



## **We won't ever backbite': overcoming conflict in joint work with people with learning disabilities**

This partnership is about introducing a joint assessment and care planning procedure for people with learning disabilities living in XX borough.

There were four parties:

1. the service users
2. a specialist team of social workers working with people with learning disabilities
3. a specialist health team, comprising physiotherapists, occupational therapists, speech and language therapists, clinical psychologists, a community nurse
4. a group of people known as the Challenging Needs Service, who do behavioural psychology with people with learning disabilities.

There were serious conflicts between all the professional groups

**June, a specialist worker in the Community Trust:**

**Linda, a manager in the Mental Health Trust:**

**Shelley, managing a team in the Community Trust**

**Miles, the Social Services Team Manager:**

**Mary, the Joint Commissioner**, who came into the scene later. The others have all commented on the changes she introduced.

**The Service Users' Group** give their views on how they are involved in policy and planning , as well as some comments on their experience of services.

**Dawn, the Facilitator for the Users' Group** explains her role.

**Researchers Summary of Issues**

## **June-Specialist worker for people with learning disabilities**

June is the specialist worker for people with learning disabilities in community health trust.

Her first comment on this partnership for people with learning disabilities was:

**' We won't ever back bite and never be snide-y'**

People said things like: 'We will communicate, communicate, communicate.... we won't ever back-bite, and never be snide-y and we will never do this and never do that, and we will always be very honourable.'

### **'I ache with hate'**

However, she went on: 'As the process of joint assessment and planning has begun, there have been so many unforeseen battles and difficulties. It has become apparent that really not enough preparation was done before the writing of the document, and that we all have very different agendas and very different visions of what we want for people with learning disabilities. I suppose a concrete example of that is, it was decided that there would be care planning process for two residential services within the borough. And everyone went off and did loads of assessments and loads of reports, and came up with beautiful community care plans for the people concerned. And this really highlighted a lot of problems that people had been aware of, but hadn't known how to tackle. And very, very quickly, several clients were moved out of the borough into specialist units in Wales; and there are plans to close one of the houses.



That was not foreseen and has created a huge amount of disappointment amongst those people on the ground who actually do the work, that it wasn't explained that this was a potential outcome. This was seen very much by the teams as a way of improving quality of service within the borough. And actually it's had a very negative effect on quality of service in the borough - on quantity of service within the borough! And on the views of each discipline to the other. I really couldn't see why everyone was so entrenched, and why there are so many difficulties, because surely we all profoundly believed in helping people with learning disabilities to live normative lives. ..But I am very naïve! I suppose there's just one phrase that I would like to share with you, which is something my boss came back from a meeting once and wrote on her whiteboard, and it's still there. And this is after a joint agency meeting with Social Services, and it is, I ache with hate. And that's how fraught everything got....

## **Linda - Service Leader in a Mental Health Trust**

Linda is involved in joint work with Social Services, for adults with Learning Disabilities. She was in a joint group, working on common eligibility criteria for these clients to access services. Health professionals are responsible for assessment, while social workers draw up the whole care plan.



### **Roles and Tasks**

**'We've gone up the aisle. But neither of us is prepared to say I do yet.'**

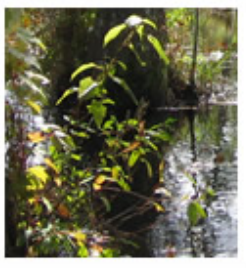
Staff in this group were involved with the same groups of users, and at least they were talking.

However, they were suspicious of each other; each group wanted to defend their own camp and weren't sure who was in the other camp. There was one particularly fractious meeting where someone said: 'We know we are getting married. We've gone up the aisle. But neither of us is prepared to say I do yet.' However, we [health] felt we were not valued. We experienced the clinical input on speech and language and psychology as being sidelined, and we felt undermined.. The term care management was bandied around. They [the social workers] were also bemused at the changes; I guess they weren't 100% sure what care management meant. They found themselves as gatekeepers rather than social workers...

There was a feeling that social workers withheld information, for example on placement vacancies in the borough, on the budget. This information was almost like their possession - they were going to hold on to it...Some meetings you came out feeling bruised, you came out fuming. There were charged moments.....In this borough people don't trust each other. But we were dependent on each other, and scared of shutting the door totally. We have certain specialised disciplines that can help the quality of life: we know they can access resources for those clients... [ mutual exchange as a reason for partnership - Webb]

**That continues to this day.**

There is no clarity about what is available in terms of placements; residential, outreach, respite care. ... But now we are getting to know each other, aided by other agencies. We are on a better footing.....whether forced by the Joint Commissioner - her personality, her authority.



#### **'Working jointly for jointly' sake'**

But I worry about being seen to be working jointly for jointly's sake. We still need individual clinical assessment- it ensures objectivity. For example, there might be a supported house where the social worker feels the staff are too unskilled. But I might have a different perspective: I might have been working with those staff and they have bought into my intervention and they are improving the quality of life [of residents], their interactional styles are encouraging participation. I might still be sidelined in these decisions - a bit less now. It's not that I want more clout; I don't want the upper hand. We are not making great strides forward, but minute steps towards mutual

dependency. We are listened to a bit more now.

### **What has helped these changes?.. 'I listened a bit more..**

'I listened a bit more. I went on a management course, checked out the policies. But we didn't know the pressures on them. We did not understand they had statutory responsibilities. They were probably thinking Who are these health professionals sticking to their ideals ? When they had such limited resources... There are other changes - a joint induction for all workers we are planning together; about the borough philosophy, meeting all the agencies , about risk. Bringing people together to work on something constructive. . We are jostling to understand each other. It may be the fault of people like me: it's up to the managers to explain things to clinicians, about the White Paper, other agencies. However, people like me also need to protect our clinical specialism at the same time.'

## **Miles - Social Services Team Manager**

**Miles's viewpoint: he is the Social Services Team manager working with people with learning disabilities**

### **Social Services take on responsibilities: differences in perspective**

In April 1997, the Social Services care management team formally took over assessment, budget holding, arranging for care provision for people with disabilities, as well as checking on quality of care. 'This created some difficulties but it was also exhilarating', was how Miles described it. He felt that health colleagues resented the newfound role and power taken on by social workers.

For example, a client with severely challenging behaviour had been living in a small group home. The social workers thought that staff resources there were stretched too thinly, that it was a potentially abusive situation and the Challenging Needs health specialist did not have time to provide the support required consistently within the home. They decided that the client needed 24 hour highly specialist care. So they moved her to a specialist home outside the borough. She has done well there.

But health colleagues had invested their time and effort into making the small home as good as possible, and were very upset at this decision. They thought social workers were moving people out 'willy nilly'. Health staff are not employed to work outside the locality, and did not consider any other options were possible. Miles thought they were concerned with stability for the client, and possibly also with concerns about their own jobs, should more

clients be placed out of the borough. Social workers, by contrast, have always had access to care outside the borough for their clients.



'This is the 'swampy ground', he said. 'It is not possible to find technocratic solutions, there is a need to build trust on both sides. We have had to explain our value base, our role, on both sides. This is harder than coming up with joint protocols. We have to realise we have a different range of skills and statutory instruments to work with clients. We all need to recognise that we all bring something to the party. It is actually a planning feat to get so many disparate professionals together, and produce a consensus, while keeping the service user at the centre.

One of my 'bete noires' is when we have made a decision in a care planning meeting, and one of our health colleagues, who is not wholly in agreement with that decision, will keep raising it later. They probably feel they've been around longer, as social workers weren't involved much before with this group of clients.

### **Joint working agreement**

Now we have a joint working agreement protocol on paper. Most people agree that what gets delivered is much more comprehensive and a much better service. This is not to say there aren't disagreements: these are complex professional decisions. If we can satisfy six or seven out of ten objectives of the care plan, that is all we can hope for. For example, we might have made a decision about a residential unit, then a health colleague might say: ' But this client can live with X but can't get on with Y'. But frankly, what with everything else, the provider would have to manage that. It may not be absolutely ideal. Generally health colleagues are less pragmatic, we have learned to be over the years. They are driving for utopia. We have to deal with constrained resources.

### **The Partnership Forum**

The Partnership Forum doesn't really come into it. It has some relevance for strategic development, but not with the nitty gritty. It is a consultative body for all the stakeholders, not a managerial tool. The Partnership Board may become that when it is up and running, but it's building a structure after the groundwork in working together has been done. We all know one another. Health and social services together are driving a broad and inclusive organisation. It has provided an opportunity for the broader players to participate in strategy, and it does enable everyone to keep up to speed. Its function is not about health and social services working better together.

**On reflection**, I don't believe the Partnership Forum is achieving anything different from

the Joint Community Care Planning Group for People with Learning Difficulties that used to exist.. That group used to involved exactly the same stakeholders in exactly the same discussions. Perhaps we were forerunners in partnership working!

### **The Users' Group**

The Users' Group is a good idea, it is being nurtured, it is excellent, it will eventually give service users a direct voice. But I am a little concerned that the severely disabled users who can't contribute may get left behind. We need vibrant advocacy as well as self-advocacy. This feels a bit contested - there are powerful supporters for the Users' Group.



### **The Future**

A lot is unclear about the social care/social work roles within primary care. There is the danger that social work values might be subsumed into health services processes. Social work values are about human rights and social justice; about empowering people; about building networks, and knowledge of resources. Health can feel like processing people through procedures. They talk about person-centred planning: that is really what we used to call old-fashioned social work. Care managers are seen as the bad guys. In my team, we still call ourselves social workers not care managers.

### **'The new Joint Commissioner:**

' No matter what Health and Social Services think of what's going on, service users are giving informed opinions of what they want.' This time last year a new joint commissioner was appointed, and she has very cleverly almost ignored all this wrangling that goes on between Health and Social Services, and has taken a much more global view, and set up proper structures for partnership working - including a partnership board and a forum, and seven working parties that include service workers, and carers, and voluntary organisations. She really has just ignored all this history, and pushed it to one side. She doesn't get involved in the petty squabbles, and concentrates on providing the structure and informing the partnership working on a much greater, wider level where you can't have petty squabbles....

She is very experienced, and she has facilitated this process in other boroughs. And she just ignores these things. Which I think is a really clever thing to do; and something I don't think I could achieve. And, because of that, is making huge progress elsewhere, that cannot be ignored. No matter what Health and Social Services think of what's going on, service users are giving informed opinions of what they want. And that can't be ignored, things have to change now, whether you like it or not. The way you have worked is not acceptable... she is

busy doing things with provider services, and carers and users; and where she needs to, with Social Workers, or with the Health team. And these arguments, which were everything, are now - minimal.



Through her behaviour, she has shown fantastic, strong leadership... She's ruled by her head, and she knows not to get embroiled in this politics, and these petty squabbles; and individual client issues she has not got involved with. And she has been called upon, endlessly: Please come and tell us what to do about this, because they say that and we think this. - No. I'm not. That's not what I'm here for. That is a fantastic new opportunity that feels very full of hope, and appears to be going very, very well.'

## Shelley - Team Manager in the Community Trust

Shelley is the team manager in the Community Trust team

Shelley manages the Community Trust teams working with Adults with Learning Disabilities: the community nurses, physiotherapists, speech and language therapists and occupational therapists. They have been working alongside the Mental Health Trusts team - the Psychologists and Community Psychiatric Nurses - for some time. These two teams from different organisations work together well, though they have different IT systems and colleagues working alongside each other cannot email each other. 'A lot of meetings and angst: health and social services have different goals' When Shelley took up her post, these teams were starting to have discussions with social workers from the Learning Disabilities team in the Social Services department, particularly about who was seen as eligible for services provided by 'health' and who by social workers.

### **There were 'a lot of meetings and angst...**

Health and social care are culturally very different. We've had some tensions. A therapist might say to a social worker: You've got to do something about that house. You might think Those social workers are useless, they never tackle anything. But we have different goals. Social workers are concerned with crisis management, adult protection and safety issues, they are worried about people who may be homeless or open to abuse. They need rapid placements. Health are in it for the long haul, to make people's live better.'

### **The consultant psychiatrists**

The biggest problem is getting the Consultant Psychiatrists to engage with the issue of joint eligibility. Some users may have a mental health crisis and be seen by a psychiatrist.

When the crisis eases, the psychiatrist will refer them on to the community team, but the user might not meet the community team criteria: having an IQ below 70, a history of using the Learning Disabilities services, having attended a special school, have difficulty with social functioning. These are all used, but there is disagreement about the balance between these factors.



### **A bigger vision - Widening the group**

The new Joint Commissioner set up a Partnership Forum, with representatives from a wide range of voluntary and statutory groups in the borough working with Adults with Learning Disabilities, as well as Users and Carers. 'Our world has expanded beyond statutory services- it's incredibly liberating. I finally get to understand what is available for people with learning difficulties. Before I was too busy to find out. There is a joint Lottery Bid for a Healthy Living initiative for Adults with Learning Disabilities, led by the voluntary sector, involving a whole range of groups. I did not know there was a biking project. Now we can ask: Do you have a special bike for people with physical disabilities? Our physiotherapists can help design one. It breaks us out of the clinical model. Physio is not the end point: it enables them to do other things. The symbol book is not the end point: it is so the user can go to the shop and buy something. It extends the process: it isn't pure health outcomes. It goes one step further.' Now they try not to have debates about topics that have caused disagreement between health and social services - for example about who should be eligible for services - without the bigger group.

### **The Users' Group: 'this isn't tokenism'**

We consulted with the Users' Group about the Primary Care Trust (PCT). It is the first time I thought, This isn't tokenism. [They were actively engaged, whatever their ability.](#)

## **Mary - Joint Commissioner**

**'You have to have a very clear view of where things need to be going'.**

Mary took up a new post as Joint Commissioner for Adults with Learning Disabilities, working both to the Health Authority and to Social Services. She later shortly moved to the Primary Care Trust. What she has in mind is 'one service and one system', and she is quite clear that is her mission and her role in leading towards this. 'My own view of partnership is that you have to have clear leadership, different from management and control.....Someone has to drive it and be responsible for it. This can create a slight tension. It is different from the unsophisticated view which is that everyone is equally involved.'

When Mary took up her post, there was a lot of conflict between the health and social services teams. There is in any case an inherent tension between their different roles; and they have different eligibility criteria for users. Health workers provide services which are free at the point of access to meet the needs of the individuals. Fees are payable for some social work services. But there was also a culture of tension and disagreement. 'Too many people wanted to be decision-makers. No one could agree.' One issue was concerned with consent from a user for her photograph to be used in a publication. It started as an individual issue, but 'it threw up the whole question of who owned the policies, and there was a lot of vying for position. Who's the most professionally competent? Everyone was very busy arguing among themselves, with no solution.' Mary intervened: 'Don't be silly: has anyone asked the person with learning disabilities?'



#### **What the Joint Commissioner did**

'Implementing government policy requires you to examine what you are doing.' Mary has done a lot of briefings about what is prescribed - in for example the White Paper Valuing People: what there is no choice about. She then set up a range of groups under a

Partnership Forum, to discuss local priorities in the context of what was prescribed in the legislation and within Best Value, focusing on the service to the users.

[The Forum was very wide and inclusive, for all kinds of groups working with Adults with Learning Disabilities.](#)

The group has a new task, which involves 'how we work together outside our own professional roles, working as change people.

'[The User Group](#) meets on its own to consider proposals, and also sends representatives to the Forum.

**It has been more problematic getting carers involved.** There has been a small group who use the Carers' Centre, but they are not representative of all the carers. So the Forum has been opened up to all carers. In the past, workers thought that carers tended to oppose more independence for users. However, there had been little attempt has been made at real dialogue. The Forum allows for this.



#### **What helped?**

'When I began to get involved, I took it right back to basics, revisited stuff and talked about partnership working, and looked at fundamental policy changes about Learning Disability. Through the Forum, people have started realising the impact of what they were doing on other people.'

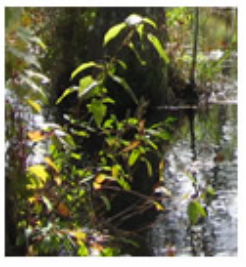
Approaches to dealing with a reduced budget have been inclusive, within the constraints of X's own delegated authority to manage. There has been a clear effort to involve the whole Forum in making decisions about how to reduce expenditure, and to move away from blaming the local authority. So instead of people saying The Council is useless, the Forum has been dealing with 'the issues we face as a partnership'. In house and independent providers, instead of competing with each other, started to discuss how they can maximise existing capacity. A joint bid was made to the Lottery involving a charity that encourages cycling activities.

**The question arises:** Are you an equal partner if you bring nothing to the table? This is recognised as a complex issue, requiring both leadership and inclusion and involvement.

**Issues of contention are now approached within the wider network.** Discussions about for example eligibility are taken to the Forum Expenditure Panel, rather than just two agencies. 'Discussions are refereed. This prevents bad behaviour. There are constructive discussions and people stick to the point. They mostly agree - it's doing it in a different way.' There is a Training Reference Group that is starting to organise joint training to set a new culture, and to help resolve differences between the services. This started to reinforce thinking about other people's point of view.

This has been an experience of **engineering change**, doing in a legitimate way, 'without having to tell people off; getting the group dynamic to work for you.'

Part of the partnership is also concerned with making issues for Adults with Learning Disability part of mainstream thinking. One factor here is who comes to the Forum, and how they take back issues to their own organisation. What learning is there from the partnership to help their own organisation learn?



#### **Has it worked?**

'Seeing the Users' Group in action I think it works well. There is very good input for something so new. '. Have individual workers changed? 'There seems to be more acceptance of others' points of views, and changing patterns of behaviour.' In house and independent providers are working together. There is also an independent review of partnership working across the Council, which

will provide detailed evidence from different parties. There is some evidence within this that this particular partnership has a 'vision, clearly carried through'.

# The Viewpoint of the Service Users' Group: "People should slow down, they're not on a train."

## What is the Service Users' Group

"We are a group who work to make high ups and top people like managers in Social Services & Health listen to us."

The members of the Service Users' group meet from 5pm to 7 p.m. every two weeks, 'to talk about a lot of different things'. They talk about the services they use and what their experience is. They tell managers what they think. They tell managers how to spend their money best. "We have lots of good ideas". They learn about lots of different things.

Members of this group have learning disabilities. Some people can read and write, some use pictures to communicate. Some people do paid work, some go to college, and some use Day Services. Some of members have minimum support, some have 24-hour support.

Each time, a different member of the group chairs the meeting. The facilitator G works with them, and helps plan the meeting with the chair. She also helps people in the group prepare and go to other meetings.

They also take issues they have discussed back to other groups that they are members of, such as a group that helps their service provider give a better service, and a Drop In Centre.

They tell other people what has been discussed and what they are doing.

## What brings them together as a group

The members are paid £7 per session they attend, and £12 when they chair the meeting, which involves preparation time with G. But money isn't the only reason they come to this meeting.

- "We don't come just because of the money, we come because it is a good group."
- "I enjoy it."
- "We come to work as group - we tell top managers what we want."
- "We come because we find it interesting", one person said.
- The group "gives you more confidence: everyone was quiet at the start."
- "It is friendly."
- "[Without the group], you wouldn't know what other people [with learning disabilities ], and Social services were thinking."

### How are service users involved in the service ?

"A while back, we went to a meeting about the JIP [the Joint Investment Plan]. Before that we did a questionnaire and said we wanted things like travel training and to learn computers. This was to help the Joint Commissioner write the Joint Investment Plan. Some of us ( from another group) helped think of the questions to ask people."

They had a meeting with the Joint Commissioner, about 'how to spend the money in a proper manner over the year'. They were struck by how she listened; she was an 'ever so nice lady'.



When there was a proposal to cut Day Services, they wrote a letter which they sent off, and some people also took it to other places such as where they live, and other places they go to get other people to sign the letter. "The Day Services manager came to a meeting. He listened to us. We told him how important day services are for people, Then he said he wouldn't cut Day Services."

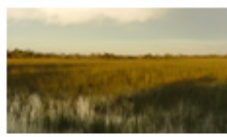
Two people went to a meeting on Person Centred planning. At this meeting, they suggested having the agenda for meetings on this a few day in advance. They also suggested a regular pre-meeting so they could prepare for it.

The group worked on a training induction course for new workers in the Borough. Some members do the actual training on the induction course for new workers. The training is about Social Services Core Values. It shows workers that if people with learning disabilities have the right support they can do all sorts of things.

The Director of local health service changes & the Joint Commissioner came to a meeting. We told them about some of the things that have happened to us.:

One member uses a wheelchair and wasn't able to eat in hospital because she had to lie flat and there was no support for her head.

"Sometimes the doctor or the nurse talks to your family and not to you. One doctor in hospital said: 'Sit here', and four and a half-hours later I was still sitting. The doctor said, 'I had forgotten about you', but that was an excuse. When I said I would make a complaint, he paid attention to me."



Doctors: "some of them are rude. Sometimes they lay the telephone on the counter [when you ring them] and don't listen. Sometimes they cancel appointments, or don't listen."

"We think doctors. & nurses should tell us what's wrong with us & not

our parents."

"Now someone from the Hospital is going come to one of our meetings We will tell them how Doctors & nurses should be trained to work with us."

Some members are on their service providers' recruitment panel for new staff

### **Issues for service users**

#### **Aspects they like**

One resident has a meeting once a week with her support worker, and they once a year with her support worker and the home manager, to look at what was working well and what needed to change.

Another member has a GP who is good contact with the people in his home: 'some doctors can e a good friend'. A woman member prefers to see woman doctor .

Some people at meetings do make a conscious effort to slow down, to take care with their language and to explain the back ground to what is being discussed.



#### **Aspects which are difficult**

There are so many different meetings, it is difficult to know what each one is [but this is only the start, said the support worker].

The following is what members said about outside meetings.

"A lot to take in ." "A bit hard to take in. "

"People were talking all at once." " I could hear all right, just one or two I couldn't understand." "People talk too fast." "It's terrible you can't understand." "One person should talk at a time."

"People should slow down, they're not on a train."

Members of the Users' group were keen to point out that these difficulties only arise at some meetings - see above.

"Our Group [i.e. the Users' Group] is better because it is slower: it takes time to sort out everything in meetings'. We have more time to understand things. We have symbols and tapes."

## **Dawn - Facilitator for the Users' Group**

**Dawn's viewpoint: How did the Users' Group start?**

A major provider of services to people with learning disabilities, in partnership with Social Services asked a small organisation (pump primed by National Lottery funding) to establish a consultative group whose members were to be people with learning disabilities.

This organisation wrote to all known providers of services for people with learning disabilities within the borough, explaining the purpose of the proposed group and inviting their service users to a meeting to find out more.

Initial meetings were sparsely attended with more workers than service users attending the first meeting, although by the third meeting there were 12 service users who participated in a questionnaire designed to help the Joint Commissioner to find out users' needs and wants in terms of service provision.

In March Dawn took over the role of facilitator of a broader group. By May, Social Services had made funds available for paying members for attendance at the User group meetings and any other work they might do: attending conferences and external meetings, participating in staff training etc.

From the very first meeting it had been stressed that this was to be a users' group. The first tasks set were to reinforce this, i.e. members were asked to design a logo and the Group Rules and constitution were agreed. 'Now it's absolutely terrific, people are really interested, they are getting more confident. They are at the more able end of the spectrum. There is going to be a sub-group - the picture group - when the computer technology arrives.'

#### **What does the facilitator do?**

Dawn is both Project Manager and Organisational Administrator. As facilitator of a sub-group of the borough's Partnership Forum, her role is to ensure views of people with learning disabilities are heard in the partnership process and influence policies and decision-making. This involves managing the Users' Group, ensuring financial accountability, ensuring that other people with learning disabilities know of the User Groups' purpose and work, setting and achieving targets, assessing and evaluating progress and mapping plans for development. Work commissioned so far includes a training session for staff, and making the Joint Investment Plan more accessible to people with learning disabilities.



The role of facilitator is one of "enabler" to the group. She provides a safe environment and peer forum in which people can both learn and express themselves at a pace that is appropriate to them. Her role is varied, but her relationship is one of trust and belief in the capabilities and skills of the users.

Part of this role is to keep group members up to-date with current changes in legislation, White Papers, and any proposed changes in the Borough that might affect the group. This is achieved utilising many techniques which make the complex information accessible, eg smaller working groups that can concentrate on single issues, feeding interpretations and comments back to the larger group for further discussion. Understanding is made further possible by the facilitator asking specific questions on the issue under discussion; a technique called 'quizzing'. The resolution to take action on any particular issue is decided by voting. The facilitator meets with the Chair prior to each user group meeting to draw up the agenda. This ensures the Chairperson fully understands the agenda issues, and allows the Chair and facilitator to agree any necessary prompts and support needed.



**Effective Communication is seen as a priority.**

Making information accessible is a major part of her role.

Individually appropriate prompts are provided to enable the Chair to effectively control the meeting, and for all group members when reporting back to the main group on external meetings they have attended or the documents / publications they have studied (e.g. London Learning Disabilities Strategic Framework ). These prompts are both unobtrusive and delivered in ways which are helpful to the individual concerned. The types of prompts vary and include: Makaton signs clearly depicted on A5 cards, for a member with cerebral palsy whose reading skills are limited to Makaton. Large text is used for members who do read, Times New Roman is the most clearly accessible, complemented by Widget symbols. All meetings are minuted in the above text and Widget symbols, accompanied by audio tape versions. Non readers are encouraged to follow the text/widget versions when listening to tapes at home, and Widget symbols are used both consistently and appropriately to enable recognition and understanding of the symbols' use.

**A major part of the facilitator's work** is accompanying members to conferences & external meetings; such as the Joint Investment Planning sub-groups. One of the aims of the group is to work in partnership with both statutory and voluntary organisations. An informed presence at various forums both boosts the confidence of the members, and enables other organisations to benefit from their skills, experience and knowledge. Group members are provided with the opportunity to discuss the issues prior to attending any external meeting, fully supported during the relevant meeting, and enabled by the facilitator to discuss and decide what feed back would be of the greatest relevance to the rest of the user group.

**A further part of the facilitator's role** is to develop and support new ideas. She is soon to be supporting a sub group named 'The Picture Group'; members will be working on the best way to present information graphically for non-readers. This group will also be making suggestions and recommendations to service providers based on their preferred options for accessible paper information. The group aims to assist in the provision of uniformity of approach to the use of graphics for non-readers, within the Borough at least, something they have noted is missing from the many different varieties of accessible written information.

Dawn encourages **maximum participation and responsibility** of group members in all practical aspects of their meetings. Ownership of the group by the members promotes self-respect, confidence and motivation to develop the group and individual further. Members are responsible for preparing the meeting room, seeing that members sign for their pay, and setting up the IT equipment. Four members along with the facilitator recently attended a training session on the use of the Smart Board; a large PC touch screen.

## Researchers Comments on Issues from these stories

### **Strong hostility and negative emotions**

This story is about a partnership between health and social care organisations working with people with learning difficulties. The relationship between professionals was initially very hostile with strong negative emotions of one party to another. Indeed, one person wrote up on the office whiteboard, "I ache with hate" after a joint meeting, and left it there in the office. Inter-group relations between health and social care appeared to have followed the pattern that Schein identified in his work with groups of boys: each side had stereotyped the other, and from their experience of the other side, had looked for or selected 'evidence' that reinforced their existing negative view.

### **Strategies of the new leader**

A new person came into this scenario as Joint Commissioner, working to both health and social services, at a senior level. Her approach enabled all parties to work together in a different way. She had a clear message: users come first. What is striking about this case is that all parties were agreed on the clarity of her leadership. Even Linda, who is concerned about 'working jointly for jointly' sake' has a grudging respect for the authority of the

Joint Commissioner. The joint commissioner's strategies for overcoming conflict and hostility have included:

- **Clarity within complexity**  
From an external perspective, the complexity of the partnership structure is striking [see diagram for a simplified structural version - [hyperlink here](#)]. It is almost impenetrable for outsiders. It involved a social services department, an acute and a community trust, working in different ways across several boroughs. Any user would find this confusing. The Joint Commissioner was outstandingly clear: she provided a point of reference to enable people to handle the complexity. That point of reference was the users. She reduced the complex multi-partner context and history of hostility to simple rules. She moved away from blaming, and was not interested in this history, while not accepting 'bad behaviour'.
- **Widening the circle: 'this isn't tokenism'**  
The Joint Commissioner 'widened the circle' and set up a Forum attended by representatives of the new User Group and a wide range of others. She ignored the history, but made sure that everyone knew the policy imperatives for the future, linking to the 'big issues' such as users have maximum autonomy in their lives. Users with learning disabilities were involved in policy, not just consulted as consumers. The Users' Group talked about the JIP (Joint Investment Plan), and knew it related to how to spend the money for the whole year. One worker said: 'We consulted with the Users' Group about the Primary Care Trust (PCT). It is the first time I thought, This isn't tokenism. They were actively engaged, whatever their ability.' The voluntary sector was also involved in creative ways, for example, a cycle group could link with physiotherapists to design special bicycles: 'Our world has expanded beyond statutory services - it's incredibly liberating,' said one worker.
- **Generic and specialist - managing the paradox**  
Partnership does not mean doing away with specialist knowledge. Each group had particular skills and experience to contribute which was acknowledged. See [Helvig Square](#) on generic and specialist skills
- **Equal partners?**  
The Joint Commissioner also raised the issue of equality within the partnership. 'Are you an equal partner if you bring nothing to the table?' Is it only money that brings influence in joint decision-making? A recent study of partnerships in the Strathclyde area found that powerful organisations needed to collaborate with vulnerable ones because the smaller organisations had something that the former could not provide.
- **Taking learning from the partnership back to participating groups**  
There has been a real opportunity to take learning from the Partnership Forum back to the groups who make up the partnership. Cameron and Cranfield refer to this in their three circles of partnership: the action, the process of the partnership, and taking learning back. The idea of making mainstream services appropriate for adults with learning disabilities is one that is gradually gaining ground.