

Moving Upstream Together: Working in Partnership to Bring About Change

**A course in culture change to support the project:
Promoting Nutrition in Care Homes**

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Promoting Nutrition in Care Homes

What is this project about?

This project is designed to enable care home staff to improve standards of nutrition in order to promote the health and well-being of residents. Volunteers from care homes across Scotland will take the lead in developing practice in their own care home (by planning, implementing and evaluating a small project).

These volunteers will be supported by:

1. A three day course on Nutrition
2. A two day course on Culture Change
3. A monthly 4 hour meeting (over a period of six months) to support their learning and progress.

This support will enable volunteers to take on the role of 'nutrition champion' in their own care home.

What does it mean to be a 'Nutrition Champion'?

A nutrition champion will:

- Act as a point of contact for colleagues who have questions about nutrition.
- Educate colleagues about the importance of nutrition to the health and well-being of residents.
- Take responsibility for ensuring that nutrition is high up on the agenda of the care home.
- Take the lead in involving colleagues, residents, family and community members in the care home's work around nutrition.
- Take the lead in a project to develop the care home's practice around nutrition.

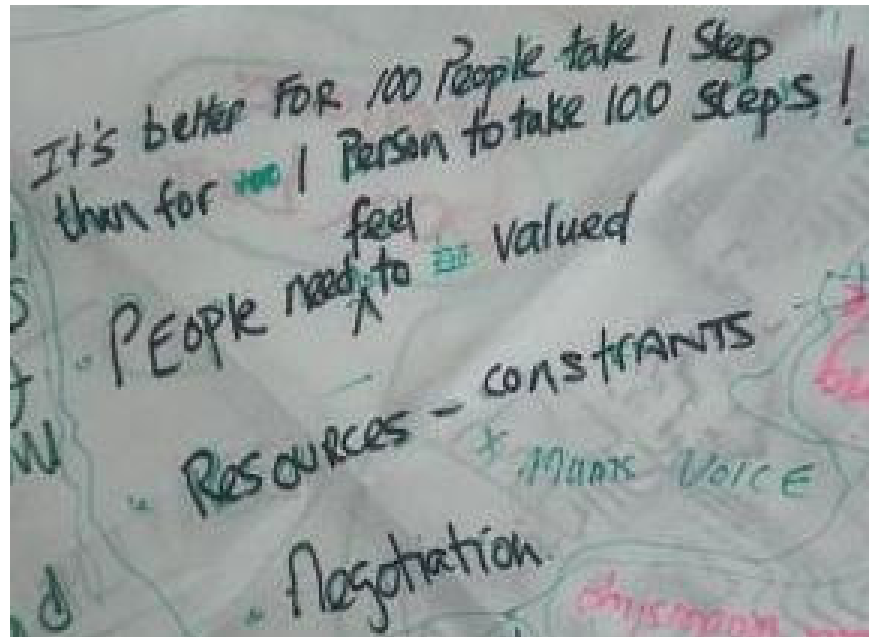
The role of the 'Nutrition Champion' in the Care Home Learning Network

Promoting Nutrition in Care Homes is one of the projects designed to support the Care Home Learning Network. It is important that learning from this project is shared with other members of the network.

As a Nutrition Champion your learning will be supported by monthly meetings with other Champions. What these meetings will help you to do is to identify and talk about what you are learning.

The facilitator of these meetings will work with you as a group to record your learning and decide how it can best be shared with others through the Network's website.

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, social care workers, 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. At one end of the spectrum you might have older people and staff sitting round a table together as partners throughout the process of planning, implementing and evaluating change. This was the model we used for the Partners in Practice project (see below). 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

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

those giving and receiving care. It can be used in relation to any setting where care takes place.

How should this pack be used?

This pack supports the two-day culture change course that, as a Nutrition Champion, you will be taking. In that course we will not be covering everything that is in here. However, you have this pack as a resource and we encourage you to use it to support your project work. We will refer to it at our monthly meetings and may well use it to focus on particular challenges you are facing.

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.

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. how the work gets done
3. whose views are taken into account.

Exercise:

Work in pairs. 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?

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 would 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, taking notes as you go 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 detail.

D. Key considerations

Winning hearts and minds

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 working 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 working 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, the working 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 staff on the working group were discussing the project with their colleagues and were selling its benefits to them. However, the importance of this had not been discussed by us as a group. So neither had we agreed how hearts and minds would or could be won over.

If you take the time to 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.

If you remember nothing else, remember this!

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.

Agreeing level of involvement, commitment and agreeing roles and responsibilities

People may express great interest in your project and willingness to get involved. However, there are always competing pressures on people's time and so when it comes to taking on actions, you may find that willing people are thin on the ground. If you have no agreement with people about what commitments they are able to make to the project, then you cannot rely on them to do what needs to be done. Indeed, you may find it hard to ask them (unless you have management authority behind you). As a result, you may end up taking on all the work yourself.

If you remember nothing else, remember this!

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. The findings from this work were then fed back to staff and relatives at meetings so that they could identify priorities for change. The working 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 can 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, people expressed disappointment at what the project achieved.

If you remember nothing else, remember this!

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 that requires negotiation 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 or 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.

If you remember nothing else, remember this!

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?

It will help in the implementation of your project if you are able to give some thought to these questions and make some agreement with your colleagues.

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.

If you remember nothing else, remember this!

Draw up 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?

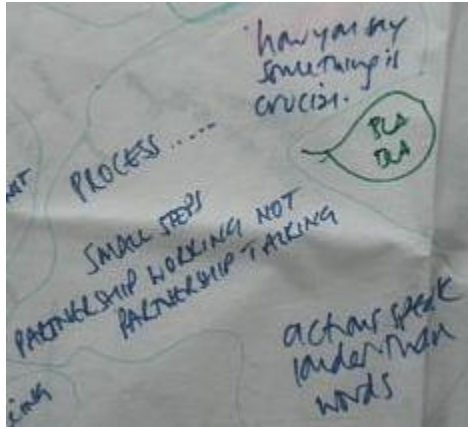
And stick to it!

(NB. In Appendix 9 you will find an additional exercise about organisational change, based on a paper by Michael Kendrick, which you may want to look at.)

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. Introduction

Having completed the exercises in Module 1 you will be well acquainted with some of the overall challenges of practice development. You will know the kinds of things you need to consider and why they are important. This Module will help you to clarify your own target practice issue for development.

The following questions provide a framework to help you to do this.

1. What is your concern?
2. Why are you concerned? Your concern might be prompted by:
 - a. the results of an audit
 - b. best practice statements
 - c. statutory requirements
 - d. feedback from complaints or compliments
 - e. strategic change
 - f. change to the service
 - g. risk assessments/recurring incidents
 - h. individual care needs
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 judgment about what is happening? This could take the form of:
 - a. information about what happens and when
 - b. people's opinions and experiences
 - c. the results of an audit
 - d. feedback from complaints or compliments
 - e. risk assessment/recurring incidents

5. How would you collect this evidence? This could be through, for example:
 - a. observation
 - b. consulting with others
 - c. discussion
 - d. a questionnaire
 - e. analysis of documents

6. How would you check that what is happening is reasonably accurate and fair?

7. How will you know that you have made a difference?

We will look at these things in more detail through this module.

B. 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 or not. 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, best practice statements.
- Asking people for their views.
- Making observations 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.).

Let us look at some of the techniques available for gathering evidence.

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 looking at the photos below. What do you see? What do you think is going on? How do you think the people in the picture feel? How does looking at the photos make you feel?

In pairs, share your observations. Are you noticing different things? Are your responses and interpretations different? How are you similar in what you notice and respond to?







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, is it easy for them to interact with others)?
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 move freely between the different things that you notice.
- Stage 2: Get together with others to 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 what you see.
- Stage 4: Get together again to discuss your findings.

If you remember nothing else, remember this!

Observation is a very useful way of checking out what is really happening. What we notice and how we make sense of what we notice, depends on our own priorities, interests, attitudes, values etc. We all see things differently. This is why it is important:

- to discuss and plan your observation so that you can make an effort to notice things that otherwise would pass you by;
- to involve different people (e.g. relatives/patients/residents as well as staff) so that a range of perspectives can be taken into account.

An Evaluation Wheel

An evaluation wheel is a simple way of finding out what people think about something in relation to a set of agreed criteria. For example, you could decide that you want to evaluate the culture of a care setting against criteria like these:

1. Is there opportunity for staff to meet together to discuss care issues?
2. Are staff encouraged to develop their own practice?
3. Are the views of residents and family regularly sought to inform the development of the service?

To create the Evaluation Wheel, draw a circle and divide it into 6 or 8 segments (like cutting up a pizza). The number of segments should equal the number of criteria that you have.

Each person then shades each segment to reflect the extent to which they feel that that criterion has been met. The fuller the segment is the higher the evaluation is (i.e. the more satisfied or happier people are). If you like, along each spoke you can put notches from 1-10 to provide a scale. Otherwise, they can be left without a scale so that people can make an approximation of their opinions.

Exercise:

In groups, discuss and identify what you need from the course and from your involvement overall in the Nutrition Project. Between you, identify the 8 needs that are most important to you as a group.

Now place these on an Evaluation Wheel that you have drawn up on flip chart paper.

Use the form on P 83 to make a personal record of your group's Wheel.

Now repeat this exercise, but this time discuss and identify your group's *expectations* in relation to the course and to your involvement overall in the Nutrition Project).

Use the form on P 84 to make a personal record of your group's Wheel.

As part of our evaluation at the end of this course, we will return to these Wheels and shade the segments in to discover your assessment.

An H Diagram

This diagram is useful when there is one clear and simple question to ask about a particular issue. It allows you to explore the positives and negatives associated with this issue.

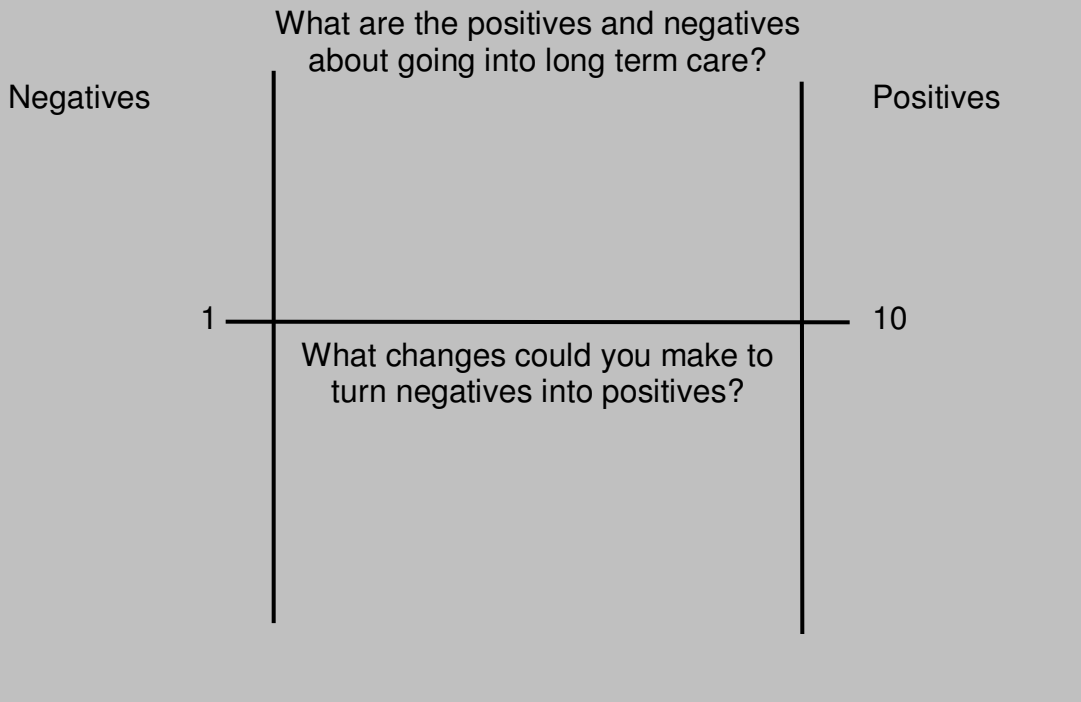
Draw an 'H' on the page. Write a clear and simple question at the top of the page. The horizontal line of the 'H' represents people's mood or opinion - stretching from 'negative' on the left hand side to 'positive' on the right hand side (this can be represented by the scale 1-10).

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.

In the lower half of the 'H' can be placed suggestions of how to change negative things to become more positive.

Exercise:

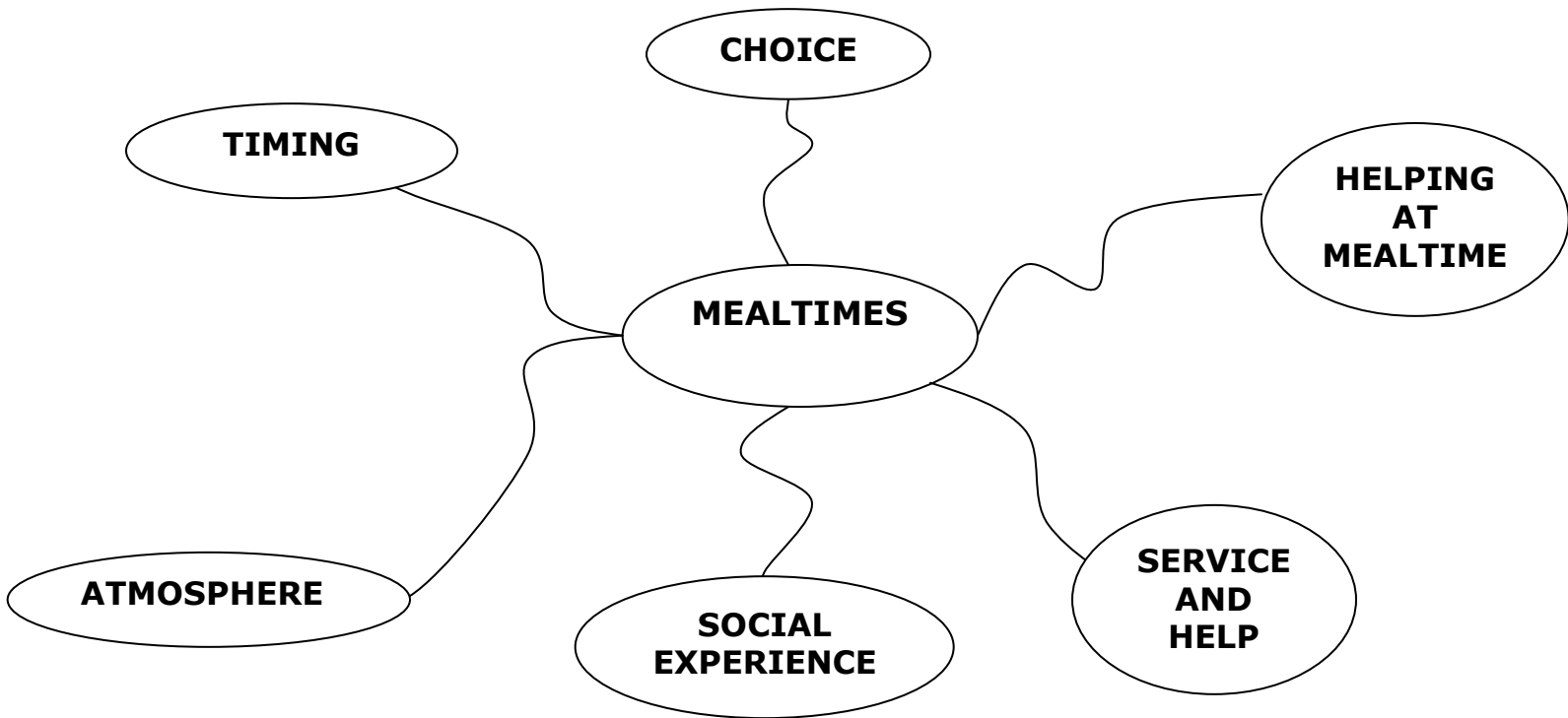
Write this question at the top of the 'H' on a piece of flip chart paper: "what are the positives and negatives about going into long term care?" Put your responses on to post-its and place them in the appropriate place on the 'H'.



Spider Diagram

Spider diagrams are used a lot in participatory activities. A central issue is identified and then everyone states their ideas or opinions on this issue. These ideas or opinions can be drawn coming out of the central issue like the legs of a spider. Alternatively, it can be done using cards, post-its or drawn on the ground.

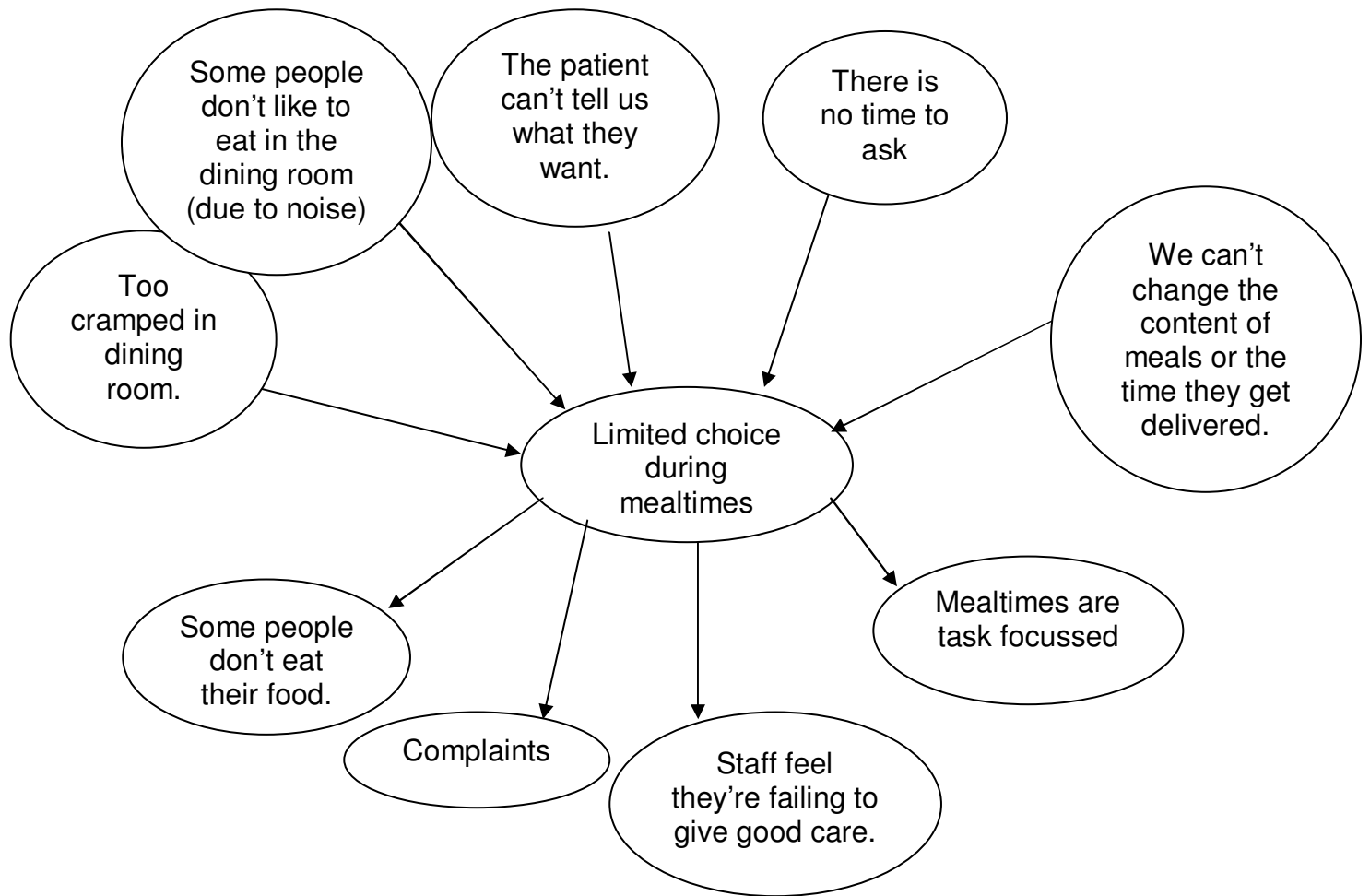
Spider diagrams are useful for refining information that you have already collected or for allowing you to identify further issues for analysis. An example is given below. Here the central issue is *mealtimes*. The main themes that relate to this central issue are then drawn around it.



Causal –Impact

A Causal-Impact diagram identifies a central issue and then shows all the things that help to *create* this issue and all the things that happen as a *consequence* of it.

If you look at the example given below, you will see that our issue is “limited choice during mealtimes”. All the things that cause there to be insufficient choice are shown by arrows leading towards the central issue. All the things that happen as a consequence are shown by arrows leading away from the central issue.



C. Involving residents and their families

Exercise:

Here is a story told by staff in one care home:

"We were obliged by the Care Commission to offer a vegetarian option at every meal. But as we suspected, residents did not choose the vegetarian option and day after day we were forced to throw food away. This was not only a waste of money but meant that we were prevented from offering something that the residents would like."

What could you do in this situation?

What actually happened in this story was that staff held a meeting for relatives and residents to discuss a way forward. The relatives told the staff that their loved ones did not want a vegetarian option and that they wanted their money spent on something else. The staff in the care home came up with an idea at the meeting that they would not offer a vegetarian option at every meal but they would have taster sessions once a month in the home where some of the food would be vegetarian. This would enable residents to try new things that could be incorporated in the weekly menu. The details of the meeting were recorded and used as evidence to support the change in practice.

When you are trying to understand what your service is like and how it might need to develop, it is important to involve residents and their families for two reasons:

- Firstly, as the users of your service they have a unique perspective which you cannot assume to know or guess at.
- Secondly (and this must not be forgotten), as the users of your service they have a powerful voice which can be used to help change practice.

If you involve residents and staff in work groups in which they are actually helping to change practice, then they have opportunity to do something about those very things that they may be complaining about.

Common ways of gathering evidence about how residents and relatives experience the service are:

- Surveys
- Relative groups
- Informal requests for feedback
- Complaints
- Cards of thanks
- Feedback from inspection reports (in which inspectors ask relatives and residents questions).

However, there are other, more creative ways that you could try out, including the kind of tools described earlier in this Module and activity sessions in which staff, relatives and residents can explore their ideas, views, beliefs and values around care and the care environment.

Exercise:

If you think again of our nursing assistant's story told in Module 1, how could you involve the patients and relatives in addressing the situation?

Try to think 'outside the box'. What would be the most unusual, unconventional things you could do?

Photographs (like the ones in Appendix 12) can be used to stimulate discussion and elicit stories. This is a particularly good way of seeking the views of people with cognitive impairments like dementia.

Exercise:

Imagine that you have to create a 'wonderful meal experience' for two colleagues in the room. In order to do this you will have to find out what such an experience would be for them.

How will you find this out?

Work in pairs. Take 20 minutes to plan what you are going to do. You can use whatever resources and approach you like.

Then join another pair. Pair 1 will start by 'interviewing' Pair 2 and then they will swap. This is what will happen:

Pair 1:

Person A = 'interviews' person A of Pair 2.

Person B = observer/recorder

Pair 1:

Person B = 'interviews' person B of Pair 2.

Person A = observer/recorder

Pair 2:

Person A = 'interviews' person A of Pair 1

Person B = observer/recorder

Pair 2:

Person B = 'interviews' person B of Pair 1

Person A = observer/recorder

Each 'interview' will take 5 mins.

Now, in your pairs, spend a few minutes identifying what you would now do to give these two people that 'wonderful meal experience'.

Discuss as a whole group what you have discovered from doing this exercise.

- Describe the wonderful meal experience you would now provide
- How did you gather the information? What worked? What didn't work?

D. Creating a vision for change

Having gathered evidence of what is currently happening, you will now see the problems that need to be addressed. The next step is to let yourself imagine what the world (in terms of your care setting) would look like if all of these problems were fully addressed and things were as perfect as they could be. Now is not the time for realism but for imagination.

Exercise:

In groups, use the resources around you to make a poster of your vision for change. (An example of a poster is shown below.)

Imagine that you were in charge of your own care home & could do & spend whatever you liked – what would food, mealtimes, eating etc be like?

Put the posters on the wall and discuss your work. In your discussions, identify what things on the posters could be achieved tomorrow, what things could be achieved with a little time, money and planning, and what things are completely unrealistic.



E. Identify what needs to change

You have evidence of what change is needed. You also have a vision of how you would like things to be.

Now 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). This means that your goal:

- spells out exactly what is going to be changed (it is not 'airy fairy')
- identifies a change that can be measured (so you can know what 'success' looks like)
- identifies a change that is agreed between all those who will be responsible for delivering it (and therefore has been negotiated)
- identifies a change that is realistic given available time, resources and circumstances
- identifies a time frame in which the change will be delivered.

Take a look at the following two examples of goals that those involved in the Partners in Practice project said they wanted the project to achieve:

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 evidence would you need to gather? How realistic are they given a time frame for the implementation for this project of 12 months.

Let us take the first statement: We turn statements like 'comfort' and 'happiness' into reality.

1. Whose definition of 'comfort' and 'happiness' are we talking about?
2. What are the tangible, practical things that would constitute improvement?
3. Is this realistic given the time frame?
4. How would we know that this had been achieved?

This is not a SMART goal. It may be an expression of people's desire: 'in an ideal world, this is what we would like to achieve'. Is it possible to create a care environment where residents/patients and their family are always comfortable and happy? As a vision of the future this is fine. But if you try to work with this as a goal for a project you will not know where to start, or what direction to go in, or when you have arrived.

This is what a SMART goal might look like:

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

Let us now take the second statement: Procedures are improved or amended to take into account everyone’s views e.g. admissions.

1. Does this statement refer to *all* procedures currently operating in the care setting?
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?

This is not a SMART goal either. It is far too general. Clearly, evidence has been gathered which shows that procedures do not at the moment take account of the views of different groups of staff, patients or family. Instead, they reflect *one* perspective. However, everything cannot be done at once. Rome was not built in a day! So where would be the best place to start? And let us have a goal that describes *that*. 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 remember nothing else, remember this!

If you do not take the time to create SMART goals for yourselves in your project then it will be:

- difficult for you to know what you are trying to do
- difficult for you to maintain your direction
- difficult for you to demonstrate that change has occurred.

Your goal (or goals) provides the *keel* for your project and its *destination*. You will face storms that toss you around and you will have days when you are completely becalmed. Your *keel* gives you stability in the water. Your *destination* enables you to check your charts and make sure you are heading in the right direction.

F. What steps need to be taken to get you there?

Now you need to break your goal down into small steps. Let us take our first SMART goal as an 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.

Exercise:

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

“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.”

G. 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. 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 it can also be useful to share the lessons learnt with others who might be trying to develop similar issues.

Why is it important?

In our sailing metaphor from earlier, we identified your goal as the *keel* which gives the project stability and the *destination* which gives the project its direction. If this is the case, then evaluation provides the *rudder*. It is through a process of evaluation that you can negotiate your course and maintain your direction. It enables you to assess how you are doing, what is working, what is not working and what remedial measures need to be taken to keep you on track.

It is also through evaluation that you can gather the evidence you need along the way to demonstrate the value of what you have been doing. You need to know that your time and effort has been used to good effect. Being able to see the success and value of the work will boost spirits and motivate you to continue with your work.

Evaluation also demonstrates to others that resources have been well spent. It is important to be accountable to those who provide the resources to carry out the project.

Finally, carrying out evaluation enables you to justify and articulate more clearly the need for any further work in the same or in a similar 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 that need to be addressed. The best way to address them is by the way that you approach evaluation.

Throughout this course we encourage you to include other people in all aspects of the project. If people are included in the process through which a target practice issue is identified and developed, then they will have ownership over the process of evaluating "how are we doing?" This kind of evaluation – participatory evaluation – does not involve judgements being made about *us* by *others* but judgements made by *us* about *our own work*. It gives those who are actually doing the work the means by which they can *learn from their own experience*.

If you remember nothing else, remember this!

Evaluation is a very important part of your project. It enables you to:

- steer your project in the right direction
- demonstrate how successful your project has been
- understand the journey you are on (or have just completed).

Review your project regularly using questions like these:

- Where are we in relation to our goal?
- What is working?
- What is not working?
- What adjustments will keep us on course?

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.



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

Exercise:

Look again at the story told by the nursing assistant in Module 1. What does this story tell us about her beliefs? What does it tell us about her values?

She 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 then 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 her values? Her complaint reveals her values to us – she values:

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

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

Exercise:

Given the story she tells, and the beliefs and values we have identified, what do you imagine are the attitudes she takes towards the patients, the relatives, her colleagues, her manager, her work? How might these attitudes affect the way she goes about her work?

The beliefs and values she holds will influence – through her attitudes - how she approaches her work. She may relate most easily to those colleagues who see things from her point of view. Her cynicism may close her ears to attempts by her charge nurse to initiate change. She may interpret the behaviour of a patient during mealtimes as evidence of trauma. She may interpret a patient's physical symptoms as indicators of malnourishment or underfeeding. If a relative expresses to her concern over mealtimes, she may agree with them (and thereby reinforce their anxiety).

But there are other, more hidden, attitudes expressed in her story.

Exercise:

What do you think about her use of the term 'feeder' to describe an older person who is unable to eat by themselves? The way she 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?

If you were a relative of someone referred to as a 'feeder', then how would you feel about that?

Can you think of any similar examples from your own workplace?

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.

B. 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 ageing 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.

Exercise:

Take any newspaper or magazine and look at the text and photos. Identify those which refer either explicitly or implicitly to older people or to growing older.

What are the messages being given?

Can you categorise these messages into negative and positive?

What attitudes do you think the newspaper/magazine is expressing?

C. Exploring our own beliefs, values and attitudes

It is important that we spend some time exploring our own beliefs, values and attitudes about older people and growing older. We can then discuss our misconceptions and affirm what is backed up by evidence.

Exercise:

A space should be cleared in the room. The facilitator brings a chair into the space. The space should either be long and thin with the chair at one end, or the space should be circular with the chair in the middle. Either way, it should be clear to people where they can stand to be 'far away' from the chair and where they can stand to be 'near to' the chair.

The purpose of this exercise ('the chair exercise') is to explore as a group our views about older people and about aging. The facilitator will make a statement and you will show the extent to which you agree or disagree with that statement by standing in relation to the chair. If you agree completely with the statement, then you will be standing as close to the chair as you can get (or sitting on it!). If you disagree completely with the statement, then you will be standing as far away as you can get.

When people have positioned themselves, take a look around and see the pattern that you have formed together.

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

- It is important to get people out of bed and dressed in the morning even if they don't want to.
- It is important to restrict visiting at mealtimes as some patients feel they are being watched.
- When you're admitted to a care home you have come there to die.
- The majority of residents in care homes feel miserable most of the time.
- Older people usually take longer to learn something new.
- As people get older they get more alike.
- People with dementia can't express choice or opinion.
- The majority of residents in care homes are socially isolated and lonely.
- Most retired people 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, I have a good understanding of what older people using my service 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?

6. I believe that the care provided in my care setting is poor because:
7. I believe that individuals learn best when:
8. I believe that people work together best when:
9. I believe that the things that prevent change happening in my care home are:
10. I believe that the things that can help change to happen are:
11. I believe I can influence change by:

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.

D. 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 value and believe in. 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?

Exercise:

Consider the person who says "Here, we deliver person-centred care."
What would they need to do to test out that assumption?

To challenge a person's assertion can be very uncomfortable both for the individual concerned and for the person doing the challenging. It is important for people 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 be oppressed by it.

Exercise:

In relation to your own target practice issue for development, can you identify any gaps between what people say is happening and what is *actually* going on (according to the evidence you have collected)?

Do you have all the evidence you need to answer this question?

What else could you do to check it out?

We will discuss this matter further in the next Module.

E. Understanding other people's beliefs, values and attitudes aids collaborative working

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. It means that we can share a vision of how we would like things to be, and work together to bring that vision closer to reality.

People will be engaged in your project if they see that it meets their own needs and interests. If you can find out what these are (e.g. by asking them!) then you will be able to sell the benefits of your project much more effectively.

Exercise:

Let us think again about our nursing assistant from Module 1. From her story we understand something about her beliefs, values and attitudes.

If you wanted her to support the change initiative you were considering, then how would you do that?

What would you need to convince her of?

What attitudes would you need to challenge and how would you do that?

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?

If you remember nothing else, remember this!

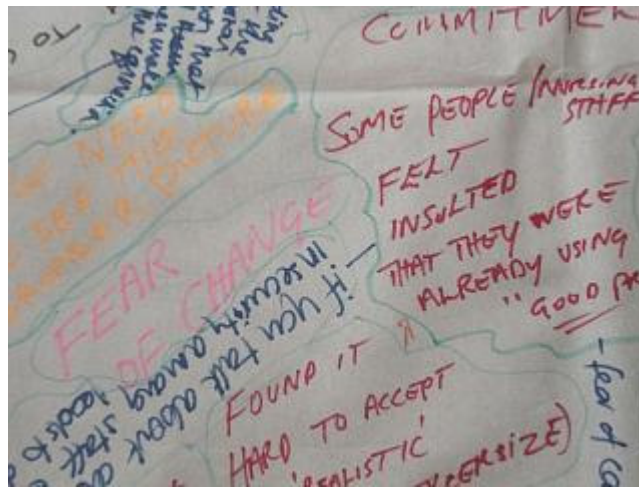
Our beliefs and values influence our attitudes and these, in turn, influence our working practice. Exploring these issues with your colleagues and with those who use your service will enable you:

- to engage with them in your project
- to be aware of and address potential areas of sensitivity
- to challenge the assumptions people make about what is going on.

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.



A. 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.) It takes time to do things differently, and time is a commodity. If you want to change things, then you need to be prepared to invest time. It also takes a lot of effort.

Think back to the time when you first started doing your current work. 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.

B. What does support for learning and practice development look like?

Exercise:

In the following example, the speaker is highlighting a difficulty in his 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 he is making?

What would you say to him?

What questions would you ask him?

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

How could we support him in this situation?

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

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

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

These are all perfectly natural reactions to someone telling us a trouble. However, they all take his story – and the problem it describes - at face value. It is *his way of understanding the problem* that leaves him feeling powerless. It is *his experience, his problem, his 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 he could go away and try it out. But if he continues to see the situation (and the problem) in the same way, then he will soon become unstuck again.

The only way to identify an *effective* and *appropriate* solution is to help him to explore how he sees the situation and the nature of 'the problem'. Once he 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 him to question his own practice he can learn from his experience and this learning will have an impact on how he goes about his work.

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

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 he can start to identify all the assumptions he is making about the situation. He can get a sense of "what I *know* to be the case" vs "what I *imagine* to be the case". He will probably find that he 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 he ever would expect. A useful next course of action for him could then be to check out his imaginings.

Exercise:

The story told above describes an experience of conflict and difficulty. It is a problem for the speaker and it troubles him. Spend a few minutes thinking of a situation that you have been in recently that has been (or is still) a problem for you.

Now, divide into groups of 3. In this group you will each have a role.

The story-teller will tell a short story of their experience (take no more than 10 minutes).

The facilitator will listen attentively and when the person has finished telling their story they will ask the story teller some questions (again, take no longer than 10 mins).

Use your questions to clarify the nature of the problem. Ask questions around the problem like:

Can you give me an example?

What happened?

How did you feel?

Has this happened before?

Why is this important to you?

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

How could you deal with it differently?

The observer has the job of observing and taking notes. Notice the kind of the questions that are asked, what happens in response (e.g. do they seem to 'open things up' or 'close things down'), how people appear to be feeling, silences and what this felt like etc.

The sequence you follow will look like this:

- Story-teller will tell their story
- Facilitator will ask questions to clarify the nature of the problem
- Observer will report back on what they notice (story-teller and facilitator can also report back on their experience).

Now change roles and repeat the process until everyone has had a go at each role.

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

C. 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, it is important to build in regular opportunities 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.

D. 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 can 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.

If you remember nothing else, remember this!

Practice development involves questioning current work practice and acknowledging that there is room for improvement. This process in itself can be threatening and it is natural for people to feel fearful.

If you provide a space where people can express, acknowledge and learn from how they feel, then this will support your project to succeed.

Such a space is also important to enable people to challenge their own perceptions and learn from their experience of the project.

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.

A. 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.

“I really feel to be honest that there’s been days when you’ve been working on this project and you’ve needed people that’s been on the shift and I’ve been on that shift as well. Yes, you need to get on with the project. But they’re needed on the floor. It means there’s a shortage of staff. We’re here for the patients after all.”

As this quote illustrates, if people do not understand the relevance of your project to their own work, then they will not support the investment of resources that it needs.

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 relaid
- How discussions and actions are recorded
- How relationships are fostered.

Exercise:

In Module 1 you looked at a story told by a nursing assistant and made a plan about how you would address the practice development issue he talks of.

Return again to this story (and to your plan). What do you think would be the communication needs of the interested parties? How could you address these needs? Is there anything else you would need to take into account, relating to communication?

B. Naming the interested people and groups**Exercise:**

Now turn to your own project. Begin by identifying all those people (groups of people or individuals) who you will need to communicate with about it.

- 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).

C. Identifying what you need to have in place

Communication *is* important, but there is no point in spending all your energy and resources in trying to keep people informed because you will have nothing left to progress the work.

Identify what the priorities are for communication in your project and try to fulfil those.

Exercise:

The following list of questions will help you to explore issues to do with communication in your project. Use them to stimulate discussion from which you can note key points. From there you will be able to identify the most important things that you feel you need to attend to in order to ensure the success of the project.

- 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?

D. 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.

If you remember nothing else, remember this!

You will need to communicate with people:

- *about* your project
- in order *to manage* your project
- to carry out *the work* of your project.

It will be relatively straightforward if you work in a small organisation (e.g. a care home) and you do not have to liaise with external people. But whatever your situation, identify your priorities and then plan to meet those.

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.
3. To consider issues to do with challenge and support when giving and receiving feedback within the working group.

A. 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.

B. 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.

C. Constructive Feedback

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.

Sometimes, the fear of causing upset (resulting in conflict) stops us from saying things that we would like to say. However, feedback is important because it provides an opportunity for the other person to learn about themselves, their work or the impact they have. It is also important because it provides an opportunity to resolve any misunderstanding.

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 them to be more specific.

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

Exercise:

Spend a few minutes thinking about a recent situation in which you wanted to give someone feedback but did not do so.

Work in groups of 3 using the same format that you did in the exercise on P53.

The facilitator should focus on asking questions which explore the storyteller's feelings and which helps them to identify a constructive way of giving the feedback. Useful questions might be:

- What did you really want to say to this person?
- What stopped you from saying that?
- What did you fear might happen?
- What would the benefits be if you gave this feedback?

If you remember nothing else, remember this!

People often find it hard to give others feedback in case it causes offence. But feedback is really important. It enables us to understand about ourselves, our behaviour, our impact on others. It provides an opportunity to learn and change.

You cannot control how another person reacts to you. However, you can make sure that the feedback you give is constructive (i.e. is balanced, specific and does not blame the other) which will maximise the chances of it being received with good grace.

Support for Learning: our follow-up meetings

A. Introduction

As part of the Nutrition Project, you will meet as a group monthly for six months (the meetings will be 4 hours in length).

B. What is the purpose of these meetings?

It is all very well to attend a course. The challenge is to put what you learn into practice. The Promoting Nutrition in Care Homes project is very aware of how difficult it is to bring about change and how important it is to provide you with ongoing support.

These monthly meetings will support you by enabling you:

- to share your experience with others who are going through a similar process; (This is important because the task ahead can be challenging and it is reassuring to know that you are not on your own.)
- to focus each month on a particular challenge with a view to identifying how best you can move forward;
- to identify what you are learning from your experience. (In the longer term, your experience of planning, implementing and evaluating a small project should equip you with the skills and knowledge you need to do it again.)

C. The shape of the six meetings

Meeting 1: The group will:

- clarify its purpose
- establish ground-rules (how we want this group to function in order to provide a supportive environment)
- clarify how this process works (through a demonstration, for example)
- agree the process by which individuals will record their own learning
- agree the process by which learning from the group will be recorded and made public through the Care Home Learning Network website.

Meetings 2-5: The group will explore and learn from the challenges (issues/problems) that members bring.

Meeting 6: The group will evaluate the project as a whole by looking at evidence of change in care homes that members have gathered.

The preparation needed for this final session will be different from the other meetings (please see below).

D. How will meetings 2-5 be structured?

Timings given are approximate because it depends on the size of the group. Each meeting will have roughly eight stages:

- Stage 1 **Let's put all the challenges on the table** (1 hour)
Everyone will give a short summary (e.g. maximum 5 min) of their challenge. The facilitator will record the main features of each of these challenges.
- Stage 2 **Do we see any connections between them?** (15 mins)
The group will then identify the main themes that have emerged.
- Stage 3 **What shall we focus on?** (10 mins)
The group will choose a) two themes to focus on b) a challenge that reflects each of these two themes (and where the individual concerned feels comfortable to have their story explored further).
- Stage 4 **Let's explore the first of these two challenges.** (30 mins)
The group will explore the first challenge by asking questions which:
- clarify the nature of the problem:
 - can you give us an example?
 - What happened?
 - How did you feel?
 - Has this happened before?
 - Why is this important to you?
 - How is it affecting the project?
 - explore the crux of the issue:
 - How can you influence this situation?
 - Where does your responsibility lie here?
 - How would you like him/her to behave & how can you help him/her to behave like that?
 - How do you know this (what evidence do you have to support this assumption)?
 - How do you imagine the other people involved in this situation feel?
 - What do you want to happen?
 - How would you like it to be?
 - What does success look like?
 - If you could change one thing what would it be?
 - move to action:
 - What are your options?

- What do you fear (may happen)?
- How do you feel about that decision?
- How will you know that you have a good outcome?

Stage 5 What have we learnt? (20 mins)

The group will share their personal responses to the story:

- How does it make me feel?
- What connections do I make with it?
- What do I learn from it?

These will be recorded by the facilitator.

Stage 6 Let's explore the second of these two challenges. (30 mins)

The group will then explore the second challenge in the same way as before.

Stage 7 What have we learnt? (20 mins)

The group will share their personal responses to the story in the same way as before. (We will use a proforma to record personal responses.)

Stage 8 Let's mop up. (20 mins)

Are there any other burning questions?

Are there any actions for the group (or for the facilitator) that have come up?

The facilitator will record learning from the group, write a summary and then send this round for the group's approval.

E. How should I prepare for these meetings?

Before each meeting you should spend some time (e.g. an hour) thinking about the key challenges (issue/problem) you are facing. This will help you to identify what you need from the group in order to support yourself. You could use the following questions to help you (adapted from J Naubauer "Action Learning Guide Book"):

1. Describe what is challenging you in one sentence.
2. Why is this important:
 - to you?
 - to your organisation?
 - to the project?
3. How will you recognise progress on this issue?
4. Who else would like to see progress on this issue?
5. How do you intend to go about tackling it? What should be your first actions?

6. What difficulties do you anticipate? How can you overcome them?
7. What are the benefits if this issue is resolved?
to you?
to your organisation?
to the project?

Do not worry if you find this preparation difficult to start with. As the months go by, you will find it gets easier.

In the Appendices you will find a preparation sheet for you to fill out in advance of each of our five meetings (not for the final one because that will have a different format).

F. How should I record my actions and learning?

It is important that you keep a record of what you have learnt from each meeting because that will a) help us to evaluate the Nutrition Project and b) help you to understand the process you are going through.

It is also important that you keep a record of the actions you decide to take away from each meeting. This will help you to carry them out when you get back to work.

In the Appendices you will find an evaluation sheet for you to fill out after each of our five meetings (not for the final one).

G. How should I prepare for the final evaluation meeting?

In planning your project you will have identified:

- what information you need to demonstrate that change has taken place.
- how you can gather that information.

At our fifth meeting we will discuss what preparations you should make for this sixth and final meeting and what you should bring with you.

Appendices:

- 1 Reflective Account forms
- 2 Evaluation forms
- 3 Evaluation Wheel: needs
- 4 Evaluation Wheel: expectations
- 5 Project Plan
- 6 Follow-up meetings: Preparation Forms
- 7 Follow-up meetings: Forms for recording actions/learning
- 8 Notes on Keeping a Journal
- 9 Michael Kendrick article
- 10 Copy of Preparatory Questions for Culture Change course
- 11 Project Plan form (to hand in to facilitator at first follow-up meeting)

1 Reflective account

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

Reflective account

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

Reflective account

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

Reflective account

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

Reflective account

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

Reflective account

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

2 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?

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?

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?

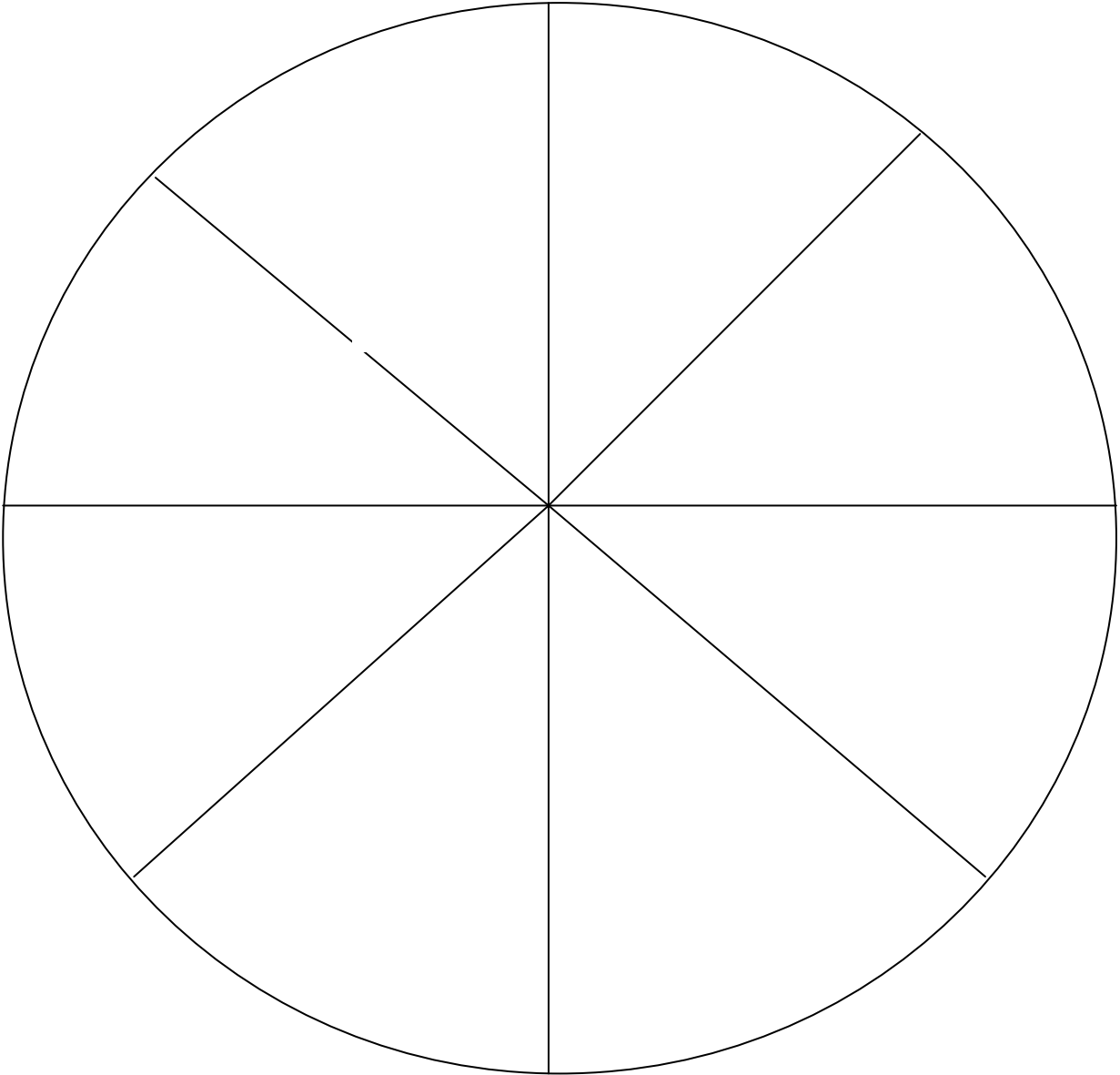
What is the most significant thing have learnt as a result of today's experience?

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

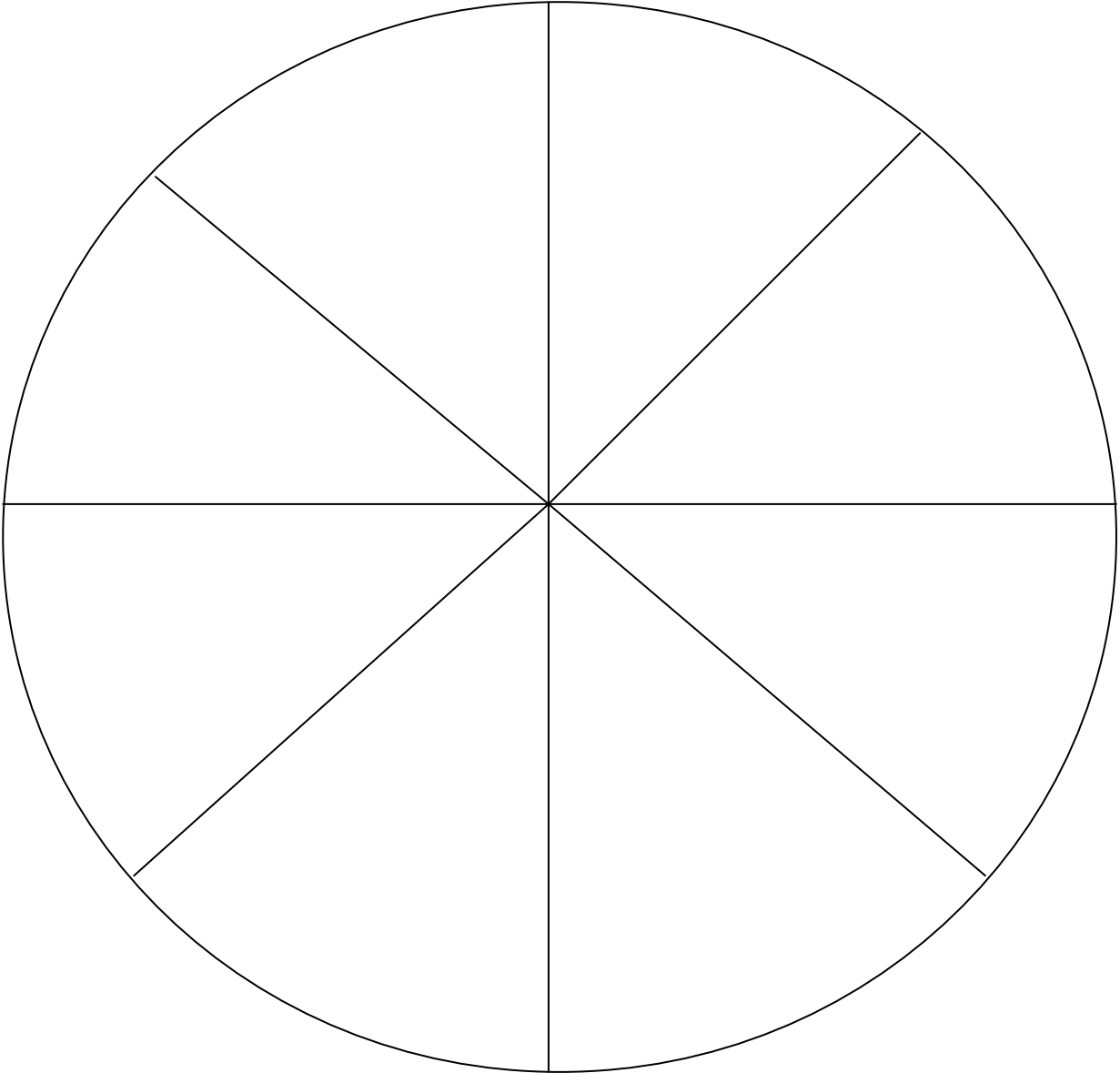
Is there anything that could have been done differently?

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

3 Evaluation Wheel: Needs



4 Evaluation Wheel: Expectations



5 Project Plan:

What is your concern?

Why are you concerned?

What do you think you could do about it?

What kind of evidence do you think you could collect to help you make some judgement about what is happening?

How would you collect this evidence?

How would you check that what is happening is reasonably accurate and fair?

How will you know you have made a difference?

6. Follow up meetings: Preparation Forms

Preparation Sheet: Meeting 1

1. Describe what is challenging you in one sentence.

2. Why is this important:
to you?
to your organisation?
to the project?

3. How will you recognise progress on this issue?

4. Who else would like to see progress on this issue?

5. How do you intend to go about tackling it? What should be your first actions?

6. What difficulties do you anticipate? How can you overcome them?

7. What are the benefits if this issue is resolved?
to you?
to your organisation?
to the project?

Preparation Sheet: Meeting 2

1. Describe what is challenging you in one sentence.
2. Why is this important:
to you?
to your organisation?
to the project?
3. How will you recognise progress on this issue?
4. Who else would like to see progress on this issue?
5. How do you intend to go about tackling it? What should be your first actions?
6. What difficulties do you anticipate? How can you overcome them?
7. What are the benefits if this issue is resolved?
to you?
to your organisation?
to the project?

Preparation Sheet: Meeting 3

1. Describe what is challenging you in one sentence.

2. Why is this important:
to you?
to your organisation?
to the project?

3. How will you recognise progress on this issue?

4. Who else would like to see progress on this issue?

5. How do you intend to go about tackling it? What should be your first actions?

6. What difficulties do you anticipate? How can you overcome them?

7. What are the benefits if this issue is resolved?
to you?
to your organisation?
to the project?

Preparation Sheet: Meeting 4

1. Describe what is challenging you in one sentence.

2. Why is this important:
to you?
to your organisation?
to the project?

3. How will you recognise progress on this issue?

4. Who else would like to see progress on this issue?

5. How do you intend to go about tackling it? What should be your first actions?

6. What difficulties do you anticipate? How can you overcome them?

7. What are the benefits if this issue is resolved?
to you?
to your organisation?
to the project?

Preparation Sheet: Meeting 5

1. Describe what is challenging you in one sentence.

2. Why is this important:
to you?
to your organisation?
to the project?

3. How will you recognise progress on this issue?

4. Who else would like to see progress on this issue?

5. How do you intend to go about tackling it? What should be your first actions?

6. What difficulties do you anticipate? How can you overcome them?

7. What are the benefits if this issue is resolved?
to you?
to your organisation?
to the project?

7 Follow-up Meetings: Form for recording actions/learning

Form for recording actions/learning: Meeting 1

1. The things I have learned from the meeting today are:

2. The most important thing I have learned about myself today is:

3. This is what I am going to do differently back at work as a result of my learning today:

4. This is the aspect of today that I found most useful:

5. This is what I need more of:

6. The facilitator enabled my learning by:

7. Any further comments?

Form for recording actions/learning: Meeting 2

1. The things I have learned from the meeting today are:
2. The most important thing I have learned about myself today is:
3. This is what I am going to do differently back at work as a result of my learning today:
4. This is the aspect of today that I found most useful:
5. This is what I need more of:
6. The facilitator enabled my learning by:
7. Any further comments?

Form for recording actions/learning: Meeting 3

1. The things I have learned from the meeting today are:
2. The most important thing I have learned about myself today is:
3. This is what I am going to do differently back at work as a result of my learning today:
4. This is the aspect of today that I found most useful:
5. This is what I need more of:
6. The facilitator enabled my learning by:
7. Any further comments?

Form for recording actions/learning: Meeting 4

1. The things I have learned from the meeting today are:

2. The most important thing I have learned about myself today is:

3. This is what I am going to do differently back at work as a result of my learning today:

4. This is the aspect of today that I found most useful:

5. This is what I need more of:

6. The facilitator enabled my learning by:

7. Any further comments?

Form for recording actions/learning: Meeting 5

1. The things I have learned from the meeting today are:
2. The most important thing I have learned about myself today is:
3. This is what I am going to do differently back at work as a result of my learning today:
4. This is the aspect of today that I found most useful:
5. This is what I need more of:
6. The facilitator enabled my learning by:
7. Any further comments?

8 Notes on 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

9 Michael Kendrick article

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?

10.

Promoting Nutrition in Care Homes

Changing Practice course (2 days)

Can you spend about one hour thinking about these questions below and responding to them. Be prepared to share your responses with the group on day 1.

- Considering the 3 day nutrition course you have attended, what are the 5 most significant pieces of learning for you?

1

2

3

4

5

- What did the course make you think about in relation to nutrition in your own care home?

- If there is one thing you could change - or make steps to change – in your care home, what would that be? (Make sure it is something that you could actually do something about.)

- Why do you choose this particular thing?

- What impact would the change have on the health and well-being of residents?
- What evidence could you collect to help you get a fuller picture of what is going on?
- How would you collect that evidence?
- How would you judge that your summary of what is going on is accurate and fair?
- What could you do about the situation?
- How would you know if you had made a difference?

11. Project Plan

(please complete and give to your facilitator at your first follow-up meeting)

What is your goal?

What evidence do you have that this change is needed?

What impact would this change have on the health & well-being of residents?

How will you make the change?

Who will you involve?

How will you involve residents and relatives?

How will you know that you have made a difference?

What evidence will you collect to evaluate the project?

12. Photos











