



## **Moving Upstream Together: Working in Partnership to Bring About Change**

**A modular course to facilitate practitioners to plan, implement and evaluate change in collaboration with others.**

# Moving Upstream Together

## What is this course about?

One way in which change happens in organisations is by someone at the top making decisions which everyone else has to act on. This can be a very useful way to get things done. However, when the change relates to practice ('how we do things') there are two key drawbacks to this approach.

The first drawback is that the people who are expected to change their behaviour may not understand *why* that change is necessary. As a result, their interpretation of what is required may be different from what was originally planned. They may also feel criticised by, and therefore resentful of, the proposed changes.

The second drawback is that the people on the frontline usually have a good understanding of what the problems are and ideas about how they could best be tackled. If they are not consulted, then this practical know-how and experience remains untapped.

So changes to practice are most effective when they are managed collaboratively (or in partnership). This course is designed to help you to do this.

## What does working in partnership look like?

Partnership working in this context is the process by which a group of people share their views on practice issues in the care setting and work together to come to a shared vision of what development needs to take place to improve the care environment. This group may comprise members of staff (e.g. managers, nurses, nursing assistants, domestics, other health professionals), the older people who are receiving care services, the family or friends who support them and/or others in the wider community.

There are many different levels on which people may collaborate together. In the pilot project ('Partners in Practice') we use to illustrate points made during this course, the aim was for older people and staff to sit round a table together as partners throughout the process of planning, implementing and evaluating change. An alternative is for particular people to lead change, making sure that others are consulted with and/or involved at key stages in the process. The important thing is to engage with the perspectives of those who have a professional or personal investment in the change being proposed.

## **Background to the course**

This course was based on the framework of the Fostering an Organisational Culture of Practice development course which has been successfully run by the Royal College of Nursing as a Summer School over a number of years. The course facilitator and Professor Brendan McCormack played a key role in facilitating and developing this course.

The content also draws on Participatory Appraisal and Drama for Democracy courses run at the Royal Bank of Scotland Centre for the Older Person's Agenda, based at Queen Margaret University in Edinburgh.

The course was piloted with groups of relatives and nursing staff from an NHS Continuing Care setting for Older People who were taking part in a project (over 18 months) called Partners in Practice, designed by Belinda Dewar and Professor Brendan McCormack and funded by the Burdett Trust for Nursing. The project sought to find out:

*“Does it make a difference to the care of older people when nursing staff and relatives work together to develop practice?”*

Relatives and nursing staff were supported over the life of the project by two practice developers from the same service (Ria Tocher and Mairi Johnston) together with an external practice developer (initially Belinda Dewar and latterly Dr Esther Walker). The course was used to prepare those involved for partnership working.

What emerged was that the process of practice development, together with the process of working collaboratively, threw up complex challenges that no-one had anticipated. The learning we gained from that experience has been used to further develop this course.

## **Who is this course for?**

This is an introductory course designed for anyone – whether professional or lay – who wants to work with others to improve the quality of care experience for older people. It can be used in relation to any setting where care takes place.

## **How should the course be used?**

This is a practical course organised in modules which can be used flexibly. What we cover here describes a *process* and, as such, the ideas and rationale are best understood if people have personal experience to draw on. For that reason, we advise that it is used to provide *ongoing support* for people *actively involved* in practice development (or ‘changing the way things are done around here’). It

needs to be treated as a live resource which people can return to (again and again if necessary) as they progress their project.

The course is designed to be used in two main ways.

Firstly, it can be delivered to a group of people in an organisation (or from a number of organisations) who will be leading practice development projects.

Secondly, particular modules can then be delivered by those individuals to the team they will be working with to make change happen.

For example, a charge nurse (or care home manager) might attend the course to get an understanding of the themes, ideas etc. She may then go back to her ward and take her staff through particular modules to support them all to improve aspects of their care. As part of this process she may also involve older people and/or family members. In this way, the care community itself can go through a process of identifying, planning, implementing and evaluating changes to the way care is delivered.

To help people to understand why certain elements are important in the planning, implementation and evaluation of their project, we start by describing our pilot project and what it tells us about the process of working together and of practice development. This information can be used by the facilitator/leader to illustrate points made during the course. In this way, course participants will benefit from the lived experience of those relatives, staff and practice developers involved in our 'Partners in Practice' project.

## **What will help the effectiveness of the course?**

The exercises described are appropriate for people with all levels of experience of both partnership working and practice development. Where possible the course is experiential: the group itself provides a resource for learning through the experience people have in doing the exercises together. In the discussions, the facilitator needs to find the appropriate level of challenge and support that the group needs. For this reason, we have only given suggested time frames.

It is useful to build in time for people to digest what is happening and link it back to their own experience. The provision of real-life examples will help this sense-making.

## **Terms**

Throughout, we use the term 'professional' to mean anyone who is paid to provide a care service.

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# Module 1: Setting the scene

## Learning Outcomes:

1. To understand the elements to consider in order to enable change.
2. To examine the balance between practice development and partnership working.
3. To identify a practice issue or area that is your initial target for change.
4. To explore the meaning of partnership working in relation to the development of your target practice.

## A Introduction

It is easy to carry on doing what we have always done, even if we know that things would be better if done differently. Often, the effort needed to make a change is enough to put us off trying; or, having made the effort, we come up against resistance or difficulties and we give up. It is hard to change how we do things and to sustain that change.

For this reason it is important to get other people on board with you and to plan carefully what you are going to do. This means that you have the support and direction you need to deliver the change you want. This is why we have called this course 'Moving Upstream Together'.

## B. What does it mean to work in partnership?

You might need to involve a whole range of different people in order to make change happen. You may need to work with your colleagues, your staff, your manager/s, other professionals you work with and, importantly, the people who use your service. All these people will have a particular perspective on the area of practice you are interested in developing. However, you may need to work more closely with some than with others.

We can use various words to describe the relationship between these different people: for example, we can talk about *partnership*, *collaboration*, *involvement*, *consultation*. They describe relationships that differ in relation to:

1. how decisions are made
2. who does the work
3. whose views count.

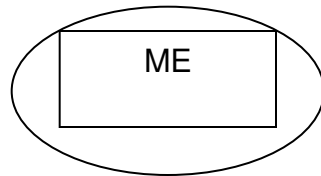
**Exercise:**

Consider your own work (or life) situation:

1. who makes the big decisions that affect you?
2. who makes the everyday decisions that affect you?
3. who do you work with 'to get the job done'?
4. whose views do you need to make sure you do the job right?
5. who do you need to share information with?

Can you organise all these people into different categories depending on how closely you work with them?

It might help you to use a diagram like this:



## C. How do you set about developing practice?

Let us explore the challenge of practice development by looking at a real example. Take a look at the story below told by a nursing assistant.

*“Lunchtime comes at 12 o’clock. They’re brought from their rooms to the dining table. They sit at the dining table. You’ve got 5 staff on. They start the drugs at lunchtime. The trained members of staff do the drug trolley. You’ve got to have a trained member of staff that puts out the food now, I don’t know why. But that leaves 3 staff to serve the food in the dining room and to take the food to people who are in their bed. If you’ve got, say half a dozen feeders, which maybe you have, how do they get fed? To feed somebody you should spend time giving them food. Food or mealtimes at times can be a traumatic experience for people.*

*When I was brought up, mealtimes were always a pleasurable time, to eat and converse, not to be rushed. Here, we rush it and we rush it and we rush it. I’m not saying it happens all the time but it does happen.*

*I don’t know how long it takes a normal person to eat a two or three course meal. But I would think it would take somebody who’s old and frail longer. But I think we don’t have the staff to do it. I don’t think they get fed well. It makes me feel shite, it’s horrible. Basically, I like the job but I would not miss the environment.*

*The patients I think they don’t get enough. I don’t think we can feed somebody in 10 minutes and hope that they’re fed. It ends up they don’t get enough to eat. That could be a planning and preparation project. For example, we could have the feeders fed half an hour earlier or later; or organise it so that you don’t have to feed the feeders at the same time. It could be looked at on a planning level. I don’t think it’s a pleasurable experience, the feeding time for the patients in here.”*

What is your immediate response?

How does reading this story make you feel?

What does it tell you about the culture of this care environment?

**Exercise:**

Imagine that, on hearing this story, you were asked to do something to address the issues raised.

What would be your first step?

What information do you need to get a better understanding of the situation (can you identify a number of key questions)?

Who would you talk to?

What questions would you ask them?

Besides asking people, how else would you get the information you need (e.g. what would you observe, what written documents would you look at)?

Once you've clarified what the problem is what would you do next?

How would you decide what the most effective solution would be?

Who would you need to involve?

How would you get them interested?

How would you make decisions?

How would you keep everyone 'in the loop'?

How would you know whether the changes you'd put in place had made any difference?

Work in small groups and then discuss with the larger group.

Having done this exercise, you now know the main things you need to think about when planning change. Let us look at these in a bit more details.

**D. Key considerations**

In the Partners in Practice project we worked with a core group of staff (including managers) and relatives. The practice development was planned and implemented through this group. One of the initiatives taken forward was the introduction of staff badges. During evaluation this is what one of the staff nurses (who was not a member of the core group) said:

*"Staff felt the badges were dangerous, they had sharp edges, they were liable to scratch people. Staff used to take them off and then say 'oh it fell off' and you say 'put your badge back on' and they put their badge back on and about ten minutes later you see the same person walking along with their badge back in their pocket, because they simply wouldn't wear it because they felt they were too dangerous for the people they worked with. The junior staff were taking people to toilets and doing it quite quickly, and doing it a lot. They knew what*

*they were talking about, they knew the dangers they were facing and they weren't prepared to put their patients at risk, so they simply wouldn't wear the badges. And the more the senior staff heckled them to wear the badges the more irritated they became because they kept saying they're not safe and the senior staff kept saying 'well you've got to evaluate them' and they're saying 'it took us 30 seconds to evaluate them, they're not safe and we're not wearing them'. So eventually the badges died a death and very few people wear them now."*

Clearly, we (as the Core Group) had not managed to make these staff feel included, involved or interested in what we were trying to do. The process of going out and talking to people to find out what is important to them and how they view things needs to be done early on (and be a continual part of the change process). It needs to be done explicitly and with thought. Our mistake was to make the assumption that if certain people were on board, the rest would follow. No!

Within an organisation there are people who have the wherewithal to get things done. They may have an authority over others or access to resources or useful knowledge. They may actually do the work that you want to change. It is really important to identify these people early on and involve them in what you want to do.

If you involve people in the process of clarifying what needs to be changed and why, then they feel an ownership over the project. If they feel respected, consulted, involved, included, valued, then they will work with you to ensure the success of the project. If they feel excluded, disrespected and dismissed then they are unlikely to.

### **Agreeing level of involvement, commitment and agreeing roles and responsibilities**

Once you have people's interest and verbal commitment, you need to explicitly agree what level of involvement they would like. What is their role in supporting the project? How much time will they need to commit? What meetings will they need or be willing to attend? What responsibilities will they have? What are their and your expectations?

This clarification needs to be done whether people are paid members of staff or whether (like relatives) they are giving their time voluntarily.

### **Creating realistic expectations**

In the Partners in Practice project we did a lot of work initially around beliefs and values with staff and relatives in the care settings to find out what the care culture was like and what changes people wanted to see made. This was done to

ensure that everyone's views were heard. From this work the core group then identified specific targets for change (in our case these related to documentation, social interaction and communication between staff and relatives around care issues that may be regarded as 'trivial').

Change is a slow process and needs to be taken one step at a time. What you are able to achieve is always far less than what you first hope for or anticipate. Any care culture has an established way of managing tensions and differences. On the surface it can look as if all is calm and ordered. However, beneath the apparently clear water there is a layer of silt which is made up of all those matters that people have implicitly agreed not to talk about and, over time, probably no longer notice. When you start asking questions things inevitably get stirred up – the water becomes murky and people begin to feel uncomfortable and anxious.

As we progressed, we discovered lots of challenges that meant we had to constantly review what we were trying to do and what was possible for us to do. Change was achieved by the end of the project, but those changes were very small in comparison with the great list of needs, wants and wishes that came out of the beliefs and values work. As a result, many people felt disappointed by what the project achieved.

You need to be aware of how you raise people's expectations and make sure that you provide opportunity for you all to identify what is realistic.

### **Decision-making**

One major expectation is the extent to which people are involved in the range of decisions that will have to be made: e.g. decisions about the direction you go in, everyday decisions that progress the project. Some people (perhaps those you are 'in partnership' with will expect and/or need to be part of the process through which key strategic decisions are made. Others (perhaps those you are 'involving') will need to be part of the process through which everyday decisions are made. If you try to involve *everyone* in all decision-making nothing will get done and everyone will get frustrated. So a balance needs to be struck between what people are expecting and wanting and what is required to allow things to move forward.

It helps in the long run if a written agreement is made early on which answers these questions:

1. what kind of decisions will need to be made?
2. who needs to be involved in making those decisions?
3. how will those decisions be recorded?
4. how will they be communicated to those who need or who want to know?

### **Communication plan**

This brings us to the communication plan. If you work by yourself and can beaver away changing how you do things without consequence to anyone else, then you may be able to avoid communicating with anyone.

However, if the success of your project depends on the involvement, goodwill and interest of others, then you will need to draw up (together) a communication plan which answers these questions:

1. who needs to be kept informed?
2. what do they need to be kept informed about?
3. what is the best way of doing that?

And stick to it!

(In the Appendix there is an additional exercise about organisational change, based on a paper by Michael Kendrick which you may want to do.)

## **E Identifying your target practice issue for development**

Now you will be well acquainted with the challenges of practice development. You will know what you need to consider and why. If you think about your own care setting how will you identify your target practice issue for development?

The following questions provide a framework to help you to identify your target practice issue:

1. What is your concern?
2. Why are you concerned?
3. What do you think you could do about it?
4. What kind of evidence do you think you could collect to help you make some judgement about what is happening? This could take the form of:
  - a. the results of an audit
  - b. feedback from complaints or compliments
  - c. strategic change
  - d. change to the service
  - e. risk assessments/recurring incidents
  - f. individual care needs
5. How would you collect this evidence?
6. How would you check that what is happening is reasonably accurate and fair?

## **Module 2: Clarifying the target practice issue for development**

### **Learning Outcomes:**

1. To understand how to gather evidence to clarify the situation.
2. To identify what needs to change.
3. To identify the steps needed to make that change happen.
4. To identify how you would know that the change had taken place

### **A. Gathering Evidence**

It is important when trying to decide what needs to change about practice that we gather evidence to ensure that we have an accurate description of what is currently happening and what people's views are. In addition we need to be able to gather evidence to say if the thing that we have changed has made any difference. There are a variety of ways in which we can gather such evidence and this includes:

- Looking at documents e.g. mission statements, patient information leaflets.
- Asking people their views.
- Making observation about what is going on e.g. during meal times how are these organised, where do people sit, how are people given choice, how are people helped to eat etc.

In this module we will explore a number of different techniques to gather information.

### **Observation**

#### **Why do we do this?**

Observation is a very important aspect of gathering evidence. What we think we do may be very different to what we actually do and observation is a good way to find this out. When we observe things we can look at behaviour but we can also pick up really important cues about the environment or the atmosphere. It may be that professionals and older people may notice very different things when

observing what is going on.

**Exercise:**

Spend a few minutes observing the pictures in Appendix X. What do you see? What do you think is going on? How do you think the people in the picture feel?

Share your observations with somebody else in the group and be prepared to feedback what you each notice in the pictures and any differences in your observations.

It is useful to think in advance about the kinds of things you are looking for. If we want to check out the story told earlier by a nursing assistant, for example, we might want to observe over a number of lunchtimes and record:

1. how many staff are there and what do they do?
2. what is the noise level like in the room?
3. what is the atmosphere like (is there laughter, talking, music)?
4. how are residents/patients seated (do they get a choice)?
5. what is the interaction like between residents/patients?
6. what is the interaction like between residents/patients and staff?
7. how is the food served (is the person offered a choice? Is there any interaction? How much time do people get to eat one course before the next is served)?
8. do the staff show signs of being under pressure, of rushing?
9. what happens to those people who need help to eat?
10. how do residents/patients make their needs known?

You may like to do this in four stages:

- Stage 1: Sit in the dining room and 'soak up the atmosphere', allow your attention to be move freely between the different things that you notice.
- Stage 2: Get together and discuss what you notice.
- Stage 3: Clarify what you want to focus on in your observation and create a simple proforma to help you record your observations.
- Stage 4: Get together again to discuss your findings.

## Ranking and Evaluation Wheel

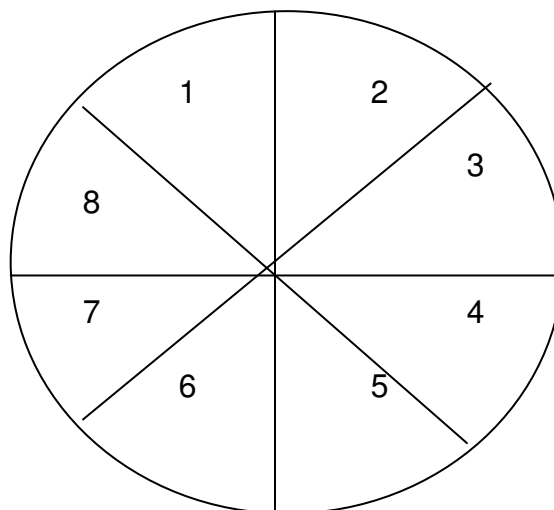
### Instructions for evaluation wheels

An evaluation wheel is a simple way of evaluating an activity. A group needs to decide a series of criteria to evaluate. This can be for an activity (for example what you want to achieve during a training course) or about facilities (evaluate the care setting for accessibility, friendliness, cost etc.)

Draw a circle and divide it into segments, like cutting up a pizza. Even numbers such as 6 or 8 are easier to draw on the wheel! Each segment should contain one of the criteria as a heading: i.e. the number of criteria has to match the number of segments. Participants fill in each segment according to their judgment. The fuller the segment is the higher (i.e. the happier people are) the evaluation is. The spokes of the wheel can be divided into a scale, 1-10, or quarters, or left without any scale so that people make an approximation of their opinion.

**Task:** Working as a group think about what your expectations are of this training course. One person should note these on a flip chart. Using sticky dots each person in the group puts one of their 8 dots on the criteria that is most important to them. You can put 4 dots on your first choice, 3 dots on your second choice, 2 dots on your third and one dot on your fourth. Count the dots identifying the most popular choices.

Now mark these on the evaluation wheel (see below). At the end of the course we will revisit this exercise again and you will be asked to shade each segment to say the extent to which you think the course met these expectations. Little shading from the centre would indicate not very well whereas a fuller shaded section would indicate that expectation was met. An example is provided in Appendix X.



## An H Diagram

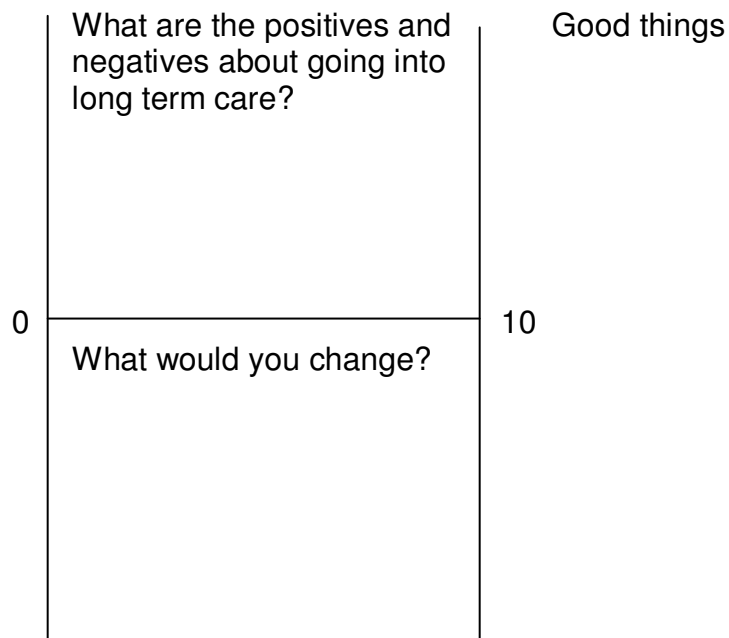
**Instructions for carrying out an H diagram.** This is suitable when there is one clear and simple question to ask about a particular issue. The way the question is asked is very important in this exercise.

Draw an H on the page. Write a clear and simple question at the top of the page. The horizontal line of the H represents people's mood or opinion from negative on the left hand side of the line to positive on the other. This can be represented as scale from 1 – 10. You need to ask people to put a mark on this line to represent how they feel about the question. On each side of the H is the question "why?" Reasons for positive and negative opinions can be written on post it notes and placed on the positive or negative sides of the H as appropriate. Suggestions for changing negative things to positive things can be placed in the lower half of the H.

**Task :** Write the question "What do you think are the positives and negatives about going into long term care" at the top of the H.

### H Diagram

Bad things

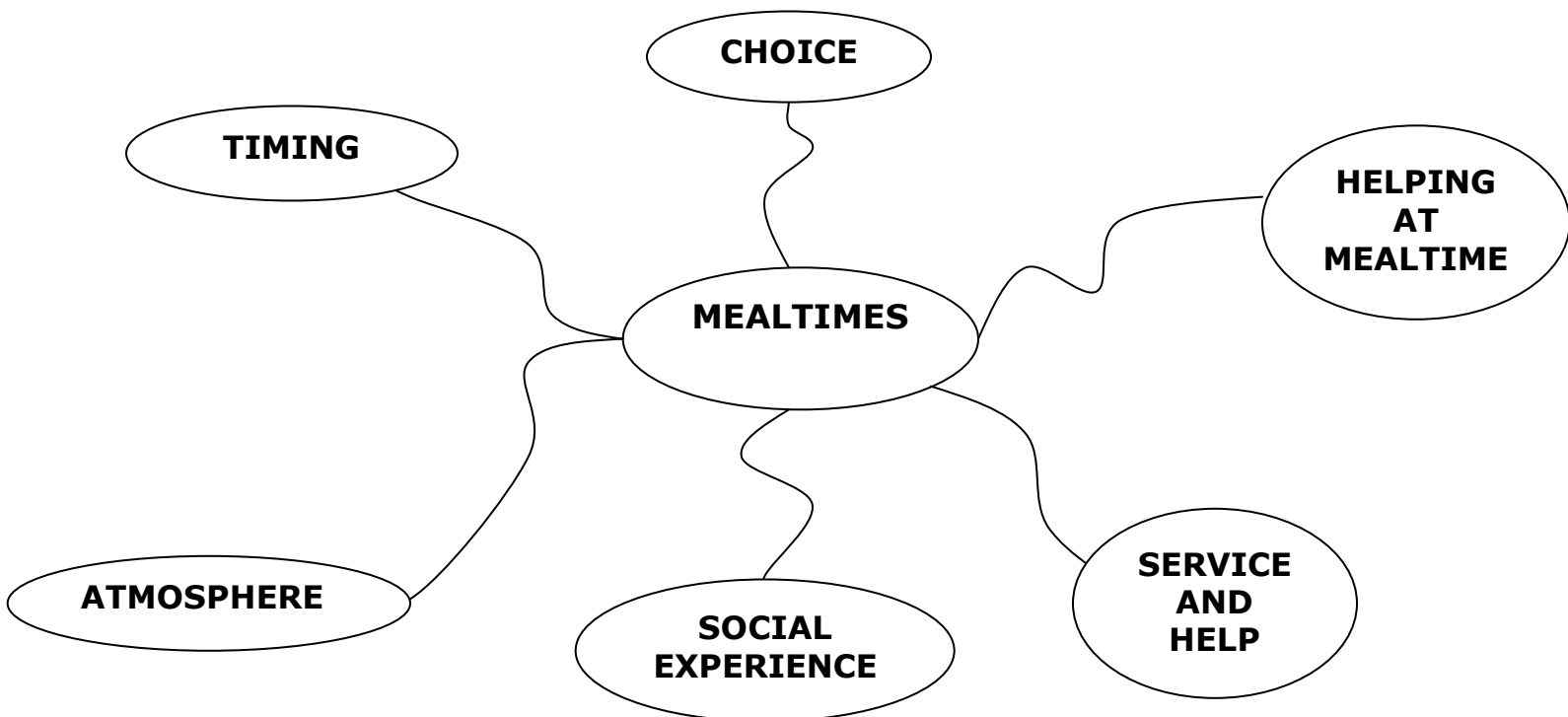


## Spider Diagram

### Instructions for Spider diagram

Spider diagrams are used a great deal in participatory activities. They simply involve identifying a central issue and asking everyone to state their ideas or opinions on this issue. This can be done by drawing on a flip chart, with the thoughts and opinions coming out of the central issue like the legs of a spider. Or it can be done using cards, post its or drawn on the ground.

Spider diagrams are a good way of refining some of the information already collected or identifying further issues for analysis. An example is given below. Spend some time in the group thinking about the central issue of individual care. Gather up the ideas from the group and present these as a spider diagram.



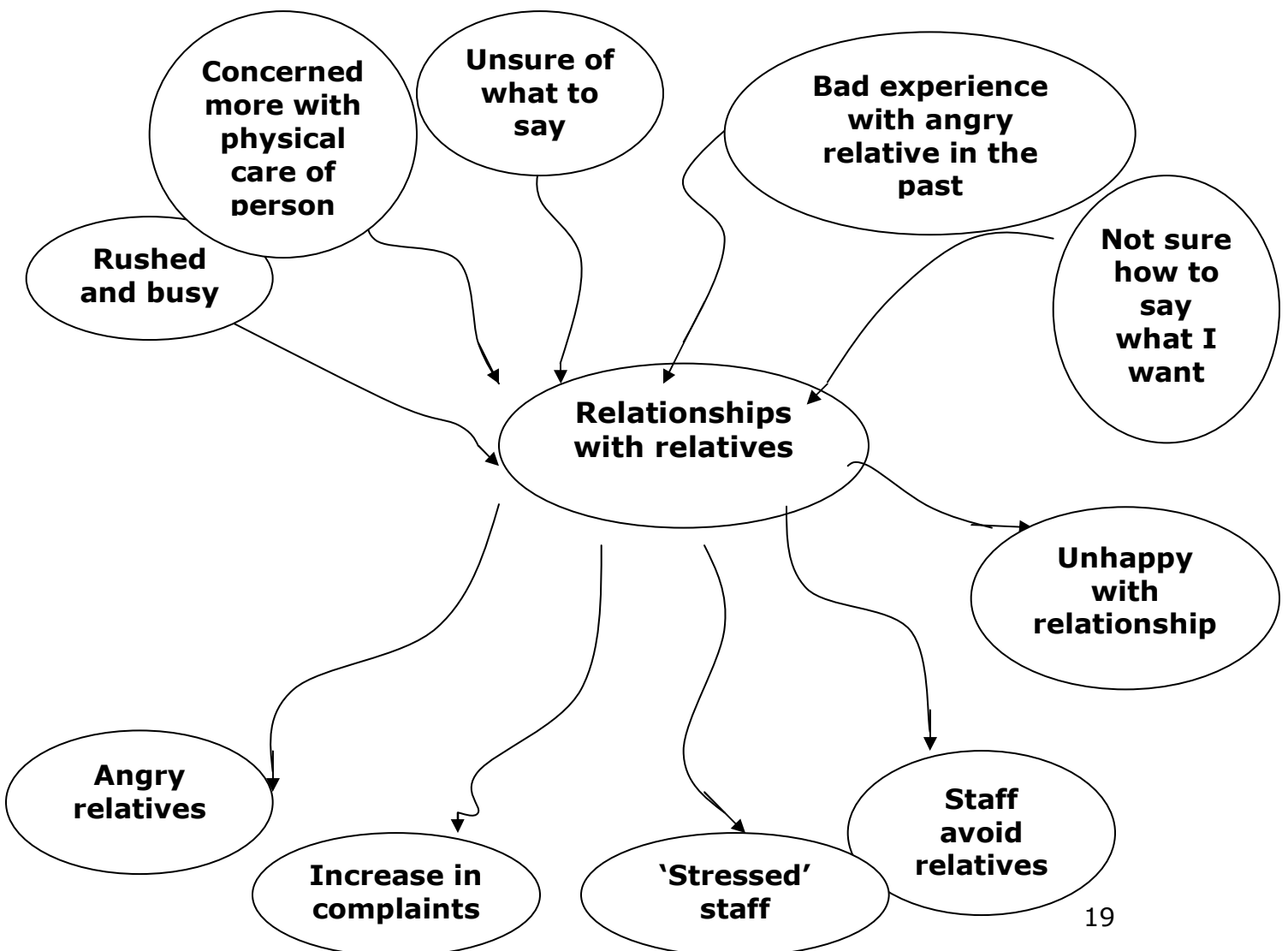
## Causal –Impact

### Instructions for Causal –Impact diagram

To do a causal impact diagram take an issue which is written in a central box, or on a card, and invite participants to give the reasons for it (arrows pointing towards the central issue) and the impacts of these causes (arrows pointing away from the central box).

For example causes for moving to sheltered housing might be ill health, family, bereavement, lack of money, fire in home. The impact might be more security, boredom, miss neighbourhood, feel more comfortable etc.

Think about the spider diagram you have already completed and do this again but this time thinking about the reasons for some of the issues you identified. Present this as a causal impact diagram.



## **B. Identify what needs to change**

Having gathered all this evidence you are in a position to clarify your target practice issue for development. What does the evidence tell you is the priority for change? Can you write that in the form of a goal? Your goal will need to be SMART (specific, measurable, agreed, realistic and timebound).

Take a look at the following examples of outcomes that people said they wanted from the Partners in Practice project:

1. We turn statements like 'comfort' and 'happiness' into reality.
2. Procedures are improved or amended to take into account everyone's views e.g. admissions.

How SMART are these statements? How would you know that they were achieved? What would that evidence look like? How realistic are they?

For example, let us take the first statement:

1. What does 'comfort' and 'happiness' mean?
2. Whose definitions are we talking about?
3. What are the tangible, practical things that would constitute improvement?
4. Again, how would we know that this had been achieved?

This is what a SMART goal might look like:

In three months time, we will ensure that each of our patients feels more comfortable and happy during mealtimes.

Let us now take the second statement:

1. Does this refer to *all* procedures or just those relating to mealtimes?
2. What does 'improved' mean: what needs to be improved?
3. Who is 'everyone'?
4. When do we expect this change to be achieved?
5. Taking the statement as it stands, how realistic would it be to achieve?

Again, this is what a SMART goal might look like:

In two months time, we will have developed and implemented an admissions procedure (including documentation) which takes into account the views of the patient, their relative and their primary nurse relating to priorities for patient care on admission.

If you do not take the time to create SMART goals for yourselves in your project then it will be very difficult for you to demonstrate that change has occurred. Furthermore, it will be difficult for you to break your goal down into smaller steps.

## **C. What steps need to be taken to get you there?**

Here is an example of how to break this first SMART goal down into smaller steps?

Example: In three months time, the number of patients who express enjoyment during mealtimes will increase.

The steps we might need to take are:

1. Identify from the evidence the things that cause lack of enjoyment during mealtimes.
2. From this identify the most practical and realistic changes that we could make to mealtimes.
3. Implement these changes.
4. Redo observation and interviews to see if how many patients are now expressing (verbal/non-verbal) enjoyment.

Can you now take the second SMART goal and break that down into its smaller steps?

## **D. How would you know that the change has taken place?**

### **What is evaluation?**

Evaluation means making a judgment about the value of something - in our case, the value of an initiative that sets out to improve the quality of life of older people in long term care settings. Evaluation is the process of assessing what has been achieved and how it has been achieved. It means looking critically at the project, working out what was good about it, what was bad about it, and how it could be improved.

Evaluation is a process that does not just happen at the end of a project it needs to happen throughout. This means by constantly checking out what aspects of your plan are working, and which areas need improvement you can then make any necessary changes to your action plans so that you will be more likely to reach your goals.

The evaluation information you gather can be used to improve your project but also it can be useful to share with others who might be trying to develop similar issues the lessons learnt.

### **Why is it important?**

- To make improvements to the project.

Evaluation can help to point out where you have fallen short of your goals, so that you will learn from your mistakes. Negative evaluations should be seen as an opportunity to learn about what works, not as a failure.

- To justify resources.

It is important to be accountable to the funders who provided the resources to carry out the project. This will mean giving them evidence often in the form of an evaluation report about the value for money of the project.

- To recognize the value of the work

Engaging in the process of evaluating your initiative gives you the satisfaction of knowing how useful or effective your work has been. Being able to see the success and value of your work will boost your spirits and motivate you to continue with your work.

- To identify future work

Carrying out evaluation enables you to justify articulate more clearly the need for any further work in this area.

### **How should we do evaluation?**

Despite all of the benefits that evaluation can bring to your initiative, you may still meet with some resistance in carrying out an evaluation of your project. In order to gain the greatest benefits from evaluation, you might have to overcome some common misunderstanding about it.

Evaluation can be threatening to many people. Generally, their fears fall into three broad categories - "I don't know how", "I don't have time", or "you might find out negative things about my practice". All of these are valid concerns, but they shouldn't be so discouraging as to outweigh the benefits of doing an evaluation. The way in which you approach evaluation can help to alleviate some of these fears.

Participating with as many individuals who have a 'stake' in the evaluation is important. This is sometimes called participatory evaluation. This form of evaluation ensures the direct involvement of group members and other stakeholders in a way that enables them to learn from their experience.

In participatory, or empowerment evaluation, people work together to identify and implement appropriate criteria and methods for assessing the process and impact of their efforts. This approach has many potential benefits for projects.

Participatory evaluation:

- legitimises community members' experiential knowledge;
- recognizes the role that values play in carrying out evaluation research;
- empowers community members;
- demystifies the concepts and process of evaluation;
- enhances the relevance of evaluation data for communities.

# Module 3: Exploring Values, Attitudes and Working Practice

## Learning Outcomes:

1. To examine how attitudes influence perceptions and practice in the care environment.
2. To identify attitudes and values in relation to the development of your target practice.
3. To explore the gap between espoused and lived values in relation to the development of your target practice.
4. To explore potential areas of conflict (to do with values, attitudes and working practices) that may hinder partnership working in relation to the development of your target practice.
5. To plan a way of working to address these.

## Introduction

A belief is an opinion or conviction you hold, even though you have no positive proof (e.g. “I believe that all politicians are corrupt”). A value, on the other hand, is a recognition that you hold of the intrinsic worth or goodness of something (e.g. “I value freedom”). What you believe and what you value influence your attitudes (i.e. the position you take in relation to what you experience). In turn, your attitudes influence your working practice (how you do things/how things are done).

Many of your beliefs, values and attitudes you may be aware of. If asked, you would probably be able to say. However, many others (particularly relating to attitudes) may be out of our awareness.

Let us look again at the story told by a nursing assistant in Module 1. What does he believe?

He believes that:

- Mealtimes can be a traumatic experience for patients.
- A trained member of staff has to serve the food.
- If you are going to help someone to eat that takes time.
- Mealtimes are rushed.
- There are not enough staff to feed people properly.
- The patients do not get enough food.
- With proper planning things could be better.

Can we identify his values? His complaint reveals his values to us – he values:

- The pleasure of eating and of mealtimes.
- Feeling that he is giving people quality care.

The experience he describes is one in which his working practice does not support his values. The result is a feeling of great dissatisfaction and unhappiness.

Given the story he tells, what do you imagine are the attitudes he takes towards the patients, the relatives, his colleagues, his manager, his work? The beliefs and values he holds will influence – through his attitudes - how he approaches his work. He may relate most easily to those colleagues who see things from his point of view. His cynicism may close his ears to attempts by his charge nurse to initiate change. He may interpret the behaviour of a patient during mealtimes as evidence of trauma. He may interpret a patient's physical symptoms as indicators of malnourishment or underfeeding. If a relative expresses to him concern over mealtimes, he may agree with her (and thereby reinforce her anxiety).

But there are other, more hidden, attitudes expressed in his story. What do you think about his use of the term 'feeder' to describe an older person who is unable to eat by themselves? The way he uses the term sounds as if it is the accepted way of describing this group of patients. How does it make you feel? What does it say, potentially, about the way in which this group of patients is viewed in this care setting? What does it say about the relationship between the staff and the patients? How might its use influence the way in which patients are cared for? Would this term be used in other care settings do you think?

The point we want to make is that our values, beliefs and attitudes inevitably influence the way we do things and the environment we create around us. Many of these influences we are completely unaware of.

## **Social attitudes towards older people**

You are probably aware that negative public perceptions of older people do exist in our society. These are often borne out of commonly held myths about aging like:

- We will never be old ourselves
- All older people are alike
- Most older people live in institutions
- Retirement is less difficult for women than it is for men
- Alzheimer's disease is to be expected with old age
- Older workers are less productive than younger workers
- Sickness and disability come with old age
- Older people cannot learn
- Older people are more fearful of death than are younger people
- Old people are sweet and kind and at peace with the world
- Old people are weak and helpless
- Old people have no interest in or capacity for sexual activity
- Old people are boring and forgetful

- Old people are unproductive
- Old people are grouchy and cantankerous
- Old women are a burden on everyone
- Old age begins at 60
- Old people don't have feelings
- Old people are past being consulted about anything
- The majority of older people are set in their ways
- Older workers have high accident and absentee rates
- The majority of older people view themselves as being in poor health
- The majority of older people are lonely and are isolated from their families.

It is important that we spend some time looking at our own beliefs and values about older people so that we can discuss some of the misconceptions and

affirm what is more accurate.

**Exercise:**

The purpose of this exercise is to explore as a group our views about ageing. We would like to draw on individual's experiences of both negative and positive perceptions to see if there are some common themes.

You will be asked to consider a number of statements and to position themselves a distance away from the chair in the middle of the room according to how strongly they agree with the statement. Standing close to the chair will represent a very strong agreement with the statement.

These statements have been adapted from Palmore's Facts on Ageing quiz (1997)

- It is important to get people out of dressed and out of bed even if they don't want to
- It is important to restrict visiting at mealtimes as some patients feel they are being watched
- People entering a care home come there to die
- The majority of older people in care homes feel miserable most of the time
- Older people usually take longer to learn something new
- In general most older people are pretty much alike
- There is no point in trying to find out the views of older people with dementia as they won't be able to give their view
- The majority of older people in a care home are socially isolated and lonely
- The majority of older people would like to have some kind of work to do (including housework and volunteering)
- Most health care workers tend to give a low priority to the aged
- Generally people have a good understanding of what older people want.

Think about yourself and others in the group. Did you position yourself at the same point as others? In the discussion about the statements has there been any new learning for you?

## **Exploring your own beliefs and values**

First of all spend a bit of time on your own going through the list of questions below. Spend about 10 minutes doing this. Then work in groups of two or three

ensuring that there is a mix of people in your group and discuss your beliefs. Make a note of where there are similarities and differences.

1. I believe the purpose of the care service is:
2. I believe older people living in a care home/staying in hospital need:
3. I believe relatives of those being cared for by this service need:
4. I believe staff working in this service need:
5. If I was a resident/patient in this service I would like:
6. If I was a relative of someone being cared for here I would like:
7. If I was a member of staff in this service I would like
8. As a member of staff or a relative I feel valued when:
9. I believe individuals learn best when:
10. I believe people work together best when:
11. I believe the things that prevent change happening here are:
12. I believe the things that help change to happen are:
13. I believe I can influence change by:
14. What beliefs do you hold about the nurse/resident/relative relationship:
15. Other beliefs and values I consider important are:

Adapted from Manley (1992), Manley K (1992) Quality Assurance: the pathways to excellence in nursing Chapter 7 in G Bryzinska and M Jolley (Eds) Nursing Care: the challenge to change Edward Arnold London

## Exploring the gap between espoused and lived values

Most of us go about our daily lives without thinking too much about *why* we do what we do and whether it really supports what we believe and value. As a result people may well assume that what they *believe* to be the case is indeed what actually happens in practice: “(I believe that) the care we deliver is person-centred (and therefore it is)”.

In order to enable people to recognise a need for change it is necessary to challenge the assumptions people make about the link between their values and beliefs and their working practice. These are some good questions to use to challenge people’s assumptions:

1. how do you know that?
2. what is your evidence?

This can be a very uncomfortable process for a person. It is important for them to be involved in gathering the evidence that supports or challenges their own assumptions about their work practice. In this way they have an opportunity to learn and understand more about the way they work. They are also much more likely to feel involved in the change process rather than oppressed by it.

### **Exercise:**

Given the evidence you have gathered in relation to your target practice issue for development, is there a gap between the espoused values of the organisation and/or the staff and what actually happens in practice? Can you describe that gap? How does your working practice support or challenge such values?

## Understanding other people’s beliefs, values and attitudes aids collaborative working

Let us think again about our nursing assistant. Through his story he has told us about his beliefs, values and attitudes. If you wanted him to support the change initiative you were considering, then how would you do that? What would you need to convince him of? What attitudes would you need to challenge and how would you do that?

Understanding and respecting what is important to one another can help us to work collaboratively. It can help us to establish some common ground about what we believe is good quality care, or a good quality of life.

### **Exercise:**

Consider what you know of the beliefs, values and attitudes of the different groups of people that you need to involve in your project to make it work. Can you identify any areas of potential conflict where you will need to be particularly

sensitive in the way you approach people? What do you need to do to bring them on board?

## **Looking at the culture of care organisations**

### **Introduction**

It is useful to look at the culture of care organisations as we believe that this has a huge part to play in successful change and the development of practice. Organisations like care settings are complex. Culture can generally mean – the way things are done around here. Every organisation has its own unique culture even though they may not have consciously tried to create it. Rather it will have been probably created unconsciously, based on the values of the people who live and work in the organization.

It is important to try to understand aspects of the culture we find ourselves in because it affects how we do things. Below are some things that help to promote an effective organisational culture.

1. Patient centred care designed around needs of patients
2. Activity focused directly on practice and how knowledge and skills are used
3. Activity at patient level matches activity at organisation and strategic level
4. Evidence of change in individuals and culture
5. Teams enabled to develop
6. Focus on emancipatory change
7. Evidence generated and used in practice
8. Quality is everyone's concern
9. Espoused values and beliefs realised in action
10. Strategically appropriate (fit between local environment and policy)
11. Positive change is a way of life
12. Transparent, democratic & participative decision making
13. Staff participation is fundamental to the infrastructure
14. Focus on developing leadership potential of all staff
15. All stakeholders are of value (includes customers and employees)

### **Manley (2004)**

#### **Exercise:**



## Module 4     Supporting learning and practice development

### Learning Outcomes:

1. To understand why it is important to build in time to reflect on what is happening and to learn from the process.
2. To agree principles for working together that will create a safe environment for people to share thoughts, feelings and ideas.
3. To explore how learning from experience can be facilitated.
4. To identify a way of incorporating support for learning into the project plan.

### Introduction

As we said earlier, it is easy to carry on doing what you have always done. What is much harder is to try to do things differently. (If you have ever tried to stick to New Year's resolutions, you will know this first hand.) Think back to the time when you first started doing what you now do. To begin with you have to think about everything you do because it is unfamiliar: the environment, the skills you need to develop, the knowledge you need to learn. If you are lucky, then you have role models – people you can watch and learn from. Constantly in your head are questions like: am I doing this right? How can I check this out? Is this the right decision? What do they think of me? You are self-conscious about your working practice. As you become confident and more proficient you can do some things automatically. You learn the assumptions and the know-how that the work relies on. But you also learn the assumptions and the know-how that the work relies on *as it is done here by these people in this work setting*. You understand the work culture and learn to 'fit in'. Part of the development of proficiency is to learn and accept that 'this is how we do things round here'.

If someone new comes along they can ask questions which appear naïve: why do you do it like that? What's that for? How do you know that? Such questions can be quite annoying because you think *well it's obvious, everybody knows that!* What these questions do is to challenge the assumptions that you base your work on. Many of these assumptions you will be completely unaware of. The valuable thing about asking such questions is that it helps you to see that you can make different choices in the way that you do things.

If you want to change your working practice then you will need support (by way of time and other people) to reflect on what you do, how you do it and why you do it like that. As you make changes, then you will need similar support to explore and learn from the changes you make. Often, the key challenges come not from the work itself but from the other people you work with. In our everyday lives we have to manage interpersonal strife. These come to the surface as soon as you start to question and change things. So you also need support to discover how best to manage difficult situations that arise.

## What does support for learning and practice development look like?

### Exercise 1:

In the following example, the speaker is highlighting a difficulty in her relationship with a relative.

*We've tried to make things better with this relative and it's been really good recently. But then one day there can be just one little hiccup and it goes back to square one again and everybody feels flat again. You think "why? Everything's been fantastic, we've all been communicating well and then one little thing..." It's like nit picking.*

*If you look deep enough behind why somebody does that, it's guilt or feeling inadequate. I think there's a lot of psychology behind it. Sometimes it gets to you but I think it gets to me less now. I think I understand it and it doesn't bother me as much now. It used to really upset me. I think my communication with the person concerned is much better. I've made an effort to keep the person informed at all times. I try to please at all times. I always aim to please. There isn't anything else I can do. I'm at my maximum help level. I'm doing everything I can but it's still not good enough.*

What do you make of this story?

Does it remind you of your own experience?

What assumptions do you think she is making?

What would you say to her?

What questions would you ask her?

She has clearly thought carefully about how she can improve her relationship with this particular relative and that has involved discussions with colleagues. They have tried to do things differently but there are still problems. She cannot see what else she could do. She feels powerless. How she makes sense of her experience in this situation is reflected in the story she tells.

How could we support her in this situation?

We might be tempted to offer her advice (have you tried X, Y or Z?) or to tell her a story of our own (I know exactly what you mean, it happened to me only the other day...), particularly if her story has reminded us of a similar experience of our own.

We might be tempted to commiserate with her (I know what you're feeling, I've been in a similar situation and it was awful), particularly if we identify with how she is feeling.

We might be tempted to make her feel better (don't worry, it'll all work out in the end) or to rescue her (I'll go and speak to X, Y or Z), particularly if the feelings she expresses make us uncomfortable.

These are all perfectly natural reactions to someone telling us a trouble. However, they all take her story – and the problem it describes - at face value. It is her way of understanding the problem that leaves her feeling powerless. It is *her* experience, *her* problem, *her* practice. We can try to short circuit the work by using our own experience to identify possible solutions. But we would be making stabs in the dark. Something might hit the mark and she could go away and try it out. But if she continues to see the situation (and the problem) in the same way, then she will soon become unstuck again.

The only way to identify an *effective* and *appropriate* solution is to help her to explore how she sees the situation and the nature of 'the problem'. Once she does this, the problem itself begins to change and alternative courses of action emerge.

The other important reason for doing this exploratory work is that by helping her to question her own practice she can learn from her experience and this learning will have an impact on how she goes about her work.

So what would this exploratory work look like? It takes the form of questions. These are some of the questions we might ask her.

You describe having 'tried to make things better':

What things did you try?

How did you decide on those particular things?

What outcomes did you expect?

Can you give me an example of when you tried these things and describe what happened?

Can you give me an example of a 'little hiccup'?

Can you describe what happened?

What did you do?

How did you feel?

What does 'being back to square one' look like?

Have you spoken to the relative concerned about this situation?

How do you know that he feels guilty or inadequate?

Through questioning like this she can start to identify all the assumptions she is making about the situation. She can get a sense of "what I *know* to be the case" vs "what I *imagine* to be the case". She will probably find that she knows (i.e.

knowledge that is backed up by evidence) far less about the situation and imagines (i.e. beliefs that are based on assumption) far more about the situation than she ever would expect. A useful next course of action for her could then be to check out her imaginings.

Exercise:

Divide into groups of 3. In this group you will each have a role.

**One person** will tell a short story of an experience they have had when things did not go well for them in the care setting. This may be as a professional or an older person involved in that care setting. The story does not have to be a complicated one it can be quite simple – the important thing is that it was a real experience. You should take no more than 10 minutes to tell this story.

**One other person** will listen attentively and when the person has finished telling their story they will ask the story teller some questions. Some examples of questions that you may find useful:

Can you clarify this for me?

How did you feel when this happened?

Can you think of any other way this could have turned out?

Have you had this experience before?

How do you normally deal with it?

How could you deal with it differently?

What might be the consequences if you did this?

Try to think of questions to ask the person rather than telling them how you feel.

**The other person** in the trio has the job of observing and taking notes. Take notes about the questions that were asked, how comfortable people were feeling, silences and what this felt like etc.

Now change roles and repeat the process.

Be prepared to reflect back to the group about how this felt and if there was any new learning for you.

## Supporting collaborative working

So far we have given the argument for why – on a personal level - we need support for learning and practice development. However, on a group level it is also very important. We have already explored the complexities involved in

working collaboratively with other people. Your aim at the outset can be to discuss and agree how you are going to work together. You can explore your beliefs and values and try to anticipate any potential area of conflict. But that work, however valuable, can only ever be a preparation. You do not know what you need until you need it. You do not know what is going to happen until it happens. Therefore, you need regular opportunity to reflect together on the process of working together so that any issues can be identified and discussed and ways forward can be found.

First we will look at how you might agree principles for working together. We will then look at how you might build support into your project to help keep these principles live and useful.

## **Agreeing principles for working together**

Why would we bother to do this? Once you have identified your target practice issue for development and brought people together round a table to plan it, you could just focus on implementing the plan. However, what we have tried to impress strongly in this course is that practice development is essentially an *interpersonal* process: it is about people working together. And when people work together all manner of problems arise as a result of, for example, misunderstandings, differences of opinion or competing agendas.

It is useful to spend some time discussing this (so that everyone is prepared for when it happens) and planning for it (so that when it happens you have a mechanism for dealing with it).

This involves identifying a set of principles (i.e. rules of personal conduct) that you can all agree with to underpin your working group. These principles will describe particular attitudes and behaviours that will support effective and productive working. The following exercise will help you to identify and agree these principles.

Exercise:

In preparation, spend some time in groups of 3 considering the following questions:

- What helps me to flourish and participate to the full?
- What are the attitudes and processes that help to make disagreement possible and what are the attitudes and processes that make it uncomfortable and difficult?
- When do I feel excluded or included?
- What do I need to feel safe to express my thoughts, feelings and ideas?

Someone in your group should take notes and agree to feedback to the main group.

Then, as a whole group, identify the principles that will create a safe and productive work group.

Can you all agree to *try* to behave according to these? Of course, while things run smoothly it will be relatively straightforward to do this. The challenge will come when tensions arise. However, having made an agreement like this will help at such times because it provides something that any one of you can refer back to and use to challenge what is happening. That is why it is very important to make them visible at your meetings and to review them regularly.

### **Incorporating support for learning and practice development into your project plan**

Now consider your own project and plan how you will:

- support your own learning and that of your colleagues to facilitate the process of practice development;
- use your principles for working together.

## Module 5 Creating a communication plan

### Learning Outcomes:

1. To explore how the process of communication can hinder or facilitate your practice development project.
2. To develop systems and processes to facilitate effective communication and review of progress.
3. To consider issues to do with challenge and support when giving and receiving feedback within the working group.

### Introduction

In the Partners in Practice project a core group of staff and relatives worked together to plan and implement changes to practice. Other members of staff and relatives needed to know and understand what was happening for three reasons:

1. the ideas for change came from them so they needed to be kept informed about how those were being taken forward
2. the changes to practice being proposed would involve them at some point
3. (for staff) they needed to cover for those staff attending the meetings.

(need quote from project about staff resenting having to cover for people to attend meetings when they don't even know what's going on).

In a practice development project, communication is absolutely central and you need to consider what everyone's needs are and have a plan about how you will meet those needs. Many of the difficulties that arise through the course of the project will be to do with communication (or the lack of it!) You need to think about communication as it relates to:

- How decisions are made
- How information is relayed
- How discussions and actions are recorded
- How relationships are fostered.

### Naming the interested people and groups

Exercise:

Begin by identifying all those people (groups of people or individuals) who you will need to communicate with about this project:

- How do you need to involve them in the project?
- How do *they* need to be involved in the project?
- What information needs do *they* have?
- What information needs do *you* have?
- In order to foster relationship with them, what will you need to do?

Always remember that particular people have a strong voice and others will listen to them (when they will not necessarily listen to you). By supporting them to express that voice, you can really get things moving (e.g. by residents/patients and families).

## Identifying what you need to have in place

The following is a list of questions to help you to plan your communication. Try to consider these questions from the perspective of the various people or groups of people concerned. When you do this, consider also two different scenarios:

- what would *poor* communication with this person or group look like and what would be the result for your project;
- what would *good* communication look like and what would be the result for your project?

The following list of questions is not exhaustive. However, it provides a starting point for you.

- In relation to decision-making:
  - What are the key decisions that will need to be made and who needs to be involved in making those?
  - What other decisions will need to be made and how will they be made?
  - Who needs to be informed about decisions that are made?
  - How will those people be kept informed?
- In relation to information relay:
  - Considering what information different groups of people need, how should that information best be communicated (i.e. so that it is accessible, straightforward and simple)?
  - How do we ensure that everyone who needs to know is informed of changes to dates or times of meetings?
  - How do we communicate to those not present at meetings what went on in the meeting?
- In relation to how discussions and actions are recorded:
  - How do we record actions agreed at meetings?
  - How do we ensure that everyone is informed of those actions?
  - How do we ensure that those actions are completed?
- In relation to fostering relationships:
  - What are the areas of sensitivity that we need to be aware of?
  - How will our awareness influence the way we communicate?
  - How will we ensure that people feel respected, valued, heard and understood?
  - How will those people who constitute the working group support one another through the project?
  - How will you use your principles of working to help you to challenge one another?

## **Identifying the systems and processes you need**

You will now have the basis for your communication plan. Some of what you will have identified by doing the exercise above is the systems and processes you need to put in place to support your communication needs.

## Module 6 Giving and receiving feedback

### Learning Outcomes:

1. To develop skills in giving and receiving feedback.
2. To demonstrate how the principles of action learning can be used to unpick issues to do with behaviour and relationships.

### Introduction

Often we are not very good at giving one another positive feedback about who we are, what we do and how we do it. In fact, a key characteristic of a negative work environment is the lack of common courtesy and of constructive feedback on how we are doing. If we are considering fostering relationships, then a lot of positive feeling and goodwill can be created simply by remembering to appreciate another person. The message this gives is that the other person is of value to you. They do not know it unless you tell them.

Feedback is also important because we can learn from it. If someone tells me how they experience me, then I can learn about how I impact on other people and I have an opportunity to make changes (e.g. to modify my behaviour either to avoid a negative impact, or to generate a positive impact). Again, if someone tells me that there is a problem with something I have done, then I have an opportunity to make changes.

It is useful not to think of feedback in terms of 'negative/bad' and 'positive/good' but simply in terms of feedback. If you make your feedback *constructive* what you are doing is organising it to make sure that the other person:

- feels valued and respected
- is given a clear message about what the feedback is.

It takes practice to give constructive feedback. We all make mistakes. However, it is important to try to give feedback (no matter how clumsy you feel to begin with) because without it *change cannot happen*.

### An exercise in appreciation: making gifts

Exercise:

'Making Gifts' is an appraisal activity in which people make or mime gifts for each other. It is adapted from Roger Greenaway (<http://reviewing.co.uk/feedback.htm>).

This is a fun activity which tends to bring out surprising amounts of creativity and sensitivity once givers realise the responsibility they have towards the receivers. Receivers will be more receptive, knowing the time, thought and care that has gone into creating personalised gifts for them.

Divide into 2 groups. Spend time with the resources available making gifts for each person in the other group. The gift should say something about the qualities that you have noticed in that person in the time you have known them.

Each group presents the gift to the person in the other group. Spend some time reflecting on the process of:

- identifying the quality you want to appreciate
- making the gift
- giving it
- receiving the message.

Giving considerate, helpful and specific feedback is a real skill. Most of us can remember receiving both useful, constructive feedback and also harsh, discouraging and confusing criticism. We can also remember how this felt afterwards. Negative feedback for example may have left you feeling attacked, foolish, defensive and angry. People can then become defensive and actually lose the ability to remain objective about the situation.

As a person who would like to feedback something you are a bit concerned about you could choose to approach this in one of three ways: get angry, ignore it altogether, or separate the good efforts from the problematic ones, and provide specific ways to improve.

### **Why is feedback important?**

It helps people to know what bits of their behavior are effective and learn about the parts to change.

### **Why is feedback difficult?**

We might fear that it upsets people and that a possible consequence might be that the care of our loved one will be affected in some way.

We might fear an emotional response, say anger or sadness or disappointment

### **Some tips for giving feedback**

1. Be clear - be clear about what you want to say. It might be helpful to write down the key points beforehand.
2. Emphasise the positive. This isn't being collusive in the person's dilemma.
3. Be specific – it is really hard for someone to make improvements on a general comment.

**Harsh, non-specific, personal feedback:** *"You just seem really arrogant, I didn't like talking to you, I don't know what you can do about it, probably it's just the way you are."*

**Positive, non-specific feedback:** *"Oh, well, I think you did really well, you were very good, I can't think of anything you should change."*

**Specific, balanced feedback:** *"I thought you seemed very confident about your skills while interviewing me, and this was good. There were a couple of occasions when you raised your eyebrows at me when I was talking. This made me feel like I was saying something stupid. You might want to be aware of that gesture when talking to patients so that you don't convey something you don't mean."*

4. Focus on behaviour rather than the person. Don't try to guess why a person did something – concentrate on what they did. Deal with the behaviour – it is all you can be absolutely sure about. Anything else is guesswork.
5. Refer to behaviour that can be changed.

Example:

"When you do this \_\_\_\_\_" **(specify the behaviour)**

"It is a problem because \_\_\_\_\_" **(specify how the problem is affecting you/the team)**

"How can we work out a better approach together \_\_\_\_\_" **(specify what could change to make things better).**

6. Be descriptive rather than evaluative.- don't make judgments.

*"You did not ask about the patient's preferences." Not "You did a poor job eliciting the patient's perspective."*

7. Own the feedback -- Use 'I' statements.

Not – *'you are patronising'*

Own this and say *'I feel spoken down to when you speak to me and my mother.'*

8. Avoid generalizations -- Notice "all," "never," "always," etc., and ask to get more specificity

Adapted from Giving feedback a manual for trainers and patients  
<http://depts.washington.edu/hsasf/clinical/feedback.html>

## **An exercise in constructive feedback**

Exercise:

Spend a few minutes thinking about your experience over the course. There will be things that you have found enjoyable and productive and there will be things that you have found frustrating and difficult. Identify the piece of feedback that you would find most difficult to give verbally to the facilitator.

Now get into groups of 3. The first person starts by telling the others what their feedback is. Together, experiment to find the worst possible way of giving this feedback. Now, again with their help, identify the most constructive way to give this feedback.

## **Module 7 How do we know we have made a difference? (3 hours)**

### **Learning Outcomes:**

1. To evaluate what change has been achieved and how this has effected the care environment.
2. To identify what learning has taken place as a result of your project.
3. To identify how this learning can be used to sustain the developments achieved.

### **Resources Required:**

Participatory evaluation  
Learning specific techniques  
Writing stories

# Appendices

# Reflective account

What we did	What this made me think about	What I am going to do next

## Evaluation Form

It is important that we continually check out with you how you are feeling about the course and if there are any changes we need to make. We would really appreciate it if you could spend a few minutes at the end of the session today completing this form.

What I enjoyed most about today's experience?

What is the most significant thing have learnt as a result of today's experience?

Is there anything you might think differently about after today's experience?

Is there anything that could have been done differently?

Are there any other general comments that you would like to make?

# **From Partnerships between people who use health services and people who work in services SHS Trust (2002)**

## **Some Strategies for Bringing About Change Michael Kendrick**

Every person is a philosopher, a theorist. Everyone has theories about change. Sometimes they're not very good ideas, though, which is why sessions like today are good for revisiting theories. I want to try to bring together the ideas and theories that I have found over the years help people to make changes in the culture and practice of human services, and to reflect on some of the ideas we have discussed today.

We all make choices. There is a choice about which changes we want to see happen – which aspects of the world as it is today we think should be different. There is also the choice about whether we are going to do something about it.

### **Change happens because individual people decide to take action to make something different**

One of the theories that is unhelpful is that change comes from organisational structures, that it is impersonal. My belief is that it is what happens within people that is the root.

The assumptions that people make often make life more difficult for us: for example, feeling that everyone is against you, so you don't see the friends you have. Or that change happens through groups of people or organisations and structures. We are not used to seeing the potential individuals have to make a difference. This is about what an individual can do. Good people can be helped to do good things, and these are some images that generally help.

Human services systems have strength, but they also have imperfections. People find they have to get good at change to get the system to work the way they want. When people find change difficult, they get discouraged. So the issue then becomes how to unlock the people and free them up to what might be possible.

### **Start with something you can achieve.**

Change happens because people personally want it to.

Technocratic ideas equate to organisations, systems and money: they are important but don't trump individuals getting in and making things happen. We

can feel a bit overwhelmed by the big systems, though – which is why most of us don't try to change everything all at once.

A good starting point is to find some piece that you can work with, and get started on that. There are extraordinary examples of people being effective on small pieces of the problem – one relationship, in one place – that have in time lead to lots of people working differently.

### **Any great change requires consciousness-raising.**

Most of us drift through changes without being conscious of what is happening or of our role in it. We may have been in the middle of a big change but not noticed it. Would we recognise a revolution?

The first thing we often have to do is get people conscious, get them mindful of what they are doing. Think about one of the points Heather made – that systems look at people in a way that makes them less than people, without realising it. Once you are conscious of that mindset, it becomes harder to ignore it.

We also need to be conscious of our role as the change agent. It helps to think about all our experiences of being effective and ineffective. William Blake said 'I've been a fool long enough to become wise'. Sounds like my life, more the latter. There is a huge personal element in making change happen. So we need to think about what we do and how we do it.

Changes always involve consciousness raising – all change movements are involved in changing the way people see the world. Get the conscious and the mindful people around you. Being unconscious is generally not very helpful for guiding, making change. But pay attention to the issue and things will happen. Consciousness is a huge asset.

### **Having a vision, theory, a set of assumptions is very important.**

All words are based upon ideas. Part of being an agent of change is starting from a different premise, a different way of seeing the world, and sharing that new vision with other people.

So being open to new ideas, and realising that they will be new to other people too, is an integral part of making changes.

Part of the problem is that when we work in a profession, that professional world is based on certain premises that are often so ingrained we no longer think about them. The roles assigned to professionals are based upon the assumption that professionals know something and have relative authority, not transcendental knowledge and authority. Professionals are flesh and blood too. People who are in a professional role who are going to be part of leading the changes will find

themselves drawing on the people part of themselves. They are likely to find themselves working from a different premise – at least until the others catch up.

### **Nobody creates change all by themselves**

Change always requires alliances and some strange bedfellows. We need to accept that we are going to have to get into bed. Change requires many constituencies.

The art of alliance making is a constant art and challenge. You need to get people with you, and you need to get people not to oppose you. People need to consent to your initiative and leadership.

Look for affirmation as confirmation of your effectiveness. This might come from outside the system rather than within it. Look for the signs you know yourself. Remember that when you look at a big programme that now has lots of people or organisations involved, that at the start there were one or two people who had the idea or did something that led to it happening.

Don't dive alone. People coming together does help. But it can be a small group of friends; it isn't all mass movements.

Your strategy here could be:

- How do you get people on side with you?
- How do you motivate the individuals?

Plan around the resistance; don't let it overwhelm you.

You also have to think about the defences people have against change:

- It can't be done (even when there is evidence that it has been done).
- Incuriosity – don't look elsewhere, don't wonder about how the world could be different.
- No-one can ever change – or the people here won't change.
- It doesn't happen in places like this or to people like us – but smaller cities are often good locations to try things. People don't get noticed, or are not so worried about what other people think, or don't know it is supposed to be impossible.

### **You only need to get one white crow to show that not all crows are black**

People need to turn a corner. They need to see an example, even of a tiny change.

It doesn't matter what the change is, as long as they can understand it relates to the real world as well as to the abstract. When the Wright brothers flew for the first time, it only lasted eight seconds. But that showed that powered flight was possible. It was that first example that changed forever people's assumption that flight was not possible. The next stage was to extend the new phenomenon – to ten seconds, then sixteen seconds, then to thirty two, and one day to jet aeroplanes.

Aim to start small, to turn a corner, establish small beachheads. Then you – or other people – can extend from there and a whole new universe will unfold.

Get people interested in the example – feeling it is something they have helped to create.

It helps if the example makes a real difference to them. So find their world, find a place in that to make the example work and do it there. For some people it will be better if it is the centre, their biggest worry or most important issue. But often it is easier for them and you if it happens on the fringes, as it is safer to try new things where there is less attention.

Then make sure you tell people what you have done in a way that helps the change along.

Once they see it, the meaning of the example has to be clear to them. So you have to create the example and give the interpretation of the example.

It's important to make explicit what works, visit examples and work out why. What happened? We need to challenge our own and other people's assumption that our society is unchangeable.

'Become a possibilitarian. No matter how dark things seem to be or actually are, raise your sights and see possibilities... always see them, for they're always there.'

Norman Vincent Peale

### **People who create change are the people who stick with it**

We need to think about long-term results when we are dealing with a long-term problem. Changes often happen when people have persevered in a strategic sense. Build up momentum. History is full of people who dabbled, who put in a lot of effort but didn't achieve anything that lasted. A brick wall will fall down with a bit of banging. Stick with it, change strategies will bubble up.

Change also need competency, and there can be a strategy to this too. There needs to be competency in the new ways of doing things. We want the new

things we do to be the best they can be. And we also want other people to respect and to emulate them.

We also need to develop competency in the change agents, to hone their craft. Getting ideas and the vision is part of it – doing what you are doing today. Look out for other opportunities to develop your craft – the training and learning that is available to people who work in the system, the training for the community activists, and the learning we get from each other.

### **Can you stand being in the world while you change it?**

Some people burn out because they can't stand the failings of the world, or the system, that are still around them. The approach that I've found that works is to accept, not necessarily agree, but let go. You will have to find your way to make it work. But don't spend your energy on things that won't help make the changes.

Effective change agents save their energies for the battle, and in their fighting there is an element of compassion and forgiveness. They don't carry the huge weight of grudge. They let go their own failings, don't be burdened by profound inadequacy.

Take the long view:

- Accept you have to put up with people resisting and being difficult – for all reasons we know and try to understand.
- Don't take it personally.
- Don't let it tie up so much energy that you can't do the positive things.

### **Change requires investment**

Change requires catalysts, and we need to invest in the catalysts. This involves finding and nurturing the people and the opportunities that will help move things on. It also includes investing in yourself. Sometimes people get stuck when they can't make the changes themselves. Think about what will help you to grow: take stock, learn open-mindedness and flexibility.

### **Getting change to happen involves getting consent**

Once you have convinced people that change is necessary, and your idea is a good way to go about it, you need to then get them to do what you want them to.

Bringing people to this decision will require formal and informal processes.

The formal processes are the policies, working with the managers, the bureaucrats and the formal procedures.

The informal side is people making personal decisions: what happens in the culture of the organisation, what people feel. Most of the time we give our attention to the formal process. But it is the informal changes that usually happen first.

So when you think about getting change to happen, think about bringing people to a decision, and then get them to make that decision.

### **Change begins inside people**

Institutions are changed fundamentally from the inside out. Change begins inside people, and then gets reflected in the structures and the procedures. Many people focus just on the external strategies. Do this, but also ask people to make their internal changes – speak to their spiritual and moral values.

I mentioned that I'd been thinking about Gandhi earlier. Gandhi had the capacity to get Hindus and Muslims to work together and to trust each other. He spoke about qualities and values such as trust, credibility, truth, justice and decency.

I hope that there is a new Gandhi real soon, that we can recover some understanding of each other.

- Find the vocabulary that is inclusive.
- Don't be afraid to talk about values.
- Keep learning.
- Keep listening.
- People will teach you.

*The ways in which individuals can  
make a difference  
~Michael Kendrick~*

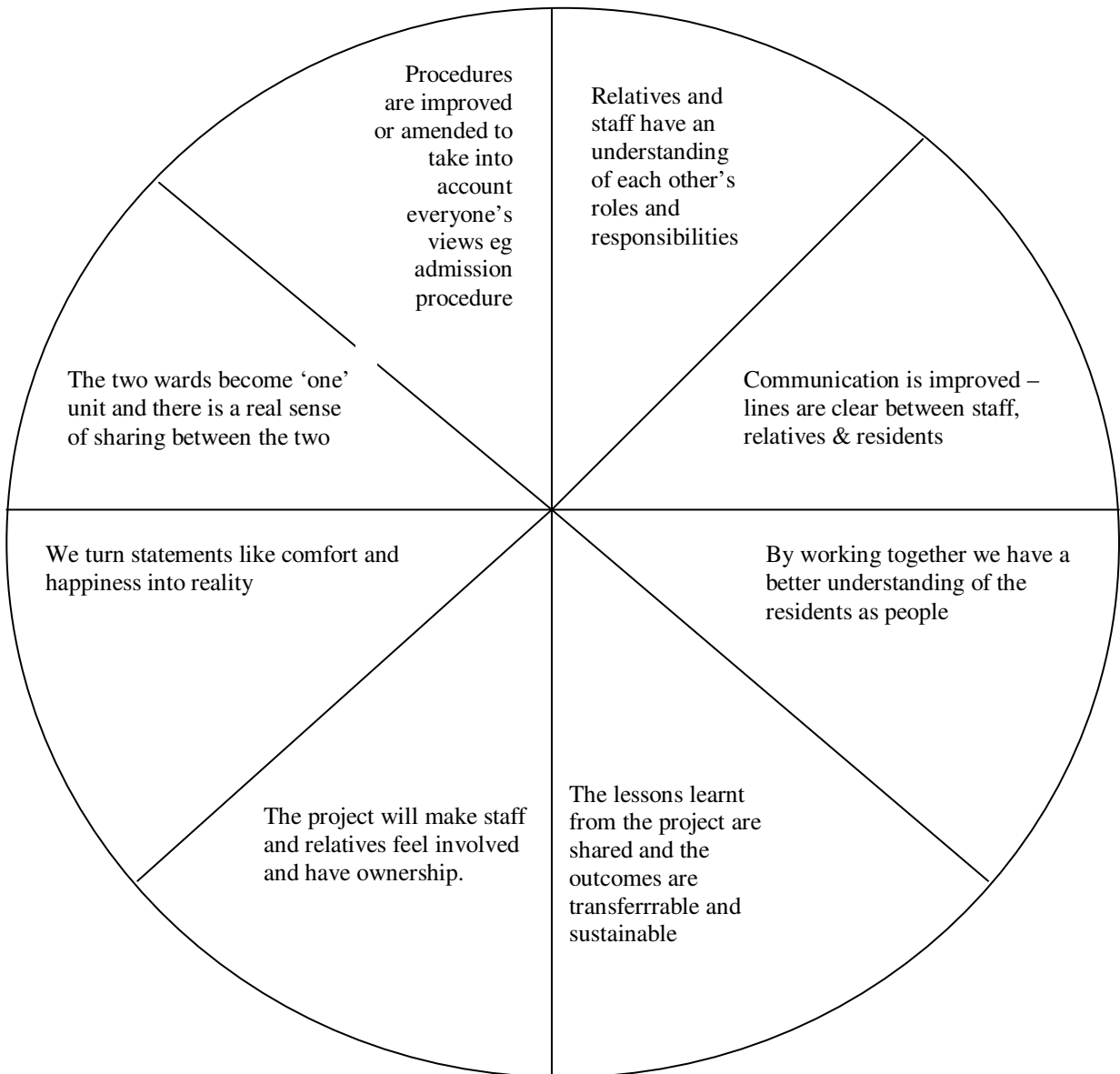
- Change happens because individual people decide to take action to make something different.
- Start with something you can achieve.
- Any great change requires consciousness raising.
- Having a vision, theory, a set of assumptions is very important.
- Nobody creates change all by themselves.
- You only need to get one white crow to show that not all crows are black.
- People who create change are the people who stick with it.
- Can you stand being in the world while you change it?
- Change requires investment.
- Getting change to happen involves getting consent.
- Change begins inside people.

**Reflections on Michael Kendrick's paper**

In pairs spend time discussing the following:

- What was the thing that stood out for you in reading this paper?
- Were there any parts you did not agree with?
- Think about an experience when you were the catalyst of change or the one white crow? How did this feel?

## Evaluation Wheel: Desired outcomes of the project (Partners in Practice)



# Action planning

What do I/we need to achieve

When do I/we need to achieve this by

What resources do we need to help us to achieve my/our objective

What support do I need to help me/our to achieve our objective

What things will hinder me achieving the objective

What tasks need to be done to achieve the objective

Date	Task	Person responsible
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What do we need to do to see prove or show others that we have met this objective?

# Facilitation Questions

## Some useful questions to ask

Can we stop for a moment and check on how we are doing?  
How do you feel about what is going on?  
How helpful was that comment?  
Perhaps it would be more helpful to turn the comment into a question?  
What question does that raise?  
What questions have you found useful?  
What are we trying to do here?  
What I think I heard you say was....  
How can we make this relationship more effective?  
Why say them when you mean me?  
How can I help you?

(adapted from Jane Neubauer – Action Learning Guidebook).

## Keeping a journal

Why keep a journal – by doing this it may help you to reflect on the experiences that you have in the project or initiative. It is a way of recording your feelings thoughts and actions both for yourself and others. You may find it useful to consider the following questions to frame your writing:

Setting – where was I? What could I see smell, hear and feel in the setting?

Personnel – Who was I involved with? Who else was in range of the interactions?

Content of the activity – What was I doing and why?

Account of the interaction – what did I do or say first? What happened next? How did it happen? What was said by whom to whom? What responses were elicited? What was I thinking and feeling at the time?

Adapted from Street A (1995) 'Journalling' from Nursing Replay: researching nursing culture together, Melbourne, Churchill Livingstone pp147-171

## Guide to critical reading

You may find during the project that you want to read some articles or reports about some of the issues. Many of these articles and reports are written by professionals and therefore the language can be jargonistic and inaccessible. In addition the articles often present a professional view which might be very different to your experiences. It is important to recognise these as you are reading and perhaps share these with the rest of the project team.

As you read ask yourself the following questions:

Is the style vocabulary and structure of the material helpful or not?

Do you understand what you are seeing?

Do you think the author is biased in any way?

Are there important pieces missing?

Does it tell you everything you need to know?

Do assertions made by the authors correspond with your own experience or observations? If not what are the differences.

