subjects (Gillies 2005; Brown 2006; Breheny & Stephens 2009). As the literature makes clear, when institutional practices produce deficit identities and inscribe these onto categories of people on the basis of their circumstances, risk and failure are attributed to the individual rather than structural and systemic causes (Smeyers 2010). Not only are the identities produced in this way ‘unreliable’ (Messmer & Hitzler 2011), but also they are also associated with unsafe conditions for all. This chapter has demonstrated that by valuing their experience, the mothers were able to interact as equal participants and this made interactions safer for all participants. Moreover, legitimating the mothers’ ways of knowing and the meanings they offered for their experiences also shifted the moral ontology that underlies mainstream understandings of what it means to be a mother in extreme circumstances (Brown 2006; Breheny & Stephens 2009). When the meanings the women place on their circumstances are ignored (as Adele’s story about her son’s visit to his father makes so clear), the features that have protected and sustained them are also suppressed. When helping systems ignore the meanings that service users place on their unique experiences, help risks turning from being a form of support to being another form of violation. Resistance is not an unwillingness to
comply, or a kind of truculence: the mothers in these interviews must resist the imposed practices in order to remain safe materially and ontologically.

**The opportunities for improving services and system responses**

The studies identified in this chapter largely examine interactions within mainstream institutional practices. With the exception of Ney, Stolz and Maloney’s (2013) study of family group conferencing, none of the studies examined interactions between service users and staff in participatory or co-productive processes. This means there is little evidence against which to evaluate the importance of the dialogue that was at the core of the participatory process. This chapter has demonstrated that the dialogue between service users and staff participants dissolved the deficit client identity and the dichotomous construction of service recipients/service providers that circulated in the CRW-CF. It also enabled all participants to see the mothers as humanised individuals, with unique and important contributions to make. Complex and multi-perspectival meanings were made available for their self-care activities and strategic uses of the system resources. No longer were these signs that clients ‘played the system’ (Breheny & Stephens 2009) or acts of resistance of professional expertise (Brown 2006). Rather, these alternate meanings were seen as valued knowledge that staff could use to re-evaluate their own practice and position in the broader organisational and system arrangements.
Dialogue was also an important mechanism for understanding how well a service/system was working, and to identify possible improvement in efficiency. Brown (2006) demonstrates that when mothers’ lived experiences of the CP system are not taken into account in interactions about how to make children safer, the efficacy of policy interventions are negatively impacted, making it harder to develop supportive strategies and effective helping relations. This chapter has demonstrated that a range of factors that were important to the mothers but were omitted or marginalised in professional talk. This highlights the potential inefficiency of the discourse that circulates in the CRW-CF, constructed on professional knowledge alone. The participatory process surfaced and legitimated other important aspects of experience that the SDS needs to account for in its practices in order to be effective. These include the emotional impacts of homelessness, the structural dimensions and lack of affordable housing and the significant competency to manage in adversity. I argue that the inclusion of alternate and diverse knowledges about homelessness and mothering in difficult circumstances can improve system efficiency. The link between system inefficiency and the exclusion of lived experience knowledge was apparent to all the participants in the process and has not been remarked on in the literature elsewhere.

**The subjectivation of staff in dominant service delivery discourses**

Whilst attention has been paid in the literature to the production of client identities within the arrangements of mainstream SDS (Hennum 2011; Messmer &
Hitzler 2011), little attention has been paid to the way the same arrangements produce a staff identity as part of a staff-client dyad. Ney, Stolz and Maloney (2013) found that a lack of awareness by staff of how they were co-opted by institutional practices impeded the transformative and social justice intentions of the Family Group Consultation process. They argue for a form of reflective practice to assist staff develop an awareness of the power relations they were embedded in. The findings in this chapter demonstrate how the processes of dialogic knowledge construction and shared critical reflection that enabled mothers to re-evaluate and redescribe their identity and position also extended to the staff and DHS officials. For service delivery staff, their reflections focused on their own disempowered position within the power relations of the SDS. For the more senior Wesley staff and the DHS officials, their reflections extended to a critical evaluation of their own location in the SDS arrangements and broader social relations.

The senior staff and DHS officials’ talk problematised their own positionality in the organisation/SDS in various ways. Brian, Ruth, Abbie and Celia were able to see how their professional location gave them a particular way of ‘seeing’ clients and families, in turn affected by what society expects from service provision (Hennum 2011). Brian was able to imagine a different relationship with individuals and alternate ways of working derived from different cultural expectations. Celia could see the limitations of her own socially located knowledge of homelessness and the homelessness service system. These staff were also clear about the responsibilities their roles carried in relation to organisational and system requirements, and the relativity of their professional authority. Despite holding
more powerful organisational and subject positions than front line staff or service users, they remained limited in relation to their agency outside of the institutional practices of the SDS.

The RK service delivery staff also offered some critical reflection on their practice and on their location in the service system, but in relation to other professional actors rather than service users, as in the case of the senior staff. I argue that their more limited awareness of their own positionality was related to the disempowered position they constructed for themselves in their descriptions of the SDS relations. Their disempowerment seemed to extend to their own practice. Despite Martha’s assertion that within the practices of RK, she and Nadifa had ‘autonomy’, there is no evidence that they were willing or able to exercise agency in shifting service arrangements in response to what they learned from hearing alternate versions and new ideas in their conversations with the mothers.

*The limits to the transformative potential of the participatory process*

Several contextual factors contributed to the inability to realise the service/system level transformative potential of the participatory process in the RK setting. First was the absence of service user participants at the final action planning workshop. Second was the RK team’s lack of response to service users’ suggestions for improvements to service delivery. Third was the WHSS staff’s reluctance to make changes before they knew what ‘Wesley’ would recommend.
Whilst Barbara was clear that she and Celia were ready to ‘use the information’ they had gained to advocate for the establishment of a children’s homelessness support program in the eastern region of metropolitan Melbourne, they had little support from Wesley staff. The resignations of the executive manager, program manager, service co-ordinator, Gretchen and then me in the later stages of the project meant that there was no organisational leadership for a potential collaboration. It is easy to see this simply as a ‘perfect storm’ of missed opportunity rather than fully comprehending the limitations placed on individual actors by the prevailing power relations of the SDS. Ney, Stolz and Maloney (2013) found that the implementation of collaborative or participatory practice within SDS were characterised by bureaucratic sabotage and ‘model drift’ away from participatory practices (p. 187). They argue that collaborative decision-making strategies are difficult to implement within institutional practices constituted within the broader discursive arrangements of neoliberalism. They conclude that participatory practices are neither neutral nor collaborative because powerful discourses can silently disempower less powerful client participants and thus reproduce prevailing social inequality.

The findings in this chapter support Ney, Stolz and Maloney’s (2013) argument and extend a more complex understanding of re-inscription that is multi-directional. Staff and managers from Wesley and those from DHS were equally subjectivated by the practices constituted in the dominant discursive formation circulating in the SDS. I argue that the powerful discourses silently disempower all groups of participants, and that this is bound to happen unless participants are
involved in shared critical reflection directed at action that is agreeable to all. Ney, Stolz and Maloney (2013) conclude that it is the invisibility of power that makes it difficult to see how it operates to limit possibilities for service users based on alternate ways of knowing. Whilst I agree with their argument that co-option can be resisted if the political context in which practices take place is critically examined, I argue that making visible the operation of power and placing all actors within its relation will not guarantee resistance. I argue that the processes of subjectivation make individual resistance difficult, and that while collective action was a possibility, it would have required strong and committed leadership from within Wesley. Committed leadership, the courage to risk offending or opposing funds-holding officials and a preparedness to let go of the advantages of the propriety of the expert professional knowledge base are also all required. Each of the staff participants in this project was ‘up for’ the task but there was no senior organisational manager to lead them. I argue that this condition facilitated the re-inscription of the prevailing SDS power relations.

Finally, the findings on my positionality in the staff narratives, where I was located in a similarly disempowered position in relation to the broader power relations in the system, indicate that even if I had remained, change would have been difficult. “I” was subjectivated and passivated by the same relations that delimited the agency of other staff. A relatively more powerful position was made available to “me” in the mothers’ narratives, linked to the way in which they were able to utilise the resources made available in the participatory process in the task of redescription and taking up a more agentic subject position, which in turn
enabled them to act in more empowered ways more broadly. This demonstrates that the transformative potential of the participatory process is connected with the discourses of involvement that circulate in the service delivery setting, and how individuals take these up (or resist them) to achieve outcomes that are meaningful to them. I argue that the lack of reference to service user control and choice in the key organisational document, the CRW-CF, is significant and omits a practice and discursive imperative for local action for service development.
Chapter six: the Wesley Aged Care Housing Service setting

Introduction

This chapter presents the findings from my analysis of the data from the Wesley Aged Care Housing Service (WACHS) setting.

The chapter comprises three main sections: introduction; findings; and, discussion. Each is divided into a number of sub-sections. The introduction includes three sub-sections. The first is a summary of relevant findings from empirical literature on the dominant discursive formations of ageing and aged care. The second summarises my analysis of the key organisational document relating to Wesley Aged Care Housing Service (WACHS) service delivery. The third presents an overview of the implementation of the participatory process in the WACHS setting and my role it. The findings also comprise three sub-sections, the first of which explores researcher positionality in the interview texts. The second presents findings on service user agency in the service delivery setting. The third presents findings on the meanings of the participatory process made available in the participants’ talk and the transformative possibilities of the participatory process. The final section of the chapter includes a discussion of the tendency to re-inscription and considers the findings in the light of the literature presented at the start of the chapter. It considers the implications of the findings for enhanced agency for service users.
Prior to addressing the literature, I provide a brief description of the WACHS residents and service to give context for the literature section. At the time of the service development project, WACHS provided low-care residential support to older people with long-term histories of homelessness, often associated with alcohol and/or drug use, and/or sustained mental ill-health. Many residents had limited contact with their families and some had lost contact entirely. In the past, most residents had had paid employment or worked in the home raising families. However, their employment histories were often interrupted for varying reasons. The elders at WACHS were marginalised amongst their old-aged peers, and many had experienced periods (sometimes lengthy) of exclusion and marginalisation over their life course.

The service had been developed in 1991 as an innovative service model designed to foster the elders’ independence and capability through supported daily living activities and health care. Forty-four residents lived in 14 houses located in a suburb in Melbourne’s inner north. Staff worked in the houses during the day, and on-call overnight nursing care was available. The service model aimed to provide residents with a home-like environment, community inclusion and social engagement at the same time as managing their complex physical and mental health problems. The report from the service development project confirms that the model was largely effective in achieving these outcomes, but this was becoming difficult in the face of the increasingly complex physical and mental health needs of the client cohort and changes to the regulatory and quality environment within which the service operated (Wesley Mission Victoria 2011b).
Dominant discursive formations on ageing and aged care in the literature

There is a lack of research that focuses on older people’s experiences of their own ageing (Weicht 2013), and on older people’s participation in health and social development activities (Postle, Wright & Beresford 2006; Fortune, Maguire and Carr 2007). However, there is a small but growing body of literature that takes a discourse analytical approach to ageing and aged care. What emerges from this literature is an understanding of a dominant discursive formation that produces old age as a social problem located in the deteriorating body of the ageing person. The ‘problem’ of ageing has been reframed from a nineteenth century concern with early death to a concern with managing ‘the crippling burden of old age’ (Titmus 1963). This twentieth century problem seems to be reaching crisis point as we settle into the twenty-first century. The question of how to manage the rising costs associated with the ‘demographic time bomb’ has become one of the major policy challenges of developed welfare regimes (Weicht 2013). Whether ageing is seen as a triumph of health innovation, or as an increasingly costly dependency ratio depends on what issue is being discussed and why (Allen & Wiles 2013). Understandings of and practices relating to older people, including their agency as subjects of discourses, are framed by neoliberal understandings of productivity and individual worth, where increasing cost is a central concern (Breheny & Stephens 2010 and 2012; Weicht 2013). In this environment, infirmity implies dependency and bodily failure challenges the image of the ‘proper person’ functioning in society (Weicht 2011, p.211). Weicht argues that the aged care home is seen as a manifestation of dependency, and the ageing body is its physical expression.
The neoliberal framework offers two positions for individuals: as contributing, or dependent (Weicht 2013). This is also the framework for responding to the ageing population where dependency, passivity and infirmity are becoming the hallmarks of those unable to govern themselves (Breheny & Stephens 2012). Moulaert and Biggs refer to the ‘new orthodoxy’ of subjectivity associated with ‘active ageing’ and note the way that this limits social contributions to work and work-like activities, producing a narrow range of legitimated ways of growing old (Moulaert & Biggs 2012, p. 25). The aspirations of this new orthodoxy are hardest to achieve for those individuals whose ageing is shaped by long-term disadvantage, poor health and weak attachment to the labour market (Jolanki 2009; Breheny & Stephens 2012). Active and agentic positions for older people are associated with labour market attachment, or in the limited context of family relations (Weicht 2013). Those without families or isolated from them are placed at a further disadvantage in a discursive formation that shifts responsibility for care of elders from the public to the private arena (Jolanki 2009). Weicht (2013) identifies three possible identities and associated agency for older people: passive victims of their own ageing with little or no agency; representatives of the past, where their agency rests in the past; and, active and agentic members of society, only available to those who are able to remain in the labour market. In their study of media discourses on older people in Ireland, Fealy and colleagues refer to a ‘temporal rupture’ between past and present identities, where past identities are ignored and only unproductive and socially problematic present identities are available (Fealy et al 2012, p. 96). These authors argue that older people are set alongside a working population in a way that signifies their lack of productivity, inferring incapacity and
incompetence within a biological account of ageing that is deficit oriented, decremental and deterministic.

These limited meanings for ageing have material consequences for older people’s participation in service system deliberations. There are few opportunities for older people to participate in the political arena, despite older people’s own preferences for involvement (Postle, Wright & Beresford 2006). Postle and colleagues found that older people felt disaffected, disillusioned and powerless in the political environment but nevertheless remained involved at a local level in matters that were important to them. Carr (2004) found that older people wanted help in ways that supported their independence, and wanted services that were more responsive to individual preferences and circumstances. She found little evidence of user involvement transforming services to reflect the expressed preferences and/or priorities of older people themselves (Carr 2004). Older people were perceived as too ‘frail’ or ‘grateful’ to have a role in service planning, with low expectations that were of little use for service improvement (Barnes & Bennett 1998, p.102). These authors argue that development is required to facilitate effective involvement of older service users; both older people and officials needing to learn new skills and ways of working together. Foss found that older people participated in subtle ways in relation to their care in hospital, but the discretion with which they acted meant that they were in danger of being overlooked as active participants (Foss 2011). Moreover, they framed their needs in relation to the needs of others, a framing that was seen as incompatible with the current emphasis on the participation of individual actors divorced from their social relations. She
concludes that rather than try to understand the ways in which older people did participate, caregivers attributed their lack of participation to the individual characteristics of older people themselves, rather than to the design of participatory activities by and for younger people.

A consequence of the lack of involvement of older people in the institutional practices that produce and are produced by dominant discursive formations is the construction of older people as a linguistic generalisation that sets up a descriptive category that is then the basis for expert interpretation (Biggs 2001). Rather than having their own voices heard, older people are described and constituted through others’ language, and the identities inscribed on them are largely negative in character (Gilleard & Higgs 1998). Older people are defined by younger people in terms of their illness, infirmity and need for care (Jolanki 2009; Weicht 2013). For those in care institutions, being assigned the category of old means having decisions made for them by younger people, with a reduction in their entitlement to involvement in care decisions (Jolanki 2009). Weicht argues that by not having their own voices heard in the construction of discourses on elder care, an ‘imagined subject’ is produced whose needs are defined elsewhere (Weicht 2013, p.194). In this construction of a youth/aged dichotomy, being older and dependent on others for care and support does not follow a natural progression of ageing, but is a social construction based on ageist values (Weicht 2013), where being old is seen as ‘a catastrophe’ (Foss 2011, p.2019). Defined in terms of their ageing body, the older person is placed outside the norm (i.e. youth) of health status (Foss 2011) and can be segregated and managed (Fealy et al 2012) in a care regime that is built on
silencing, categorisation and passivation (Weicht 2013). Moreover, the homogenous picture of ‘the elderly’ demarcates the possibilities and circumstances for political and social action (Fealy et al 2012; Weicht 2013). Foss concludes that there are two predominant positions for older people in relation to care: the ‘grateful burden’ where being ‘old and slow’ constructs the individual as a burden who must take whatever is available and be grateful for it; and as a consumer, where what can be negotiated allows them to minimally ‘bend’ the ‘old and slow’ understanding (Foss 2011, p. 2019). She argues that a ‘survivor discourse’ is a third possibility arising out of rejecting and challenging the existing understandings of what it means to be old, but found no evidence of this in her data.

In the new discourse of active ageing, the older body stands in for the older person as the governable subject. Appropriate bodies are those able to remain healthy and active in later life, while those that do not adhere to the health promotion advice associated with the practices of active ageing fail the test of acceptability (Breheny & Stephens 2010). Breheny and Stephens argue that impact of long-term disadvantage on social location is over-looked in the discourse of active ageing. They contend that some older people have less chance to be healthy and active, and this structural circumstance remains largely unexamined. In the absence of any structural critique of the neoliberal agenda that has produced the productive/unproductive subject, the effect is to blame the individual for failure to meet the ideals of positive ageing.
A small number of studies have applied a discourse analytical approach to older people’s accounts of their experiences of receiving care (Jolanki 2009; Breheny & Stephens 2010; Foss 2011; Weicht 2011; Breheny & Stephens 2012; Doyle 2014; Weicht 2013). This body of work offers a critique of care practices arising out of the mainstream, marketised model of provision where the normalised, self-governing elder is the healthy and active body, the subject of care is the body that is incapable of self-government and the task of care is to manage the failing older body. Subject to the medical gaze, the older body is spoken about in a ‘knowing way’ (Phelan, A. 2011, p. 895) that impacts on the relationship between (in this case) nurses and older people and delimits other possibilities. De Bellis is particularly critical of residential aged care, which she says is ‘custodial’ in nature (De Bellis 2010, p. 103). In her case study research of three vulnerable elders in residential aged care, she found that the ‘ethos of rush’ (p. 108) and practices shaped by quality of life indicators adapted from those for independent persons were unable to accommodate notions of the self that elders preferred. This resulted in care that bordered on neglect and placed residents at risk. The emotional component in the care relationship is also overlooked in mainstream constructions which silence alternate discourses where care is a product of a relationship in which quality is not dependent on market purchase but on the intimacy of the relationship (Breheny & Stephens 2012). Finally, in her study of the provision of care in the community accessed via the Aged Care Assessment Service (ACAS), Doyle (2014) found that the significant power differential between providers and receivers of care was responsible for practices that came close to elder abuse. Issues that were important to the elders, including maintenance of their personal autonomy and the
integrity of their relationships, were generally overlooked during care provision that focused on personal care of the ageing body. By leaving older people out of decisions that affected them, elders were placed in situations that were demeaning, threatened their wellbeing and left them without viable choices (Doyle 2014).

**Analysis of Aged Care Standards**

As part of the analysis for this study, I undertook a deconstructive analysis of Accreditation Standards — residential aged care (Australian Aged Care Standards and Accreditation Authority 2007). (see Appendix D.3 for the situational map). The standards understand ageing through the medical model and place physical health care at the centre of their construction of aged care. In this construction, the elder person is seen as a body to be regulated, maintained and kept as active and healthy as possible:

*Health and personal care principle: Residents physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team. (Australian Aged Care Standards and Accreditation Authority 2007)*

Health is understood in terms of absence of disease, rather than a notion of wellbeing. Vulnerability is largely constructed in relation to physical health needs. In this construction, residents become bodies to be managed and passive recipients of physical health-oriented care and support.
Quality care is constructed as an outcome of an effective management system, and human actors in the delivery of care and support are obscured by the focus on a technocratic system. The care environment is constructed as separate from community and family. Community is implicated as an arena where residents may pursue their interests and enact their rights. But residents remain passivated in relation to shaping the care environment, other than in terms of their own care and support. This has the effect of silencing and marginalising residents’ individuality, their broader lifeworlds and their need for meaning and purpose in the aged care setting itself. Residents’ activation in community is made dependent on practices that staff lead.

The standards identify a range of nonhuman actants relating to the residents: their physical and mental health; their civic, legal, personal and consumer rights; their needs, preferences, interests and activities; and their cultural and ethnic backgrounds and associated beliefs. Whilst acknowledging and meeting residents’ needs in relation to these factors are part of the notion of quality service delivery that the standards construct, the standards are silent on resident involvement in determining how these needs might be met. This sets up an understanding of rights that is commodified and delivered through standardised technologies, rather than embedded in local practices and relationships:

*Residents retain their personal, civic, legal and consumer rights and are assisted to achieve control of their own lives within the residential care service and in the community. (Australian Aged Care Standards and Accreditation Authority 2007)*
Whilst the focus on resident rights is important, the statement presents a passive notion of rights as something possessed rather than enacted. They achieve control with assistance from an unidentified agent, thus obscuring the operation of power within the relationship through which residents can achieve control. The assumption is that control cannot be achieved without such assistance. The standards are also silent on residents’ involvement in service-level decisions that nevertheless shape their quality of life in the residential aged care setting:

> Each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise control and choice while not infringing on the rights of other people. (Australian Aged Care Standards and Accreditation Authority 2007)

The older person constituted in this document is consistent with the increasingly dependent, decremental body that Weicht (2011) describes.

**An overview of the implementation of the participatory process in the WACHS**

Of the three service settings in which we implemented the participatory process, WACHS was the one where I had least involvement with the participants in the process. Although I led the project whilst we were working with the program and senior managers to establish the process, I later handed project management over to Frank, one of the RSPU researchers. He then led the implementation through to the completion of the evaluation. I continued to support the process indirectly, attending Management Reference Group meetings with Frank, assisting
him at separate meetings with staff and residents to introduce the project, and taking part in the program logic workshop. I did not attend the Community Reference Group meetings. This meant that, by the time I undertook the interviews for this PhD study, I had had less contact with participants than in the other service contexts. I was, however, well aware of progress and issues in the process as it was occurring through our regular project operations team (POT) meetings and my supervisory role as Frank’s line manager. Of the staff participants, I knew the program manager and service co-ordinator from other work I had undertaken and although I knew the two service delivery staff by sight, I had not worked with them. This did not appear to have an impact on the data I was able to access through the interviews. Since all participants knew I was a Wesley staff member, there was much that was taken for granted about both WACHS and the participatory process, and respondents were able to focus on the things that were important to them.

The second significant aspect of the project context was the amount of change in management personnel in this program during the time we were implementing the service development projects. This instability coincided with prolonged consideration at senior management level of future of residential aged care services amidst concerns about financial viability in a changing policy and funding context. Although we were able to maintain the integrity of the participatory approach for much of the time we were conducting the service development project, this became more and more difficult in its latter stages. The departure of the program manager who had been in place for much of the project was particularly difficult, as she had been very committed to it. Then followed a
rapid succession of managers at executive (two) and program (three) level over the
next twelve months. Despite our best efforts, we were not able to finalise the
project in the way we had done in the other settings: there was no final workshop
to plan actions based on what we had learned. Although Frank wrote an evaluation
report, this was not considered by the Wesley executive in their decision-making
about the future of WACHS. When the interviews for this study took place, the
residents and staff who took part in them were still hopeful that there would be a
final stage to the project, setting directions and determining actions for the future.

By the conclusion of the project, I felt angry and demoralised. Working with
the succession of new executive and program managers to try to bring each into the
participatory process as it was going along had been hard and increasingly
unsuccessful in getting the commitment that Sylvia had given. I approached the
interviews feeling quite hopeless about the effectiveness of the participatory
process to bring about sustainable change in the organisation, despite what I knew
about the value of the process that participants had spoken about in RK and ISP. My
awareness of my feelings as I undertook the interviews made it easier for me to
hear the anger and disappointment that the participants expressed about the
changes, and how their experiences and contributions had been overlooked,
silenced and ignored in the decision-making processes about the service. I
interpreted my own lack of efficacy in this setting as a product of the prevailing
relations, and this enabled me to focus clearly on the interview texts in the
analytical stage. The participants also spoke about the value that the participatory
process had had for them – this was the way the service could and should be run,
and more similar to how it had been run in the past. Hearing their experiences also reaffirmed my belief that the participatory process did offer a practical alternative to mainstream delivery that could legitimate alternate meanings and give rise to different ways of providing and receiving a service that would potentially deliver a more efficient and effective service for a whole range of stakeholders.

Findings

Positionality in the accounts of the participatory process

This section focuses on how “I” was positioned in the participants’ interview texts, and the implications of this for my reading of the tactics they employed to negotiate an agentic identity for themselves. It considers the discursive positions made available in their texts and where “I” was located in relation to these.

In this setting, I interviewed seven participants: three residents, two staff members, the Co-ordinator (Eileen) and the Program Manager (Sylvia). Of the seven participants I interviewed, only Eileen and Sylvia made any reference to my organisational role. In the other five interviews, the participants were silent on how they understood my organisational role. I argue that the reason for this omission is not important when read discursively. What is important is to understand the effects of this in terms of positionality and how the interview participants used the position/s they made available to “me” to achieve an agentic identity for themselves, as I will discuss later in this section. The residential nature of the
service, often with long-term tenancies, meant that the relationship between the context of service delivery and service user lifeworld differed from the RK and ISP settings, where a great deal of the service users’ lives took place outside of the context of the Wesley service. The overlap between the SDS and residents’ lifeworlds had material implications for the ways in which decisional authority could be exercised, by whom and over what. Talk often focused on how decisions were made and imposed on some by others, particularly around four recurring topics made significant enough in the data set for WACHS to function as motifs for control (food, money, mobility and maintaining the home environment). Findings on “my” positioning needs to be understood in this relatively closed context.

Positions made available for “me” in the residents’ narratives

In their interviews, the residents interacted with me in three ways: as an organisational actor asking about their experience of an organisational process; as a student interested in a topic that they could offer a contribution on; and as a guest to their home. Each resident wanted to give me something of value, indicated by checking that his or her answers were useful to me and making various offers to me. As I prepared to leave their home at the end of the interview, Michael gave me seed pods from his garden, and Nellie gave me a Christmas angel she had made. Being able to offer something of value had been particularly important to John and Michael, who each said they were not to be able to remember much about the participatory process. By drawing on these normalised roles, the three residents
were able to negotiate an exchange that offered the resident dignity and value in relation to “me”, and gave them control over what they offered as a response to my presence. Moreover, through what they chose to talk about, the residents were able to move “me” from one role to another so that they could offer more which, I argue, was a tactic that went some way to equalising the obvious power disparities between interviewer and respondent (e.g. age, physical health, employment, social status). It was also a tactic that enabled John and Michael to maintain an identity associated with being able to make a valued contribution despite lacking clear memories of, or placing little value on, involvement in the participatory process.

In my early readings of these two interview texts, I read these as a tussle for control and respondent resistance to the ‘power’ of the interviewer. However, my reading shifted as time went on. I argue that the interviews were a more nuanced negotiation to make available positions of dignity and value for both respondent and interviewer. This shift in my understanding is important, because it constitutes a position for the respondent that moves away from ‘willing but useless’ as an interview respondent making comment on the participatory process. Through understanding the ways in which the respondents acted tactically to construct and preserve valued positions for both parties, the possibility of understanding the dynamics at play in the discursive spaces “they” were located in opened up. Gradually, I was able to understand the relationship between their lifeworld, the service and the broader SDS, and the way in which power operated in these spaces to oppress and constrain all the actors – including “me”/me. To understand Michael and John’s silence on the participatory process only as a function of failing memory
or in its lack of relevance to them is to miss the possibilities that emerge when the silence is understood as a reflection of the prevailing dynamics that silenced us all in this setting.

**Positions made available for “me” in relation to the discursive construction of the organisation**

The positions made available to “me” are situated within a broader construction relating to the organisation hierarchy that was consistent across all the participant accounts. For the staff and managers, organisational power and ultimate decision-making was associated with ‘Wesley’, and for the residents with ‘management’. ‘Wesley’ was constructed as an obscured organisational entity made powerful in relation to decisions about the future of the WACHS program. Reference to ‘Wesley’ was almost totally absent in the residents’ narratives, but appeared in the narratives of the four employees as a variously or benign hostile authority. In Billy’s narrative, ‘Wesley’ was associated with its central administration office in the city, which was where I was located:

> Like the head office in there, sit on their big butts in the big tall building in Lonsdale Street. Well, apparently, the new CEO come out here the other day with [two new senior managers], and left. Nothing. Now, we were in the office here, and we never got introduced at all. And to me, that’s…oh, we’re high, you’re low, you don’t know da-nah. (Billy, staff member)

In Sylvia’s narrative, the meaning was less hostile, but nevertheless associated with significant power to determine the future of WACHS. On several occasions in her
interview, she commented that she wanted the service development project and its evaluation report to contribute to decision-making about the future of WACHS:

And this is my agenda [for the project], really keen [for us] to get the information that we needed for Wesley to consider about what happened for WACHS in the future. (Sylvia, program manager)

In this, as in her other statements, ‘Wesley’ was an impersonal identity and sat outside her sphere of control, but constructed as having the power to determine decisions affecting the future of WACHS.

Within these relations, “I” occupied an ambiguous position, neither ‘of’ the WACHS program nor ‘of’ the participatory process in the same way that Frank was. But nor was “I” simply located in the “Wesley” space. Billy’s comments about the organisation’s central administration constructed an identity that was separate to the position he took up, and my position remained ambiguous, although I argue that he would not have talked about ‘them’ that way had he located “me” in the same relative position. Sylvia’s talk was similarly ambiguous:

I’m assuming Wesley… had given you the approval or whatever it took, support, to run the project in the first place. And from Wesley’s point of view in terms of this project, you were Wesley, and you were there supporting. And it was Frank’s project and I knew that, but you were always there, and you were probably Wesley, with your Wesley hat on. (Sylvia, program manager)

In this example, “I” am given an ambiguous position where “I” am both ‘given approval’ (i.e. an object secondary to the power of ‘Wesley’) but also positioned as
‘Wesley’. I argue that the ambiguity in where to locate “me” outside of the program context indicates the operation of power relations that subjectivated all of us who took part in the service development project. Power remained obscured throughout, and ultimately delimited what was possible. I will return to this in the final section of this chapter, when I address the tendency to re-inscription.

This “inside/outside” position also had implications for accessing and analysing the data for this study. Given the staff/resident construction of ‘management’ as uncaring and unresponsive and Sylvia/Eileen’s construction of ‘Wesley’ as remote and arbitrary, I argue that if “I” had been aligned with the formal organisational power, I would have had less access to interview data. In every interview, participants spoke favourably about the participatory process as a mechanism that legitimated what was meaningful to them. I argue that “my” position was associated with the value and meaning placed on the participatory process as a mechanism that had the potential to disrupt the power relations that the residents, staff and managers found oppressive – and which Frank and I also found oppressive as we worked in this setting.

**Service user agency in the SDS**

In this setting, I found that the participatory process made visible alternate and more agentic identities for the older service user. In this regard, the process was clearly effective. At the same time, it was ineffective in bringing about change
to service delivery practices, nor did it impact on organisational decision-making about the future of the service. The alternate meanings made available in the process were only legitimated within the process itself: in this setting, the participatory process was unable to impact on decision-making about WACHS at house, service or whole-organisation levels. However, the examples of ways in which residents and staff resisted the practices of mainstream aged care, separately and together, suggest that the participatory process offered practical and realistic possibilities for transforming the power relations in ways that could have been less oppressive for residents, staff and managers. This section explores these findings through examining the meanings given to the practices of mainstream service delivery, and how these were taken up and resisted.

**Residents’ talk about reasons for needing help**

The first tactic the three residents employed to construct an agentic identity in their interviews related to how they talked about their own and other residents’ need for help and support. In each of their narratives, the activities of help and support were central, but were introduced in ways that gave them meaning as an everyday part of life rather than the object of practices of professional care. Each of the three residents made the houses significant as ‘homes’. By emphasising what was like a ‘normal home’ in their talk about the service, the residents were able to achieve a normalised identity, despite their reliance on employed help for aspects of daily life:
These are our homes, and we like them. Everybody likes living in the houses and most of the people have lived in hostels, like myself, and it’s completely different. It’s just like living at home, you know what I mean. (Nellie, resident)

We’ve got a house, like a normal house, The use of the phone, the meals. And if we’re not here at lunch time, it’s put away for us. You can get a cup of tea. The clients are screened before they move in. You get decent people. It’s alright. (John, resident)

In this kind of talk, the formal aspects of service delivery were placed in the background as the conversation focused on everyday activities. Given that my questions were specifically about the participatory process, these responses can be understood as a negotiation between interviewer and respondent of what is meaningful and legitimate to talk about, foregrounding aspects that normalise the residents as older citizens.

A second aspect of this tactical approach related to the way that the residents talked about why they needed help. In all three interviews, needing help was talked about as a taken-for-granted condition of living in a WACHS house, and what was centred or made significant was the way in which decisions were made that impacted on the residents individually and collectively. John’s narrative offered an alternative to the association of old age with dependency and consequently with a lack of value:

Instead of everything being hush hush and secretive, let us know what’s going on with this part [of the service] or over here with blah blah so that things aren’t just thrown upon us in a flash and that can throw us […]. To be treated like seventy and eighty year old adults, not ten year old children. That’s the way we tend to be treated […]. But we’re not silly or handicapped.
We’ve only got an illness, and to be treated with respect as seventy year olds… (John, resident)

In John’s talk, discussion of the need for help was omitted and, I argue, taken for granted. Old age, rather than being associated with dependency, was associated with a demand for respectful treatment and involvement in care activities and decisions, as a condition of efficiency for running a service. There was a similar silence around reasons for needing care in Nellie and Michael’s narratives. Neither Nellie nor Michael talked about why people lived at WACHS beyond having ‘different things they needed help with’ or on the basis of ‘different illnesses and needs’ (Nellie). This omission also silenced any negative value on needing help whilst foregrounding the need to have control over things that were important, for example food, mobility and money. In this respect, the residents’ talk indicated the ways in which control was imposed and resisted:

Case in point. I got an increase in my salary. I have a dollar a week and they get thirty dollars a week, but I don’t see the thirty dollars in so far as they take ten dollars of that and buy me wine with it. And I don’t dislike wine. I rather enjoy it. But here again, what you get is more or less a bloody thimble full of wine. It’s nothing to write home about […]. I’d rather have the ten dollars and do what I wanna do with it. […] (Michael, resident)

I don’t agree with them not letting me go out on my own. Look, I’ve been knocked by trams. I’ve been knocked by cars. I fell in between the train carriages at Prahran one time […] when I was finishing work at the RVIB, and I’m used to it. But they say they’ve got, what do you call it, a duty of care, and that’s it. And I say, well, look, I’m not worried if I get a knock or something. (Nellie, resident).

In each of these statements a decision was imposed on the resident through implementation of a service practice. However, their talk produced an active
individual capable of making a decision in their own interest. By taking for granted the service setting and by focusing on who has control over what, the ‘resident’ identity constructed in their talk is active and independent in knowing what they want and need to have a good life in a service setting – regardless of whether they get what they want. By foregrounding decision-making and receipt of care in a normalised home environment in their talk, the three residents constructed an identity that was capable of independently making decisions and judging imposed decisions and practices to be unhelpful or ineffective. To do this, explanations of why someone might need care are silenced, and along with them, the disempowered ‘client’ identities. Instead, a capable, thoughtful ‘looked after’ older person is produced, demanding the right to be treated with respect and dignity, through acknowledgement of their own needs, preferences and what they know about themselves. This is also consistent with a rights discourse that requires clients to be served as holders of human rights (Singh 2010).

*Extending resident agency beyond the WACHS setting*

As mentioned in the earlier section on positionality, one of the ways in which the residents responded to me was by treating me as a visitor to their home, locating them as ‘householder’ in a powerful/knowing position relative to my ‘outsider’ status as a visitor. The talk that constructed them as householder also extended their identity beyond the immediate care setting in ways that positioned them agentically. For John, the extended identity was achieved through talk about people and activities in his social world:
I don’t know whether I’ve told you, I’ve kind of written a book, you know [about his local football club]. And in study, I’ve got other books that’s ready to be printed, and I’ve photos to put there. (John, resident)

Similarly for Michael, his identity was extended through reference to the past and to a social world that sat outside of the context of service delivery:

Nah, there’s many things, you know, but I won’t go into, that have got nothing much to do with here. Like, I was a fighter pilot over in Vietnam, but I worked for the yanks at that particular point in time. […] A good friend of mine who was on the ground, just as an ordinary soldier, he’s also a mate of mine, you know […]. But no, I see him and his wife. And I’ve stayed over at their place. (Michael, resident)

This statement is important in particular because it references a past in which Michael had had a valued social identity. The statement links this socially valued position to his present, through his reference to continuing and active relationships. I have interpreted his utterance about these things having little to do with ‘here’ as meaning that they offered him a different and extended identity to the one made available in the service delivery setting. Nellie’s (who was blind and diagnosed with schizophrenia) talk also produced a continuous identity across past and present, someone who was agentic in using her own knowledge about her health to care for herself over her lifetime, despite facing substantial challenges related to living in a world that has been organised for sighted people who do not hear voices that others cannot hear. Her comment about who knew best about her mobility, quoted in the previous section, was echoed in a comment she made about her ways of dealing with the voices she heard:
[When the voices get too much] I withdrew into myself, and you can’t get into me. You can’t talk, whatever, you know. For years and years, with my schizophrenia, I used to bash my head and no-one would know. Like, I was living in the blind hostel [...] but I used to go behind the building and bash [my head] against a brick wall to try to get rid of the women, and I’d keep a cap on my head so no-one would see it, but then my eyes and face would swell up and they’d say, something’s wrong…(Nellie, resident).

What is important about this statement, and the previous one relating to mobility, is not whether Nellie’s decisions relating to her self-care were effective judged by other standards, but that she had her own knowledge of what worked for her, and that she was able to act on the basis of what she knew. In her talk, professional knowledge was placed in opposition to her own: she speculated that she had become ‘a pest’ with her continued demand to be allowed to walk down the street on her own, just as she had had to be ‘held down’ in the past in and in-patient mental health facility so staff could remove her cap to see why her face was bruised (from banging it against a wall as a means of dealing with the voices she heard when they became too intrusive). By telling these stories of action and reaction over time and in different contexts, she constructed an identity that was agentic and capable of self-care inside and outside of the immediate context of service delivery.

*Actively resisting mainstream practices at the house level*

As is apparent from the previous examples, the three residents also actively resisted activities and practices of mainstream aged care in their talk and constructed an identity that was different to the docile body of the dominant
discursive formations on ageing and aged care. As well as using tactics to promote an agentic identity for themselves, the residents collectively, and at times in collaboration with the house staff, directly resisted practices that delimited their agency by doing things that worked for the people in the houses.

The best example of collective resistance related to a recent decision to move from staff preparing meals in the houses to providing food through the Meals on Wheels service. This change was implemented as part of a diabetes management strategy and as a means of dealing with increasingly stringent requirements around food hygiene implemented in the WACHS environment in order to ensure compliance with the ACS. The decision, however, was challenged in each of the residents’ interviews. Michael thought the food was ‘bloody awful, but all the rest of them seem to eat it’, and John complained that it was ‘hardly enough for a sparrow’. Nellie’s narrative went beyond an individual experience and highlighted the lack of say and negotiation in how the decision to change was made, as well as the response in her house and the house next door, also part of the WACHS service:

> Even when they cooked meals, there were different people who didn’t like some meals sometimes. [...] But the thing [with the current change], we were not sort of asked, or they never spoke to us about it. Just one Saturday, the girls in the houses said, oh, starting on Monday, you’re having Meals on Wheels brought in. And that was it. They were brought in. And I know for a fact that myself and the two other people in this house, we usually don’t eat the meals at all, except maybe the dessert. So what happens is, my meal goes next door to the guys next door and they have it for tea. I think it was mainly the fact that they didn’t say something that upset a lot of people. (Nellie, resident)
Notably, the actor of ‘my meal goes next door’ is obscured (underlined), and I have interpreted this to mean that house staff took the meals next door, since few of the residents would have been steady enough on their feet to manage this task. Nellie’s and John’s interview texts contain other examples that construct how the houses ran in ways that work for residents because of the relationship between residents and staff. Nellie’s ideas for how the service could and should function positioned residents and staff in a similar position in relation to broader organisational decision-making:

*It’s not only the residents, it’s the staff as well, coz this place wouldn’t run without the staff. And the staff have their grievances too, and we should be told [...] certain things that they’re concerned about, just like they’re told what we’re concerned about.* (Nellie, resident)

In her talk, Nellie positioned staff and residents similarly in the broader power relations that constituted the WACHS setting. In this way the possibilities for agency are extended, and local solutions become collective actions of resistance.

*Silence and non-participation as agentic action*

The final way in which residents constructed an agentic self-identity was through silence and non-participation. Of the three residents, Nellie talked most about her own and others’ silence and non-participation, constructing this as a response to a lack of care or inaction from service decision-makers, and comparing it to the very different experience she had of participating in the participatory
process. Nellie’s account of the service delivery context constructed silence and non-participation as both a choice and as a tactic that she and other residents took up as a means of resisting complicity with practices that would have otherwise inscribed dependency, incapacity and decrepitude on them as looked-after elders.

The original design of the service included regular house meetings for residents and staff to discuss issues and plan what to do. Each house meeting reported to a whole-of-service residents’ executive committee which managers attended. This had functioned effectively for ten years as a way for residents to raise issues of concern and be involved in organisational decision-making. At the time of the service development project, however, it was no longer working effectively. Michael’s talk about the Executive Committee indicated its lack of power and influence:

Sarah: Here in the hostel, how do you get stuff changed if you don’t like it, or it’s not working?

Michael: Oh, you just go to ourselves, more or less. That’s to the Executive, which is us, and we just decide to change it from there. If we can. Or if the people in charge, like the manager, sort of goes along with it.

By cascading the question of where control actually lay from ‘ourselves’ to ‘the manager’, Michael’s statement makes the Executive Committee process tokenistic. Nellie’s narrative also constructed this process as a token dialogue between two parties: managers who were ‘just having the meeting because they gotta have the
meeting’ and who were not ‘going to take any notice’ or ‘do anything about it’, and residents who would not speak up about simple things that needed to be fixed:

Coz a lot of them have broken beds or something, and they don’t say anything. They just let it go. (Nellie, resident)

Whilst the material outcome of this situation was that simple problems did not get raised or fixed, discursively, I argue that this can be read as meaning that silence in the face of management inactivity was an agentic action which protected an aspect of the residents’ identity. As mentioned earlier in relation to Nellie’s repeated requests to be allowed to walk down the street on her own, speaking up carried risks. To raise an issue and receive no response was made a symptom of a lack of care on the part of those in charge of providing care:

And if I say something about what I don’t like about what’s going on, I would think they’re gonna try and punish me for saying this. They’re going to say that I’m going against them [...] And a lot of the residents would say that, coz I know some of them. They say, ah, they don’t care about me. They don’t care. They don’t care. (Nellie, resident).

Feeling uncared for and being treated as ‘silly’ were recurrent themes in the three residents’ narratives, including being treated as ‘silly’ by other residents:

If you ask them questions, they clam up because a couple of them have said to me, they don’t take any notice of me. They think I’m silly. They think the other residents think they’re silly. (Nellie, resident).
In this context silence was a choice exercised to avoid being dismissed and to protect an identity in the face of a community that is not able to include those who think differently. Having no voice at all was better than speaking up and being inscribed with a devalued and ‘silly’ identity. Silence understood as an act of existential protection, even when it meant a material issue remained unaddressed, becomes a logical and tactical action.

**Versions of the participatory process and the possibility of transformation and enhanced agency**

This section presents findings relating to the meanings and opportunities that emerged from my analysis of the participants’ talk about the participatory process. I demonstrate that the process opened up the possibility of inclusive ways of being/doing for residents, staff and managers and was effective in surfacing subjugated ways of understanding what it means to care for older people. Its efficacy lay in authentic dialogue and listening, linked to action or the possibility of action. Inaction was an outcome of a dominant discursive formation that positioned staff and residents as equally disempowered. The management function emerged as a critical factor in relation to the possibilities for inclusive service development.

In this section, I first consider two versions of the participatory process described in the residents’ accounts. In the first, the process was a pleasant but inefficacious activity. In the second, it was a significant departure from the usual practices of service delivery and made available opportunities to shape the future in
ways not possible in standard practice. I then explore different meanings in the staff accounts.

**The participatory process: ‘nothing much really’**

Michael and John both talked about the participatory process as an inefficacious version of ‘business as usual’ in their interviews. Both referred to their inability to remember much about the process, as evident in this interchange from the start of my interview with Michael:

Sarah: So what was your idea about what [the participatory process] was about?
Michael: Hard to say, really. It was very multi in many different ways. Hard to put into exact words.
Sarah: What did you do with Frank?

At the start of his interview, John also struggled to provide me with detailed responses to the questions I asked, and related this to his age and failing memory:

Sarah: So tell me, what do you remember about the work you did with Frank?
John: It’s very vague, Sarah. Very hard to remember. I suppose that one thing is, I’m getting on in years and the memory’s not the best. And in saying that, that might go for a lot of the residents, being over sixty and over seventy. We might forget a lot of the things we’ve spoken about, or what we’ve covered, yeah.
However, as the interview proceeded, their talk incorporated details of the things that mattered to them (food, money, mobility), and each man reflected on the conversations they had had with Frank during the participatory process about these. In each case their talk constructed alternate meanings for food, money and mobility, giving each a meaning that was important to them. It is possible to read the men’s inability to remember much about the process because it was irrelevant and unimportant to them. I offer an alternative reading, and argue that whilst the two men were able to remember little of the detailed mechanisms, the process had provided them with a space in which they had been able to raise issues of concern. In this space, they were able to talk about the aspects of their unique experience as resilient elders that were important to them, without fear of being treated as incapacitated, or ‘silly’ because they needed help to complete many mundane life tasks, or because of the ways in which they understood things. That they had regained a legitimate voice, and had begun to talk up amongst each other and with the staff around what they wanted and did not want, was remarked on positively in all four of the staff accounts.

Despite this, in this version the participatory process was ineffective in relation to achieving any change at the service level. In the two men’s talk, its inefficacy was associated with the lack of material change in the service as a result of the process. For them, the process had involved valuable conversation about things that mattered, but no resolution or action. Of the two, Michael articulated this most clearly:
Sarah: So Frank was asking you stuff about what was working well at the hostel and what wasn’t working well. Did you have a sense of what he was gonna do with what you said to him?

Michael: Not really. It was more or less up to him to what he determined to use it for. What to come up with.

Sarah: Did you have an idea of what he did do, or what he did come up with?

Michael: No. I really didn’t, to be honest with you. I never seen concrete proof of anything he did with it…no.

Sarah: So what was it like? You just sit there and talk about this stuff, and then you don’t see the concrete proof at the end of it?

Michael: Oh, that’s just to be accepted, you know.

Here Michael negotiated a meaning for the participatory process that made it similar to other organisational practices: something that residents could take part in, but where decisions were made without their involvement. Compared to Michael’s description of how he marshaled the assistance of the State Trustees Office to get a raise in his salary, the participatory process was constructed as one that had no efficacy in terms of changes that could/should have impacted positively on his life or the lives of the other WACHS residents. I argue that his closing comment above aligned the participatory process to other organisational practices that the residents were subject to, and although it did not appear to have had the same oppressive force, it had done little to enhance the residents’ freedom as agentic individuals in the context of the SDS.

The participatory process: ‘makes you feel it’s worthwhile living’

In her talk about the process, Nellie negotiated a quite different version of the participatory process, constructing it as a significant departure from ‘business as
usual’. There were three aspects that were made significant in Nellie’s talk about her participation: being listened to; a way in which all residents could have a say; a basis for action in the houses and the meaning of care work. I argue that the version of the participatory process made available in Nellie’s talk that produced an alternate service user identity associated with a more powerful subject position and the possibility of an alternate model of care that was also visible in the staff/management narratives.

Before presenting my reading of Nellie’s narrative, a brief consideration of Nellie’s social position is useful to understand the significance of her negotiations with me in the interview. A number of times, Nellie explained that she had been a reluctant participant in the service development project, despite staff encouraging her to take part. At one point, I asked her whether there was something different in the work with Frank that made it easier for her to take part, and she explained that she had initially been ‘a bit wary about going into it’:

Well to be honest, I thought, I don’t think what I’ve got to say is gonna be very important. That’s what I thought before we had the meetings. I really did. I thought, he won’t take any notice of me. So I found it differently. He would talk to me and the others, and that. (Nellie, resident)

My experience of Nellie was as one of the most observant, incisive respondents who took part in the interviews for this study. At the end of our long and interesting conversation, we had the following exchange:
Sarah: Anything you wanna ask me?
Nellie: Do you think I’m a nut [laughs]?

I have chosen to interpret Nellie’s question as another example of an act of existential protection similar to the choice to remain silent. I argue that it is also an effect of her position in the broader social relations as an old, blind, woman with chronic physical health conditions also labelled as ‘schizophrenic’. Likewise, I have chosen to interpret my surprise at her question as an effect of my relatively empowered position as an able-bodied, non-labelled, employed and highly educated woman. This exchange stands as a reminder of the significance of social location in terms of one’s sense of legitimacy and one’s right to speak and be heard. The disempowered position made available to Nellie by mainstream formations made her voice one of the least heard of anyone I interviewed, and highlighting her location as the only female service user in the service development project led by a male process facilitator. I argue that this makes what she had to say, and how I have chosen to interpret it, all the more significant.

The first aspect of the participatory process that Nellie’s account made significant was listening as the central activity in a dialogic process. Nellie’s account contained multiple references to the way in which Frank had listened to the residents in various project activities. In each case, listening was associated with follow-up and feedback regardless of whether anything changed, compared to the
tokenistic listening and hollow promises to get things done that residents
associated with the executive committee process as a management practice:

This might sound silly, but when you spoke with Frank, you really knew he
was listening to you. You really knew that he was sort of putting himself in
the position, and we’d spoken about these things a lot with him. And each
time we’d come from a meeting with him, he’d give us more information
about who he spoke and what they said, whereas, the committee meeting,
they’d say, oh yes, we’ll get that fixed, get that fixed. Gone out of the window.
And then next meeting, we come. We bring the same thing up. (Nellie,
resident)

This and other similar statements gave a different meaning to the ‘listening work’
(underlined) that management personnel did in the resident executive committee
and house meetings where the residents repeated the same concerns at every
meeting, ‘about the meals, about the different chairs and tables, about the money’
(Nellie). This non-responsive listening created the sense that the residents, through
their repetitions, would become ‘pests’, rather than adults with legitimate concerns
about their home environment and ability to contribute to decisions. Providing
feedback and follow-up also built an atmosphere where it became easy to speak
openly and authentically with Frank, compared to the silences and existential
protection referred to in the preceding section of this chapter:

And you know, you can say anything to him, anything that you think, that
you wanna talk about, whereas...you could probably say it [to the house
staff]...well, the staff are really busy anyway, so they can’t really sit down
and have a chat with you. (Nellie, resident)
The theme of time was repeated in other resident and staff interviews. Having time to listen, as well as listening without prejudice – or with an awareness of prejudice⁴ – points to the importance of having a process facilitator in a dedicated role, outside the busy day-to-day context of service delivery.

The second aspect that Nellie made significant in her talk was the active and agentic role she negotiated for herself. I have read this as standing in contrast to the non-participation and silence she associated with her role on the executive committee, mentioned in the previous section. In the service development project, participation was meaningful, enjoyable and beneficial to her and other residents:

*"I think I was there to give the residents in my house... I was there to talk for them. To let [Frank] know how they felt about things." (Nellie, resident)*

In Nellie’s account, willing and authentic participation was an outcome of feeling valued, itself an outcome of getting a response even when nothing changed. Her response to my question about what she thought was successful about the participatory process is an example of this:

*[I am] very satisfied, you know. Because I think that he gave us something to tell the residents and the residents sort of knew that it was happening, and they knew something was coming out of it, something good. Because they*

⁴ As I have argued at various places in this thesis, understanding our own position in the relations of power was an important part of the way the researchers worked as facilitators of the participatory process. The notes from our POT meetings, and my project journal both attest to the conversations we had as a team and in various dyads about our individual privilege and difference, and our locations in the relations of broader social and organisational power.
were really happy when I told them about the State Trustees and all that stuff. (Nellie, resident)

Although her statement made her agency subsidiary to Frank’s (underlined), his actions were a response to what was meaningful and important to the residents. Her account also extended the wellbeing benefits, and the possibilities for meaningful service development to all residents:

> And actually it made a lot of the people feel good, the fact that we had the meetings and the fact that they knew that we had somebody listening to them about the meals, the money and all these things. (Nellie, resident)

John’s account, whilst more circumspect in terms of the efficacy of the process to impact on service delivery, also gave participation a positive well-being value: ‘Ah, [taking part] helps my self-esteem. Helps me in other areas of my personal life where I can.’ Given the importance of the setting as ‘home’ to the residents, I argue that the importance of being listened to and being able to participate in an authentic dialogue about small details of service delivery is more significant than in a non-residential service. In Nellie’s narrative, being listened to without constraint by an organisational office-holder made the residents visible as subjects of their own construction, rather than ascribed, devalued and genericised ‘old people’:

Sarah: So, if you look back over the whole process of working with Frank, what comes to mind for you?

Nellie: Well, to me, [Frank] makes me feel that we are human, and we are thought of. We’re not just people locked away, and that somebody and some people are thinking about us and understand us, if you know

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5 Reference to a meeting Frank had organised for the residents so someone from the State Trustees could come in and answer questions about their rights in relation to their finances, and assist them with particular issues they had.
what I mean by that. [...] And you know you can say anything to him, anything that you think, that you wanna talk about, whereas [...] the staff are really busy...

The final aspect that was made significant in Nellie’s account was the matter of what constituted meaningful action. Whilst in John’s and Michael’s account, the participatory process was constructed as potentially effective ‘as long as something is done about the things we brought up’ (John), in Nellie’s account, the struggle to achieve change through purposeful dialogue was made significant in its own right. The needs and concerns of the residents were central to the dialogue, although they were not always actors in the specific activities that took place to address their concerns. In her talk, Nellie constructed Frank’s role as that of a go-between, or ally, in the work to achieve change:

I mean we ask for things, and they used to say yes, we’ll do it, we’ll do it, and we never heard any more, whereas with Frank, when we spoke about the meals and we spoke about the Public Trustees, now he come back and told us that they’d all spoke and they’d had a conversation that there were gonna make arrangements about the money. Someone from Public Trustees coming. And also he said that he was talking to them about the meals and that, and they were gonna think about what they could do with that. Whereas we’ve got somewhere with those two things with Frank, yet with just the committee...well we haven’t had [a meeting] this year. (Nellie, resident)

By positioning Frank outside of the relations that shaped the service delivery environment, but as an effective actor within the broader relations of power in the organisation, Nellie’s account made available the possibility of service user agency through an alliance with Frank. The residents were participants in a dialogue, although not in every conversation. In this construction ‘management’ was located
on the other side of a discursive barrier, as ‘they’ – the power holder whose actions and decisions shaped what ‘we’ (the residents) could and should experience. The role of the process facilitator as ally then became listening to the residents’ unique experiences of the imposed service experience, and legitimising these in organisational dialogue and decisions. That this was effective was evidenced in Nellie’s statement about the outcomes of Frank’s behind the scenes actions to follow up on the matters the residents raised:

*With Frank, we’ve got two important things that [the residents] have brought up, and I’ve been told now that they’re still talking about doing something new, something about the meals, having the meals changed or something. They’re talking about.* (Nellie, resident)

Nellie’s account credited Frank’s actions with making it possible to restart a conversation about food (underlined). For Nellie, what was important was the **possibility of dialogue** that could lead to change, rather than the experience of change itself. It was also the position that the interlocutor in the dialogue occupied relative to the organisational power-holders that was significant. In the statement above Frank was positioned more agentically and a more efficacious role as an actor was constructed for him. However, Nellie was able to see the possibility of a more powerful voice in terms of effecting change, **if residents and house staff were able to speak together and act locally.**
Versions of participation in the staff narratives: ‘You’ve given a voice to a lot of people, and you’ve made people feel really important’

A brief consideration of the findings on the versions of the participatory process in the staff narratives is helpful in understanding the transformative potential it offered. Although the program manager and service co-ordinator who were in place at the start of the project were interviewed, none of the later managers associated with WACHS during the implementation of the service development projects were invited. This decision was taken because their involvement in the process had been minimal and, I argue, tokenistic and their tenure at Wesley brief.

The participatory process was also made significant as a more empowering alternative to mainstream service delivery practice in the staff narratives. As with the resident narratives, two versions emerged. In the first, the process was a means where ‘the residents came out and they said what they actually wanted to say’ (Billy), but their positioning in the broader relations of power relations of the SDS did not change. In the second, the process was a means to explore alternate meanings for the activities and practices of care, with the possibility of shifts in position for staff and service users. This section discusses these two versions, prior to considering what made it ultimately impossible to extend and sustain the possibilities for enhanced service user agency that the participatory process had offered in the WACHS setting.
The first version, participation as a means of ‘giving’ residents a voice is based on a construction of residents as ‘voiceless’ or reluctant to speak up because of some characteristic of the resident themselves. Lack of confidence, fear of reprisal, inability to express themselves clearly were all given in the staff interviews as reasons why some people might not have taken part in the process. In Sylvia’s narrative, residents’ ability to speak authentically was diminished because of their gratitude for the help they receive:

*I think one of the things about WACHS, sounds a bit negative really, there was a sense of people being very grateful, and no-one should be grateful. [...] So whether people actually speak freely, from that place of being grateful, I’m not sure. Don’t know. (Sylvia, program manager)*

I argue that this view was contested in the resident narratives, and previous examples have made clear that each of the three residents was able to separate out their gratitude for good help from their desire to be heard on what was not working well. Constructions that individualise the question of ‘voice’ overlook the way in which the choice to speak or remain silent was made in the context of the power relations that shaped the service delivery setting. As I argued earlier in this chapter, the residents chose silence at times to protect their identities as capable and resilient elders. In this version, effectiveness of the participatory process was connected to having a voice. In Eileen’s words: ‘You’ve given a voice to a lot of people, and you’ve made people feel really important.’ I argue that it was not a voice that the residents lacked, but legitimacy as speakers in the context of the power relations that shaped service delivery. Although ‘the residents came out and said what they actually wanted to say’ (Billy), and ‘people felt a bit more valued or a
bit more part of what’s actually happening’ (Eileen), there was no change in the relations of power. In this version, the purpose of resident involvement is to ‘have a say’ on existing practices derived from a knowledge base that excluded the knowledge of elders’ unique experiences. Eileen talked about the residents’ excitement about taking part because they were ‘highlighted as someone who could give feedback’ – rather than someone who might have a unique and legitimate view of what it means to grow old and need help. In other words, the knowledge base that produced understandings of care remained fixed, and consequently practices did not change.

The participatory process as ‘actually [engaging] residents to have some direction’

The second version of the participatory process in the staff narratives constructed it as a process that made it possible for staff to see themselves and their practice in a different way, and legitimated alternate conceptualisations of what it meant to provide care. I have chosen two examples to indicate how the process made the operation of power in the service delivery setting visible, and made available alternate ways of being and doing care work. The first example is drawn from Sylvia’s interview and explores the way in which the participatory process enabled her to talk about the power relations that she was a part of. The second is drawn from Evelyn’s interview, and explores how she used her own experience of bereavement to reposition residents/staff and to offer an alternate meaning for care work.
Sylvia’s interview took place a short time after she had resigned from Wesley, and comprised an extended reflection on her experience as a manager committed to ‘[engaging] residents to have some direction, or be directive in terms of how [service improvement] happened’. The participatory process had offered her a lens through which to reinterpret her experiences in the service delivery setting and to negotiate new meanings in the interview. In response to my question about what had changed for her during the participatory process, she made a distinction between the rhetoric of mainstream service delivery and a substantive shift in the power relations of decision-making:

[The participatory process] very strongly in my mind, as a manager, was, loud and clear, we’ve gone off the rails a bit. What’s gone wrong here? And I knew that we needed to be going back to what the clients…I hate the way of saying ‘client choice’. It’s such an over-used expression these days, but really coming back to what, how those decisions that those clients were making about how they wanted to live their lives. […] Everything that I tried to do in a management role was connected to that. You know, how do we offer, how do we assist people to have the best life that they can have in this environment. […] Some of the practices I was seeing that didn’t support that, then they, we needed to make sure we changed. (Sylvia, program manager)

This statement pares away the rhetorical cover of dominant discursive formations about ‘client choice’ and offers an authentic version of self-directed care work (underlined) based on the activities and practices of care based in the relationship between provider and receiver. In this understanding, what the care worker could/should do cannot be imagined separately from what the care recipient values and needs. In her talk Sylvia placed herself as an actor in the power relations that shaped service delivery and most importantly, shaped client experiences of care. In
the statement above ‘we’ refers to the senior staff whose responsibility it was to change practices that did not support residents’ decisional control.

Sylvia’s interview included an extended story about needing to relocate two residents who were unable to live together after one had stabbed the other in the hand with a table knife. She said this had given her ‘sleepless nights’ considering how to manage this situation without it being a ‘punitive thing’. When Sylvia finally told Ruby, the resident who had been stabbed and was the one who was going to be moved, Ruby was happy with the decision. Sylvia’s comment to me was:

I’ve had a sleepless night over this, and here’s a woman who has moved around all her life, Here I am putting my very middle class values about home and place and all that sort of stuff on this woman, who says, no, the change is fantastic. Very happy about it. (Sylvia, program manager)

In my reading, what was important about what Sylvia negotiated in her talk was her understanding of the impossibility of relying only on our own values and meanings as a means of providing high quality care, and the inefficiency of doing this as a means of making service related decisions. I have chosen to read Sylvia’s reference to her own social class relative to Ruby’s as indication that Sylvia’s talk also made social power and social location significant in the matter of who got to make decisions about whom in the service delivery setting. In other words, class and power are relevant not just ‘out there’ but inscribe the power relations that produce “Sylvia” as the manager who cannot sleep, and “Ruby” as a passivated object of “Sylvia’s” concern.
The second example comes from Evelyn’s interview, where she talked about her son’s death from bowel cancer in his early twenties, and the impact this had on her and her family. In my early readings of her text, I considered this to be a digression away from the main focus of the interview, the participatory process. However, as I read and re-read her narrative, my reading changed, and the interpretation I offer here sees this story as being about alternate meanings for care and being cared for. A significant part of the story related to Evelyn’s relationship with the psychologist who ran the bereavement support group she and her husband attended. In the story she offered a meaning for loss derived from her lived experience that ran counter to that put forward by the therapist, derived from his professional experience. Earlier in her interview, she had made her participation in the service development project significant in terms of giving her an opportunity to learn more about the residents and how this had increased her understanding of, and respect for the residents as individuals:

You still look at them in a different light and you have, not more respect, but you look at it from a different angle, what they did when they were younger, when they held a particular job down, or a life that they led. Like with Norma for instance, having seven children and the only one that kept in touch with her had died and she was just so uptight and you feel for her. You have respect for the struggles that they went through in their younger days, I feel. (Evelyn, staff member)

Her talk made loss meaningful as a human experience that linked her to the residents, and located care worker and elder-cared-for in the same discursive space (underlined):
Coming to work I was able to focus on their needs and they helped me, the residents here, even though not many of them knew what happened. I’d come here and for that six, seven hours that I was here I concentrated on them and I knew they all had issues, so it wasn’t just about me and my loss, they’ve lost a lot too. (Evelyn, staff member)

In this construction of care work, what flowed between residents and care workers went beyond the provision of functional assistance to the heart of a meaningful personal relationship where the residents ‘look forward to seeing you [...] [and] they’re so happy when you walk in, they do, they lift you up’. This exchange of meaning was the basis for a conceptualisation of the care relationship based on more equal positioning and on the individuality of the actors, with a consequent shift in the way Evelyn saw, heard and interacted with the residents:

I think it’s helped Billy and me in our role as Rec Officers to understand and try and offer them a bit more things that – we ask them more now, what would you like to do? Or, did you enjoy that? What part of the activity or outing did you enjoy? I don’t know whether it’s made any difference. It’s hard to judge because of so many changes in management, and that’s had such a big effect on the residents. (Evelyn, staff member)

In other words, there was an immediate, practical outcome relating to her understanding and practice, although she remained circumspect about whether ‘it’s made any difference’ at the level of the service.

The tendency to re-inscription

In this chapter I have argued that the participatory process made available to participants meanings for growing old and needing support that had been
subjugated by meanings made available in the dominant discursive formations on ageing and aged care. The participatory process was effective in facilitating meaningful dialogue between staff and residents that had the potential to shape service development and delivery decisions. However very little changed in the service delivery arrangements in this setting. In the interviews, the participants’ talk focused on the value of dialogue as a means of identifying what could/should change, whilst waiting for an obscured agent to make, endorse or implement a decision that would improve their lives. This passivity was evident also in the evaluation report and other project documents that were generated by the participatory process in the WACHS setting. In the discussion section of this chapter, I offer one reading of why this happened and how a different outcome might have been achieved.

The participatory process had made available alternate positions for residents and staff by legitimating meanings for what happened in the service delivery setting that were unavailable in ‘normal’ talk about service delivery. One example of this was attempts to reconcile ‘home-like’ with the requirements of the ACS; this was a constant theme in resident, staff and managers’ talk. This example, taken from Sylvia’s narrative, sums up this tension:

*And the staff […] would’ve said, oh well, we’ve got to do this because of, you know, ‘coz it’s the ACFI*. No, they would say the same thing [as the managers and residents] ‘coz it’s a paper list of what we have to do. You know, the paperwork has to be done […]. The audits have to be done for the

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6 Aged Care Funding Instrument
standards or whatever, and really, all I want is to go and sit down and have a bit of a chat to [resident name unclear] about what’s going on […]. So that’s the dilemma. (Sylvia, program manager)

In the participatory process unique experiences and interpretations were admitted as legitimate talk, and the inscriptive effects of the dominant meanings of ageing and aged care were made visible. Being seen as old and vulnerable was set in opposition to being seen as an individual who needed help with something, a theme repeated throughout the resident and staff interviews, and summed up here by Sylvia:

And the [ACFI] people said to us, you could be claiming higher for behaviour, and I said, well, if I put my business hat on, that’s good, ‘coz it means there’s an opportunity for us to do better, but if I put my WACHS hat on […] we just see people as quirky, that’s them. […] I don’t want to call it behaviour [laughs]…that’s the dilemma. (Sylvia, program manager)

The ‘dilemma’, however, is different for the manager trying to make the funding work and the residents as people inscribed in delimiting knowledge/power relations. Whilst the participatory process did achieve changes in the way the residents could/should be seen and involved in decisions that impacted them, these changes took place in the limited context of relationships between individual staff and individual residents. The only way that service users could impact on practice at the service level remained through their resistance to the imposed practices of mainstream aged care. Change based on negotiation of meaning and positionality at the level of service practice was absent in the project documents and in the interviews.
Compared to the active resistance of service practices undertaken by the residents and mentioned earlier in this chapter, when new ways of seeing and understanding the service arose through dialogue with the residents in the participatory process, the staff remained passive. This was not a ubiquitous passivity and contrasted with changes that the WACHS management team had made (for example, implementing Meals On Wheels or regulating cigarettes, lollies, money). I argue that this ability to act within the mainstream constructions around ageing and aged care (for example, diabetes management and the broader regulation of the ageing and unruly body) stands at odds with their passivity in response to what they learned from the residents in the participatory process. The following example is taken from Eileen’s interview, where she was explaining what she learned through the dialogue between staff and residents in the participatory process:

*The one thing for the residents was hearing about their money and their food. That doesn’t mean that we have to make changes in the way that we manage their money [...] or even the food. It’s about how we take their feedback around those things and about how we do it different...on a daily basis, and that could be really small things like that, instead of giving a person their money in a damn plastic pocket, we could do that small thing differently and that would make a big impact on [the resident]. [...] One thing that John says, that I get my cigarettes with my damn name written on them and I get my money in a plastic money envelope. And that is derogatory, because if you gave me my cigarettes with my name on it and my money, my pay every week in a little plastic pocket, I wouldn’t feel very good about it...we’re thinking that that’s OK for people we take care of. (Eileen, service co-ordinator)*

In this extract, Eileen distinguished between a practice and its effect on the recipient, and constructed an agentic ‘we’ (i.e. WACHS management personnel)
who have authority to make a decision to change the way something was done. In the second part of this extract, there is a shift from an activated ‘we’ to an ambiguous ‘you’ (underlined), as a potential agent able to make decisions that would affect her in the way that ‘we’ make decisions that are ‘derogatory’ for John. It is unclear whether ‘you’ refers to me, or to an obscure agent with control over the situation. I have chosen to read it as the latter. I argue that in the participatory process Eileen was able to have an authentic dialogue with John about some of the WACHS practices. Through these she was able to imagine herself positioned within a practice over which she has no control, as he is. Nevertheless, nothing changed. One reading of this would be to implicate Eileen and Sylvia merely as functionaries of management authority, with little genuine concern for including alternate understandings in the knowledge on which they based decisions. However I dispute this and have read their narratives as an authentic account of their attempts to provide residents with greater control over things that mattered to them, at the same time as balancing the stringent requirements of the ACS, where failure to comply would threaten the existence of the service, drawing attention to the importance of understanding the operation of power within the mainstream discourses of aged care.

The passivity and inactivity extended further into the management hierarchy of the organisation. The following extract from my project journal refers to participants’ responses to the program logic workshop, where residents, staff and managers all came together to discuss key issues confronting the service. The day had been generally regarded as successful in facilitating authentic dialogue that
would be the basis for action and providing insights into the service that were useful and otherwise unavailable. In the following extract from my project journal, Martina was a member of the executive team – in other words, a materially powerful organisational actor:

Billy [WACHS staff member] and Tim [resident] both spoke about the value of working in a group, because it broke down barriers and allowed people to get a new view of old problems. But when I talked to Martina later, she said that whilst it had been interesting and a good thing, she was worried that it would be just another talkfest where people said things, went through old problem[s], and then nobody did anything to fix them. (Project journal, p251)

As in the reading of Eileen and Sylvia’s passivity above, I argue that an interpretation that individualised Martina’s response would be an oversimplification. As I read and re-read the transcripts and other project texts, and as my own disappointment and anger about what had happened in this service setting dissipated, the meanings made available in the participants’ talk began to disrupt my reading where I had given managers and executive more agency as subjects of discourses than I now read as being available. The reading I present here marks my current understanding, but this may evolve over time as new texts disrupt this one. I argue that the founding practices of WACHS as a service that aimed to foster independence and build capability of disadvantaged elders were colliding at multiple levels with dominant formations relating to ageing and aged care as well as organisational discourses of efficiency. These forces shaped the choices made available to all participants, but had different implications for residents, staff and managers in terms of how they could maximise their control over the things that mattered to them.
I have discussed resident control at some length throughout this chapter and want to focus in this final section on management control. The following extract from my project journal refers to a meeting I had with Martina and Adrian (another member of the executive team) to discuss arrangements for the projects following the departure of several key senior staff:

*When I went in to ask Martina and Adrian if they could each take on one of the projects in this area, I could see a real look of freak out on their faces when they were being asked to do yet more. They are very stretched, and concerned that just keeping things running is going to be as much as they can manage, let alone engage, in any real way, in a complex developmental process.* (PJ, p204)

The theme of lack of time and busy-ness recurred in the resident and staff interview texts, associated with institutional practices required by the need to account for service delivery in particular ways. ‘Time’ also shaped the participatory process. Sylvia had been keen at the start to use a range of active methods, such as photography and art, to engage residents in the process. In her interview, she reflected on what had happened in this regard:

*For me it was around thinking about what was possible. Then there’s the reality, isn’t there [laughs]. Then there’s the reality of time, and all the other stuff that interrupts.* (Sylvia, WACHS manager)

Just like food, mobility and money were recurrent themes in the residents’ interviews that reflected the issue of control, ‘time’ in the staff interviews reflected the way that institutional practices and organisational requirements silenced alternate meanings for care work. The consequences of not abiding by the imposed
practices were quite real for staff. Billy’s interview constructed a hostile relationship between staff and managers, placing staff on the side of the residents, and an obscured and self-interested organisational authority on the other. Staff could resist through opposing management directives and risk sanction relating to their employment. I argue that in this setting, the significant and ongoing turn-over of incumbents in the manager and co-ordinator roles was a form of management resistance, where incumbents resigned to protect their self-identities as ‘good’ practitioners, an act of self-protection not dissimilar to that achieved by the residents through silence. At the same time, the turnover in senior staff made it very difficult to build an alliance or coalition through which we could have resisted collectively.

Discussion and implications of key findings

As the findings have demonstrated, the participatory process was able to enhance service user agency in relation to local service decisions, and for the residents who took part to be legitimated as participants. This had clear wellbeing benefits for the residents who took part in the interviews and more broadly. Whilst new possibilities for service delivery practices were made available in the dialogue in the participatory process, very little change in practice or service delivery was evident. In this section, I discuss the transformative potential of the participatory process in this environment, and its limitations, and offer one explanation for the failure to take any action to improve service delivery. I draw on the literature and
the analysis of the ACS presented earlier in the chapter, and consider what organisational conditions might need to be in place to achieve a more responsive outcome at service and system levels.

In the interviews, each of the three elders negotiated an identity that was actively engaged and thriving in a lifeworld context that was meaningful to them. These self-descriptions did not omit the difficulties of their past or present life circumstances, but were constructed as thriving despite these difficulties. I argue that this is an example of the ‘survivor discourse’ of ageing that Foss (2011) suggests exists in old people’s talk about themselves but was not present in her analysis. This is particularly important in terms of elders’ wellbeing and self-esteem, given the marginal social location of this particular group of elders, and the tendency of the mainstream discourses on ageing to overlook the impacts of structural exclusion and marginalisation over the life course (Breheny & Stephens 2010). The elders in the WACHS project did not deny their need for help. Instead, they were able to negotiate an identity that emphasised their competence to make decisions about their own lives and what might constitute appropriate care and support. In their talk, the elders fought to retain their own meanings of who they were, understood as whole human beings and competent adults who had looked after themselves over their lifetime and who could still be involved in decisions about their care.

The findings demonstrate that the participatory process was effective in enhancing resident agency in the service delivery context. The process gave the
elders a voice in the discourse of care at the local level missing in the institutional practices of the aged care system (Weicht 2013). The inclusion and legitimation of the residents’ concerns in a dialogue about the future provision of care, regardless of any specific change to service delivery arrangements, is an important challenge to the otherwise hegemonic inscription of a passive/victim identity on the care recipient (Weicht 2013). The deconstructive analysis of the ACS concurs with Doyle’s (2014) argument that a medical gaze that emphasises frailty and dependency, serving to position older people even more marginally in the discourses that construct them, dominates the current arrangements for aged care. The participatory process made visible alternate understandings of care that circulated in the WACHS setting, held by residents and staff. It also enabled residents to take part in a dialogue about future service delivery arrangements that functioned to challenge the oppressive practices of mainstream aged care inscribed by the ACS. In so doing, the elders shifted from being objects of others’ decisions (Jolanki 2009) to active participants in the ongoing arrangements for their care and support. This recast an essentialised identity of the genericised older person associated with illness, frailty and feeble-mindedness (Jolanki, Jylha & Hervonen 2000) to one where the elders were made visible as individuals with their own life stories, meanings, preferred identities and desired futures. I argue that this is a shift from the ‘imagined client’ of discourses on ageing (Weicht 2013, p.189) to a humanised, individualised, voiced and agentic service user.

By recognising the ways in which institutional practices diminished and dehumanised individuals, new versions of what it means to be an active elder in the
care setting were made available. This opened up possibilities for new understandings of autonomy in the aged care setting that do not rely on conceptualisations of independence derived from considering what is appropriate for younger people (Schwanen, Banister & Bowling 2012) but support a notion of agency achieved through relationship with others (Jolanki 2009). This is consistent with Raymond and Grenier’s (2013) findings that older people with disabilities did not define independence as doing things by themselves, but as being able to make choices and decisions about how life is organised. The residents’ narratives did not reject their need for support, but affirmed the importance of decisional involvement as central to their dignity and humanity, supported in the staff narratives. The residents’ narratives highlighted the value placed on interpersonal relationships and the emotional connection between elder and care worker overlooked in mainstream constructions of aged care (Breheny & Stephens 2012). This version challenges the meanings made available in the dominant discursive formations on ‘active ageing’ that emphasise executional over decisional autonomy (Simpson, Cheney & Weaver 2009). This was possible because the participatory process made visible residents’ ways of knowing from their experiences at the point where these intersected with the institutional practices of the SDS. On the other hand, it is significant that whilst these alternate possibilities were present in their talk, the staff were limited in the material changes they made to the way WACHS operated.

Before discussing what impeded collective action, some consideration of the effective action that did occur in the participatory process will extend an
understanding of its efficacy for inclusive service development and delivery. The findings demonstrate that there were two efficacious mechanisms in the process. The first was giving a say to people generally excluded from decision-making processes. The second was active listening by those with decision-making authority and/or influence, in the context of a sanctioned organisational service development process. It was this combination of legitimation of otherwise silent or silenced voices in a sanctioned dialogue that enabled new subject positions to be made available for residents.

The role of the process facilitator is important in this regard. At times, the residents were directly involved in dialogue (for instance, in the shared events), but the dialogue constructed in their narratives was also conducted through Frank’s intermediary role: listening to the residents’ concerns, investigating and negotiating with staff and managers, and returning to report back and discuss with the residents what should/could happen next. This represents a practical strategy for enacting the notions of relational agency and decisional autonomy referred to previously (Jolanki 2009; Simpson, Cheney & Weaver 2009). Such alliances are also important because they challenge the dichotomous constructions of ageing as independent/active and dependent/passive (Weicht 2011). I argue that the co-production of possibilities introduces a new version of ‘old, in need of care and active’ that is unavailable in the dominant discursive formations on ageing and missing in the literature on constructions of care, where the elders’ agency is enhanced through an alliance with an empowered actor in the organisational setting. The findings in this chapter demonstrate that for elders to be agentic in the
care setting they do not need to do things on their own, but can achieve more
humanised identities and agentic subject positions within the relations of power in
the organisational setting.

As the findings have demonstrated, the participatory process identified
various possibilities for service level change, from small shifts in practice to more
significant reconceptualisations of the meaning of quality care. The findings
demonstrate that each of the staff also shifted their view of the residents as a result
of hearing their alternate knowledge on ageing and the care relationship. These
shifts reflect more humanised, individualised and respectful ways of seeing the
residents, a redescription that brings staff member and resident into closer contact.
I argue that this alternate version was also closer to the original intention and
practices of the WACHS model as a service that fostered independence and
capability through close relationships between residents and staff in each house
(Wesley 2011b).

The hegemonic effects of the dominant discursive formations on ageing and
care of elders have been noted in terms of the delimitations they place on elders’
identities, but less attention has been paid to the effects of institutional power on
staff in aged care settings outside of hospitals and high care (nursing) homes (Angus
& Nay 2003; De Bellis 2010; Doyle 2014). Managers’ actions and inactions shaped
the service delivery environment, with the consequence that residents’ reasonable
demands could not be met, and staff were unable to do anything to assist, beyond
placate the angry residents. In turn, staff actions were shaped by a drive for
efficiency embedded in compliance with imposed regulations. This double passivation, experienced at a whole-service level, became paralysing in this context and set up the conditions for re-inscription, despite the opportunities for ‘easy’ transformation that participatory process had offered. Whilst the participatory process was able to challenge and disrupt the status in terms of voice, Frank and I were subjectivated and silenced by the same institutional and organisational arrangements that subjectivated and silenced the residents and staff. As the findings have demonstrated, this PhD has enabled me to interrogate these organisational arrangements and identity the conditions where staff were and were not able to act as change agents.

The findings also demonstrate that where staff remained locked into a disempowered subject position in the organisational power relations, change was not possible. Whilst it was possible to hear what was wrong with practices, it was harder to respond. Postle, Wright and Beresford (2005) challenge professionals involved in participatory activities with service users to reconsider their ways of working by understanding what is important to older people. The findings have provided examples of the ways in which the staff listened and responded to the residents’ versions receiving care. However, changing practice in the face of the powerful institutional discursive formation associated with the ACS is not simple. Sylvia and Eileen’s narratives make visible the tension when the meanings of care quality from the ACS collide with the meanings made available in the residents’ talk. In this setting change could only occur if mandated by an obscure power that is
always other/external to wherever staff/management are located in the prevailing power relations.

I argue that the extent of turnover at senior manager level, and Sylvia’s departure in particular were significant in limiting the transformative potential of the participatory process in this setting. In her talk, Sylvia was able to position herself in relation to the residents within the dominant discursive formations and broader social relations. Her involvement provided her with critical insight into the way in which power shaped not only the client identity but also what she could and could not do. Sylvia was able to see that there were alternate ways of understanding support and care in older age, and that these were ways of knowing that were not available to her from either her social or her system locations. The only way these alternate meanings were available was through hearing the authentic experiences of the residents. In the same way that Evelyn was able to use her experience of loss to connect with the residents’ experiences, Sylvia was able to use her difference and other-ness to understand the situation in which she found herself. This critical reflection is not only liberating, but humanising for all.

Following Sylvia’s departure, Martina recast the participatory process as a ‘talkfest’: in this environment, with no senior management support, it became very difficult for more junior staff and residents to achieve the changes that were apparent to all of them. Without management support from within WACHS it was also very difficult for Frank and me to collaborate as allies to help them improve the service. The dominance of the meanings of ageing and aged care constructed by the
practices of the aged care system and regulated through the ACS powerfully imposed ways of ‘doing’ quality service delivery (de Bellis 2010) that were at variance to the alternate and more humanising possibilities that had emerged through the participatory process.

In summary, the amount of change in management personnel in this setting impacted adversely on what was possible as an outcome of the participatory process. New managers came into the organisation who had not been exposed to a different kind of engagement with residents and the alternate ways of knowing this made visible. Thus they relied on ways of being ‘good’ providers made available in the formalised practices of the aged care system. The contestable space that had been opened up closed over. Given the evidence of individual transformation for the residents, the quality and authenticity of dialogue and the shifts in the ways that staff understood the residents, the participatory process was effective as a process of involvement. However, in the regulatory environment of the aged care system without an ongoing desire from senior managers to challenge the status quo, its impact was limited to individual wellbeing outcomes and shifts in local relationships between individual staff and residents. The broader transformative potential that it offered was short-lived as the status quo was re-inscribed.
Chapter seven: discussion

This chapter presents a discussion based on my reading across the findings in each of the three service settings. The discussion returns to the research question for this study:

*How can non-government organisations providing social care enhance the agency of people who use their services?*

As outlined in the introductory chapter (p. 1), the thesis set out to answer this question in three ways. Firstly, it has explored how actors in each service delivery setting took up and/or resisted dominant discursive formations and implemented alternate ones. Secondly, it has explored the discursive production of service user identity at the point where lived experience intersected with the institutional practices of social care service delivery. Thirdly, it has explored the possibilities for and limitations on transformation arising when alternate knowledge and ways of knowing were legitimated in service development practices.

The findings chapters demonstrate that different discursive formations circulate in the social care SDS that produce and are produced by particular service delivery practices. Each of these formations makes available certain subject positions for service users (and staff, managers and officials) and delimits others, and each offers different possibilities in terms of enhancing service user agency. This chapter discusses my reading across the three findings’ chapters in terms of the different discursive productions of the service user identity made available in the
texts that I analysed. I argue that these discursive formations circulate in the organisational context in the language and practices of service delivery, and function as discursive resources that shape meanings inscribed on individuals and circumstances at the same time as service users’ (and staff, managers and officials) talk and actions modify meanings and produce new possibilities. The formations impact differently on people’s lives: the dominant form produces institutional practices that delimit service user agency in particular ways, whilst the two alternate forms offer more agentic possibilities that are marginalised, or subjugated by mainstream practices. The participatory process was effective in surfacing and making visible alternate meanings that collided with the meanings made available in dominant discursive formations, creating a discursive tension from which new possibilities for action emerged.

The first section of this chapter discusses these different formations, and considers the implications of each for service user agency. The second section discusses the two different constructions of participation that were made available in the interview texts, and considers the implications of each for service user agency. The participatory process demonstrated that it is possible, within existing operational arrangements, to surface and make available alternate knowledge in ways that deliver individual wellbeing benefits, and benefits to staff and officials involved in service development processes. However, despite these individual and service benefits, it proved difficult to sustain its transformative potential. The final section of the chapter discusses the factors in the organisational context that
limited the transformative potential of including service users in service development activities.

In this and the following chapter, I argue that the participatory approach to service development enhanced service user agency in ways that were material to individuals’ lives, and were instrumental in re-shaping service delivery. In the face of the inability to sustain the transformative potential that the process offered or to extend it to organisation and system change, it might be reasonable to argue that the value of participation was largely symbolic rather than instrumental. The difficulty of achieving wider or ‘strategic’ change in response to issues raised by local communities and service users has been noted in other studies (Carr 2004; Newman et al 2004). In this study, evidence presented in the findings chapters has demonstrated the wellbeing value of involvement for service user participants, and indicated changes staff made to local practice in response to what they learned from service users. Notwithstanding the difficulty of sustaining the transformative potential of the participatory approach to service development, I argue that service user involvement was more than symbolic. In this chapter I discuss the impact that the material and discursive conditions shaping and shaped by the wider conditions had on what was possible, and argue that the challenge of extending and sustaining change is a key challenge for organisations interested in the achievement of democracy through rights-based approaches to development such as framed the work we undertook at Wesley. The achievement of local change through participation is an important aspect of a rights-based approach to development (Gaventa & Barrett 2010; Singh 2010). In the following chapter I will return to the
question of instrumental value of service user involvement in the participatory process in terms of what can be achieved through rights-based approaches to development.

**Discursive formations of service delivery in the three social care settings**

The clearest expression of the different discursive formations of social care was in the meanings for being a service user made available in the project texts. Reading across the findings chapters, I found three formations consistently across all three service settings. The dominant formation is associated with professionally derived knowledge and mainstream practices of disability support, child protection and homelessness services and residential aged care. This was most clearly visible in the literature, in the deconstructive analysis of the key service documents and in service users’ talk about the service delivery system at the point where it intersected with their lifeworld in ways that they experienced as oppressive.

There were two alternate formations that were visible in participants’ (service users and staff) talk about their experiences of the service system and the ways in which they worked together **within mainstream arrangements** to negotiate outcomes that were meaningful to them. Whilst there is the possibility for staff and service users to negotiate local actions and arrangements relating to individual service receipt, as described by Ottman, Laragy and Damonze (2009) in relation to
the scope of consumer choice in consumer-directed approaches to care. In this formation possibilities are still delimited by broader ‘official’ discourses of social care service delivery.

The second alternate formation was visible only in participants’ talk about taking part in the service development projects. In this formation, understandings of social problems and the determination of what would help are negotiated between diverse SDS stakeholders, and priority given to locally derived, shared understandings of what could/should happen. In this formation, the SDS becomes part of the discursive and material context in which service development is constructed and enacted. The key difference between the two alternate formations is the scope of negotiation: in the first, negotiation relates only to individual service provision and receipt; in the second, it extends to service design and relies on an intentional challenge to the power relations that prevail in shaping service and system development.

I have named each of the three discursive formations to reflect my interest in participation. Slay and Stephens (2013) propose an alternative typology of participation to Arnstein’s (1969). They distinguish between ‘doing to’, ‘doing for’ and ‘doing with’ (p. 4). The three formations that I have identified align to this typology, and I have selected names that reflect the power relations that are associated with participation in service delivery and development.
The Expert Professional/Marginal Client discursive formation: ‘doing to’

The Expert Professional/Marginal Client (EP/MC) is the dominant discursive formation of social care, produced by and producing the institutional practices highlighted in the literature and in the deconstructive analysis of the key service documents. In this formation the client identity is constituted through understandings of deficit, vulnerability, risk and/or deviancy. Although the particular ways in which the service user identity was devalued varied across the three service delivery settings, in each case it was decremental, and treated as the norm against which individual clients were evaluated. The discursive arrangements also delimited what constituted legitimate action, marginalising, subjugating or omitting alternate meanings based in lived experiences that service users (or staff) could bring to the situation. Moreover, it is the client identity constructed only in terms of the present situation (Fealy et al 2012), and what can be counted as a legitimate need or aspiration is limited by what the service is set up to provide through its service contract. Whilst this decremental client identity has been identified in the literature on specific service settings and marginalised groups (for example, Mass & Van Nijnatten 2005; Yates, Dyson and Hiles 2008; Hennum 2011; Breheny & Stevens 2012; Weicht 2013), I argue that its consistency across all three settings demonstrates that it is a product of the dominant understanding of social problems and their solution in social care understood as a social practice for regulating populations.
When people resist the decremental identity of the dominant formation, they risk being negatively labelled. The findings chapters also contain examples of negative labelling of service users who acted to resist the inscription of the decremental identity. For example, in the ISP setting Vera was seen as a ‘squeaky wheel’ when she advocated for her son to be able to include running shoes in his funded supports. In the WACHS setting, Nellie feared that she had become ‘a pest’ because of her persistence in asking to walk down the street unaccompanied, even though staff, working within the parameters of the ACS, believed this posed a risk to her health and wellbeing. In these situations, service users can only resist the inscription of meanings and practice on their lives. There is no possibility for local negotiation or different action that might suit the service users’ situation better, and as a consequence, could offer more efficient delivery of support.

Meaning and practice in the EP/MC formation are produced by professionally derived knowledge that is not and cannot be negotiated in the local context, other than within the institutional practices proscribed by the discursive formation and limited to individual service development. People’s actions and interactions in their broader life world, and how they understood the SDS and its role in their lives were omitted from what was counted as the legitimate knowledge and on which decisions about them were based. These omissions marginalise the individual service user and their lived experience knowledge. I have named this decremental identity the Marginalised Client (MC), to reflect its material and discursive position in the relations of power in the SDS. The MC is located as a disempowered actor within these power relations. It is constituted by ways of
knowing about social problems that are only possible when the subject of social care practices is excluded from the production of knowledge about social problems and their solutions.

The MC identity does not exist in isolation. It is one part of a dyad within the power relations of social care, paired with an Expert Professional (EP) identity, inscribed on staff and officials through the same knowledge and practices. The EP identity is associated with a more powerful subject position and capacity to make decisions on the person and life of the service user (MC). Professional knowledge about the decremental client and how to solve their problems is taken for granted, and alternate meanings and ways of knowing are omitted. Both service user and staff agency is limited to fulfilling requirements imposed on them through professional practices – or to resistance. Resistance carries risks for each group: the risk of negative labelling for service users; and, for staff, being censured by the funders, as the findings in the ISP setting demonstrate. However, through these acts of resistance the possibilities for new ways of understanding and new ways of acting are constructed.

**The Potential Participation discursive formation: ‘doing for’**

Potential Participation is the first alternate formation, where the “service user” is still a client identity located in a dyadic relationship with a service system “professional”, but where each has greater agency in the context of the SDS. I have
named this formation Potential Participation (PP) to reflect the possibilities of negotiating local arrangements within the institutional practices of mainstream service delivery. Participation remains potential because the prevailing power relations of the SDS are not disrupted. The scale of disruption is small, confined to the relationship between individual service user and service provider, or to the local service setting. But the potential is there to expand the scale of disruption to make available new possibilities and create new forms of care and support.

This version was visible in participants’ talk about how they utilised system resources tactically to achieve the lives service users wanted to lead, with or despite the assistance/intervention of the SDS. Here, at the point of intersection of lived experience and institutional practice, service users (and staff) took up and/or used the system resources that were available to them. In each setting, service users separately and in alliance with staff used diverse tactics to utilise system resources/power to get their needs met, and exert control over their lives in ways that were meaningful to them. This included the positions they made available for “me” in their talk. For example, in the ISP setting, Zorah drew on my position as a senior manager as leverage to get the service outcome she sought for her daughter. Also in the ISP setting, Derek constructed his participation in the service development project as reciprocity and giving back to the service he valued, thus adding to his sense of self as a contributing member of society. In the WACHS setting, John and Michael both positioned “me” as a guest to their home, and themselves as householders: a more empowered position than a client of an aged care service talking to a senior manager.
The legitimation of knowledge from lived experience within the interactions and negotiations between service users and staff in the service delivery environment produces a more agentic client identity to the decremetal MC of the EP/MC formation. I have named this the Capable Client (CC). The CC is able to negotiate with staff to create local arrangements that suit both parties. The findings chapters include a number of examples of where service user and staff member ‘bend the rules’ to get the best for the service user, for example Ursula’s local arrangements with her attendant carer, or the WACHS residents who divide up and share out their meals between two houses, with the assistance of staff. In these examples, the CC is associated with a more agentic subject position, where it is possible to negotiate local service delivery arrangements. This happens when staff hear and act on the basis of service users’ lived experience knowledge of what works best for them. The second way in which the CC is positioned more agentically was when staff changed their local practices on the basis of what they learned from people about their experience of service use. For example, in Helene’s interview, she talked about how the ISP team had changed aspects of the way they worked when they realised they were not meeting families’ needs and were therefore not being person-centred, despite fulfilling their contractual requirements. In the WACHS setting, Eileen had learned from John that some of the WACHS practices were demeaning to residents, and could be changed to be more respectful. In these, and other examples, identifying and/or making changed because they had heard service users’ voices and legitimated ways of knowing about service provision from people’s lived experience associated with a shift in the power relations in the client/professional dyad. Importantly, this shift was more empowering for both
service users (who got a service that better met their needs) and staff members (who were able to feel like they were doing good work that helped people).

The PP formation also contained alternate ways of understanding the work of care and support that staff held, and which were marginalised or subjugated in the dominant formation. For example, there was the idea of care work based in human experiences of loss (Evelyn, in WACHS), the shared experience of imposed institutional practices (Gabrielle’s experience of waiting for an outcome from a planning decision in ISP) and the difficulty of implementing person-centred practice within mainstream institutional practices (Sylvia in WACHS and Helene in ISP). In the RK setting, Brian talked about how he could imagine being friends with some service users in other situations. These examples demonstrate that staff have alternate ways of understanding what happens in the service delivery setting that are silenced, marginalised or omitted in the practices of mainstream service delivery. In other words, staff are also oppressed in their agency and delimited by the EP/MC, albeit with different consequences in terms of the broader social environment. Once these alternate ways of knowing are brought together with the lived experiences of service users, new possibilities arise for what can be done together to improve people’s lives in ways that are meaningful to all. What begins to dissolve in this formation is the unilaterally needy and dysfunctional MC identity. In its place a possibility opens up for service users to negotiate meanings and actions and to be seen as tactical and capable at the same time as needing assistance.
The Co-created Action discursive formation: ‘doing with’

I have named second alternate discursive formation Co-created Action (CA). Here, the possibilities for service development are co-created or co-produced by all participants working together and drawing on multiple ways of knowing that are equally valued. Service users, service providers and officials are seen as equal participants, and occupy the same subject position within the power relations operating in the service development context. In this version, service users are able to take up a role as citizens in a process of creating a version of the future that is acceptable to all.

In this version, alternate and preferred identities that service users negotiated in their interviews were centred. Also centred was the lifeworld within which these identities were constituted. Whilst the SDS featured in this lifeworld, it was not central but one component of a more complex and richer material reality that people negotiated and navigated. For example, in the WACHS setting, Michael’s talk about his previous life as a fighter pilot was an aside in his interview, marginalising its importance in terms of the identity inscribed on him as an elder needing care. In the ISP setting, Luke and Harriet each were unable to claim funding for particular items that they deemed to be a legitimate support for their preferred way of living, thus limiting what it means to be a person with disability. In the RK setting, Adele, Brady and Dora all offered redescriptions of their experiences as resilient women rather than ‘risky mothers’ (Brown 2006). This resilient mother
identity was marginalised in mainstream practices, with unhelpful or even life-threatening consequences.

In the practices service development projects, identity construction was a shared process. By reflecting critically on their own and each other’s versions of the SDS, previously ‘othered’ identities were brought together as part of ‘people like me’. For example, in RK Brian pondered whether, in other circumstances, some of the people he had worked with might be his friends. Also in RK, Brady realised that other service users were not deviant drug users but people like her, without housing, but with lives and aspirations they valued and deemed worth striving for. In ISP, Gabrielle realised she had underestimated how much service users understood about the SDS. Although this happened in different ways for each dyad (service user/service user; service user/staff; staff/officials) the effect in terms of service user agency was the same: genericised identities that were applied to imagined and homogenised categories of ‘hard-to-reach’ individuals, staff and officials (Gustafsson & Driver 2005) in the dominant discursive formation were displaced and unique individuals became visible. The ways in which the institutional practices of the SDS caused some participants to suffer and/or failed to support the alleviation of suffering in their lives were made visible to all groups of participants. What is displaced in this version is the binary construction of ‘knowing provider/needy receiver’ that leads to the exclusion of some voices and ways of knowing and the legitimation of others (Newman et al 2004).
Also dissolved were dichotomous constructions of self/other on the basis of imagined difference, replaced by connection in what was shared, including a shared concern with safety and efficacy of service delivery. One important consequence of this displacement was the humanisation of the different groups of participants. Government officials were de-masked as imagined agents of power, and service users were no longer seen in terms of imagined vulnerabilities (Weicht 2013). If service users were seen as vulnerable, it was on their own terms, as Dora (RK) made clear when she explained the difference in talking about what was hard in life with Gretchen and with CP officers. This contests the idea of marginalised individuals as immobilised by disadvantage and lacking capability for empowerment (Gustafsson & Driver 2005).

In this discursive formation, alternate ways of thinking about social problems and what care work might look were centred and shared by all. Individualised explanations were no longer the only ones available for decision-making and future service development: the effects of broader social structures on individual lives were also admissible, if difficult, as legitimate topics for dialogue and deliberation. One example of this was the shift from individual to structural in the way that Adele (RK) understood her situation. The liberating effect of no longer feeling to blame for one’s own situation was most clearly seen in the RK setting, perhaps because the dominant discursive formation that circulates in this part of the SDS is the most disciplinary in nature, associated with powerful moral ontologies that protect societal norms of motherhood (Hennum 2011). In dissolving explanations that related social problems to individual circumstances, a shift in the
relationships between service users and service providers was also made possible.
The blaming and fearful views that staff may have to service user participants
(Felton & Stickley 2004; Gordon 2005; Stevens 2006; Fortune, Maguire & Carr 2007)
dissolved and were replaced by more respectful and safer ones. A consequence of
this was that a wider range of knowledge was available on which to base decisions.

**Different constructions of participation**

Intersecting with these formations were different understandings of
participation, constructed in participants’ talk about their involvement in the SDS
generally and in the service development projects in particular. These varying
understandings also have different implications for service user agency. The
discussion in this section extends existing knowledge on the relationship between
process and outcomes: who benefits from participatory approaches to service
delivery and development, and under what conditions. Participatory processes can
yield benefits to participants beyond those narrowly defined in terms of service
the importance of understanding the relationship between aim, process and
outcomes in order to further develop participatory practice in service and system
development. I argue, on the basis of the findings presented in the preceding
chapters, that there is not a linear relationship between these elements. The
findings support the argument that different versions of participation circulate
within a particular participatory initiative, regardless of the design of its processes.
These versions shape people’s experiences, and are shaped by them, with implications for how value and outcomes are understood.

Two versions of participation were visible in the participants’ accounts. In the first, the value of participation was associated with the achievement of some kind of change or impact on service delivery arrangements but where responsibility for decision-making lay elsewhere. This version was constructed in the narratives of Trent (ISP), Gino (ISP) and Michael (WACHS). Whilst local participants could have a say and possibly influence outcomes, they were not constructed as instrumental actors in the decision-making process. Agency lay with an obscured actor in a functionalised decision-making process outside of the service development setting. Instrumental actors were associated with an obscured and powerful subject position: “Wesley” or “DHS”. This version was also evident in staff narratives, for example Nadifa (RK) and Eileen (WACHS).

In the second version, value was associated with being a participant and having a say, regardless of the impact on service delivery. This was constructed in the narratives of Camille (RK), Derek (ISP) and Nellie (WACHS). In this version, there was a more complex relationship between what was possible locally and the broader discursive formations that shaped local institutional practices. Local actors, including staff and service users were constructed as subjects within these broader arrangements, making available possibilities for local negotiation and action as well as understanding all parties as equally subj ectivated (albeit with differing material consequences). This dissolves the linear relationship between participation and
local change at the same time as placing value on being part of the dialogue regardless of the service development outcome.

Each version was associated with different speaking rights and entitlements for service users/families (Davies & Harré 1990). Davies and Harré argue that individuals have a notional choice in how they take up the rights associated with particular subject positions. The findings in this thesis demonstrate this argument in the context of participation in service development. Across the three settings, how service users/families constructed the locus of authority for decision-making had an impact on how they interpreted and took up their rights as speakers, their entitlement to be at the decision-making table and the value they drew from participation. The variety of responses is reflected in the following examples: for Nellie (WACHS), having a say was enough to make her life feel worth living; whilst for Gino, taking part had little value because nothing appeared to have changed. The variation in individual wellbeing and empowerment associated with participation, and its relationship to meaning placed on being raises an important question about the shift in service users’ understandings of their rights and entitlements as speakers within the SDS, as a result of their participation. Whilst participating may have been able to offer more agentic subject positions and thus to strengthen or reinforce people’s sense of entitlement to have a say in decisions that impacted them, this was not always the case. This thesis extends the understanding of why a single process may have variable empowerment effects for individuals, depending on how participants construct and draw on varying discursive formations (McLeod 2002).
These varying understandings of participation can be understood as discursive resources that circulate in the participatory context, associated with differing impacts on participants’ sense of their rights to speak and associated potential for empowerment. Gregory and Romm (2001) have argued for a critical facilitation process where the facilitator is not uninvolved or detached from the process of discourse, but engages in ‘continued self-reflection’ to ensure that he or she does not ‘cling to [their] own perspective’ and to try to prevent others from doing so to (p. 464). I argue that process facilitators have the opportunity to surface and challenge meanings, not just about the context and object for change (in this case, service delivery), but of participation and what it means to be a service user in participatory and mainstream processes of engagement. Surfacing and understanding the different meanings for participation offers important opportunities to all participants to challenge what is taken for granted about the process of participation itself. On the basis of the findings in this thesis, I argue that the way that service user participants drew on existing discursive formations to construct their own experience of participation was a crucial component in shaping the empowerment benefit they got from their involvement in the participatory process.

In summarising the discussion on the discourses of service delivery and meanings of participation, I argue that participants came to the interviews with experiences and existing meanings of service delivery and participation in organisational processes. Sometimes these meanings were modified by their experiences in the service development projects to produce new, more
empowering meanings (for example, Brady, Nellie and Derek). At other times, their talk shaped the participatory process as a particular kind of practice within the existing institutional practices and the SDS (for example, Trent, Gino and Michael). In these cases, the possibilities for individual transformation were constrained. What is clear from this thesis, however, is that mainstream practices of the SDS do not have a place for service users’/families’ experiences of the service system itself. The approach taken in the participatory process made visible the ways that power operated in the service delivery setting to delimit individual agency. This was most visible at the point where people’s lived experiences intersected with the institutional practices of social care service delivery. This was also the point where contestation and negotiation took place, so that new meanings could be surfaced and new possibilities co-created that were more empowering service users and families and staff.

The organisational environment and possibilities for transformation

As well as the discursive production of social care and participation, the findings demonstrate the importance of the organisational environment in supporting and restricting the transformative potential of the participatory approach to service development. As I outlined in chapter three, I have taken a dialectical approach to understanding the discursive production of reality that acknowledges that there are other social mechanisms that people draw on and/or transform in discursive practice (Jorgensen & Phillips 2002). These include the
higher order discourses and social practices that dominate understandings of disability, motherhood and ageing, constructed within the discourse of neoliberalism (Moulaert & Biggs 2012). I have used discourse as an analytic concept (Jorgensen & Phillips 2002 to understand the relationship between power and knowledge and the implications of this for service user agency. The discussion in the preceding two sections drew on this approach to discourse. In this section, I draw on the findings on the material organisational environment within which the service development projects took place and discuss the implications for supporting ways of working that offer enhanced agency for service users.

In chapter one, I described the organisational and service system context that the service development projects took place in. Wesley’s Social Inclusion and Belonging Policy (Wesley Mission Victoria 2009) provided an organisational framework for actions directed at giving service users a greater say in service development. Within this framework, the participatory approach in the service development projects was designed to intentionally disrupt the prevailing power relations in the service delivery setting. The findings chapters have demonstrated that the participatory process was effective in its disruptive intention, but that sustaining the transformative possibilities was difficult.

Conditions in the organisation and broader service system contributed to the difficulty of sustaining the transformative potential offered by the participatory process. The need to fulfill the contractual and regulatory requirements laid down by the institutional practices of mainstream service delivery was part of this. In the
RK chapter, the WHSS program manager, Faith, described how hard staff worked and how committed they were to doing the best they could for the people they served. Despite this, it was clear that this hard and well-intentioned work did not always produce outcomes that were in service users’ best interests. Helene (ISP) described how the staff team was able to comply with the ISP Guidelines, but fail to be person-centred. Sylvia (WACHS) talked about the difficulty managing the tension between the requirements of the regulatory framework and the locally held construction of person-centred care. Ruth (ISP and RK) described how much work was taken up with trying to make service users fit into the parameters of contracted services. These examples provide a sense of a system busily working to reproduce itself, with insufficient critical attention on whose needs were being met. I argue that these tensions can also be understood as an effect of a collision between the construction of service delivery in the dominant EP/MC formation and local, alternate versions that place different value in the service user as person-in-need.

The discursive construction of the service delivery organisation is of central importance in the production of outcomes for people who use its services (Gilbert, Cochrane & Greenwell 2003). These authors demonstrate how social care organisations with similar discursive and non-discursive environments produced particular outcomes depending on the ways that problems were defined and how individual agency was conceptualised and its scope limited by what was regarded as ‘community’. Their argument constructs an organisational typology where each organisational type offers a different understanding of the service user, associated with more or less agency. However, their argument rests in the notion that in each
case, a single, organisational discourse shapes the organisational conditions, rather
than understanding service user agency as an outcome of discursive and material
contestation over what is regarded as legitimate knowledge in organisational and
service delivery decision-making processes. On the basis of the findings presented
in this thesis, I argue that multiple discursive formations circulate in the
organisational environment, each with particular implications for service user
agency and the possibilities for transforming oppressive power relations. Surfacing
and critically examining the discourses that circulate, and understanding the ways in
which organisational members take these up and/or resist them then becomes and
important task for organisations interested in enhancing service user agency in the
context of their own practices.

Three aspects of the organisational environment emerged in the findings as
being relevant to the possibilities for enhanced service user agency. The first relates
to the **ongoing commitment of senior service delivery organisation leaders** to
processes that intentionally disrupt prevailing power relations and challenge
mainstream service delivery arrangements. In each of the three service delivery
settings, the ability to sustain changes made in the service development projects
and/or bring potential change to fruition was negatively impacted by the turnover
in management personnel. This impacted the capacity to achieve wider change
through the process. Larkin, Boden and Newton (2015) note that issues with
governance in co-designed service development impact on the attainability and
sustainability of improvements. This was also the case in the service development
projects. Although the projects had a well-designed, cascading governance
structure (see Pollock & Take t 2014), the extent of turnover was such that these arrangements were not able to sustain the gains made in ISP, nor to realise the potential for change in WACHS and RK. I argue that without a supportive senior manager, the staff teams were unable to implement and/or sustain local practice that challenged the delimiting meanings of the institutional practices. Sustained commitment from organisation leaders and system-decision-makers is important (Robson, Begum & Locke 2003; Carr 2004; Larkin, Boden & Newton 2015). In their study of an experience-based co-design initiative in an in-patient mental health service for young people, Larkin, Boden and Newton (2015) found that the lack of continuity in senior level support in implementing changes was not offset by the goodwill, commitment and trust of participants and governance arrangements. These are circumstances that I also found in the organisational context I was working in. The situation in the ISP setting, where there was no senior organisational manager for much of the project, but good engagement from senior officials from DHS, suggests a complex relationship between commitment and continuity of senior staff and implementation of change outcomes. In this setting, project participants reached agreement on change at the system level that was then overturned by the same DHS participants who had originally agreed to trialing changes in service design. I argue that senior leaders also need to be informed about and committed to the disruptive intention of participatory processes, and prepared to work systemically to implement and sustain transformative possibilities. Without this kind of informed commitment, forms of dialogue and learning that are made available in participatory processes are likely to remain at the level of tokenistic consultation (Mayo and Rooke 2008).
I note that the lack of involvement in the interviews for this study by the senior DHS officials who took part in particular activities in the service development process means that it is not possible to extend my argument on the importance of commitment of senior organisational leaders to senior staff from government departments. Four officials from DHS took part in interviews, but none occupied senior positions with decisional authority over program design. Thus, whilst I argue that informed involvement and commitment to a process that intentionally disrupts the prevailing power relations is also required from senior government officials, this claim remains inferential.

The second aspects relates to understanding the complex power relations that shape service delivery. Rather than read the tendency to re-inscription demonstrated in the findings chapters as the obstinacy of bureaucrats or the lack of commitment of senior managers, I have chosen to read this by considering the complex environment that senior organisational and bureaucracy decision-makers operate in. As the self-descriptions of the work of senior managers and government officials in the findings chapters make clear, they are busy and struggle to manage the particular contractual obligations of the linear supply chain from Canberra to service outlet. The findings demonstrate how they are also subject to the power relations of the SDS. Whilst the staff, managers and officials who were involved in the participatory process were able to see the regulatory and disciplinary force of these formations on the lives of service users/families, and their own role in reproducing oppressive arrangements, the personnel they needed to influence remained outside of the critical dialogic process. This requires the development of
the strategies for working with ‘non-involved’ decision-makers, including advocacy and influencing activities. Such system leadership can be constructed as an NGO role in helping governments (as duty-bearers) meet their accountabilities to their citizens consistent with a rights-based approach to health and social development (Singh 2010).

The final aspect relates to the relative empowerment of service delivery staff and their perceived scope of decisional authority. Whilst individual staff made changes to their practice in the WACHS and ISP setting, and the ISP team made changes to their service design, little change was observed or reported in the RK setting, despite suggestions for improvement and staff claims of autonomy in their practice. As well as this, the managers in the WACHS and RK settings appeared unable to make changes that they agreed were necessary and had the authority to make. Staff empowerment is necessary in achieving change in participatory service development initiatives so that issues can be addressed at the point of service delivery (Crawford, Rutter & Thelwall 2003). A number of factors appeared to have inhibited decision-making and action. These included deference to the obscured power of “Wesley” or more powerful actors in the SDS (for example, case managers or the obscured power, “DHS”) and the need to comply with organisational and service requirements (for example, service standards and contractual targets). Without the involvement and support of key organisational decision-makers in the participatory process, it was harder to incorporate alternate versions of service delivery, care work and what it means to be a service user into what was counted as legitimate knowledge for service development decision-making.
An important dimension of staff’s sense of empowerment relates to their own, locally held ways of understanding and working. Barnes et al (2004a) argue that organisations need to develop their own discourses of care, and to bring these into wider debate with officials as the basis for constructive dialogue. The findings in this study uphold this argument, and demonstrate that when staff had an articulated alternate/local construction of institutional practices such as person-centred care in WACHS and ISP, they were able to draw on to challenge oppressive institutional practices. However, this was not always the case. Whilst the RK staff had a well-defined model of local practice that was unique in the SDS at the time, they were reluctant to make any changes before they saw the recommendations in evaluation report. I argue that the lack of established institutional practices relating to children created a gap for the RK team: it is harder to contest/resist something that does not exist than it is to assert a local form of an institutional practice like person-centred care. Additionally, the findings suggest a general sense of disempowerment amongst staff and managers in the WACHS context, parallel to the disempowered position that the residents held as marginalised elders. In this environment, following the departures of Sylvia and Eileen, change that challenged mainstream aged care practice became increasingly unlikely.

**Choices for NGOs**

In this chapter I have discussed three discursive formations that circulated in the service delivery settings. These are not equally powerful in their effects on what
is possible, including how people are seen and their circumstances understood. I argue that the EP/MC formation dominates because ways of knowing derived from lived experiences and local knowledge are marginalised and subjugated. Whilst important, persistence on the part of process facilitators and commitment from organisational leaders can only bring about limited transformation, and the tendency to re-inscription remains. For the transformative potential of participatory processes to be realised, the commitment needs to be extended further into the SDS – a flickering hope, given the powerful nature of the broader discourses that construct, subjectivate and locate all actors in service delivery systems.

However, the findings demonstrate that there are possibilities to achieve this through local coalitions involving all stake holding parties in processes of surfacing, examining and reconstituting the oppressive arrangements in local contexts. The conditions where this is possible arise out of the alliances formed within the participatory process: they are the change effect and they are the possibility of empowered and democratic service development. They are a means of operationalising a rights-based approach to development within the social care system. NGOs have a choice in the practices they commit to and the role/s they make available to service users in shaping future services. In the concluding chapter to this thesis, I argue that NGOs providing social care services are not disempowered actors in the SDS, and have a choice in how they construct and draw on their own local discourses in challenging other broader institutional arrangements and more powerful, oppressive discourses.
Chapter eight: conclusions

Introduction

This thesis has offered an empirical and theoretical demonstration of the possibilities for enhancing service user agency through a dialogic and critically reflective approach to service development in diverse social care settings. In the first place, participation offered empowerment and wellbeing benefits to service users. Secondly it gave service delivery staff and managers otherwise unavailable insights into their practice that could inform future service development in ways that could more closely meet the needs of service users. Similarly, it provided government officials with insights into the impact of policy and program arrangements on the lives of the individuals and communities they served. In chapter seven I argued that NGOs have choices about how they conceptualise and engage with people who use their services. This chapter concludes by considering what the findings demonstrate, about how to operationalise a right-based approach to service development in social care settings, with the intention to enhance service user agency.

There are three sections to the chapter. The first outlines my conclusions on the mechanisms that facilitate enhanced agency for service users, with implications for social care NGOs. The second considers what we can hope for from participatory approaches to service development, with implications for service design. The third and final part reflects on the contribution made by the application of a method of
critical discourse analysis in the context of social care, with implications for research.

**Enhancing service user agency through participation**

**Transformative practices**

In the participatory process at the centre of the service development projects, there were four mechanisms that functioned to enhance service user agency: authentic voice; inclusive dialogue; critical facilitation; and, the inclusion and valuing of multiple ways of knowing. These are considered in turn below.

Not always but mostly, service users were able to speak in an **authentic voice** unconstrained by the dialogic requirements of institutional practices that constituted ‘client’, ‘staff’ and ‘official’ identities noted for example, in Wadsworth and Epstein’s (1998), Hodge’s (2005) Martin’s (2012) studies. The authenticity of these voices made available alternate ways of knowing that contested taken-for-granted meanings inscribed on the service user by dominant discursive formations. At the same time, the inclusion of authentic voices was able to contest and reshape the meanings and practices of service delivery. By legitimating service users’ voices within a sanctioned organisational process, entrenched meanings for decremental client identities were surfaced and destabilised, thus re-balancing the unequal relationship between service user and service provider and/or official (Bochel et al 2007). This had immediate empowerment/wellbeing effects for service users.

338
Moreover, the alternate identities were visible to all participants in the process, contributing to the legitimization of capable, knowledgeable and more fully human (i.e. ‘person-like-me’) service user identities. This positioning as an equal participant in a sanctioned process was associated with a shift in subject position from disempowered and decremental client to an expert in their own life, demonstrating Needham and Carr’s (2009) argument that this shift is essential if the transformative potential of user involved and co-productive methods of service development is to be realised.

Needham and Carr (2009) developed a typology comprising three positions for co-production. Their typology makes a distinction between co-production as a tool for recognition of the value that service users and their carers bring to service improvement and co-production as a means of transforming services. In the first case, recognition rests in the shared responsibility that users and providers of social services have as agents in their effective and efficient delivery. Future service development is co-produced through dialogue between users, who gain a greater understanding of the constraints under which service delivery takes place, and providers, who become more attuned to people’s needs, preferences and circumstances. Needham and Carr argue that co-production becomes transformative when it involves the transformation of services, noting that this requires a relocation of power and control through the ‘development of new user-led mechanisms of planning, delivery, management and governance’ (p. 6). The findings in this thesis extend this argument and demonstrate that co-production can relocate power and control even when transformation of services is weakly
implemented. Just as Cousins and Whitmore (1998) argue, in presenting their model of participatory evaluation, that empirically initiatives may incorporate elements of practical and transformative participation, this thesis has demonstrated that empirically, recognition may also be transformational. The recognition of the service user through the mechanisms of authentic voice and inclusive dialogue about service delivery was itself transformational. The shift in power relations and the availability of new, more agentic subject positions for service users demonstrates the transformative potential of co-production as a tool for recognition. This has important implications for NGOs who want to integrate co-production into their ways of operating, because it offers an expanded understanding of how and under what circumstances co-production may be transformational.

**Inclusive dialogue** emerged as the second mechanism for transformation. Dialogue was the means for service users to be active, equal and legitimate participants in a process of knowledge production, rather than the object of others’ knowledge creation. Negotiation of meaning occurred as ways of knowing about a shared situation were brought into contact with each other. This thesis supports the argument that diverse dialogic styles need to be legitimated if user involvement processes are to be effective (Martin 2012). I argue that this is the case regardless of where they sit on the continuum of purpose from practical and service development focused to transformative (Cousins & Whitmore 1998). It also supports Carr’s argument that conflict is a necessary part of participatory dialogue (Carr 2007). Hodge (2005) and Martin (2012) argue for a uni-directional shift to
include marginalised voices and ways of knowing in forums otherwise dominated by professional language and knowledge. This thesis has demonstrated that the shifts in inclusive dialogue are multi-directional and involve all groups of participants in a process of understanding the shared situation in new ways. More agentic subject positions for marginalised participants are made available as a result. Staff and official participants shifted their ways of seeing service users; service users saw each other and officials differently; and, staff and officials shifted how they saw each other. These multi-directional shifts were equalising and humanising in all directions, and one way for the oppressive effects of expert knowledge to be challenged by marginalised groups (Gustafsson & Driver 2005).

The findings in this study demonstrate the crucial importance of skilled facilitated critical reflection on and towards the structures and practices that need to be transformed in order to achieve individual liberation (Freire 1972; Romm & Gregory 2001). The combination of separate/together spaces for dialogue and the inclusion of a facilitator from outside of the immediate service delivery setting, but from within the organisation and SDS, were both important in creating the necessary safety for authentic critical reflection. Martin (2012) argues for a facilitator external to the service delivery environment in order to enable participants to generate a collective voice that can challenge the way that identities are constructed in professional discourses. The findings from this study demonstrate that the insider/outsider status of the process facilitator was materially important in creating a sense of safety. The relationships that formed between process facilitators and participants, in particular the service users,
became strong alliances that were the basis for action. The insider/outsider location was also analytically useful in understanding the ways in which participants constructed the power relations in the local context – in particular, making visible the obscured workings of organisational and system power. The insider/outsider process facilitator was in a unique position to analyse the power relations in the local context, rendering these more readily available for reflection.

The final mechanism for transformation was making available **alternate ways of knowing about social problems and social care** that participants brought to the dialogue. Through the inclusion and legitimation of all participants’ **authentic voices** and the critical reflection on taken-for-granted meanings, alternate ways of knowing about ‘help’ and ‘care’ were made visible that came from participants’ lived experiences of the SDS (including service users and service providers). Service user and family accounts made visible aspects of care and support that were and were not ‘helpful’ and offered alternate ways of understanding situations. Staff accounts made visible their emotional experience of service delivery, often omitted from those approaches to user involvement where service users are expected to share their emotional experiences whilst staff are not (Hodge 2005). This had the effect of placing staff alongside service users in terms of their experience of the service delivery system, making them vulnerable within this context, notwithstanding the very different social location that receivers/providers occupy.
One outcome of this shift in positioning for staff was to surface alternate meanings for care work more deeply embedded in relationships between providers and receivers rather than through the application of technocratic and standardised practices that characterise social care service delivery (Leung 2008). This thesis has demonstrated the possibilities made available when a common language of experience of the service system can be developed and negotiated between receivers and providers of service. This is different to Carr’s (2004) finding that service users have critical intelligence about the SDS that can be brought to bear on service development. When working with marginalised groups, the construction of alternate discursive formations that can give rise to practices responsive to local and specific needs is one way that the oppressive effects of dominant discursive formations can be challenged (Barnes et al 2004a). What was demonstrated in this thesis was the completely new ways of working that are possible when meaning and practice is negotiated locally between people receiving and those providing care and support. The participatory practice demonstrated in this thesis is consistent with rights-based approaches to development (Singh 2010) and to co-designed and co-produced services (Slay & Stephens 2013).

Disrupting the prevailing power relations

The effect of these mechanisms in the participatory process was to disrupt the prevailing power relations in ways that gave service users a more agentic
subject position. There were three ways that participation operated to destabilise prevailing power relations.

Firstly, the process **made visible the way power operates through institutional practices to legitimate some voices and ways of knowing and marginalise others**. Beresford and Hoban (2005) argue that an overt conversation about power is missing from many user involvement initiatives. This thesis has demonstrated that shifts in power relations can take place when there is no overt conversation about power, provided that dialogue has surfaced the delimiting effects of power on the identities of participants. When this is visible to and includes the effects on **all participants**, with sufficient agreement on how power delimits possibility, there can be a new basis for decision-making. This is not an abstract visibility, but attached to participants’ experiences described in their own words, and interpreted within the local structures and power relations. The local articulation of the effects of power on participants is one way in which a rights-based approach to development can be operationalised (Wallerstein 2006; Gaventa & Barrett 2010). The identification and scrutiny of the points of intersection of lived experience and institutional practice makes visible the precise and dehumanising effects of power on people’s identities and lives – or on who they can be and what they can do.

The second way the process worked was by **creating open spaces in which people could negotiate meanings for their experiences** (Dyson, Yates & Hiles 2008). Legitimating alternate ways of knowing dissolves the taken-for-granted
quality of what is ‘known about’ or inscribed upon service users’ experiences. The participatory process was based on the position that whatever seems certain and fixed may become uncertain, contestable and mutable (Fox 2003). Multiple meanings for one event or identity then exist in uncomfortable tension with each other, and the desire for consensus is replaced by being able to reach a position of tolerability as the basis for decision-making and action. The measure of what comprises tolerable or acceptable action does not relate to the content or outcome of the process, but is the constant vigilance around who might suffer as a consequence of new arrangements. This extends Carr’s (2007) argument that authentic dialogue may allow service users and providers to reach consensus on future service development by dispelling the need to reach consensus, replacing it with a shared desire to reduce locally identified suffering as the basis for action (Rorty 1989). Once again, local action is negotiated between local stakeholders acting as equal partners in the development activity.

Finally, the process worked to surface the way that all participants were subject to the prevailing power relations of the service delivery setting, albeit with different impacts in terms of participants’ relative social locations. For the professional participants in particular, this meant critically evaluating their own position in the power relations and considering it in terms of what is knowable and possible and what the consequences of prevailing relations are on marginalised participants (i.e. service users). Once participants understood that they are bound together by the local operation of power, transformation could be reconceptualised in terms of the possibility for collective action to resist the imposition of meaning.
on identities in ways that are inequitable and unaligned to their own preferred meanings.

Included in the equation of who benefits and who suffers from these arrangements is the process facilitator. Whilst the value of examining the power relations concerning the process facilitator has been established elsewhere (Wallerstein 1999; Hampshire, Hills & Iqbal 2005; Burns et al 2014), what has not been explored to the same extent is the way in which this analysis is particularly useful in revealing the diverse constructions of the service system, how power operates and where are the critical points of its operation. The findings in this thesis have demonstrated important advantages in understanding the operation of power within the participatory process and in the broader organisational/system context as part of the same system. I argue that this is one means of making it less likely that dialogue and collaboration do not become co-option, and for generating a shared responsibility for liberating those who suffer most.

The conclusions I draw have implications for the choices that NGOs can make regarding the role that service users have in service development. The discursive formations that I discussed in chapter seven constitute different practices of service user engagement and participation, associated with a different subject position for service users. This thesis has demonstrated that all three formations circulated in each of the three service settings, supporting my argument that these can be understood as discourses of social care as a social practice, rather than being constituted by knowledges about specific socially marginalised groups. In other
words, these are discourses of social care and of the social care service user that are amenable to contestation through the development and application of practices that give a greater or lesser role to alternate ways of understanding what it means to need help. The participatory process in the service development projects could be implemented within regular service delivery practices, and it offers one way that NGOs can implement a rights-based approach within their regular operations (Gruskin, Bogecho & Ferguson 2010; Singh 2010). At a time when individual choice is being increasingly incorporated into the rhetoric and practice of social care service delivery (Productivity Commission 2011a; Productivity Commission 2011b), this thesis provides an empirical and theoretical demonstration of a rights-based approach to engaging with service users and their communities in a manner that enhances their agency and control over what is important to them.

**What can we hope for?**

In their review of co-production in social care in the UK, Needham and Carr (2009) found a shift from a transactional form of service delivery to a relational one, with closer alliances between service users and providers. The close relationships that develop between participants in transformational participatory processes are the basis for the development of common understandings from which alternate ways of doing things emerge (Carr 2007; Martin 2012). This thesis supports these findings, and demonstrates that participatory processes can and do offer humanising experiences for all groups of participants by making it possible to
contest and resist oppressive discursive formations. The thesis has demonstrated that this can be achieved by including and equally valuing diverse voices and ways of knowing, both those traditionally heard in service development and those generally excluded or overlooked. It is not just the inclusion of marginalised voices that creates this humanising effect, but the practice of hearing across ways of knowing. Whilst this humanising tendency was there for all participants, it had the greatest potential and actual impact on those who were most marginalised. Service users were able to describe their lives in their own words, and redescription took place as other participants recognised them as ‘people like me’. One important effect of being equally valued is that people appear as individuals rather than ‘othered’, genericised identities. A second effect is the visibility of common experiences of suffering, not just those experienced by service users (notwithstanding their far more materially constrained circumstances). This can give rise to a version of care work as embedded in relationships between people at all levels and points in the system, and not just in the relationship between frontline staff and their clients. This too demonstrates the efficacy of the participatory process in operationalising the principles of the rights-based approach set out in chapter one (Singh 2010). Care work is human relationship work: participatory processes can and do put the ‘human’ back into human services and the ‘social’ back into social care.

The second hope relates to safety. The thesis has demonstrated that when participants work with each other’s self-described experiences, rather than engaging with imagined sociocultural worlds of others (Gewirtz et al 2005)
interactions are safer, more productive and, as a result, more efficient. This thesis extends Messmer & Hizler’s (2011) findings on the way that institutional practices produce unreliable identities to include a lack of material safety as a consequence of the process of unreliable identity construction. Unsafe conditions are created when service users lack control over descriptions of themselves and their lives in the context of service delivery practices. However in practices where people are equal participants, not only do they have greater control over their self-descriptions, but these are accepted as being just as legitimate as any other description. The existential safety of having one’s self-descriptions legitimated leads to greater material safety, not just for service users, but also for everyone.

The opportunity for control over self-descriptions is also a democratic hope. Gilbert (2003) describes social policy as a practice that regulates the population through self-governance, where the investment in social care work is a non-violent but coercive form of control whose influence lies in its moral authority to define problems and impose solutions based on those definitions. The disruptive intention of the participatory process lay in its capacity to surface and make available for contestation the way that all groups of participants were subject to broader discursive formations. This allows the possibility for local actors to generate local meanings and understanding of what is problematic, and to challenge the institutional arrangements that impose meanings that do not make sense to the collective, once examined critically. This extends the notion of participatory practice in service development to participation in the processes of social production and in democracy. Understood in this way, participatory approaches to service
development are a means for contesting oppressive forms of governance between local actors. Whilst powerful neoliberal discourses do indeed produce institutional practices (Ney, Stolz & Maloney 2013) and forms of governmentality, intentionally disruptive and critical processes within service systems working to ‘help’ marginalised citizens can become sites for collective democratic or liberating activity. By surfacing and understanding the ways in which marginalised service users are silenced, we come to see how we are all constructed by the arrangements as discursive subjects. Contesting together the arrangements that we are all bound up in is a humanised, and safe form of local democratic process, as well as one that is capable of producing more efficient services. Because service development activity is determined in the local context and is agreeable to all stakeholders, elements of practice that are unhelpful can be identified and eliminated or modified, with a more efficient and effective service being developed as a result.

The conclusions I have drawn in this section have implications for the design of service systems. Despite the strength of the rhetoric on consumer participation (Byrne et al 2014), and the developing interest in co-design and co-production (Slay & Stephens 2013), service systems are not well prepared for what this means in practice. This thesis has demonstrated that where service users, providers and officials can work together on service development, there are possibilities for more efficient services.
Reflections on method

A central focus in this thesis has been the intersection of lived experience and institutional practice in social care settings, and the way in which power operates at this point to legitimate some experiences and ways of knowing and subjugate others. Pease (2002) argues for the application of a Foucauldian analysis to social care service delivery as a means of making visible the micro-relations of power and their relation to the production of knowledge and ‘truth’. This thesis provides a theoretical and empirical demonstration of Pease’s argument. It has demonstrated that the point of intersection between lived experience and the institutional practice of social care contains both the experience of oppression and the possibility of transformation and enhanced agency for service users. The thesis has made a contribution to understanding the conditions in which particular versions of reality are legitimated and others marginalised, subjugated or suppressed (Scior 2010). Importantly, it has demonstrated that, even when the operation of power in the local context is made visible, empowerment is not inevitable. However, this opens up the space in which NGOs, working in collaboration with others who have a stake in the service system, can actively pursue a transformative intention that goes beyond the participatory activities. This has useful implications for social care service delivery organisations interested in enhancing service user agency. The thesis has demonstrated a practical way in which resistance can be given a target, by surfacing the ways in which professional definitions of problems, the disciplinary power of social care work and authoritarian service user/service provider relations operate to delimit service user agency (Pease
The participatory mechanisms described earlier in this chapter work in combination to construct more dialogic relations between service user and service provider whereby new discourses can be constructed that produce new knowledge and new practices for social care (Pease 2002).

The discourse analytic approach taken in this thesis has demonstrated value in exposing the openness and equality of discourses that circulate in service delivery settings, and the ways that these shape and are shaped by the patterned, social interactions that take place between service users and providers (Hodge 2005). It has been effective in making visible the ways in which unequal power relations are reproduced through the practices of mainstream service delivery, and how these can be challenged through the application of participatory processes that intentionally set out to disrupt the prevailing power relations. The method itself has transgressed boundaries between research and practice in its pursuit of knowledge as a local and contingent process that questions the legitimation and repression of aspects of the social care SDS (Fox 2003). Theory-building and practical activity have blurred, and the positions of researcher/researched dissolved (Fox 2003), most clearly visible in the contribution made by analysis of “my” positionality.

The analysis of “my” positionality in the participants’ talk provided a means of constructing a version of the operation of power within the SDS that was consistent across all participants’ accounts. It is not just the deviant or deficit bodies of the service users who are subjectivated by the regulatory or disciplinary practices of social care: all of us who are caught up in its net are subjectivated,
albeit with differing consequences for our broader social location and value. This is the same arrangement that produces the binary ‘knowing provider/needy recipient’ dyad. But is also an arrangement that can be collectively resisted when the operation of power is made visible to all participants. The liberatory potential of the participatory process lay in its capacity to centre not only service users’ preferred versions of self and reality, but also the marginalised versions of practice that staff held. The analysis of “my” positionality revealed the ways in which “I” was also co-opted into and subjectivated by the discursive formations that shape and are shaped by the institutional practices of social care, in the same ways that staff were. The surfacing of the discursive arrangements that shape interactions in the SDS provides one way to understand why those well-intentioned professionals working in social care organisations are not always able to ‘do good’ despite good intentions. In these circumstances, it is easy to ‘other the other’ and to locate responsibility for this situation with the person or group on the next rung up the ladder.

By coming to see my own positionality through the constructions of others, I understood that none of us could step outside of the discursively produced arrangements that constituted each of us in particular ways. Once I realised that I was a resource in service users’ tactics for agency within the institutional practices of the SDS, I realised that I could not step aside from the constructions I was examining: I could only see “myself” as an object of the same power relations, albeit one located in a relatively powerful subject position – as senior organisational
staff member, as researcher producing this knowledge and as white and middle class.

The personal biography of the researcher/researched subjectivity highlights the need for constant attention on how power is operating in the participatory context as part of the activities of participation if practices are to realise people’s rights (Taket 2012). One place to start is for researchers to understand their location in the relations of power, and how they are being utilised by participants who are seeking to achieve particular ends. A process facilitator whose organisational and social location was less powerful than the position I occupied may have been positioned differently in participants’ narratives, and where analysis would have yielded a different reading of the operation of power. I did not analyse in detail the positionality of the other two process facilitators, who were more junior to me in the organisational hierarchy, and further research on this could be worthwhile. However, within the participatory activity itself, it is the visibility of the operation of power to all at the same time that creates the conditions in which people can challenge and resist institutional power. It is difficult to find high quality studies (I found none) of participatory service development/user involvement where the researcher is also a member of the organisation in which the activity is taking place. The analysis of researcher positionality included in this thesis makes an important contribution to how the operation of power in participatory practice can be studied, and what knowledge can be constructed from such an analysis. The methodological approach I have taken makes a unique contribution that lays in the complexity of me/“me” as author and actor of and in this thesis.
There is little research that examines participation within an organisational process designed by the researcher and in which the researcher was also a participant. Critical reflection and reflexivity enabled me to remain vigilant to the operation of power as we were implementing the projects and in the analysis of data and development of this thesis (Kennedy-Macfoy 2013). The discussion of positionality is important in this regard. I have argued in this chapter that the findings demonstrate that the approach we took offers new possibilities for enhancing service user agency, with resultant positive impacts on their wellbeing and for service design and delivery. However, the thesis remains my interpretation of a process that I had designed, and was deeply invested in. It is not possible to remove myself from this research, and I argue that this thesis has presented a strong case for more attention to be paid to the identity of the researcher and the function they play in their own and others’ constructions of participatory processes.

Finally, whilst the approach taken in this thesis has been effective in making a contribution to understanding the mechanisms for and conditions in which service user agency is delimited and/or enhanced, it has also highlighted the need for greater attention to be paid to interdiscursivity, or the relationship between discursive and non-discursive practices that Gilbert (2003) draws attention to in relation to the care of people with learning disabilities. The organisational context emerged as an important factor in the transformative impact of the participatory approach to service development. The importance of structural (i.e. non-discursive) elements of the organisation/system context in which service users participate in service development has been noted elsewhere (for example, Robson, Begum &
Locke 2003; Rose et al 2003; Carr 2004), as have discursive elements (for example, Macleod 2002; Hodge 2005). This study has extended Daykin et al’ (2007) argument that there is no single, linear relationship between the micro-practices of participation, the organisation/system structure and the specific model. The thesis has been effective in demonstrating how multiple discourses circulate and collide in service delivery settings in a single organisation. However, the application of this method has been less effective in exploring the relationship between discursive and structural elements, and the implications of these for service user agency. The work presented in this thesis could be taken further by paying greater attention to the structures of social care service delivery and higher order social discourses (Jorgensen & Phillips 2002) that shape social care organisations, and then considering the discursive constructions of ‘being a service user’ and ‘participating’ in the light of these. Such exploration would enhance the value of the study to social care organisations and policy-makers in the government agencies that administer social care programs, and assist in understanding the limits of transformative and co-productive practice in the context of systems of social care.
Appendix A: Stages in the service development process

This table summarises the work involved in the different stages of the service development projects.

<table>
<thead>
<tr>
<th>Stages in the development process</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishment</td>
<td>The process facilitators worked separately with each group of participants to build relationships and get committed and comfortable engagement. This stage included design of the project processes. Formal governance structures for the projects were established: separate community and management reference groups and a combined steering committee in each service setting; an overarching governance group at the whole-organisation level.</td>
</tr>
<tr>
<td>Production of program logics</td>
<td>Program logics were produced by each of the participant groups separately, through individual and group interviews. Participants included reference group members and others. Program logics were modified, as required, by each group and a version was produced that was acceptable to all participants; consensus was not required, but it was important that all participants were comfortable with their version of the program logic.</td>
</tr>
<tr>
<td>First workshop: review of program logics</td>
<td>All participants came together to review the three versions of the program logics (service users/families; staff; government officials). Discussion focused on similarities and differences across the versions. Each group then met separately following the large workshop, with the opportunity to further modify their version of the program logic.</td>
</tr>
<tr>
<td>Design of evaluation</td>
<td>The program logics were used to decide what data to collect and how. Where there were differences between the program logics, priority was given to the interpretation presented in the service user/family version. Data collection methods and tools were designed (surveys, service data etc) and collected.</td>
</tr>
<tr>
<td>Analysis and interpretation</td>
<td>Initial analyses and interpretations were discussed with participant groups separately in their reference groups.</td>
</tr>
<tr>
<td>Second workshop: action planning,</td>
<td>All participants came together to review interpretation of the findings from each separate group. Together the groups negotiated final interpretations and recommendations.</td>
</tr>
<tr>
<td>Reporting and advocacy</td>
<td>Process facilitators developed evaluation reports for each service, including action plans for practice and service development, as well as advocacy for policy change and system development. Reports and action plans were endorsed by each steering committee.</td>
</tr>
</tbody>
</table>
Appendix B: Service development project participant details

This list provides details of all individuals named in this thesis. All names are pseudonyms. Names in bold font indicate those individuals who took part in the service development projects and in an interview. The remainder took part only in service development project activities.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wesley executive management team</td>
<td></td>
</tr>
<tr>
<td>Martina</td>
<td>Executive manager</td>
</tr>
<tr>
<td>Ruth</td>
<td>Executive manager</td>
</tr>
<tr>
<td>Phil</td>
<td>Executive manager</td>
</tr>
<tr>
<td>Adrian</td>
<td>Executive manager</td>
</tr>
<tr>
<td>Research and Social Policy Unit (RSPU)</td>
<td></td>
</tr>
<tr>
<td>Sarah</td>
<td>Executive manager, RSPU and Process facilitator, ISP</td>
</tr>
<tr>
<td>Frank</td>
<td>Process facilitator, WACHS</td>
</tr>
<tr>
<td>Gretchen</td>
<td>Process facilitator RK, and support for ISP</td>
</tr>
<tr>
<td>Katy</td>
<td>Research assistant for ISP</td>
</tr>
<tr>
<td>ISP Funded Facilitation (ISP)</td>
<td></td>
</tr>
<tr>
<td>Melanie</td>
<td>Program manager</td>
</tr>
<tr>
<td>Travis</td>
<td>Program manager</td>
</tr>
<tr>
<td>Paige</td>
<td>Program manager</td>
</tr>
<tr>
<td>Gabrielle</td>
<td>Co-ordinator</td>
</tr>
<tr>
<td>Irene</td>
<td>Service delivery staff</td>
</tr>
<tr>
<td>Helene</td>
<td>Service delivery staff</td>
</tr>
<tr>
<td>Jacinta</td>
<td>Service delivery staff</td>
</tr>
<tr>
<td>Karen</td>
<td>Service delivery staff</td>
</tr>
<tr>
<td>Le</td>
<td>Service delivery staff</td>
</tr>
<tr>
<td>Derek</td>
<td>Service user</td>
</tr>
<tr>
<td>Trent</td>
<td>Service user</td>
</tr>
<tr>
<td>Name</td>
<td>Role</td>
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<tr>
<td>---------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Ursula</td>
<td>Service user</td>
</tr>
<tr>
<td>Terry</td>
<td>Service user</td>
</tr>
<tr>
<td>Rita</td>
<td>Service user</td>
</tr>
<tr>
<td>Luke</td>
<td>Service user, and Vera’s son</td>
</tr>
<tr>
<td>Harriet</td>
<td>Service user, and Leticia’s daughter</td>
</tr>
<tr>
<td>Simon</td>
<td>Service user, and Dinah’s son</td>
</tr>
<tr>
<td>Lenny</td>
<td>Service user, and Gino and Xanthe’s son</td>
</tr>
<tr>
<td>Diane</td>
<td>Service user, and Heinrich’s wife</td>
</tr>
<tr>
<td>Isabel</td>
<td>Service user, and Zorah &amp; Ivan’s daughter</td>
</tr>
<tr>
<td>Dinah</td>
<td>Family member, and mother of Simon</td>
</tr>
<tr>
<td>Heinrich</td>
<td>Family member, husband of Diane</td>
</tr>
<tr>
<td>Vera</td>
<td>Family member, and mother of Luke</td>
</tr>
<tr>
<td>Xanthe</td>
<td>Family member, married to Gino and mother of Lenny</td>
</tr>
<tr>
<td>Gino</td>
<td>Family member, married to Xanthe and father of Lenny</td>
</tr>
<tr>
<td>Ivan</td>
<td>Family member, married to Zorah</td>
</tr>
<tr>
<td>Zorah</td>
<td>Family member, married to Ivan</td>
</tr>
<tr>
<td>Leticia</td>
<td>Family member</td>
</tr>
<tr>
<td>Neville</td>
<td>DHS officer</td>
</tr>
<tr>
<td>David</td>
<td>DHS officer</td>
</tr>
<tr>
<td>Tina</td>
<td>DHS officer</td>
</tr>
<tr>
<td><strong>Resilient Kids (RK)</strong></td>
<td></td>
</tr>
<tr>
<td>Ellen</td>
<td>Program manager</td>
</tr>
<tr>
<td>Faith</td>
<td>Program manager</td>
</tr>
<tr>
<td>Brian</td>
<td>Co-ordinator</td>
</tr>
<tr>
<td>Martha</td>
<td>Service delivery staff</td>
</tr>
<tr>
<td>Nadifa</td>
<td>Service delivery staff</td>
</tr>
<tr>
<td>Odette</td>
<td>Service delivery staff</td>
</tr>
<tr>
<td>Harry</td>
<td>Service user and Adele’s son</td>
</tr>
<tr>
<td>Juliet</td>
<td>Service user and Brady’s daughter</td>
</tr>
<tr>
<td>Ricko</td>
<td>Service user and Dora’s son</td>
</tr>
<tr>
<td>Adele</td>
<td>Harry’s mother, and service user</td>
</tr>
<tr>
<td>Brady</td>
<td>Juliet’s mother, and service user</td>
</tr>
<tr>
<td>Camille</td>
<td>Mother of two children in RK, and service user</td>
</tr>
<tr>
<td>Name</td>
<td>Role</td>
</tr>
<tr>
<td>---------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Dora</td>
<td>Ricko’s mother, and service user</td>
</tr>
<tr>
<td>Abbie</td>
<td>DHS officer</td>
</tr>
<tr>
<td>Barbara</td>
<td>DHS officer</td>
</tr>
<tr>
<td>Celia</td>
<td>DHS officer</td>
</tr>
<tr>
<td><strong>Wesley Aged Care Housing Service (WACHS)</strong></td>
<td></td>
</tr>
<tr>
<td>Sylvia</td>
<td>Program manager</td>
</tr>
<tr>
<td>Eileen</td>
<td>Co-ordinator</td>
</tr>
<tr>
<td>Billy</td>
<td>Service delivery staff</td>
</tr>
<tr>
<td>Evelyn</td>
<td>Service delivery staff</td>
</tr>
<tr>
<td>John</td>
<td>Resident</td>
</tr>
<tr>
<td>Michael</td>
<td>Resident</td>
</tr>
<tr>
<td>Nellie</td>
<td>Resident</td>
</tr>
<tr>
<td>Norma</td>
<td>Resident</td>
</tr>
<tr>
<td>Ronald</td>
<td>Resident</td>
</tr>
<tr>
<td>Ruby</td>
<td>Resident</td>
</tr>
<tr>
<td>Tim</td>
<td>Resident</td>
</tr>
</tbody>
</table>
### Appendix C: Glossary of terms

This table defines key terms used in the thesis.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activate</strong></td>
<td>The action, in language, of making available powerful subject positions for some identities where they have control over discursive objects.</td>
</tr>
<tr>
<td><strong>Agentic identity</strong></td>
<td>A discursive subject position that gives the holder control over other discursive objects, negotiated or constructed in talk and made available for self/others.</td>
</tr>
<tr>
<td><strong>Alternate discursive formation</strong></td>
<td>Ways of knowing/knowledge that is unavailable in language dominant discursive formations: marginalised, suppressed, omitted or excluded knowledge.</td>
</tr>
<tr>
<td><strong>Inscription and inscribed identity</strong></td>
<td>The act of making available, in talk, a disempowered or devalued identity for a category of people outside of the category that the speaker makes available for themselves.</td>
</tr>
<tr>
<td><strong>Collide/collision</strong></td>
<td>The tension created when different ways of knowing/knowledge come into contact in interaction.</td>
</tr>
<tr>
<td><strong>Construct</strong></td>
<td>Using language to create a particular version of reality.</td>
</tr>
<tr>
<td><strong>Contest/ation</strong></td>
<td>The opposition of ways of knowing/knowledge.</td>
</tr>
<tr>
<td><strong>Dominant discursive formation</strong></td>
<td>The prevailing ways of knowing and doing circulating in the service settings. ‘Formation’ highlights the unstable nature of discourse and the possibility of resistance, contestation and centring of alternative, subjugated ways of knowing.</td>
</tr>
<tr>
<td><strong>Executive manager</strong></td>
<td>WMV manager with responsibility for a group of programs</td>
</tr>
<tr>
<td><strong>“I”, “me”, “Sylvia”, “Wesley” etc</strong></td>
<td>The discursive production of a particular identity and associated subject position/s in the participants’ interview texts</td>
</tr>
<tr>
<td><strong>“Inside/outside” positioning</strong></td>
<td>Materially, being connected to others by some experiences, and separated from them by others. Discursively, multiple social locations make available contrasting subject positions within and across discourses.</td>
</tr>
<tr>
<td><strong>Intersection</strong></td>
<td>The point of tension created in interaction when different knowledge/ways of knowing come into contact.</td>
</tr>
<tr>
<td><strong>Lifeworld</strong></td>
<td>The extent of experiences constructed by service users and families as being important to their lives: the totality of experiences made significant in their talk.</td>
</tr>
<tr>
<td><strong>Lived experience</strong></td>
<td>Alternate knowledge/ways of knowing associated with experience and subjugated/marginalised in dominant discursive formations.</td>
</tr>
<tr>
<td><strong>Make available</strong></td>
<td>The discursive power associated with a particular way of constructing reality, in the way language is used.</td>
</tr>
</tbody>
</table>
| **Negotiate**                             | In interaction with other/s (in particular, the interviewer), to construct
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>a preferred identity for self</td>
<td></td>
</tr>
<tr>
<td>Participatory process</td>
<td>A pluralistic and inclusive approach to service development where all key stake-holding groups in a service worked to design, implement and interpret an evaluation of the service.</td>
</tr>
<tr>
<td>Passivate</td>
<td>The action, in language, of ascribing disempowered subject positions for some identities where they lack control over discursive objects.</td>
</tr>
<tr>
<td>Preferred identity</td>
<td>An individual’s preferred self-description, negotiated in talk.</td>
</tr>
<tr>
<td>Program</td>
<td>A collection of services for categories of need or population groups.</td>
</tr>
<tr>
<td>Program manager</td>
<td>WMV manager with responsibility for a program, comprising multiple services, and reporting to an Executive Manager.</td>
</tr>
<tr>
<td>Service</td>
<td>A single service, delivering a particular intervention to a specific target group.</td>
</tr>
<tr>
<td>Service coordinator</td>
<td>Wesley staff member with responsibility for coordinating a service, and reporting to a program manager.</td>
</tr>
<tr>
<td>Service delivery staff</td>
<td>Wesley staff member providing direct support to clients of a specific service, and reporting to a service coordinator or team leader.</td>
</tr>
<tr>
<td>Service delivery system</td>
<td>The service system relevant to this study: government funders and administrators; social care organisations including executive, managers and frontline staff; and people receiving services, their families and other beneficiaries.</td>
</tr>
<tr>
<td>Social care</td>
<td>As opposed to ‘health’ services, supports for marginalised, vulnerable citizens aimed at assisting them manage various aspects of their lives e.g. aged care, disability support, family services etc.</td>
</tr>
<tr>
<td>Subject position</td>
<td>The location made available within a discursive formation for an identity or category of people, and associated with specific rights/power.</td>
</tr>
<tr>
<td>Subjectivate</td>
<td>In language, the construction of particular identities and subject positions for categories of people.</td>
</tr>
</tbody>
</table>
### Appendix D: Situational maps

#### Table 9.4 Situational Map – ISP Facilitation Guidelines

<table>
<thead>
<tr>
<th>INDIVIDUAL HUMAN ELEMENTS/ACTORS</th>
<th>COLLECTIVE HUMAN ELEMENTS/ACTORS</th>
<th>IMPlicated/Silent ACTORS/ACTANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A person with a disability</td>
<td>People with disability</td>
<td>Community members</td>
</tr>
<tr>
<td>The case manager</td>
<td>Their supporters and circles of support</td>
<td>Other services, including community and privately provided services; that might be accessed by a person with disability</td>
</tr>
<tr>
<td>Individuals with a case manager</td>
<td>Community services, including day services</td>
<td>The families of people with disability</td>
</tr>
<tr>
<td>The ISP facilitator</td>
<td>Other government services</td>
<td></td>
</tr>
<tr>
<td>The delegate of a person with a disability</td>
<td>Family members</td>
<td></td>
</tr>
<tr>
<td>The funding package administrator</td>
<td>Carers</td>
<td></td>
</tr>
<tr>
<td>The nominated person</td>
<td>The DHS regional office</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The CSO providing the funded facilitation service</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Financial intermediary service</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Registered disability service providers</td>
<td></td>
</tr>
</tbody>
</table>

#### Discursive Constructions of Individual and/or Collective Human Actors

<table>
<thead>
<tr>
<th>COLLECTIVE HUMAN ACTORS</th>
<th>NONHUMAN ACTANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>The person with a disability as goal oriented and inhibited from achievement of goals without disability support</td>
<td>Individual Support Packages</td>
</tr>
<tr>
<td>The person as a vulnerable consumer in a specialised market of services and supports designed to facilitate active participation in their communities</td>
<td>Self-directed approaches - national &amp; international contemporary practice</td>
</tr>
<tr>
<td>There are naturally occurring relationships amongst people, especially family and friends, that are oriented towards supporting more vulnerable people</td>
<td>The Disability Support Register</td>
</tr>
<tr>
<td>People without such natural networks are more vulnerable and need more intensive protection</td>
<td>Notional funding allocations</td>
</tr>
</tbody>
</table>

#### MAJOR ISSUES/DEBATES

<table>
<thead>
<tr>
<th>POLITICAL/ECONOMIC ELEMENTS</th>
<th>SOCIOCULTURAL/SYMBOLIC ELEMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Victorian Disability Act 2006</td>
<td>People’s cultural identity</td>
</tr>
<tr>
<td>The person’s needs and preferences</td>
<td>Disability</td>
</tr>
<tr>
<td>The approval process</td>
<td></td>
</tr>
<tr>
<td>The DHS regional priorities and budget</td>
<td></td>
</tr>
</tbody>
</table>

#### SPATIAL ELEMENTS

<table>
<thead>
<tr>
<th>TEMPORAL ELEMENTS</th>
<th>OTHER ELEMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where people with an ISP live</td>
<td>People’s communities</td>
</tr>
<tr>
<td>The DHS region</td>
<td></td>
</tr>
<tr>
<td>Moving to other DHS regions or interstate</td>
<td></td>
</tr>
<tr>
<td>Arriving in Victoria from another state</td>
<td></td>
</tr>
</tbody>
</table>

#### Discursive Constructions of NonHuman Actors

| ISP s as currency within a highly regulated specialised market of services and supports for people with a disability: the market is regulated to protect the interests of vulnerable consumers (people with a disability) |
| The market is separate from ‘their communities’ |
| Control and choice are constituted within the market and the choices available pre-exist the act of choice making, negotiation around what the market might offer, or what its boundaries might be is omitted |

#### Discursive Constructions of Individual and/or Collective Human Actors

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<td></td>
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</tr>
<tr>
<td></td>
<td>Financial intermediary service</td>
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</tr>
<tr>
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<tr>
<td></td>
<td>Financial intermediary service</td>
<td></td>
</tr>
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<td></td>
<td>Registered disability service providers</td>
<td></td>
</tr>
<tr>
<td>Table 9.5 Situational Map – Children’s Resource Worker – Core Functions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>INDIVIDUAL HUMAN ELEMENTS/ACTORS</strong></td>
<td><strong>COLLECTIVE HUMAN ELEMENTS/ACTORS</strong></td>
<td><strong>DISCURSIVE CONSTRUCTIONS OF INDIVIDUAL AND/OR COLLECTIVE HUMAN ACTORS</strong></td>
</tr>
<tr>
<td>Children</td>
<td>Children</td>
<td>Children are identified in their own right, with own unique experiences of homelessness</td>
</tr>
<tr>
<td>Families</td>
<td>Families</td>
<td>Children as a focus for action and intervention</td>
</tr>
<tr>
<td>Homelessness service delivery system workers</td>
<td>Homelessness services</td>
<td>The world is represented as divided into those who need/use services and those who provide them</td>
</tr>
<tr>
<td>Children’s Support Workers</td>
<td>Other public and community services, including local government, education and schools, health services, family violence, child protection and early childhood</td>
<td>Professionals are responsible for determining the impacts of homelessness on children and families and developing response</td>
</tr>
<tr>
<td>Formal regional and statewide networks</td>
<td>Children specific support groups</td>
<td>Roles for families and children relate to receipt of services and supports</td>
</tr>
<tr>
<td></td>
<td>Homelessness specific support groups</td>
<td>Relationships are between professionals within and across sectors, or between children and families. Relationships between professionals and children/families exist only in the context of service delivery</td>
</tr>
</tbody>
</table>

**NONHUMAN ACTANTS**

| Case management practice | Community development as the terrain of professionals, and relating to development of communities of professional practice |
| Secondary consultation | The service system, with multiple sectors, is the primary site for action |
| Case planning processes | Children and families are the subject of professional knowledge and practice |
| Group work | Alternate ways of knowing and knowledges about homelessness and family violence are omitted |
| Training and professional development | **DISCURSIVE CONSTRUCTIONS OF NONHUMAN ACTANTS** |
| Agency policy and procedure | Children |
| Homelessness Assistance Standards | Families |
| Research programs relating to children and families | Relationships between children/families and workers |
| Best practice | **RELATED DISCOURSES** |
| Individual counselling | Homelessness and family violence as categories of need |
| The service delivery system | Subjectivities come into being in their relationship to the problems of family violence and/or homelessness |
| Community development | The world of professionals vs the world of children/families |
| Direct service provision | Efficacious elements in community are services and service staff |

**SOCIOCULTURAL/SYMBOLIC ELEMENTS**

| Homelessness | The DHS region |
| Family violence | The state of Victoria |
| Children’s issues | Information on resources for children and families |
| Children | Information on training and professional development |
| Families | Brokerage for educational and recreational services and resources |

**SPATIAL ELEMENTS**

| The community |
| The DHS region |
| The state |

**TEMPORAL ELEMENTS**

<p>| <strong>OTHER ELEMENTS</strong> |
| People’s communities |</p>
<table>
<thead>
<tr>
<th>INDIVIDUAL HUMAN ELEMENTS/ACTORS</th>
<th>COLLECTIVE HUMAN ELEMENTS/ACTORS</th>
<th>DISCURSIVE CONSTRUCTIONS OF INDIVIDUAL AND/OR COLLECTIVE HUMAN ACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each resident</td>
<td>Residents</td>
<td>Residents are seen largely as passive recipients of health-oriented care and support, activated only in relation to their participation in individual service delivery decisions in the care environment.</td>
</tr>
<tr>
<td>Each resident’s representative</td>
<td>The staff in the service providing organisation</td>
<td>Residents as the subject of assistance and support in life activities, where assistance and support is what gives them agency to act.</td>
</tr>
<tr>
<td></td>
<td>The managers in the service providing organisation</td>
<td>The resident as beneficiary of assistance, and activity as its goal. The older person as a body to be managed and maintained, kept as active as possible. Spiritual dimension and search for meaning in the care environment is omitted.</td>
</tr>
<tr>
<td></td>
<td>Other interested parties</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Internally sourced services provided in the aged care home</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health care team</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health specialists</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Terminally ill residents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Residents with challenging behaviours</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospitality services: catering, cleaning and laundry</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Residences as entities to be managed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NONHUMAN ACTANTS</th>
<th>DISCURSIVE CONSTRUCTIONS OF NONHUMAN ACTANTS</th>
<th>IMPlicated/Silent Actants/Actants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific knowledge and associated care practices: clinical care, dental and oral health, specialised nursing care, infection control. Organisational management systems: complaints, quality management, continuous improvement, work health and safety. Organisational vision, values and objectives for aged care. Goods and equipment related to the provision of care.</td>
<td>Vulnerability of elder people conceptualised in terms of physical health. Effective management systems will deliver quality care and support. Human actors are obscured behind the quality systems or not identified.</td>
<td>The residents, their spiritual lives and their capacity to find meaning in the care environment. The residents’ families and loved ones.</td>
</tr>
<tr>
<td>Medication.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accreditation Standards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australian Aged Care Act 1998</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regulations governing the provision of aged care. Professional standards and guidelines.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residents’ physical and mental health.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residents’ needs, preferences, interest and activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>residents’ cultural/ethnic backgrounds, customs and beliefs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rights of others.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tenure of tenancy.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAJOR ISSUES AND DEBATES</th>
<th>TEMPORAL ELEMENTS</th>
<th>RELATED DISCOURSES</th>
<th>OTHER ELEMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emphasis on physical health care: medical model of ageing. Spiritual dimension of ageing is omitted, including at the end of life. (only referred to in terms of comfort and dignity.)</td>
<td>Changes in the care environment. Adjusting to life in a new environment. Sensory loss and illness, including terminal illness.</td>
<td>The care environment as separate from the community: dichotomous construction of community vs care environment.</td>
<td>People’s communities.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SPATIAL ELEMENTS</th>
<th>SOCIOCULTURAL/SYMBOLIC ELEMENTS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The care environment – a new environment for residents. The community.</td>
<td>Old age as a time of increasing dependency and frailty.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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Davies, K. (2012). *Service-user perspectives on evidence: shaping participatory mental health and homelessness services*. (PhD), University of Newcastle, Australia.


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