

Getting Things Changed

Social practices booklet



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Using 'social practice theory' to think about disability and getting things changed

Dedicated to Sue Porter who could always make complicated theories easy to understand

Getting Things Changed was a research study which took place from 2015-18. It was a large study, co-produced with disabled people and with Disability Rights UK working with the University of Bristol. We set out to tackle disabling social practices, across a wide range of areas. By "disabling social practices" we mean that disabled people often face disadvantages in the ways that things are done. We wanted to do research which would help us to understand how to do things in ways that are more inclusive. We found that social practice theories challenged us to think about things in a new way. Theories are never the final answer to everything, but we want to explain those ideas here so that more people can think about practices and see how things can be changed.

The examples in yellow boxes are all all anonymous, but based on data from our research project.

Why should you be interested in social practice theory?

Disabled people often get shut out of lots of things in life. The '**social model of disability**' says that disability is caused by the way things work in society. For example, not having wheelchair access to a building is what really excludes a wheelchair user, not their impairment. The social model tells us this is about how society is shaped, without taking disabled people into account.

Social practice theory is one way of understanding better how these barriers happen. Social practice theory can help us see how everyday life is organised and how it changes and can give us new insights into how different groups get included and excluded from different activities. Before we get on to that, you are probably wondering what a social practice is.

What is a social practice?

A social practice is anything we 'do'. For instance:

- Cooking
- Gardening
- Going to a health check
- Playing an instrument
- Making a cup of tea

Some practices might ordinarily 'get done' in a way that makes it difficult for some disabled people to take part. Some of the practices above might pose problems for some people, if we simply take at face value the 'way things are normally done'.

How do social practices affect each other?

Each social practice is also connected to other social practices. For instance, how we cook is also affected by how we do our shopping and what we buy, and shopping is affected by other social practices like 'growing food' (how and where we grow food) and 'importing food' (which countries grow our food, and how we transport it to be on our shelves). Practices done by professionals in services also have a direct effect on the social practices possible for disabled people.

The next part is going to explore one version of 'social practice theory', and owes a lot to Elizabeth Shove and her colleagues (2012). However, the authors of this booklet take responsibility for all the points made here.

What is a social practice made up of?

Social practice theory helps to see how practices are formed. It's a way of looking at how social practices are done in general. Each person who does cooking or shopping, for instance, does it differently. But overall, the practice takes shape because of the way the following things come together:

Meanings – What society thinks about the practice we are doing, and how it relates to other things. Is it seen as fun, boring, cool, silly, dangerous?

Competences – the skills and knowledge that are needed to do the practice

Materials – the resources, like money, time, gadgets, and infrastructures you need to do the practice

An example of a social practice: 'going to university'

Meanings: An activity often associated with educated or privileged young people. Highly valued as a route to a good career. Associated with individual responsibility and merit, to be proved by each student.

Competences: The qualifications and skills needed to gain a place in university will have been gained over many years. But you also need to be able to move to a new place, to make efforts to find out what resources there are, and to choose the subject to study. Social skills, friendships and resilience.

Materials: Money to pay your fees, living costs and accommodation. Transport to university and within the university, lecture theatres, study rooms and computers.

Where and when do social practices happen?

Social practices happen everywhere and all the time! They are all over the place, all through our day. They ARE the day! How does a day begin? Usually you get dressed. To get dressed for the day you need to have clothes to choose from (resources), the ability to get dressed and to know what is appropriate for what you are doing that day (competence), and the wider understanding of getting dressed in the morning as a normal and socially acceptable activity (meaning).

But.... If someone has limited movement in their legs and arms, they may need support to help them get up and dressed which would involve a variety of other social practices. The supporter or carer needs to understand the meaning of their role (which may be the same or different to the other person's understanding) as well as the meanings related to them getting dressed.

In order for a practice to happen, all three elements need to be considered. For example, how can we support people with learning disabilities in getting jobs? Even if the **meanings** are positive (there is a positive value to having a job, and we know people with learning disabilities can do many jobs) and people have the skills to learn to do the job (**competences**), without the right **materials** (resources, support services for the person with learning disabilities, funding from Access to Work scheme) it is less likely to happen. In this way we can break down practices to see where the 'sticking points' are, and what needs to be changed

A 'social practice' does not just refer to the one time 'the thing' (going to university, cooking, gardening) is done, but is a collection of all the times it is done, like a pattern. It is lots of people doing 'the thing' over and over again. When lots of people repeat something, that becomes the way things get done. So we can think what the common elements are that link the social practice together and how these practices form the complex barriers which exclude many disabled people.

To take another example

A key goal for many people is to live independently. In order for this to happen, lots of things need to be in place. There needs to be a house or flat, money to live in the house or to rent it, as well as all the things that go in a house that make it possible to live there (**materials**). There also needs to be a wider understanding both about what living independently actually means in practice, and that it is a positive or desirable thing to do (**meanings**). Lastly, the arrangement of the house, physical space and household routines mean that often a person needs certain skills to live independently, such as knowing how to pay bills, how to clean (**competences**). However, a shift in resources (**materials**) could mean paying another person to complete necessary household tasks (**competences**) needed for living independently. The meaning of 'independent living' then becomes the one adopted by disabled people: 'living with appropriate and necessary support' rather than 'alone'. By breaking down practices in this way, we can begin to look at what parts are 'stuck', and what can be changed. We return to this example later.

Why is all this important for disabled people or those who support them? Unfortunately, we know that disabled people get shut out of a lot of practices, and often have to fight to be included in them. That is why we need to understand and change things. This theory may be a good way to try to understand better why things are done the way they are, and to change the meanings, the 'competences' or the resources to become more inclusive.

Focus on the practice, not the person

What makes social practice theory interesting is that it puts the practice as the central focus. In this booklet we are thinking about change, and how things can change to include or exclude disabled people. Often the focus on change is on people's behaviour and decisions, or on society and social structures (like schools, religion, technological innovations). These affect how we live our lives, and how change happens. But is it pressure from society that makes us do things, or is it our own decisions and free will? Social practice theory moves away from these two options, and asks us to look at the practice itself (like cooking, getting the bus, going to the cinema), how it works, and how exclusive or inclusive it is.

Two people with learning difficulties want to start a family.

Meanings: People with learning difficulties can be good and loving parents

Competences: They have some skills and are able to learn, with support. The support services may need to be ongoing, and start to form their own practices.

Materials: Parents need appropriate financial resources, and a home to live in.

How a social practice encourages or discourages people from joining in

Social practice theorists think of 'the practice' as if it is a living thing. They sometimes talk about inviting people to join in a particular social practice. They are 'recruited'. When we say 'recruited', we mean that they join in doing the practice.

Open Orchestras

For example, how does 'music making' invite people to join in, when it is sometimes very difficult to learn to play an instrument? There are lots of reasons how and why a social practice gets people to join it. Changes in the practice may make it possible for people to get included. For example, changes in technology (resources) mean that specially made instruments can be used that people can control simply by the gaze of their eye or by a sensor on the part of the body that they can move. This means that changes in one area (technology) widens the number of people that a practice like music-making can include, or recruit.

There may be other factors which mean that people leave a practice or are excluded from taking part. For example, cuts to disability services may mean fewer hours of support, which may impact on whether activities like 'going shopping' can be done by people who need support.

Sometimes disabled people are excluded, or not 'recruited' by some practices. But all practices can be changed to be more inclusive.

Auditioning for a role on TV

Materials: resources When an actor applies for a part on TV, they may have to arrive at a studio which is difficult to access. That could be changed.

Competences: They are required to learn a script for their audition. But that could be changed, if auditions became more spontaneous and creative.

Meanings: Actors may be favoured because they are famous, well-known faces. But people with learning disabilities can change this by showing what they can contribute, which is unique and different.

Reshaping how a practice is done changes who it can recruit. By making a practice more accessible, it allows a wider group of people to be involved.

Practices starting and stopping

Some practices such as cooking are very good at keeping going; they keep going and adapt to changes over time, whereas other practices die out. So what makes some things continue, whilst others stop? Sometimes practices are in competition with each other, and where one 'wins' new people, another 'loses'. For example, the same people who lived in big institutions in the past now generally live in the community, so that the social practices in large institutions should have died out. But this is where things can get difficult, because sometimes the same type of practices that happened in an institution start to happen in community living. This is why it is important to think carefully about the different elements in a practice.

How do social practices change?

Changing or shifting one or more of the elements (materials, competences and resources) is key to changing the social practice. Think about big changes that have happened in society and the meanings that changed. For instance, the meaning of smoking changed from being sexy and rebellious, to dangerous and disease inducing. So why did the meaning change? There are lots of reasons, but some are that we know more about the health effects of smoking, medical research has improved, and the law changed so that people are no longer allowed to advertise cigarettes on TV.

Practices can be changed so that they fit more people. A good example of this is 'slow shopping' at supermarkets. Shopping, and paying for goods, may be difficult for some people mostly because large supermarkets are not set up to help people with dementia or learning disabilities for instance, and most staff are not trained in how to best support them. By starting a 'slow shopping day' when extra assistance

is available, it widens the potential people who can join the practice. Changes to how a practice is done can help disabled people be included, but it can also become more inclusive for everyone.

Jenny, who has learning disabilities, wants to be independent and do her own shopping

Meanings: Shopping is something that people do for themselves and others. It is bound up with making choices, and meanings around independence – personal freedom and control.

Competences: Being able to choose food, plan ahead for the week, manage a budget.

Materials: Money, transport – a car or bus - to get to the shops

Shifting the practice: Jenny has difficulty managing a budget, and has always had shopping done for her by staff or her parents. She has a direct payment from social services which she decides to use to hire a personal assistant (PA) to support her to go shopping, and to assist her with the budgeting. Jenny learns how to budget and makes her own choices.

Additional resources are required to enable Jenny to go shopping.



A person with dementia wants to get the bus...

Meanings: 'Getting the bus' enables independence, and freedom

Competences: Getting the bus requires some skills. People must be able to get to a stop, understand timetables, get off at the right stop, and get to and from the bus.

Materials: People can only do it if they have money to get a ticket or a bus pass, and (for some people) if the bus has a mechanism to lower the entrance platform to the level of the pavement.

Lots of these things make it more difficult for some people to simply go out and get a bus. For example, people with dementia may forget to say which stop they want to get off at, or may worry about getting the bus for a variety of reasons, and this may exclude them from the practice.

Shifting the practice: Changes can be made that mean bus travel is more inclusive. For example, many bus companies now offer 'dementia assistance bus cards' (specific resources) which discreetly tell the driver that the passenger may need assistance in getting off at the right stop. They also contain all of the information the person needs about the bus route and where they live. Small changes like this can mean that an activity can include more people who were previously excluded. In making these adaptations, it also potentially changes how the practice is done for any passenger.

A more detailed example: quizzes for people with dementia

Meanings: The 'meaning' attached to quizzes in our society is about leisure, fun, and a friendly sense of competition. Quizzes for instance often take place in pubs, and there is a certain sense in which you are considered a 'good joiner' if you take part in a quiz. In our research, we've seen how this activity is being used in different ways, which draw on the 'fun' and the idea that quizzes are popular. In dementia groups, quizzes are used and valued because they can help with memory recall and cognition. So they have morphed into a kind of therapy. However, there are cases in which the 'fun' can be lost where people experience failure when they cannot remember the answers, and where people are put on the spot. Sometimes a quiz can feel more like a test!

Competences: Knowledge of what a quiz is, that it rests on question and answers, memory, remembering the rules

Materials: place to do the quiz, furniture, chairs, sofas appropriate questions to ask

Shifting the practice: An alternative view of quizzes could be ‘A quiz that fits’. The questions would be tailored to the people involved, and designed to be supportive. Perhaps points could be awarded for interesting answers, rather than having just one correct answer. The meaning of ‘quiz’ could focus on cognition and helping social interaction rather than right or wrong answers. In our project, co-researchers with dementia suggested that there could be a quiz with no wrong answers, but instead based on interpretations of what is going on in a picture, or getting points for interesting answers to open questions. This way, there is more chance for everyone to be involved. They also suggested different ways of structuring the quiz so that people were not put ‘on the spot’, but answered as a group. Lastly, they noticed that often the staff take the role of quiz master, and ask questions of the people with dementia. An easy shift to make it more inclusive would be to have a person with dementia asking the questions, and the staff playing the quiz with the group.

Practices are connected: parking spaces for disabled people at work
In order to ‘do’ parking, drivers understand parking as a common practice at the end of a journey to enable them to get from one place to another, and leave their vehicle safely (**meanings**), they must be able to park in a space and drive a car (**competences**), and they must own a car, a driving license and have access to a parking space (**materials**).

Parking, like all practices, is connected with other practices. For instance, university staff met together to agree to provide parking spaces for staff, including disabled staff who they recognise would otherwise not be able to get to work. However, the car park managers then decided to charge for disabled parking because of the need to provide more general parking spaces, and the competition for resources. See the box below for how two groups can attach different meanings to the same resource.

Car parking spaces for disabled people

Meaning for disabled staff: Independence, access to work, inclusion. Free parking recognises the higher cost of disability.

Meaning for car park managers: Car parks create revenue, we need everyone to pay on an ‘equal’ basis.

In this example, two different groups hold different meanings about the same thing. However, the car park managers were challenged, and free car parking was resumed for disabled people. The problem for disabled people was that the practices by which decisions were made in the university were not transparent. In this case, by reinstating free parking for disabled staff the 'meaning' of disabled staff car parking was changed back from something that was seen as a privilege, to being seen as a right. This was achieved by using the law, as universities have to adhere to the Equality Act and make reasonable adjustments for disabled staff.

Returning to our example of independent living

In the last twenty years there has been a change in the meaning of independent living, which has been led by disabled people themselves. There have been attempts by disabled people to change the law in the UK and government policy to, support disabled people to live independently in line with human rights law. This shift has needed changes and adaptations in other practices. 'Living independently' does not mean that all disabled people live on their own or live without any support. Rather, the movement towards independent living frames this change as allowing greater choice and control and having the same range of choices as a non-disabled person. For these changes to have taken place, there needed to be:

1. Changes in wider understandings of what living independently means, and who has the right to it (meanings).
2. A shift in the kinds of materials available (adapted housing, disability aids, mobility aids, allocation of Government money, and the whole movement towards personal budgets and direct payments).
3. Changes in how people are supported to do the things they can do, make their own decisions, and receive support in doing things they need help with (competences).

Co-production and working together

Institutions, like the National Health Service or local authority social services departments, are made up of social practices (providing patients' lunch, booking appointments, medical tests, discharging patients). 'Experts' are important in many ways – we would not have hospitals without them! But sometimes their practices become seen as very powerful, and that power is played out in the way they affect the practices which patients engage in, such as being admitted to hospital or getting out when they are better

But we have also seen the value of healthcare practitioners working together with disabled people to share some of their power, recognising that they have expertise too: they have unique experiences and insight into how these practices affect them, and often how things could work differently. Take the following example:



A Deaf patient has a hearing impairment and has a hospital appointment. They tell the reception staff about their hearing impairment, and how they cannot hear spoken words very well. They then sit down in the waiting area and wait for their appointment. A health professional calls their name for their appointment, but then walks away. The Deaf patient did not hear this, and so carried on waiting. After a while, the Deaf person speaks to reception, who informs them that they have missed their appointment.

The material resources needed to enable this patient to communicate were not available, and nor was there a general understanding of the Deaf patient's use of BSL as a language. This could be different!

Co-production

In some places, people are trying to share the power more, and the word 'co-production' is used to describe how service users can become more powerful as decision-makers in services. We have seen some areas where local authorities and disabled people's organisations are working together more equally, by changing the **meanings** around who is the expert, changing the **materials** to make sure council officers connect with disabled people's organisations (DPOs) at times and places which are better for them, and changing the **competences** of all the people involved, so that they can explain things to each other, listen and make joint decisions.

We can change things for the better by changing one or more of the components of a social practice. By making changes like this, we can (bit by bit) perhaps change the basic social practice and adjust it so that it fits a wider range of people better. We hope this booklet has been an interesting introduction to social practice theory, and how looking at practices in this way can help us see how things work, and how they can be changed both for disabled people, and by disabled people.

So how about you?

- How could an understanding of social practices help you?
- What practice would you change? Can you think of what part (meaning, competences, materials) needs to change to help you do what you want to do?
- Let us know what needs to change or how you are changing things.

You can write to us at

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Useful links and resources

This booklet is based on research from a project called 'Getting Things Changed', funded by the Economic and Social Research Council (ESRC) ES/M008339/1, led by Val Williams. For more information about the project:

www.bristol.ac.uk/sps/gettingthingschanged/about-the-project/

A very short interview with Stan Blue about social practice theory:

www.youtube.com/watch?v=GgV-BGV0zrE

Social practice theories are not the only way of thinking about the big issues in society. But if you want to see what Elizabeth Shove has to say, then look at:

www.youtube.com/watch?v=IdEp3r1-8eo

This booklet was produced by Joe Webb and Beth Tarleton, with examples from the whole team in 'Getting Things Changed', who take responsibility for this interpretation of social practice theories. It is based on the work and ideas of Elizabeth Shove, Mike Pantzar, Matt Watson, Stan Blue, Theodore Schatzki, Anthony Giddens and Pierre Bourdieu.

Books which explore these ideas further:

Shove, E., Pantzar, M. and Watson, M. (2012) *The Dynamics of Social Practice*. London: Sage.

Hui, A., Schatzki, T. and Shove, E. (eds) (2017) *The Nexus of Practices*. Abingdon: Routledge.

Our own article

Williams, V. et al., 2018 Understanding disabling barriers: a fruitful partnership between Disability Studies and Social Practices? *Disability & Society*, 33:2, 157-174.

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This research took inspiration from the life and work of Dr. Sue Porter (1953-2017), who helped us to see things afresh, using disability as a lens for change.



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