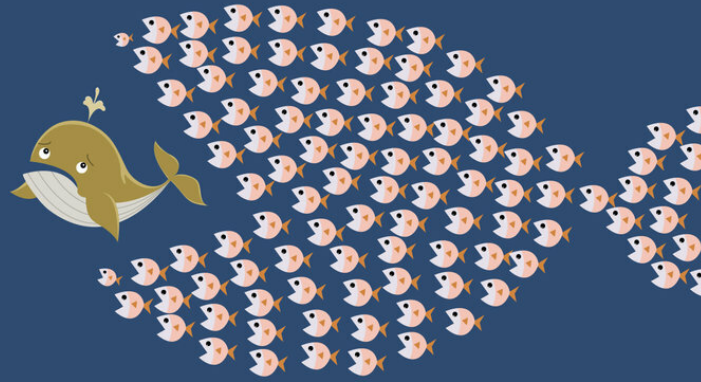


Isomorphism



Isomorphism describes what happens when the culture of a dominant service starts to take over the culture of another.

Advocacy services are particularly at risk of this as your (often) smaller, independent culture can become subsumed into the larger dominant culture of the hospital, Local Authority, care home etc you work within.

Isomorphism is a problem.

It's a problem because it threatens your independence. One of the main reasons advocacy exists is to ensure people have an independent supporter, someone who can have their back and is distinctly separate (and seen to be distinctly separate) from the mainstream services the person is using (or being forced to use).

If your independent advocacy service, starts to behave, look or feel in any way like it is part of the mainstream service (hospital, NHS, care home, local authority), then you have a problem. It is less likely people will trust you, and it quickly becomes very difficult for advocates to see problem areas, let alone challenge them.

Isomorphism starts in subtle and small places, in the culture of the service, in the unspoken rules of what is expected by advocates from their colleagues and managers and from staff who are part of the system the advocacy is working within.

Isomorphism

You can see isomorphism happening in the following examples:

- **Advocates becoming more aligned with the staff team rather than people who draw on advocacy.**

This can develop as a result of advocates not having a clearly defined professional space: they are not part of the user movement or client group, they are not family and they are not part of the professional team. So where do they sit?

Sometimes advocates simply find it easier to wear the 'professional' hat and so become more aligned with professional or 'staff'.

- **External cues can create or reinforce isomorphism.**

Wearing or using anything that is branded by the service - ID lanyards, name badges, pens (even with the same colour as the provider), being a key holder, using NHS email address and being able to access part of the environment that is restricted to your partners - will communicate you are part of the system.

- **Advocates adopting the medical model.**

Language including words like 'patients', 'case loads', 'issue based advocacy' 'beneficiaries' perpetuates the idea of people in need of fixing, rather than seeing people as active citizens who need support to take control.

- **Desire for partnership working**

Most services value partnership working - and with good reason. It's important to be seen as helpful and if you want to influence services, you have to have a relationship! But get too close and its easy to become part of the service you are meant to be independent from.

Isomorphism

- **Advocates becoming desensitised to the 'user' experience.**

This can happen when advocates spend too long in the setting and start to see threats to human rights as justifiable or normal. If you see 100 people being restrained in a week, not many people are then shocked when they see 101. We must create conditions to guard against this type of desensitisation.

- **Lack of credible options and real choice**

Advocates can also buy into narratives whereby people have to accept what is on offer (for instance because there is 'no money') or stay in restrictive settings (for instance because there are no alternatives). This acceptance of the status quo can lead to advocacy services colluding with services.

- **Contract culture**

Where advocacy services are trying to maintain, grow and secure more contracts, they can be prepared (or pressured) to sacrifice some of their core features. Through the alignment of processes (for example using a referral process that is based on the needs and convenience of professionals), the advocacy organisation can prioritise meeting the needs of the funder, at the cost of meeting the needs of its users.

Isomorphism

So what can we do to address and guard against isomorphism?

“Nothing can be changed unless it is faced”

Firstly, advocates need to question not only the culture of the institution they are working in, but also the culture of the advocacy service.

Strong, independent advocacy services are characterised by their ability to stand up and raise concerns where needed. This in turn, relies on strong advocates. **Nurture advocates who question what you do and why the organisation is doing what it is doing.**

Secondly, people need people who can question and check out the validity and truth about information. Advocates must do this starting from the perspective of the person they are supporting and believe what is being said. **As the leader encourage this perspective, demand it from your team. Look for moments when advocates might be dismissive of people’s needs or views. Reward curiosity.**

Thirdly, talk about isomorphism with your team. Its real. Its here. **Teach your teams about the phenomenon, support them to be self aware.**

And fourthly, remember that fresh perspectives can be illuminating. Ask advocates to spend a few hours in a different settings and feedback their observations. They will see things that others have become accustomed to. **Keep things fresh by switching people in and out of teams – and listen to the feedback.**