





# EMPOWERMENT DECONSTRUCTED!

A guide to outdo yourself and everyone around you.







- 1 Foreword by NCSS President
- 2 Foreword by AIC Chairman
- 3 Message by Sree Narayana Mission CEO
- **4** Executive summary
- **9** What is this guide about?

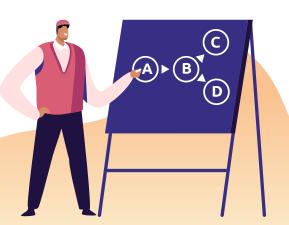


### **Understanding Empowerment:** the 'What' and 'Why'

- **12** What is and why empowerment?
- **13** Common myths about empowerment

### State of **Empowerment**

16 Where are we at as a sector?





- **44** Note to readers Acknowledgements
- **45** References

### **The Process**

- **19** Do a self-assessment
- **25** Identify barriers to empowerment and actions to overcome
- **29** Design your solution and implement learn from others!
- **38** Review your solution



# President's Foreword

The concept of empowerment has taken centre stage in our social service sector especially since the introduction of the 4ST (i.e. the Social Service Sector Strategic Thrusts) in 2017. Our 4ST vision to empower every person to live with dignity in a caring and inclusive society deeply resonates with me. We should uphold the dignity of every person, independent of race, language, religion, gender, age or ability by listening, giving them choices and taking the choices which they make seriously.

Social Service Agencies (SSAs) play a key part in our community and as such have a crucial role in empowering our service users. The way SSAs engage service users affect the extent of choice and control our service users have over their lives. While there may be physical and psychological barriers faced by our service users, service providers can help overcome them by designing a conducive environment that encourages decision-making and pro-active ownership over these barriers and challenges. It is therefore important that our SSAs embrace the concept of empowerment organisationally, so that practices can in turn be systematically shaped to empower our service users.

This guide aims to promote empowerment in practice by breaking down the concept into relatable and practical terms. It is hoped that this guide can be used as starting material to catalyse further conversations and practice amongst practitioners so that you can further develop the ideas which are relevant to you. We are all at different stages of understanding what 'empowerment' means in terms of practice and application. I encourage those among you with experience to step forward and share your empowerment journey with others. It is only by sharing, encouraging and inspiring one another will we learn more about what empowerment means. Taking an empowerment approach is not easy. It takes commitment, time, effort and resources but it will be worth it.

I sincerely hope that you find this guide useful for your empowerment journey and I look forward to us taking a step closer to fulfilling our vision of every person being empowered to live with dignity in a caring and inclusive society.

Ms Anita Fam President, National Council of Social Service, Singapore



This guide aims to promote empowerment in practice by breaking down the concept into relatable and practical terms.



# Chairman's Foreword

In deciding what to write about the importance of being empowered, the saying "Use it or lose it" kept intruding my mind. If you do not exercise at all, your muscles will progressively weaken to the extent that you will need assistance in executing the simplest task. You are only used to carrying out orders, you will over time, be fearful of making your own decisions. You become dependent on tools and devices all the time, you will quickly be incapacitated when you do not have access to these tools or devices – classic examples are our inability to remember contact numbers with the reference to your phone list, or navigate to a destination without the aid of a GPS map. Because of the myriad of tools and devices introduced to make our life, apparently, better, we have progressively disempowered ourselves. Deviously we have become dependent on external inputs even though we are well equipped to function without their aid. It is the dependency which disempowers us. Instead of using tools and devices as aids we allow ourselves to be dependent on them.

To be empowered to me means being allowed to exercise independence, make and learn from mistakes, to grow from one's experience. To live a life of merely complying turns one into a mere robot and eventually we become nothing more than just a living organism, inferior to a well programmed robot which does not need any rest and through updates in its programming become more and more capable. With Artificial Intelligence (AI), the robots will eventually beat an average human in the thinking processes too.

Even organisations can become disempowered when regulations become too prescriptive. It is worse when organisations adopt self-censorship and read more than what the regulations require.

Like the tortoise, one must stick out one's head to move along. Empowerment leads to individuals and organisations taking responsibility and having the courage to experiment and grow stronger.

To empower individuals in an organisation requires observing certain protocols. The intent of empowerment is not to nurture mavericks (although having a couple of mavericks properly managed can be an advantage) but to grow individuals within the organisation, making the organisation stronger and sustainable.

Be empowered and grow into the person or organisation you are destined to be.

Dr Gerard Ee Chairman, Agency for Integrated Care Singapore



To be empowered to me means being allowed to exercise independence, make and learn from mistakes, to grow from one's experience.



# Message from Sree Narayana Mission

Empowering individuals, their families and communities to live with dignity in a caring and inclusive society is a noble vision. To give this vision impetus, NCSS has identified 'empowerment' as a key strategic thrust in its 4ST roadmap.

To help SSAs translate this strategic thrust into actionable plans, NCSS has developed this very practical guide on empowerment. It is a timely and laudable initiative.

Sree Narayana Mission (Singapore) is privileged to be part of NCSS' Empowering Seniors initiative. Today 1 in 8 Singaporeans is aged 65 years and above. By 2030 the ratio will be 1 in 4 (or 900 thousand). Singapore society comprising individuals, families and communities will have a distinctly different 'look and feel'. The reality of the not too distant future means we need to relook how we perceive ageing and break away from existing paradigms to create an ecosystem which empowers seniors to contribute and live purposeful lives.

To lead purpose-driven lives is everyone's birthright. Empowerment is the keystone.

I am confident that all SSAs and all who serve in the social service sector will find this quide a very useful tool.

S. Devendran CEO, Sree Narayana Mission Singapore



To lead purpose-driven lives is everyone's birthright. Empowerment is the keystone.



Understanding Empowerment: The 'What' And 'Why'

### What?

- Increase a person's ability to participate in and influence matters that affect his or her life
- Be characterised by strength, choice, ability to make decisions, control and dignity
- Own issues and take charge of one's own life

### Why?

- Increases independence which leads to improved quality of life
- Increases perceived quality of services received
- **Reduces costs** (less need for institutional support)
- Promotes sustainable change (decreases reliance on external resources)

### How?

- Provide an environment that facilitates service users' understanding of their role, knowledge and skill acquisition
- Accept service users' definition of the problem; help them articulate clear personal goals
- Build on service users' strengths
- Co-produce with service users

# Myth 1 SERVICE USERS MAY NOT WANT TO BE EMPOWERED

 One's lack of resources and inadequate choicemaking infrastructure discourages a person's motivation to express views, set goals and take charge.

# Myth 2 EMPOWERMENT IS A PROCESS THAT PRIMARILY HAPPENS AT THE INDIVIDUAL LEVEL

• Empowerment entails individual and collective change; change is necessary at structural and community levels as the larger environment can undermine opportunities and participation.

### State of Empowerment

### Where are we as a sector?

From NCSS' Social Service Sector Survey (2018), more than half of SSAs are of the view that they are to some extent practicing empowerment:

- 71% of the sector strongly agreed/agreed that they provide options to service users.
- **58%** of SSAs strongly agreed/agreed that they co-create services and programmes with service users.
- Almost half of the SSAs expressed a desire to improve in co-creating solutions and programmes with service users, particularly the multi-sector and eldercare agencies.



At a collective level, NCSS has promoted empowerment through Public Education and worked with ecosystem partners to offer person-centered services. For example, the **Beyond The Label** and **See the True Me** public education campaigns, **Peer Support Specialist** and **Empowering Seniors project**.

### The Process

### A. Do A Self-Assessment

Ascertain to what extent service users in your agency have been participating in the design & delivery of services.

### Where am I?

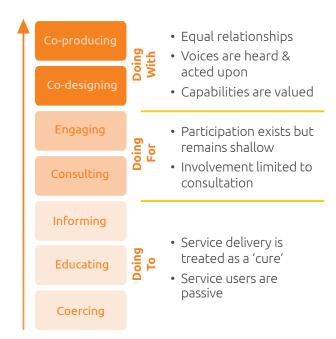
Consider to what extent the 6 principles of co-production are practised:

- 1. **Assets:** Seeing people as equal partners rather than passive recipients
- 2. **Capabilities:** Building on what people can do and supporting them to put this to work
- 3. **Mutuality:** Reciprocal relationships with mutual responsibilities and expectations
- 4. **Networks:** Engaging a range of networks, inside and outside 'services' including peer support, to transfer knowledge
- 5. **Blurred roles:** Removing tightly defined boundaries between professionals and recipients to enable shared responsibility
- 6. Catalysts: Shifting from 'delivering' services to supporting things to happen and catalysing other action



### Co-Production is...

A relationship where professionals and citizens share power to plan and deliver support together, recognising that both partners have vital contributions to make in order to improve quality of life for people and communities. - Nesta, 2012



Source: Slay and Stephen (2013)'s adaptation of Arnstein (1969)'s Ladder of Participation

### B. Identify Barriers To Empowerment & Actions To Overcome

Identify the barriers specific to you and your organisation so that you can take actions to overcome them and make progress.

### The Individual... Or The Organisation?

...both. Successful empowerment requires changes within the individual and organisation. Belief systems, structures and processes are key enablers to empowering practice.

Common barriers	Description	l can
Inadequate Policies	Empowerment not mandated in service models; lack of strong policy drivers	Share candidly with policymakers on the ground challenges faced to shape policies
A General Lack Of Understanding On What Empowerment Means	<ul> <li>A need for more operational definitions for better actualisation at all levels</li> <li>Empowerment not embedded in the organisational culture, resulting in lack of/ uneven application</li> </ul>	<ul> <li>Use templates &amp; guidelines; share resources; speak to peers</li> <li>Ensure senior leadership buy-in for empowerment to be structured in a way that becomes 'everybody's business'</li> </ul>
Resources	Insufficient resources that reduces agencies' capacity and/or lead to trade-offs	Share resources across organisations;     Demonstrate co-production results
Accessibility	<ul> <li>Service users experience barriers to participation e.g. language, inaccessible formats, difficulty getting to meetings</li> </ul>	Co-produce format of meetings for accessibility; train staff to produce "Easy Read" documents; leverage on digital means

### C. Design Your Solution & Implement

### How?

Stage	Description	Tools	
Needs Assessment on service users (early stage)	Service users identify their needs and challenges	<ul> <li>• Problem and Solution Tree</li> <li>• Future Workshop</li> <li>• Backpack method</li> <li>• Kitchen Talks</li> </ul>	
Service Design (after needs assessment)	Stimulation of new ideas for social services or adaptation of existing services	<ul><li>Theory of Change</li><li>Business Model Canvas</li><li>Double Diamond</li></ul>	

### TOOL 1: PROBLEM & SOLUTION TREE

#### When to use?

When understanding problems and their causes.

#### How to use?

Participants are put into small groups to discuss problem, causes and consequences.

#### What does it do?

Visualise how causes and problems are connected.

### TOOL 2: THEORY OF CHANGE

#### When to use?

When activities that contribute to desired impact need to be identified.

#### How to use?

Participants map out goals, logical steps towards change, measurable effects and key assumptions.

### What does it do?

Outlines steps to achieve goal; make connections; spot risks; alignment to a larger goal.

### Peers in the sector

### SINGAPORE ANGLICAN COMMUNITY SERVICES

Empowerment at Organisational level

- Empowerment as purpose of the organisation
- Staff mindset: Recovery model embraced by majority of staff
- Hiring practices: Ensure staff's motivations are aligned and believe in empowering the vulnerable individuals

### **ALZHEIMER'S DISEASE ASSOCIATION**

Empowerment through Voice

- Encouraging service users to step up and speak up as self advocates to reduce stigma i.e. Voices for Hope programme
- Building networks of persons with dementia and caregivers who are confident in public speaking to be a spokesperson

### **RAINBOW CENTRE**

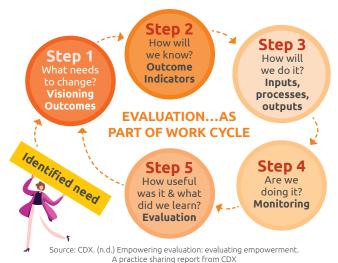
Empowerment through Community

- Tapping on strengths of Persons with Disabilities (PwDs)
- PwDs and families are included and connected with resources in the community through community connectors
- PwDs are socially connected and supported within their own communities



### D. Review Your Solution

Evaluation is a useful process of **reflection**, **improvement and learning**.



### Some common indicators...

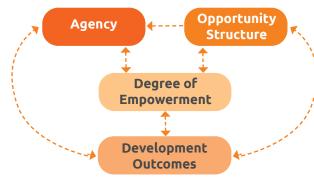
- Skill development
- Self-worth
- Competence
- Self-efficacy
- Willingness to participate in collective actions
- Community connectedness
- · Control over decisions and resources

How do we know which to adopt?

 The World Bank's Measuring Empowerment Framework explains the factors affecting empowerment.

### Measuring Empowerment Framework

An empowered person has the capacity to make effective choices, that is affected by: (i) Agency (ii) Opportunity Structure



Source: Figure 1 in Alsop, R. & Heinsohnn, N. (2005).

### Guiding Questions:

- Are there opportunities to choose?
- Are choices actually made?
- Does the choice made bring desired outcome?

### Consider **Domains**:

**State** (political participation), **Market** (credit, labour, goods), **Society** (family, community).

#### Consider Levels:

**Macro** (National), **Intermediary** (between national & residential), **Local** (residence)

### **Empowerment Framework**

Domain/	Contributory	Level		
Subdomain	Factor	Масго	Intermediary	Local
State – Justice, Politics, Service Delivery	i. Agency ii. Opportunity Structure	Degree of Empowerment i. Presence of choice ii. Use of choice iii. Effectiveness of choice		
Market – Credit, Labour, Goods				
Society – Family, Community				

# What Is This Guide About?



# The journey to empowerment is a collective effort. Let us begin this journey together.

What does it mean to empower individuals, their families and communities? While we understand its broad underlying intent to promote ownership in issues and independence, where do we begin? What are the practical steps we can take to start, grow and influence others on this journey to empowerment in the social service ecosystem?

This guide is for you if you relate to those questions. Although primarily targeted at social service practitioners, this guide is also useful if you are a funder, researcher, advocate, or just someone with a curious mind, as you can play a part in advancing empowerment in the social service ecosystem.

The contents of this guide were drawn from observations of practice both locally and overseas, as well as from evidence-based research. It is intentionally curated to address some of the challenges made known to National Council of Social Service (NCSS) in the past 4 years of catalysing empowerment under the 2017-2021 Social Service Sector Strategic Thrusts (4ST).

Specifically, we have heard that Social Service Agencies (SSAs) are experiencing difficulties operationalising empowerment. In this guide, we translate this feedback and ideas into action by breaking them down into practical initiatives. Here you will find concrete steps to take in order to begin your journey. We encourage you to use this guide and provide us feedback.

This user-centred guide on empowerment is iterative in nature as there are always new discoveries and perspectives gained through social service practice. We therefore encourage readers' active participation, voice and contributions for the guide to remain relevant to users.

The journey to empowerment is a collective effort, let us begin this journey together.





# Understanding Empowerment: The 'What' And 'Why'



# What Is And Why Empowerment?

Empowerment is the expansion of assets and capabilities of people in vulnerabilities such that they may participate in, negotiate with, influence and hold accountable institutions that affect their lives.

World Bank, 2002

### **EMPOWERMENT IS TO...** <sup>1</sup>

- Increase a person's ability to participate in and influence matters that affect his or her life
- Be characterised by strength, choice, ability to make decisions, control and dignity
- Own issues and take charge of one's own life

### **EMPOWERMENT BECAUSE IT...** 2,3

- Increases independence which leads to a positive sense of well-being and improved quality of life
- Increases service users'<sup>4</sup> perceived quality of services received
- Reduces costs as it increases contributions from service users and lessens the need for costly institutional support
- Promotes sustainable social change through self-responsibility and ownership which decreases reliance on external resources

### **OPERATIONALISING EMPOWERMENT MEANS...** 5, 6, 7

- Changing mindsets by seeing service users as participants and contributors rather than passive recipients of care
- Providing an environment that facilitates service users' understanding of their role, knowledge and skill acquisition, and participation
- Accepting service users' definition of the problem and helping them articulate personal goals clearly
- Identifying and building on service users' strengths
- Co-producing with service users as it contributes to change in relationships that come with empowerment

<sup>&</sup>lt;sup>1</sup> Poverty Reduction Group, World Bank. 2002. A Framework for Empowerment: Summary.

<sup>&</sup>lt;sup>2</sup> Rogers et al., 2010. In Cyril, S. et al, 2015. Systematic review of empowerment measures in health promotion. Health Promotion International, 31: 809-826. Cyril, S., Smith, B.J. & Renzaho, A.M.N. (2015). 'Systematic review of empowerment measures in health promotion', Health Promotion International, 31, 809-826.

<sup>&</sup>lt;sup>3</sup> Alpay, L.L., Henkemans, O.B, Otten, W., Ing, A.J.M.R. & Dumay, A.C.M. (2009). 'E-health applications and services for patient empowerment: Directions for best practices in The Netherlands', Telemedicine and e-Health, 16, 7, 787-791.

<sup>4 &#</sup>x27;Service users' in this guide refers to people who are directly receiving service support from a social service agency. It is aligned with the terminology adopted in the Social Service Sector Strategic Thrusts.

<sup>&</sup>lt;sup>5</sup> World Health Organisation. 2009. Patient empowerment and health care.

<sup>&</sup>lt;sup>6</sup> Masterson, S., & Owen, S. (2006). 'Mental health service user's social and individual empwerment: Using theories of power to elucidate far-reaching strategies', Journal of Mental Health, 15, 1, 19-34.

<sup>7</sup> Busch, N.B., & Valentine, D. (2000). 'Empowerment Practice: A focus on battered women', Sage publictions, Inc, 82-95.

# Common Myths About Empowerment

# Myth 1 SERVICE USERS MAY NOT WANT TO BE EMPOWERED

Service providers wonder if empowering practices are imposed when they observe silent, passive and reliant behaviours from service users.

Before drawing such conclusions, we should investigate the reasons behind such behaviours. Empowerment is influenced by a person's ability to make meaningful choice and the context within which he or she makes these choices<sup>8</sup>.

The root issue could lie in either the lack of resources to allow choice-making or the inadequacies of choice-making infrastructure, therein discouraging participation and ownership.

In other words, without the capacity to envision change and a conducive envionment to express views, decide and set goals, a person's motivation to participate and take charge reduces.

This gives the misperception that one might not want to be empowered.



# Myth 2 EMPOWERMENT IS A PROCESS THAT PRIMARILY HAPPENS AT THE INDIVIDUAL LEVEL

While empowerment entails changes at an individual level where self-confidence, efficacy and responsibility are acquired, it also involves changes at social and collective levels for genuine empowerment<sup>9</sup>.

This means that structural changes are necessary so that individuals with their acquired power can effectively influence their outcomes and not be withheld by systemic limitations.

Besides laws and policies that affect the exercise of these, services play an important role in that it can be designed to give service users greater choice and control.

In considering their strengths and availing resources, service users are equipped to define their own situations and set their own agenda in care plans, instead of being limited within the parameters set by service providers and policymakers.

Change is also necessary at community levels, where collective action is facilitated by services and professionals to alter social stigma in vulnerabilities (e.g. mental illness, disability) that may undermine service users' opportunities and participation. Practitioners should encourage individuals to join activities led by local groups and communities.

<sup>&</sup>lt;sup>8</sup> Alsop, R., Bertelsen, M.F., Holland, J. (2006). Empowerment in practice: From analysis to implementation.

Masterson, S., & Owen, S. (2006). 'Mental health service user's social and individual empwerment: Using theories of power to elucidate far-reaching strategies', Journal of Mental Health, 15, 1, 19-34.



# Empowerment takes place at all levels

# State of Empowerment



# Where Are We At As A Sector

"Empowering individuals, their families and communities" was identified as one of the key thrusts to achieving the vision of "every person empowered to live with dignity in a caring and inclusive society".

In 2016, NCSS co-created the Social Service Sector Strategic Thrusts, a strategic roadmap, with social service partners in the ecosystem. 'Empowering individuals, their families and communities' was identified as one of the key thrusts to achieving the vision of 'every person empowered to live with dignity in a caring and inclusive society'.

From the Social Service Sector Survey<sup>10</sup> conducted by NCSS in 2018, more than half of SSAs are of the view that they are to some extent practicing empowerment:

- 71% of the sector strongly agreed/agreed that they provide options to service users.
- 58% of SSAs strongly agreed/agreed that they co-create services and programmes with service users.
- Almost half expressed a desire to improve in co-creating solutions and programmes with service users, particularly the multi-sector and eldercare agencies.

At a collective level, NCSS has promoted empowerment through Public Education and working with ecosystem partners to offer person-centered services. To share a few:

### Public Education campaigns:

- **Beyond the Label** movement was co-created with persons in recovery to rally the support of and encourage the community to be more accepting of persons with mental health conditions.
- See the True Me that positions persons with disabilities as individuals with abilities and passions and encourages social inclusion.

### Person-centered services:

- The Peer Support Specialist programme, implemented by mental health agencies with the support of Institute of Mental Health (IMH), trains Peer Support Specialists to use their lived experience to inspire, empower and support those in their recovery journey.
- The Empowering Seniors project, in collaboration with SSAs and Agency for Integrated Care (AIC), is a compilation of resources for those who wish to increase user participation in the delivery of senior services.

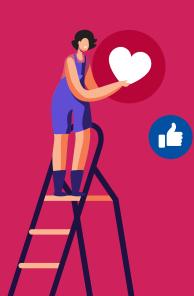
How can we grow more of such empowering and person-centred practices? As a service provider, you may ask – where do I begin?

<sup>&</sup>lt;sup>10</sup> Executive Directors, Presidents and Board members from 241 Social Service Agencies.



voice to their own solutions,

it's empowerment!"





"Having the Peer Support Specialist (PSS) in our organisation gives us the opportunity to be their partners and supporters in their recovery journey.

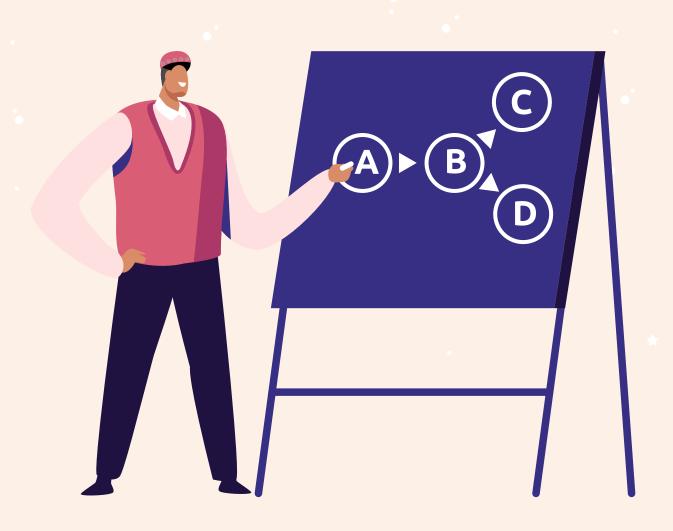
We see how PSS value add to our work as they could share their lived experiences and instill hope of recovery to our existing members. Their living examples of progressing from being a member to a staff, a receiver (Service User) to a giver (Service Provider) is strong evidence of hope in recovery.

PSS also acts as a bridge which connects the staff and members by helping staff to better understand members' perspectives and struggles. This has helped members' voices to be heard and facilitate their rehabilitation process".

Ms Rebecca Moh Senior Manager Anglican Care Centre Simei, Singapore

# The Process



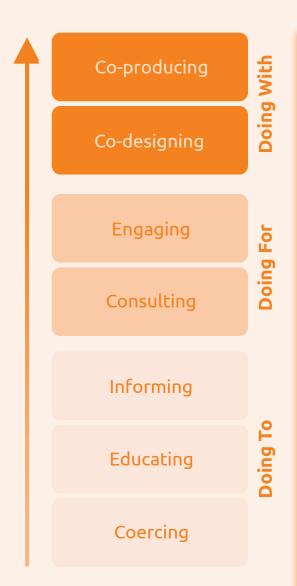


### A. Do A Self-Assessment

### WHERE AM I AS A PRACITIONER/ORGANISATION?

One way to ascertain how much you practise empowerment is to consider: **to what extent are service users in your agency participating in the design and delivery of services**. This will be useful as research has shown that participation predicts empowerment<sup>11</sup>.

Slay and Stephen (2013)'s adaptation of Arnstein (1969)'s **Ladder of Participation** helps to facilitate this thought process.



### Doing With (Advance):

- Service user and professional relationship has become **equal and reciprocal**.
- Service users' voice are not just heard but acted upon. Service users are enabled to run the services that they have contributed in designing, and their assets and capabilities are recognised, respected and valued.
- These roles can take the form of peer support, mentoring, running daily activities or decision-making in the running of an organisation.

### Doing For (Intermediate):

- Service delivery starts to involve service users, but participation remains shallow and within the parameters set by professionals.
- Although professionals design services with well intentions, service user involvement is limited to consultation and users still lack power to ensure their views shape decision-making.

### Doing To (Beginners):

- Service delivery is in the most coercive manner, a form of 'cure' so that service users keep to norms.
- Service users are passive and supposed to agree that the services they receive are beneficial.

<sup>&</sup>lt;sup>11</sup> Christens, B.D., Peterson, N.A., and Speer, P.W. (2011). 'Community participation and psychological empowerment: Testing reciprocal causality using a cross-lagged panel design and latent constructs,' Health Education & Behaviour, 38, 4, 339-347.

A precise way of assessing where you are (be it at individual level, project or organisation) practising empowerment is to consider to what extent your practice embodies the 6 principles<sup>12</sup> characterising co-production from the table below.

Co-production, intrinsic to empowerment, is defined as:

A relationship where professionals and citizens share power to plan and deliver support together, recognising that both partners have vital contributions to make in order to improve quality of life for people and communities.

Nesta, 2012



In short, it refers to stakeholders, characterised by equal partnerships, making something together.

### A REFLECTION TOOL FOR PRACTITIONERS:

A KEI EECHON TOOL TOK FRACITIONERS.				
	Not There Yet	Basic	Making Progress	Excellent
1. Assets: Seeing people as equal partners rather than passive recipients	People are seen as problems to be solved.	Contributions by people in achieving outcomes are recognised and valued.	People are asked what they like to do & what they are good at. Staff support people to use their skills within the service.	The experiences, skills and aspirations of the people (and their families and carers) are viewed as integral to the service.
Your Score	0	Rate 1 to 3	Rate 4 to 6	Rate 7 to 9
Your Project	0	Rate 1 to 3	Rate 4 to 6	Rate 7 to 9
Your Organisation	0	Rate 1 to 3	Rate 4 to 6	Rate 7 to 9
2. Capabilities:  Building on what people can do and supporting them to put this to work	Professional skills, qualifications, expertise have status. Specialist knowledge is delivered to client.	People's contribution is restricted due to regulations & institutional risk management. People are trained by staff to perform volunteer roles.	People's contribution is fostered through tailored approaches. Contributions are determined by what roles the service needs.	People's contribution is vital to success. Activities are shaped to fit skills & responsibilities of everyone involved. Personal development is expected.
Your Score	0	Rate 1 to 3	Rate 4 to 6	Rate 7 to 9
Your Project	0	Rate 1 to 3	Rate 4 to 6	Rate 7 to 9
Your Organisation	0	Rate 1 to 3	Rate 4 to 6	Rate 7 to 9

<sup>12</sup> Source: New Economics Foundation (2010)'s Co-production Self-assessment Framework <a href="https://www.seemescotland.org/media/7287/co-production-self-assessment-framework.pdf">https://www.seemescotland.org/media/7287/co-production-self-assessment-framework.pdf</a>

### A REFLECTION TOOL FOR PRACTITIONERS: (CONTINUED)

AKEFLECTION	OOL FOR PRACT	HONERS. (CONT	INOLD)	
	Not There Yet	Basic	Making Progress	Excellent
3. Mutuality: Reciprocal relationships with mutual responsibilities and expectations	Assumption that professionals are paid to provide service and therefore, should not expect to need/ask for help.	People' views are heard but staff are responsible for delivering services. Some informal give & take occurs as a result of staff values/ways of working.	People's ideas shape service design. Their skills are sometimes built into the services where appropriate. There are opportunities for recognition & reward.	People play an active part in initiating, running, evaluating, directing & delivering projects. They work alongside social service professionals and their views/ skills hold equal weight.
Your Score	0	Rate 1 to 3	Rate 4 to 6	Rate 7 to 9
Your Project	0	Rate 1 to 3	Rate 4 to 6	Rate 7 to 9
Your Organisation	0	Rate 1 to 3	Rate 4 to 6	Rate 7 to 9
4. Networks: The engagement of a range of networks to transfer knowledge - both inside and outside of the service (including peer support)	Friends, family and peer networks as marginal influence; strengthing of networks regarded as outside remit of service provider.	Staff appreciate the value of people informally supporting one another but infrastructure does not make this easy to achieve.	Informal mentoring/ buddying takes place; encouraged to invite friend/family to join activities. Development of new friendships encouraged, although networks mostly valued when they directly support service.	Supporting peer networks that enable knowledge transfer is part of core work. Staff & people engage in activities that connect to local networks beyond remit of service.
Your Score	0	Rate 1 to 3	Rate 4 to 6	Rate 7 to 9
Your Project	0	Rate 1 to 3	Rate 4 to 6	Rate 7 to 9
Your Organisation	0	Rate 1 to 3	Rate 4 to 6	Rate 7 to 9
5. Blurred roles: Removing tightly defined boundaries between professionals and recipients to enable shared responsibility and control	Professionals seen as 'authoritative voice'; 1-way transactions from expert to lay person.	People are encouraged to volunteer informally; training usually required to increase familiarity with service and professional knowledge.	'Expert by experience' roles exist; reciprocity between staff and people are encouraged and activities of service delivery are beginning to be shared.	People & staff own the project; share responsibilities to run it well. Expectations of mutuality are discussed; wide range of skills and experience valued.
Your Score	0	Rate 1 to 3	Rate 4 to 6	Rate 7 to 9
Your Project	0	Rate 1 to 3	Rate 4 to 6	Rate 7 to 9
Your Organisation	0	Rate 1 to 3	Rate 4 to 6	Rate 7 to 9

### A REFLECTION TOOL FOR PRACTITIONERS: (CONTINUED)

	Not There Yet	Basic	Making Progress	Excellent
6. Catalysts: Shifting from 'delivering' services to supporting things to happen and catalyzing other action	Community members expected to comply with ideas set out by professionals	Staff invite people to contribute time, ideas and seek to develop services to meet needs.	Opportunities created for people to play leadership/ delivery roles; services are co-designed & co-delievered but reach is restricted by objectives of the organisation.	The purpose of interactions is to support people to live a good life. Staff roles focus on connecting people to networks & resources, removing barriers where necessary and developing skills & confidence.
Your Score	0	Rate 1 to 3	Rate 4 to 6	Rate 7 to 9
Your Project	0	Rate 1 to 3	Rate 4 to 6	Rate 7 to 9
Your Organisation	0	Rate 1 to 3	Rate 4 to 6	Rate 7 to 9

### HOW SHOULD I USE THE FRAMEWORK TO DO BETTER<sup>13</sup>?

### Identify your score

- Consider which statement most closely relates to your approach/project/ organisation for all 6 principles.
- For each principle, provide at least
   1 practical example
   based on your activities.
   Avoid generic examples;
   if you have trouble
   identifying, reconsider
   your ranking.

### Reflect on your score

- Plot your scores in a diagram

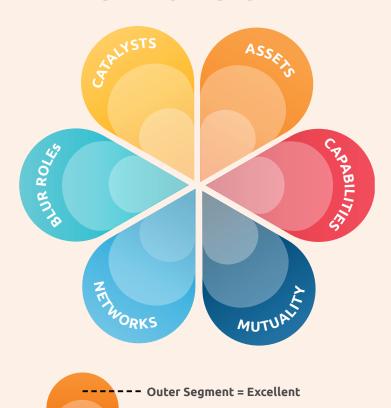
   this serves as a reminder of your current state. You may have 1 for your project, and another for your organisation.
   Display it where you can see this regularly.
- Review your performance every 6 months. Think about what you can do to improve, or share your success so other services within your organisation can learn from your good practice.
- Keep earlier versions as they are valuable in tracking progress or any unintended consequences of changes to infrastructure/personnel that might affect people's capacity to co-produce.

### Improve the framework

- Adapt the framework to suit your service setting by:
- Personalising the language through the description of your own practices so that all other professionals can work on what is recognisable to them.
- Asking those who are engaged in service to complete framework as a check for your own assessment and opportunities for open discussions on how to do things better.
- Applying this framework to your recruitment process as these principles are crucial to making co-production work.

<sup>13</sup> Ibid.

### **DRAWING THE DIAGRAM**



----- Middle Segment = Making Progress

Blank = Not There Yet

--- Inner Segment = Basic

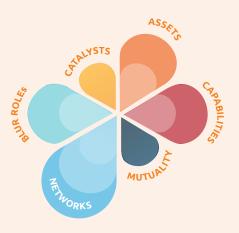


#### Tools

- The Empowering
  Seniors Resource Kit
  version 1.0 by the
  Empowering Seniors
  Workgroup, (2019)
  shares tools and
  checklists on how to
  take concrete steps
  to increase user
  participation. Click here.
- Co-production
   Network for Wales
   (2019)'s tool. Click here.
- Ed. Mersey Care NHS Foundation Trust.
   (2015)'s A toolkit for coproduction. Click here.

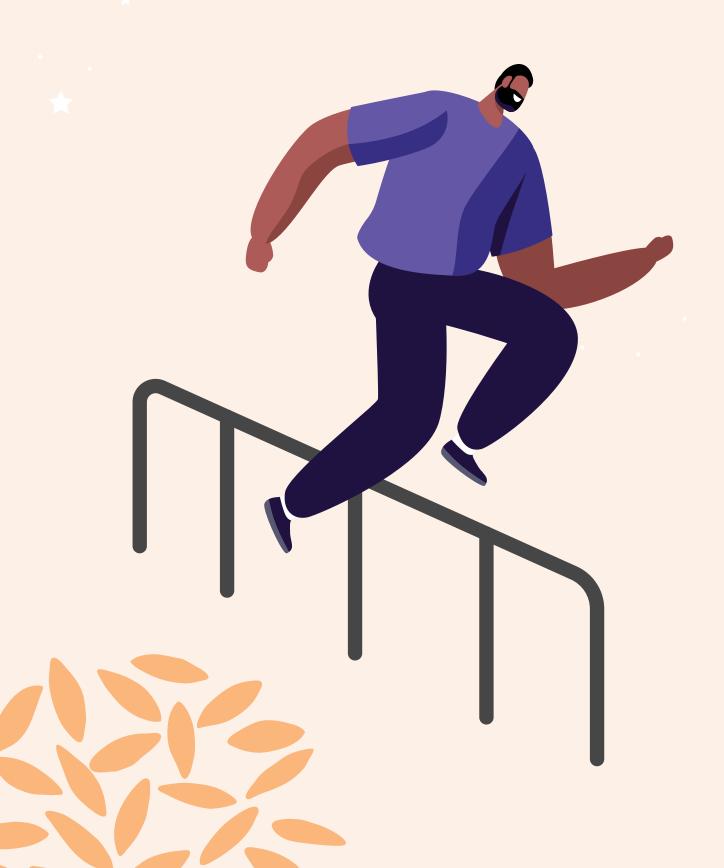
### **CASE STUDIES**<sup>14</sup>

- Shared Lives Plus match trained Shared Lives carers with adults who need support to live fulfilling lives. Participants are matched to ensure shared interests.
- ASSETS CRR ABILITY OF A STATE OF THE PARTY O
- Routes out of Prison is a peer support project for returning prisoners. Participants access life coaches who support them in linking to services in the community.



<sup>&</sup>lt;sup>14</sup> Nesta. (2012). People Powered Health Co-production Catalogue. London: new economics foundation..

# B. Identify Barriers To Empowerment & Actions To Overcome



To increase the practise of empowerment, it is crucial to identify the barriers specific to you and your organisation so that you can take actions to overcome them and make progress.

# The Individual... Or The Organisation?

Service users are at times cited as barriers to empowerment, with their inability to make choices, unwillingness to participate, or not knowing what they want<sup>15</sup>. This understandably takes a toll on practitioners, as it takes effort to foster meaningful participation.

Successful empowerment therefore requires the organisation as a whole to enable and make change at every level. It is the organisational culture and values that form the system of belief to influence the identity and behaviour of staff, which in turn affects the way services are delivered 16.

Empowerment also needs to be systematically embedded within structures and processes such that it is taken into account in workflows, resource allocation and decision-making processes. Such a setup translates to non-hierarchical ways of work that values critical reflection, dialogue, negotiation and discovery<sup>17</sup>.

With the appropriate culture and structure in place, practitioners will be better placed to overcome the challenges encountered at the service user level.



### Reminder

Successful co-production requires practitioners to facilitate the involvement of service users and an organisational structure that supports such process.

In healthcare context, Palumbo and Manna (2018) discuss the importance of **health literacy** and **organisational health literacy** in reaping positive effects of co-production.

This means that professionals actively engage patients to increase their knowledge, skills, and positive self-efficacy perception. Such practices require the right policy, structure and managerial culture to support such engagement.

<sup>15</sup> Interviews with Social Service Agencies on empowerment conducted in the period of July-Aug 2020.

<sup>16</sup> Empowerment – Making it happen. A handbook on user involvement in social service design and delivery. (2019). Retrieved from www.sempre-project.eu/handbook

<sup>17</sup> Ibid.



# Social Care Institute for Excellence's 'whole systems approach':



Source: Social Care Institute for Excellence. (2019).

Actualising empowerment is a complex process.

Below is a summary of common barriers<sup>18</sup> faced by practitioners and suggestions of small steps you can take. Every effort counts! Below is a summary of common barriers faced by practitioners.

Barrier	Description	In our stakeholders' words <sup>19</sup>	What you can do?
Inadequate Policies	Empowerment is not mandated in service models and there is a lack of strong policy drivers	it depends on the standards and direction set by the government.	<ul> <li>Be candid and share challenges faced on the ground with policymakers to shape policies</li> <li>Invite policymakers in the service design process</li> </ul>
A General Lack Of Understanding On What Empowerment Means	A need for more relatable and operationalisable definitions so that people can better appreciate and actualise empowerment at all levels	Empowerment is abstract; a big word  Not everybody wants empowerment.  Caregivers also need to understand empowerment.	<ul> <li>Use templates and guidelines and provide feedback so that these resources can be improved (including this one!)</li> <li>Share resources with peers</li> <li>Proactively seek help from champion organisations</li> </ul>
Organisational Culture and Staff	Empowerment is not embedded in the organisational culture, resulting in lack of or uneven application	Empowerment starts from within  Staff has to believe in it.  Training can only do so much.	<ul> <li>Ensure senior leadership buy-in for empowerment to be structured in a way that becomes 'everybody's business'</li> <li>Involve service users and caregivers in decision-making</li> <li>Include co-production in job descriptions</li> </ul>
Resources	Insufficient funding and resources reduces agencies' capacity and/or lead to trade-offs	It's demanding in terms of manpower.  Current funding models do not take into consideration the "extra work" that might be needed.	<ul> <li>Share resources across organisations</li> <li>Demonstrate how co-production results in better services and cost efficiency when done properly</li> </ul>
Accessibility	Service users experience barriers to participation e.g. language, lack of information in accessible formats and difficulty getting to meetings for persons with disabilities	Service users don't know what they want.  Service users lack the mental capacity to decide	<ul> <li>Co-produce format of meetings for accessibility</li> <li>Leverage on digital means</li> <li>Train staff to produce "Easy Read" documents</li> <li>Allow time for discussions</li> <li>Make logistical arrangements to improve accessibility</li> </ul>

<sup>18</sup> Social care institute for excellence. (2019). Breaking down the barriers to co-production. Retrieved from www.scie.org.uk/co-production/supporting/ breaking-down-barriers

19 Interviews with Social Service Agencies on empowerment conducted in the period of July-Aug 2020.



# C.Design Your Solution & Implement

Once you have identified the barriers, you are ready to design and implement solutions that can propel you forward on your journey.

This guide will not be able to prescribe the ideal solution to your problem because actualising empowerment varies across contexts.

Every individual practitioner and organisation has to undergo your own reflection, problem identification and solutioning.

That said, the guide is able to suggest some tools that embrace empowering principles when used in the solutioning process. These tools allow service users to actively participate and in doing so helps to build their confidence, knowledge and competency.

In order to inspire and guide you on your journey to empowerment, the end of the chapter will also share initiatives by local SSAs.



#### Reminder

Empowerment is contextual; it looks different across situations, cultures and identities<sup>a</sup>.

<sup>a</sup> East, J.F., & Roll, S.J. (2015)

### STAGE OF SOLUTIONING & USE OF EMPOWERMENT TOOLS<sup>20</sup>

Stage	Description	Tools
Needs Assessment on service users (early stage)	Service users identify their needs and challenges	<ul> <li>Problem and Solution Tree</li> <li>Future Workshop</li> <li>Backpack method</li> <li>Focus Group Interviews</li> <li>Kitchen Talks</li> </ul>
Service Design (after needs assessment)	Stimulation of new ideas for social services or adaptation of existing services	<ul><li>Theory of Change</li><li>Business Model Canvas</li><li>Double Diamond</li></ul>

<sup>&</sup>lt;sup>20</sup> Source: Empowerment – Making it happen. A handbook on user involvement in social service design and delivery. (2019). Retrieved from here. The guide will only elaborate on problem tree and theory of change. Please refer to the handbook for details on others.

### TOOL 1: PROBLEM & SOLUTION TREE

#### When to use:

First phase when understanding problems and their causes

#### How to use:

Facilitator puts participants into smaller groups to discuss the problem, causes and consequences. Results are written down on post-it notes and stuck onto a wall to create a problem tree. Once these are identified, focus shifts to 'solutions' that help to achieve desired change.

### What does it do:

Visualise how causes and problems are connected

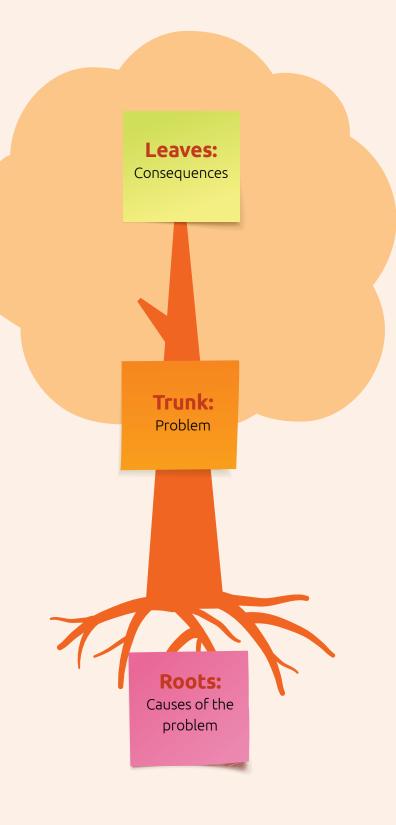
### How does this promote empowerment:

- Promotes sharing of responsibilites
- Focuses on solutions not deficits
- Helps to network and form alliances for effective solutioning



#### Tip

network used watering
cans for participants to write
solutions on. This promotes
ownership & shared responsibility
over the idea proposed - that they
would water a tiny plant
and watch it grow.





### TOOL 2: THEORY OF CHANGE<sup>21</sup>

### When to use:

After problems are identified and when activities that contribute to desired impact need to be identified.

### How to use:

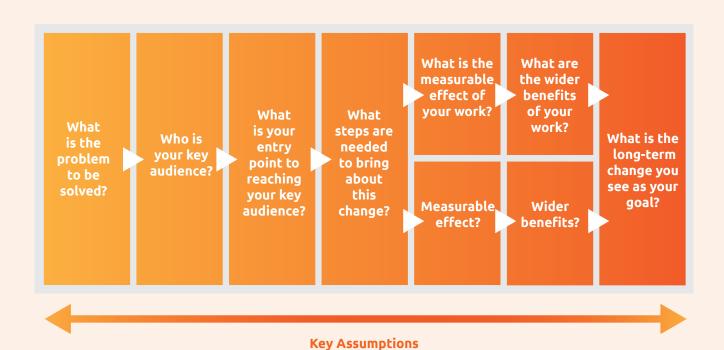
Facilitators get participants to map out goals, logical steps torwards change, measurable effects and key assumptions.

### What does it do:

Outlines the steps to take to achieve your goal. Helps to make connections between your work and the objective, spot potential risks, align team members to a larger end goal and helping them understand their role.

### How does this promote empowerment:

- Helps participants, including service users, come to a conclusion on the key common problems
- Promotes ownership in the activities to be done



<sup>&</sup>lt;sup>21</sup> Nesta. (2013). Development impact and you. Practical tools to trigger and support social innovation. Retrieved from diytoolkit.org

### Peers in the Sector

# Embracing Empowerment As An Organisation

# Singapore Anglican Community Services (SACS)

To SACS, empowerment is a 'recovery-oriented' culture and practice supporting people with mental health conditions. It is characterised by five domains:

- Person-centricity
- · Strengths-based
- Holistic approach
- Eco-centricity Enhance resources in the environment to better enable empowerment of service users in the community by working with the different systems that surround the service users
- Culture relevancy

### How does SACS build an organisational culture that embraces empowerment?

SACS believes in being intentional when promoting empowerment. Examples of these efforts:

- Empowerment as purpose: Empowerment is reflected in SACS' mission statement and linked to the purpose of the organisation. It is a belief that is continuously practised, and not taken as transactional and time-bound.
- Staff mindset: Organisational leaders believe that the majority of staff (i.e. 80% - 90%), regardless of functions, should embrace the recovery model.
- Alignment with hiring practices: When hiring new staff, interviewees will be asked the purpose of wanting to join the agency to ensure motivations are aligned and they truly believe in empowering vulnerable individuals.

### How does SACS co-produce with service users?

 Peer Support Specialists: Hired Peer Support Specialists (PSS) to provide individual and group work to support its members. The PSSes are also involved in co-designing and co-delivering the workshops and materials such as wellness plans



### Idea: Encouraging empowerment at the Executive Leadership level

The Executive Director had written a guide on 'Recovery Oriented Practices', to inform the senior management of the concept, which focuses on:

- Co-creation Working with service users to make the physical environment more inspiring.
- Change of language Using recovery language (e.g. descriptive words to inform experience rather than labels) to change the way of interaction and communication internally and externally.
- ... "a visitor would be able to 'sense empowerment practices' when visiting the agency."

for members, peer befrienders' handbook and facilitate recovery and WRAP (wellness recovery action plan) support group.

- Recovery-focused committee: Formed a recovery-focused committee, where PSS together with other professionals are appointed as recovery champions to drive recovery knowledge and practices within SACS.
- Co-run activities: Involved their members to co-run the Clubhouse activities, orientation programmes and events (e.g. employability night), and revamped environment of their residential facility to be more person-centred and recovery focused.

# **Empowerment Through Voice**

### Alzheimer's Disease Association (ADA)

Based on research studies, ADA recognised that the involvement of persons with dementia as co-designers and spokespersons is critical in reducing stigma and improving community attitudes towards dementia.

Prominent examples in the UK, Australia and Japan also led ADA to believe that persons with dementia stepping up as advocates can improve quality of life for them and their peers.

The **Voices for Hope** programme was thus conceptualised and piloted by ADA in 2019, empowering persons with dementia and their caregivers by:

 Encouraging service users to step up and speak up as self-advocates to reduce the stigma of dementia  Building networks of persons with dementia and caregivers who are confident in public speaking to be a spokesperson

Persons with dementia and the caregivers attend sessions that are planned, implemented and evaluated by persons with dementia, various professionals and staff.

To date, participants have stepped up to talk about dementia and played meaningful roles by co-hosting programmes under 'Memories Cafe' (activities and conversations that facilitate interaction in a café setting), co-facilitating of Voices for Hope programme and supporting other peers with dementia.





### **Programme Structure**

The programme structure includes the following elements:

- 1. Breaking the Silence (Creating Familiarity)
- 2. Advocacy & Change (Cultivating Self-Advocacy Skills)
- 3. Dementia and Me (Building Confidence)
- 4. Stigmas and Impacts (Building Confidence)
- 5. Living well despite Dementia (Step-Up and Advocacy Network)

In addition, there are two elements in Advocacy Network (i.e. Post Voices for Hope):

- Mentorship from senior advocates made up by persons living with dementia and caregivers
- Peer support for caregivers

## The "Forget Us Not" campaign promotes inclusion and empowerment of persons with dementia.

A partnership between ADA, Lien Foundation and Khoo Teck Puat Hospital, the "Forget Us Not" campaign aims to raise awareness of the unique needs of persons living with dementia and build communities where they are empowered to live independently and be treated with dignity.

More recently, the campaign supported an overseas trip to Taipei, a first of its kind in Asia. The goal was to prove that persons with dementia can achieve anything they set their minds to. The trip brought greater insight to the condition and deepened familial bonds, which outweighed the challenges of travelling with persons with dementia. To witness the invaluable expressions of joy, watch the video <a href="here">here</a>.



# **Empowerment Through Community**

## **Rainbow Centre**

Persons with Disabilities (PwDs) have limited social networks.

Studies and practice revealed that PwDs tend to live with small social networks that consist mainly of family and professional staff from social service agencies. The informal relationships that people form organically are less prevalent in their lives due to physical isolation, communication limitations and attitudinal barriers from the society.

Recognising social participation as key to the quality of life of PwDs, Rainbow Centre piloted **Connected Communities** in 2019 to harness the assets that can be found within the community.

Informed by person-centred models that demonstrate how creating networks of community support for PwDs can overcome isolation, Rainbow Centre set out to do the same. They match community resources to PwDs, who are not currently enrolled in any form of service support such as activity centres or sheltered workshops.

By doing so, adults with moderate to severe disabilities are able to live independently, be socially connected, and supported within their own communities.

#### How is that done?

- Assessing PwDs' needs using a person-centred and holistic approach
- Using Asset Based Community Development approach to source for resources and community partners within the neighbourhood
- Working through Life coaches, Community connectors and Caregivers
- Life coaches: main facilitator who will assess the strengths of PwDs, engage their family, source for community connectors and train them to be advocates for service users



#### Tools

Rainbow Centre uses The Good Life<sup>b</sup> – a person-centred framework which covers 6 domains:

- i. Being safe
- ii. Being healthy
- iii. Being connected
- iv. Being independent
- v. Being engaged
- vi. Being included and heard
- b based on Charting the Life Course Guide developed by Missouri's University Centre for Excellence in Developmental Disabilities Education, Research and Services.
- ii. **Community connectors:** citizen advocates trained by Rainbow Centre who will ensure PwDs and their families are included and connected with resources in the community
  - They can be informal (e.g. neighbours, interest groups, home-based businesses, resident committees) or formal (e.g. other social service agencies, healthcare services, places of worship)
- iii. Caregivers: first advocates of PwDs' needs who will convey key information to community connectors to equip them with know-how to support. They will also receive guidance from life coaches in sustaining connections and identifying other suitable community connectors
- For sustainability, the programme would follow up with PwDs through 4 sessions over next 6 months to ensure that progress has been made and the connection is sustained.



If PwD enjoys craftwork, this is what it might look like:

TIME OF DAY	АМ	РМ	
Community	SSAs	Interest	Residents'
Connectors		Groups	Committee
Activity	Volunteers and exercises at Senior Activity Centre	Joins a beading interest group nearby to practise her craftwork that may allow potential home business in future	Helps out at the community garden overseen by the committee
Good Life	Being	Being engaged and connected	Being engaged,
Domain	healthy		included and heard

# **D. Review Your Solution**



After identifying and implementing your solution over a period of time, it is important to review what has been done and check if your goals have been achieved.

Some may cringe at the word 'evaluation', because we feel ill-equipped, judged, or are afraid to confront developments that might have deviated from the original plan. Yet if we remind ourselves of the purpose that is to impact the lives of service users more meaningfully, we will begin to see it as a useful process of reflection, improvement and learning.

It is useful to keep evaluation in mind as part of the work cycle towards greater empowerment:

There are many limitations when it comes to measuring empowerment. This is because research on the validity of scales measuring empowerment and methods of data collecting is scarce-<sup>22</sup>. Measurements that focus beyond empowerment at an individual level that are adapted to different cultures and target audience are rarer still<sup>23</sup>.

Yet, there are some indicators that we can start with to capture change relating to empowerment.



promotion', Health Promotion International, 31, 809-826.

This chapter does not aim to overcome all of the research limitations by sharing a list of 'gold standard' measures but acknowledges that more has to be done in the area. Its purpose is to share some possible measures to facilitate learning and improvement, to help practitioners overcome the first hurdle of not knowing where to start.

#### **COMMON INDICATORS**

According to research on empowerment, indicators of empowerment can include<sup>24</sup>:

- Skill development
- Self-worth
- Competence
- Self-efficacy
- Willingness to participate in collective actions
- Community connectedness
- Control over decisions and resources

The next question that will come to our minds is: How do we know which indicators should be adopted for our programme?

## MEASURING EMPOWERMENT FRAMEWORK

Indeed, the selection of measures and decision on what data to collect depends on the objectives of our intervention.

The Measuring Empowerment Framework by the Empowerment Team of the World Bank aids this process by breaking down the concept of empowerment, to explain the relationship between the outcomes of and factors affecting empowerment.

According to this literature, an empowered person has the capacity to make **effective** choices – choices that produce desired actions and outcomes.

This capacity is affected by:

- i. Agency One's ability to envisage options and exercise choice, and
- ii. **Opportunity structure** Formal and informal contexts one operates in

These two factors work together to bring about different degrees of empowerment illustrated in the diagram below:



<sup>&</sup>lt;sup>24</sup> Zimmerman and Rappaprt, 1988; Wallerstein, 1992; Israel et al., 1994; McMillan et al., 1995; Rissel et al., 1996b; Wallersteinm 1999 cited in Brandstetter, S., Mcool, M., Wise, M. & Loss, J. (2012). 'Australian health promotion practitioners' perceptions on evaluation of empowerment and participation', Health Promotion International, 29., 70-80.

To bring this to life, the authors used the example of a woman from a developing country who wishes to send her daughters to school.

Despite this intent, her actions are constrained by the husband's objection as he saw this as poor use of income. School staff were also not supportive as they subscribed to cultural norms that binded women to traditional roles in the household.

While the woman's capacity to make a choice is not limited by official laws (formal) barring girls from

schools, she is constrained by societal norms and expectations, the informal aspect of the opportunity structure.

The degree of empowerment she experiences is ascertained by:

- i. whether there is an opportunity to choose (are there schools to attend),
- ii. whether choice is actually made (does the woman decide for her daughter to attend), and
- iii. whether the choice made brings desired outcome (does the daughter attend school).

## HOW CAN AGENCY, OPPORTUNITY STRUCTURE AND DEGREE OF EMPOWERMENT BE MEASURED<sup>25</sup>?

Elements	Indicators
Agency	Asset endowments in areas of:  • Psychological (e.g. capacity to envision)  • Social (e.g. social capital)  • Informational  • Organisational  • Financial
Opportunity Structure	Presence and operation of formal and informal institutions that affect one's ability to use their assets, including:  • Behavioural norms  • Customs  • Laws  • Regulations  • Rules
Degrees of Empowerment	<ol> <li>Existence of choice: whether opportunity to make choice exists         e.g. if a woman from a developing country wants to send her daughter to school, are there schools for her to attend?</li> <li>Use of choice: whether a person actually uses the opportunity to choose         e.g. if yes, does the woman make the decision?</li> <li>Achievement of choice: whether the choice resulted in desired result         e.g. if yes, does the daughter actually go to school?</li> </ol>

<sup>25</sup> Insights are drawn from a five-country study illustrated in Alsop, R. & Heinsohnn, N. (2005)'s report, which allows for monitoring of a specific project with empowerment as an outcome, monitor national and international goal of empowerment.



Crucial to the measurement of empowerment is also a consideration of domains and levels<sup>26</sup>.

Elements	Indicators
Domains	<ul> <li>State, in which citizens experience different degrees of empowerment in political participation and accessing justice as well as social services</li> <li>Market, in which economic factors experience different degrees of empowerment in credit, labour and goods</li> <li>Society, in which social factors experience different degrees of empowerment in the family and community</li> </ul>
Opportunity Structure	<ul> <li>Domains are experienced at different levels</li> <li>Macro, the administrative space furthest to the individual (i.e. national)</li> <li>Intermediary<sup>27</sup>, space familiar to individual but not intertwined with everyday life (i.e. between residential and national)</li> <li>Local<sup>28</sup>, the immediate vicinity of an individual's everyday life (i.e. residence)</li> <li>*Note: The degree of empowerment at one level is not necessarily the same at other levels.</li> </ul>

In totality, the empowerment framework looks like:

Domain/	Contributory Factor	Level		
Subdomain		Масго	Intermediary	Local
State – Justice, Politics, Service Delivery	i. Agency ii. Opportunity Structure	Degree of Empowerment i. Presence of choice ii. Use of choice iii. Effectiveness of choice		
Market – Credit, Labour, Goods				
Society – Family, Community				

<sup>26</sup> Ibid.
27 Similar to what is often understood as 'meso',
28 Similar to what is often understood as 'micro'.

Before we get startled by the demands of this framework which may appear overwhelming, let us go back to the objectives of our programme/intervention each time we come to the point of deciding what to measure.

While it is important to be aware of and appreciate empowerment at a comprehensive level, we need not collect data for all domains and levels for every evaluative effort.

An intervention, for instance, can be designed to bring impact at a community and family level rather than national.

Let's try this with a case study.

### **APPLICATION EXAMPLE**

**Project Empower**<sup>29</sup> is a community-driven initiative that aims to increase empowerment and participation of women from low income households in social and economic spheres.

It strives to achieve this through the formation of self-help community groups which will enhance women's independence and capacity to act collectively, and provision of training that will allow skill development for employment.

More specifically, the initiative entails a fund that provides resources for the women's group activities such as baking, handicraft production, day care arrangements, education, training in gender awareness, basic skills for employment and self-confidence.



<sup>29</sup> This case study is an adaptation of one cited in Alsop, R. & Heinsohnn, N. (2005)'s report in an attempt to make it more relatable and relevant to our context.

In using the framework to evaluate the outcomes of **Project Empower**:

Domain/	Asset and Opportunity	Level		
Subdomain	Structure Indicators	Intermediary	Local	
Market/ Labour	<ul> <li>Asset: <ul> <li>Job literacy</li> <li>Possession of job-specific skills</li> <li>% of women who attend meetings, speak up to have their views heard and are considered in decision-making</li> </ul> </li> <li>Opportunity structure: <ul> <li>Extent to which childcare and household duties are alleviated</li> <li>Cultural norms</li> </ul> </li> </ul>	Extent to which women choose their type of employment and are employed		
Society/ Family	<ul> <li>Asset: <ul> <li>% who received training on enhancing psycho-social well-being</li> <li>Income level</li> <li>Employment status</li> <li>Levels of self-confidence</li> <li>% who have joined community group and sustained for a period of time</li> </ul> </li> <li>Opportunity structure: <ul> <li>Availability of suitable jobs</li> </ul> </li> </ul>		Extent to which women exercise decision-making over household matters	
Society/ Community	<ul> <li>Asset: <ul> <li>Levels of confidence in speaking up</li> <li>Possession of problem-solving skills</li> <li>Levels of self-efficacy</li> <li>% who joined community group and frequency of participation</li> </ul> </li> <li>Opportunity structure:  Extent to which women are allowed to join community meetings</li> </ul>	% of women who attend meetings, speak up to have their views heard and are considered in decision-making		

In summary, how far the measurement goes depends on the nature of our intervention.

In knowing agency and opportunity structure as key factors to influencing degrees of empowerment experienced by service users, we could see them as intermediate outcomes of investments in empowerment.

Practitioners can decide if the focus of their intervention is on building assets, maximising opportunity structure and/or working towards a certain degree of empowerment.

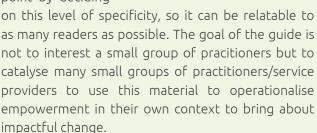
## **Note To Readers**

This is a note to readers rather than a conclusion because this guide is far from conclusive. There are several reasons.

First, it is never meant as a be-all-and-end-all document because it recognises that empowerment is a complex and subjective concept, and prescription is neither feasible nor useful. What it offers is a range of tools, examples of existing practices and guiding structures to help you start your own journey. As stressed above, empowerment varies from context to context and your own contextualisation is much needed.

Second, growing empowerment systematically in our local context is a relatively new phenomenon. While empowerment is rooted in social work practice, intentional and documented efforts are observed to be limited. Programmes with empowerment as end outcomes are few and far between. The SSA case studies shared are relatively new programmes, reiterating that actualising empowerment in our sector is still a developing process.

Next, the guide capitalises on NCSS' vantage point by deciding



Lastly, it simply recognises that diversity and collective action is strength. It needs your application, stories, expertise and perspectives to enhance its content and deepen its value. It needs your feedback and participation to bring it to life.

Operationalising empowerment is a challenging process and there are still many unknowns. Yet, it is certainly a worthy and achievable cause if we put our minds, hearts and hands together.

We hope you will embark on this journey with us to create version 2.0 of the Empowerment Guide!



## Acknowledgements

We would like to thank our sector partners who have taken time to read through the guide and give their thoughtful feedback for version 1.0:

- Alzheimer's Disease Association
- Rainbow Centre
- Singapore Anglican Community Services
- TOUCH Community Services
- Tsao Foundation

#### Writers:

- Dilys Tan (Senior Assistant Director, Service Planning & Funding Group, NCSS)
- Tina Hung (Senior Consultant, NCSS)

## References

Alsop, R., Bertelsen, M.F., Holland, J. (2006). Empowerment in practice: From analysis to implementation. Retrieved from openknowledge. worldbank.org/handle/10986/6980

Alsop, R. & Heinsohnn, N. (2005). Measuring Empowerment in Practice: Structuring analysis and framing indicators. World Bank Policy Research Working Paper 3510. Retrieved from openknowledge. worldbank.org/handle/10986/8856

Alpay, L.L., Henkemans, O.B, Otten, W., Ing, A.J.M.R. & Dumay, A.C.M. (2009). 'E-health applications and services for patient empowerment: Directions for best practices in The Netherlands', Telemedicine and e-Health, 16, 7, 787-791.

Brandstetter, S., Mcool, M., Wise, M. & Loss, J. (2012). 'Australian health promotion practitioners' perceptions on evaluation of empowerment and participation', Health Promotion International, 29, 70-80.

Busch, N.B., & Valentine, D. (2000). 'Empowerment Practice: A focus on battered women', Sage publictions, Inc, 82-95.

Christens, B.D., Peterson, N.A., and Speer, P.W. (2011). 'Community participation and psychological empowerment: Testing reciprocal causality using a cross-lagged panel design and latent constructs,' Health Education & Behaviour, 38, 4, 339-347.

Co-production Network for Wales. (2019). Co-production & involvement audit. Retrieved from info.copronet.wales/wp-content/uploads/2019/06/Audit-Tool-Issue-1-JUN19-ENG-For-Online.pdf

Cyril, S., Smith, B.J. & Renzaho, A.M.N. (2015). 'Systematic review of empowerment measures in health promotion', Health Promotion International, 31, 809-826.

East, J.F., & Roll, S.J. (2015). 'Women, poverty, and trauma: An empowerment practice approach', National Association of social workers, 60, 4, 279-286.

Empowering evaluation: evaluating empowerment, a practice sharing report from CDX. Retrieved from oneeastmidlands.org.uk/sites/default/files/library/empowering\_evaluation.pdf

Empowerment – Making it happen. A handbook on user involvement in social service design and delivery. (2019). Retrieved from sempre-project.eu/handbook

Ed. Mersey Care NHS Foundation Trust. (2015). A toolkit for coproduction. Retrieved from equilcoproduction.eu/project/wp-content/uploads/2017/11/IO4-En-Toolkit.pdf

Masterson, S., & Owen, S. (2006). 'Mental health service user's social and individual empwerment: Using theories of power to elucidate far-reaching strategies', Journal of Mental Health, 15, 1, 19-34.

Nesta. (2012). People Powered Health Co-production Catalogue. London: new economics foundation. Retrieved from nesta.org.uk/report/co-production-catalogue/

Nesta. (2013). Development impact and you. Practical tools to trigger and support social innovation. Retrieved from diytoolkit.org

Palumbo, R., & Manna, R. (2018). 'What if things go wrong in co-producing health services? Exploring the implementation problems of health care co-production', Policy and Society, 37, 3, 368-385.

Social care institute for excellence. (2019). Breaking down the barriers to co-production. Retrieved from scie.org.uk/co-production/supporting/breaking-downbarriers#barriers-to-co-production-and-solutions

Slay, J. & Stephens, L. (2013). Co-production in mental health: A literature review. London: new economics foundation.

Copyright © 2021 by National Council of Social Service All Rights Reserved.

No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage system and retrieval system, without the written permission of the copyright owners.

National Council of Social Service

170 Ghim Moh Road, #01-02 Singapore 279621 Tel: 6210 2500 Fax: 6468 1012 ncss\_qsm@ncss.gov.sg