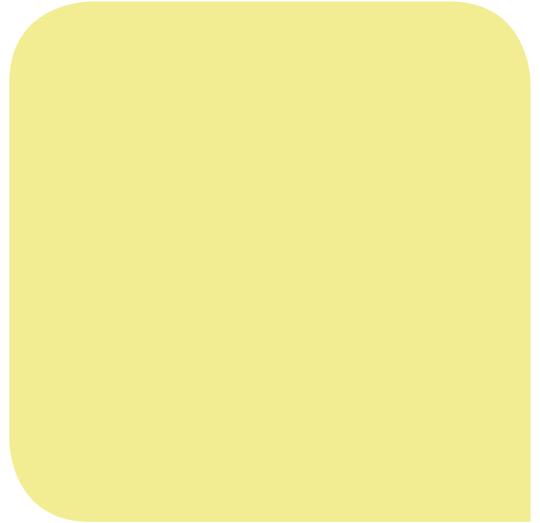


Improving social and health care services



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Rebecca Fauth and Michelle Mahdon

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Executive summary

The field of social care has made great strides in identifying its values and vision for the future and what needs to change to achieve improvements across a range of services. What is missing, however, are the specific actions needed to make these improvements a reality. Implementing change and improvement is both a multifaceted and dynamic process that takes time to come about, and specific change programmes are generally unique to individual organisations. Organisations embark on change and improvement programmes for different reasons and how close they are to the desired end state also varies.

SCIE commissioned this knowledge review to describe the processes and actions that have proven most effective in bringing about and sustaining improvement in social care services. The knowledge review comprised a thorough research review on key practices and processes needed to promote effective organisational change and improvement and a practice survey of four original case studies of social care agencies in England, Wales and Northern Ireland.

We found that the “bottom line” findings and messages elicited from our two methods were aligned and could be abridged into three action points for organisations to consider at all stages of an improvement programme. The three action points include:

1. Leadership that propels change and improvement
2. Employee involvement and participation in improvement
3. Stakeholder involvement and participation in improvement

Action point 1: Leadership that propels change and improvement

At the centre of successful organisational improvement initiatives are effective leaders who enable improvements to occur. These leaders have the ability to presage the direction the organisation should be headed in terms of service delivery (e.g., greater service user involvement) and begin to move their organisations in this direction. Improvements should result from a need to align the organisation with an underlying purpose or ideology (that, ideally, should be developed together with employees and stakeholders). It is the top team’s responsibility to set the scope and facilitate the improvements.

Transparency and effective communication are essential for leaders embarking on improvement initiatives, as is leading by example. By the same token, frontline employees need to be given opportunities to embrace the new purpose or ideology and personalise it so they can alter their services accordingly.

Actions:

- There are three improvements stages: work out the purpose of the organisation and the underlying need for improvement is; work out what changes need to be made to achieve this purpose; work out how to go about making the necessary improvements
- Be aware of the amount of guidance or leadership staff need to succeed: some organisations need a clear hierarchy while others would benefit from a more horizontal structure
- Ensure communication with staff is bi-directional and effective: make sure staff can use the communications methods you choose and make sure the method is appropriate to the topic and task
- Do not let the improvements be the “property” of an elite in-group
- Celebrate “successes” with your staff
- Be available to your staff: keep your door and mind open
- Recognise how the improvements might feel to staff and what they need to take them through it
- Do not be afraid to have people not like you some of the time
- Use your allies to garner support
- Do not be afraid to change direction if something is not working
- Know your local community and its distinct needs – make sure you have appropriate staff on board to provide the optimal support

Action point 2: Employee involvement and participation in change

Following from above, employees should be entrusted to take forward improvements in their day-to-day service delivery. It may not always be possible for staff to be involved in the “what” of the change, but there is a great scope for involvement in the “how.” If involved in the action planning stages, staff are more likely to accept and support the improvement process and feel a sense of ownership over the improvements. The key here is that staff members’ voices are consulted, heard, recorded and considered – including staff members who may not immediately warm up to the changes.

Actions:

- Allow and even encourage employees (or teams of employees) to make some decisions independently
- Allow workers to discuss, question and design improvement activities – the exercise must not be tokenism; listening and responding to suggestions must be visible and actions must be taken
- Use “resistance” to weatherproof improvements and solutions
- Experiment with different types of consultation and involvement to see what works
- Feedback to employees the results of consultation exercises or decisions made on the basis of their input
- Encourage teamwork – both inter- and intra-departmental – comprised of diverse group members
- Offer encouragement, praise and rewards to teams as well as to individuals
- Include all staff in participation efforts
- Expose employees to “hands on” development activities that they had a part in designing
- Give staff adequate time for involvement, participation and developmental activities
- If people are finding it hard to balance current commitments with time for service improvements, work with them to find a solution

Action point 3: Stakeholder involvement and participation in change

This final theme stems directly from some of the recommendations made in recent Green and White papers: service users, community members and other key stakeholders need to be central figures in any change or improvement initiative. There is no “one-size-fits-all” approach to stakeholder involvement. The key is recognising that service users should be a part of, if not at the heart of, service reform. Organisations need to be clear, however, regarding the process by and the depth to which service users will be involved in shaping improvements.

Equally, organisations should engage key community members and government officials. Even the most well-intentioned improvement programme can fail if support is not garnered from powerful decision-makers within the community.

Actions:

- Encourage service users to make some decisions about their needs – this does not have to be complex, but may require creative approaches
- Service user engagement techniques should build on frontline staff's expertise
- Involve service users in strategic planning and development, decision-making, evaluation and policy development; for example, encourage users to sit on boards, attend meetings, join a blog, serve in an advisory group
- Use an appreciative approach when engaging with stakeholders: get them to focus on what works
- Avoid bureaucratic language and jargon with service users and staff; it is exclusive not inclusive
- If people do not have the time for service user engagement, then make it a part of their jobs to do so
- Be aware of the needs within your community and make sure staff are aware too
- Know who your key stakeholders in the wider community are and make sure you engage with them

Evaluation emerged in both the research review and practice survey as an important part of the improvement process both to document performance and in some cases as a way of directing engaging service users in their care. Increasingly there are methods to incorporate service users and other key stakeholders directly into the research and evaluation programme before, during and after improvement initiatives take place. Further work is needed to identify how this works in practice.

This knowledge review summarised and synthesised a wide body of primary and secondary sources focusing on the key features of successful organisational change and improvement. Organisations with smart, innovative leaders who respect and value diversity, engage employees and involve stakeholders likely have the basic ingredients for successful change and improvement. Social care organisations are facing an exciting opportunity to refocus their organisations and ensure services are more user-centric. While there is no prescribed “key to success” successful change initiatives consider each of the building blocks of change and improvement outlined above. These organisations are able to envision the big picture when implementing even the smallest change.

1 Improving social care: policy, processes and outcomes

Social care is a broad sector providing services to vulnerable or disabled adults and children to ensure their independence and safety. In England alone 25,000 private, public and voluntary providers delivered social care services to more than 1.5 million people. The sector officially employs about 1.6 million people with well over 5 million people informally caring for a relative or friend. While inspection and audit records have reported steady improvements in the quality of social care services over the past few years, there is room for further progress. Indeed, Green Papers focusing on the future of social care for children, *Every Child Matters*,¹ and adults, *Independence, wellbeing and choice*,² and a more recent White Paper, *Our health, our care, our say*,³ which focused more broadly on health and social care services in the UK, have highlighted the need for some comprehensive changes to the overall model of social care provision that will require intra and interorganisational reform of vision, policies, goals and practices. Proposed improvements include moving from institutional to community care, building the skills base of providers, delivering a localised approach to provision that offers better prevention and earlier intervention, doing more to tackle inequalities and evaluating performance via a common inspection framework. Underlying these changes is an increased effort to promote choice and voice for service users and carers to enable them to take responsibility for their lives with the support of providers.

The field of social care has made great strides in identifying its values and vision for the future and what needs to change to achieve improvements across a range of services. What is missing, however, are the specific ingredients needed to make these changes. An organisational change or improvement perspective is useful here, drawing on the body of evidence from experts and researchers studying the inputs and outputs of organisational change and improvements. Implementing change is both a multifaceted and dynamic process that takes time to come about. Moreover, affecting and sustaining change and improvement raises particular issues in the social care sector. There is a high degree of organisational and

cultural pluralism in the sector that reinforces the need for an inclusive and participative approach designed to maximise the sense of buy-in and ownership of change. The extensive recent experience of restructuring and changes to performance management and inspection regimes have also produced a degree of scepticism and change-weariness that puts the focus on approaches to change that can clearly demonstrate tangible benefits to those involved. Finally, within social care the implications of a failed change programme may have unfavourable or even harmful impacts on social care users.

This report first seeks to provide a comprehensive review of extant research on the key practices and processes to promote effective organisational change and improvement (Research review). Second, the findings from the research review are enhanced with four original case studies of social care agencies in England, Wales and Northern Ireland (Practice survey). The research questions set out in the original commissioning brief from the Social Care Institute for Excellence (SCIE) were threefold:

- What are the processes that bring about and sustain improvement in services?
- What evidence is there available about the most effective change processes and how might this be accessible to all stakeholders?
- What are the best methods to evaluate improvement in services?

Following a brief overview of broad theories of organisational change, the remainder of the review identifies and describes research relating to seven broad features of organisational change. Using reports and articles, the tools that are most consistently linked to successful organisational change and improvement as evidenced by various measures of staff satisfaction and retention, organisational performance (including user outcomes when relevant) and sustainability of the change are outlined. Throughout the review, it is highlighted where organisations can and should involve their employees and relevant stakeholders. To supplement the research review, live examples and case studies acquired from the consultancy department at The Work Foundation are used.

This research review aims to pave the way for the practice survey that explores change and improvement in four social care organisations in England, Wales and Northern Ireland.

Overview of organisational change and improvement

Before launching into the specific features of organisational change and improvement identified in the research to be most effective, this section begins with a brief overview of key theories relating to organisational change.

As summarised by Burnes,⁴ there are several features of change programmes that need careful consideration depending on the needs, goals and underlying structure of the organisation:

1. The first pertinent construct is the *scale or scope of change*. At one end of the continuum is small-scale incremental change, whereby change occurs within departments or divisions focusing primarily on shifting one or more operations. At the other end is large-scale transformational change, wherein strategy and vision is targeted for overhaul at the level of the organisation or an entire network of organisations.
2. The *pace of change* is another important facet ranging from rapid to slow. The former often occurs in more turbulent environments, while the latter is more frequent in stable conditions. The pace of change may be internally or externally driven.
3. The third aspect is the *approach to change* including both planned and emergent mechanisms. A planned approach to organisational change, originating from Kurt Lewin's extensive study of group dynamics and organisational behaviour,⁵ postulates that change should occur in a rational, systemic (that is, stage-like) manner following careful analysis of alternatives. A simple change model such as Lewin's 'unfreezing' behaviour at the present level, 'moving' to the desired new level and 'refreezing' the new behaviour, is usually adequate for planned changes. This linear approach to change may be insufficient in unstable organisations or those with more complex structures such as those found in social care. The emergent approach to change recognises that change is frequently non-linear and is shaped by multi-causal actions. The key premise is that organisations need to continuously

assess their environments and pinpoint key developments and respond to these developments appropriately.

Applying the constructs to the proposed changes in the social care sector, the ongoing changes in the sector are transformational in scope, occur over a lengthy period of time and are best suited to an emergent approach that allows for flexibility within and between organisations.

Another overarching aspect to organisational change and improvement is the idea of whole systems approach to change, such that change and improvement requires collective action on the parts of many key individuals from many different perspectives. The system is not simply the sum of its parts. Drawing on the work of Benson,⁶ whole systems change focuses on identifying the various components or characteristics that constitute a system and understanding how each of the components links together and contributes to the whole system. For example, change in one component might spark change along all other components of the system. Benson highlighted eight components summarised by Hudson:^{7,8}

4. *Ideological consensus*: the extent to which there is agreement regarding the nature of the tasks facing the organisation/partnership – what are the boundaries of the ‘system’?
5. *Domain consensus*: the extent to which there is agreement regarding the role and scope of each partner’s contribution to the task – who will do what?
6. *Positive evaluation*: the extent to which those in one part of the organisation/partnership have a positive view of the contribution of those in another – is there trust and mutual respect between parts?
7. *Work coordination*: the extent to which autonomous partners are prepared to align working patterns – is there coordination between strategic, management and operational activities?
8. *Fulfilment of programme requirements*: the degree of compatibility between the goals of the organisation/partnership and the goals of the stakeholders – what is the balance between national priorities and strategic objectives, cost and efficiency and quality of service?

9. *Maintenance of a clear domain of high social importance*: the extent to which there is support for the objectives of the organisation/partnership from the range of affected constituencies – how can organisations maintain ‘belief’ in the need for change?
10. *Maintenance of resource flows*: the extent to which there is adequate funding for the objectives of the organisation/partnership – what are the different funding streams?
11. *Defence of the organisational paradigm*: the extent to which stakeholders see themselves as working for the organisation/partnership rather than representing their constituency – what is the balance between ‘old’ ways of working and working for the organisation/partnership?

Benson’s system is relevant for social care, a sector in which changes generally go well beyond a single organisation’s boundaries to affect an entire system of organisations, agencies and departments. Related work on complexity science argues against the traditional focus on organisations as simple, linear systems that can be broken up into parts and easily ‘fixed’. Rather, researchers and theorists under this tradition identified several characteristics of organisations and features of organisational change that are anything but simple:^{9,10}

- organisations are complex systems that consist of a large number of elements that interact in unpredictable ways
- changes in one element have the capacity to affect the whole system
- boundaries within the organisation are quite permeable
- the system is not simply the sum of its components
- the system is generally adaptive over time.

Further, Chapman¹¹ argues that improving performance within complex systems requires innovation vis-à-vis the types of actions implemented coupled with a solid evaluative scheme that provides regular feedback to participants, rather than attempts to divide the organisation or system into manageable parts and subsequently target these parts for change without consideration of the larger whole. The priority is improving overall performance as judged by the full range of stakeholders and not simply politicians and leaders.

In closing, whole systems change and complexity rely heavily on the idea of partnership, suggesting that successful organisational change cannot occur in an environment of independent silo working. Subsumed within organisations or partnerships are many sub-systems that interact dynamically at different levels. Change and improvement initiatives need to recognise this complex interplay of systems, help to unite them in building a shared vision, target the various stakeholders including leaders, frontline staff, service users and community members and understand that there is not 'one right way' to change. There may be another added layer of complexity in health and social care where there are often diverse accountabilities and different 'whole systems' to contend with. At the heart of the change system needs to be the recognition that processes need to be linked with service improvements for users. With this overview in mind, our attention now turns to specific actions that, based on existing research, have been successful in the past. The methodology used to conduct the research review is presented first.

Improvement in social care requires a whole systems, emergent framework.

Research review methodology

3.1 Objectives

The research review provides a review of research pertaining to effective practices in organisational change and improvement. Using extant reports and articles from the public and private sectors, the objective of the review was to synthesise the research findings to identify the key processes and actions that most consistently link to service improvement and employee satisfaction.

It should be noted at the outset that our use of the term ‘organisational change’ is distinct from ‘structural change’. While downsizing, mergers and acquisitions and alterations in the product or service offered characterise the latter, the former broadly implies systemic changes that affect organisations as a whole to improve services, employee outcomes or everyday functioning. Further, our focus on organisational change is on the processes of change that occurs *within* an organisation or body, not actions such as mergers that happen *to* an organisation, although it should be noted that many changes within the field of social care are initiated by the government, commissioners and other key stakeholders. Finally, our focus on organisational change and improvement is inclusive of the various stages of organisational change including planning, implementation and evaluation.

To explicate these features, key features of change and improvement are highlighted through summaries of real world examples and case studies, using published works as well as The Work Foundation’s in-house collection from the consultancy division.

3.2 Inclusion criteria

Prior to beginning our literature search, the project team agreed inclusion criteria for the forthcoming research review, which was given peer-review approval from SCIE. These criteria were chosen to maximise our ability

to sufficiently cover the vast field of organisational change and improvement, while simultaneously limiting our search and review to research that would be most recent and relevant to the field of social care.

In accordance with our original research proposal, a clear decision was made at the outset *not* to limit our searches to change and improvement in social and health care. Rather, initiatives from any type of organisation had the potential to be included in our review. ‘Relevance’ to social care was defined as research findings or recommendations that could be taken out of the specific context in which they were reported and could be considered applicable for social care improvement. Our main aim here was to omit from our search studies exploring the impact of changes aimed at outcomes relevant only to the private sector such as profit and market share increases. Further, we also wanted to avoid examining studies that focused solely on structural changes such as downsizing or outsourcing as the goals of these types of changes are frequently for cost saving and *not* service improvement. Yet a thorough review of organisational change and improvement was not thought possible if our searches merely targeted the social and health care literature.

The a priori inclusion criteria used in our literature searches fell under four main categories:

1. *Organisational change/improvement method*: several types of studies met our inclusion criteria. First, research focusing on organisational change and improvement where changes were implemented with the goal of improving services and delivery were considered relevant to the field of social care. Second, studies that examined associations between organisational changes and positive employee-related outcomes such as empowerment, satisfaction or health were deemed relevant, as a satisfied workforce is key to successful service delivery. Third, studies that examined how different types of employees (based on, for example, their status in the organisation) cope with change were believed to be important given the diverse social care workforce. Fourth, studies that examined the process of change and improvement, whether theoretically or qualitatively, were also viewed as important for this review. For example, case studies tend to draw out specific details of the change process that offer insight beyond what survey data can show. Finally, changes aimed at cost reduction or as a result of structural changes in the organisation did not meet our

inclusion criteria. This exclusion criteria was implemented to allow us to weed out the thousands of articles written from a very corporate, ‘bottom line’ perspective that was not deemed particularly relevant to social care organisations, which are frequently in the public and voluntary sector.

2. *Context and sample*: studies focusing on either public, private or voluntary sector organisations of all sizes met our inclusion criteria. Studies focused on organisations based primarily in the UK, mainland Europe, North America and Australia. Organisations from other countries were excluded given radical cultural differences between the UK and other parts of the world. As organisational change is such a broad topic, articles a priori were not excluded based on sample characteristics and organisational size or sector, among others. The samples and settings of all of the studies included in our review are detailed in Appendix A. All of the studies included in our review were written in English.
3. *Types of reports*: we primarily focused on published material because of the quantity of material focusing on the topic. Unpublished reports were included as detailed in Sections 3.3 and 3.4. It should be noted that SCIE approved our choice to focus primarily on the published literature (versus grey literature), given that these studies – particularly the published work from the private sector – were much less likely to penetrate a wider practitioner audience relative to unpublished studies exploring changes in social and health care. Thus, our initial searches focused solely on published works. Quantitative, qualitative and theoretical articles were all deemed potentially relevant for the review and thus met our inclusion criteria. Quantitative articles were often able to report on correlates and consequences of organisational change and improvement. Qualitative pieces were generally able to give detailed information on the process of change and further facts on how the change was experienced by people within the organisation and key stakeholders. Finally, literature reviews or theoretical pieces aimed at providing evidence on a specific topic related to organisation change and improvement also met our initial inclusion criteria. Broad theoretical work on organisational change was not included as these types of paper are too general and do not focus on any specific aspects of the change that have practical implications for social care.

A brief theoretical overview of change and improvement was offered in Section 2.

4. *Time frame*: our search was targeted to the years 2000-06 to enable us to thoroughly review the vast amount of literature on this topic. We did pull pre-2000 articles for review based on recommendations of our steering group members, knowledge of the authors or citations in other articles as relevant. The main focus of our review, however, is on the more recent literature.

Initially, literature searches were conducted (as detailed in Section 3.3) and study abstracts were screened for relevance. Relevance for the review was based on the inclusion criteria detailed above to restrict the number of full articles to be thoroughly reviewed due to the large number of recently published pieces that exist in this topic area. For example, prior to including or excluding a piece of research, the abstract was examined for information on the organisational change and the purpose of the study (that is, what type of change was it? Why was the change occurring? What were the primary research questions?). If the study appeared to be relevant (according to our first inclusion criteria) based on this initial review as well as meeting our other inclusion criteria, the study was selected for reading and further review according to our quality appraisal process described in Section 3.4.

3.3 Search strategy

After creating our inclusion/exclusion criteria, the project team brainstormed the following primary keywords, which were approved by SCIE:

- organisational change
- organisational development
- organisational transformation
- organisational improvement
- organisational learning
- change process
- (whole) systems change.

Subsequent targeted searches focused on more specific features of change that are particularly relevant to social care (for example, service user participation). The relevance of these specific features became apparent after we began immersing ourselves in the literature as well as consultation with our steering group members. These keywords included:

- leadership
- employee involvement
- service user participation/involvement
- training and development
- employee/professional development
- stakeholder participation/involvement
- employee empowerment
- diversity
- resistance
- service improvement
- performance management/personnel evaluation.

The use of these terms helped to generate more studies on the topics specified above; however, many did not focus at all on organisational change or improvement, thus not meeting our inclusion criteria.

The following bibliographic databases were explored using the search terms above:

- PsycInfo
- Sociological Abstracts
- Social Work Abstracts
- Business Source Premier
- International Bibliography of the Social Sciences
- NASW Clinical Register
- ERIC
- Medline
- Cochrane Library
- Social Sciences Full Text
- Social Services Abstracts
- Child Care and Early Education Research Connections
- Social Care Online

- Disability Archive UK
- The Work Foundation Library.

The databases were chosen given their relevance to the topic and their proven success (*vis-à-vis* number of relevant hits) based on the authors' previous work. Database searches for the primary search keywords were limited to the years 2000-06 given the breadth of research on organisational change. In addition to the above searches, we retrieved 40 articles or reports referenced in reviewed articles or known to the authors that seemed relevant to the current investigation.

We also explored the following websites based on comments from steering group members for relevant information and retrieved 26 reports cited on the websites for further consideration. It was agreed among our team and SCIE that we would not review every piece of grey literature in existence given the overwhelming number of these studies, the fact that we were already including real world examples from the consultancy division and that we were running four case studies of social care organisations for the practice survey portion of this report. We focused on the websites below as agreed by our steering group:

- Care Services Improvement Partnership (www.csip.org.uk)
- Joseph Rowntree Foundation (www.jrf.org.uk)
- Institute for Healthcare Improvement (www.ihl.org)
- The King's Fund (www.kingsfund.org.uk)

As mentioned above, we also examined in-house case studies from the consultancy division. The consultancy division of The Work Foundation hosts a sizeable public sector clientele base and a storeroom of case studies focusing on organisational development and change, diagnosis and evaluation of performance and team growth. The consultants selected six case studies for inclusion in the review based on their recency, relevance to change and improvement in social care and stage of completion (that is, programmes that had just begun and did not offer any view towards successes were excluded).

3.4 Search results

The following table outlines the number of research reports we located using our search strategy (outlined in Section 3.3) and the number that appeared to meet our inclusion criteria based on the abstracts. This latter group of reports was downloaded for a more thorough reading to determine if they truly met our inclusion criteria (outlined in Section 3.2; totals include duplicates).

	Number found	Number that met initial inclusion criteria
Pyscnfo	4,112	112
Sociological Abstracts	759	17
Social Work Abstracts	453	33
Business Source Premier ^a	1,459	34
International Bibliography of the Social Sciences	1,156	22
NASW Clinical Register	0	0
ERIC	456	32
Medline	358	10
Cochrane Library	3	1
Social Science Full Text	488	8
Social Services Abstracts	197	10
Child Care and Early Education Research Connections	18	3
Social Care Online	54	10
Disability Archive UK	2	1
The Work Foundation Library	27	8
Other (eg, online reports, other recommended articles)	66	40
Total	9,608	341

Note: ^a A search on 'organisational change' on Business Source Premier elicited over 8,000 citations between 2000–06. A look through the first 100 citations revealed that many were not relevant to the present study (as detailed in Section 3.2). Thus, we used this database only for subsequent targeted searches as noted above.

From the 341 pieces of research initially retrieved and skimmed (based on the information contained in the abstracts), 179 (52%) were potentially eligible for the review based on our inclusion criteria. The primary reasons for excluding articles at this second stage were twofold:

- many were theoretical pieces that focused too broadly on organisational change without offering concrete conclusion or recommendations
- many were overview articles without adequate citations and referencing.

Each of the 179 articles that met our final inclusion criteria were subjected to our quality appraisal process as described below. While the specific criteria of quality review varied slightly depending on the type of research conducted (for example, quantitative, qualitative, theoretical or review articles), we aimed to use the same level of discernment regardless of the specific type of article. Included texts had to meet these criteria:

- clear aims, goals, research questions and/or hypotheses were stated in the introduction
- writing and structure of the document was clear and easy to follow
- literature review or background information was up to date and comprehensive and did not simply summarise the author(s) personal views
- the sample was comprised of a variety of employees and/or stakeholders (for example, articles including only directors and senior managers were excluded, with the exception of articles on leadership per se)
- the take-up rate for participation was reasonable* or acknowledged in the study

* Generally, low take-up rates are an indication that the sample is not representative of the larger population. In our searches, take-up rates were approximately 60%. Yet, studies of organisational change are based on volunteer samples, for the most part. Thus, participation rates would not be expected to be above 50% or 60%. It is recognised that employees who refuse participation may be different than those who opt to participate. In quantitative studies, it is expected that appropriate statistical controls for potential selection variables are included in analytic models.

- measures and interview protocols were described in some detail and were appropriate to the research questions, and when necessary, adequate checks for reliability and validity of measures were carried out
- analytic plans were appropriate for the data, analytic methods were used correctly and reporting of results was accurate
- outcome variables used were relevant to the aims of the change programme
- results were presented and synthesised in a logical manner with all relevant data included in a table or figure or in text with clear headings (for example, qualitative articles that simply listed quotes or responses to questions without any attempt at organisation did not pass the quality appraisal)
- results were synthesised in the discussion and related to previous work
- findings were presented in such a manner that they could be applied to other organisations (for example, qualitative studies where authors simply summarised the change/improvement process in their organisation without any attempt to extend their findings were not included)
- ‘negative’ findings – those that did not fit with hypotheses – were acknowledged and potential reasons for such findings were offered.

Priority was given to studies published in peer-reviewed or professional journals relative to the grey literature as discussed in Sections 3.2 and 3.3. It should be noted that studies on organisational change rarely took the form of large-scale random assignment experiments. Rather, they were often naturalistic and implemented *after* the decision to change was made. This needs to be understood before engaging in a large-scale review of best practices in organisational change. Research design weaknesses were weighted against the unique opportunity to explore organisations in the midst of change (relative to, for example, a planned study of a programme evaluation).

Based on this rigorous review, 87 of the 179 articles (49%) of the articles that met our initial inclusion criteria passed our quality assessment. The main reasons for studies failing the quality appraisal process were poor and unclear writing, sole focus on directors and senior managers, lack of synthesis on qualitative studies and vague descriptions of how

changes were implemented without setting the context of why certain procedures were chosen or what the measurable outcomes of the changes were. Details of these 87 studies including aims, design and method and key findings are included in Appendix A. Citations for the 92 studies subjected to quality appraisal, but ultimately excluded from this review, can be found in Appendix B.

Using The Work Foundation's in-house archival data, our project team also reviewed case study material. The case studies were compiled primarily by consultants whose aim was to facilitate successful change within an organisation and not to produce a research document. These case studies were used to exemplify best practice observed from the extant research. Thus, we were more interested in the 'story' these case studies tell rather than their methodological rigour. We also included one case study on evaluation from the first author's previous job. It was agreed by SCIE that these case studies would provide added value to the research review, especially as many of them presented examples of change and improvement outside of social and health care.

Rebecca Fauth was the primary evaluator in this phase of the research. Michelle Mahdon reviewed a random 5% of the 341 downloaded articles as an eligibility reliability check. Michelle also reviewed 25% of the articles selected for quality appraisal. A peer review process was also used as an earlier version of this report was reviewed by our steering committee and other experts including two change management consultants, a professor and a service user researcher/consultant.

3.5 Synthesis

The 87 articles selected for the review were downloaded into an Endnotes bibliographic library and a summary of each was created, highlighting the main aims of the study, sample and setting, study design and main findings drawn from each piece of research (see Appendix A for complete tabular summaries of included articles and reports from Section 4). After reading and summarising approximately one third of the selected articles, a detailed outline was created based on the headline findings from the research (keeping in mind that we had scanned through more than 9,000 articles during the course of our search and had a good handle on the extant research).

Using our detailed outline consisting of 12 features of change gleaned from the research, The Work Foundation project team held an initial workshop session where each of the 12 features was discussed. We collapsed several overlapping categories into six main categories (for example, many of the 12 features ultimately focused on leadership). We also included diversity as a key section even though this topic was not common in the literature. This decision was made based on previous advice from SCIE. The key features included:

- effective leadership
- employee involvement and participation
- stakeholder involvement and partnerships
- recognise and support diversity
- enhance skills and development
- work with resistance.
- evaluation that promotes value.

Organisational learning, one of our keywords, was not on the list due to the dearth of research conducted on this topic as related to organisational change. Our list was presented internally to several change management consultants who, in their expert opinion, felt it was comprehensive. We also presented our list at the second steering group meeting with SCIE for approval. There were some suggestions for rewording several of the key features, but it was agreed that ours was a comprehensive and relevant list. It should be noted that a steering group member suggested that teamworking should be added as a key feature of change and improvement. Our review of the research revealed, however, that the evidence supporting teamwork as an element of service improvement was quite sparse. Thus, we incorporated what evidence we found on teamwork into the section on employee involvement and partnerships given the correspondence between the two topics.

Key features of successful organisational change and improvement

As detailed in Section 3, the project team consulted over 9,000 research studies focusing on organisational change and improvement. Using our inclusion criteria and quality appraisal process, 87 studies were selected for review in this report. Based on our review and synthesis of the vast literature, the project team derived a list of the seven key features of organisational change. These features attempt to cover the full array of change and improvement initiatives from leadership to training to evaluation. Our list was reviewed by many experts and peers and was agreed to be a comprehensive guide to organisational change and improvement initiatives. We used these seven key features to guide our review of the 87 articles and, later, our practice survey of four social care organisations in England, Wales and Northern Ireland.

Common wisdom tells us that the starting point for an effective organisational change or improvement programme is a clear set of values regarding what the organisation stands for and does. The establishment of organisational values should be viewed as a necessary but insufficient condition for successful organisational change and improvement. Rather, the way in which organisations bring their values into reality – how the change is concretely manifested – is likely to be the strongest driver of successful change. The aim here then is to detail the processes and practices demonstrated by the literature to lead to service improvement and employee wellbeing.

It should be noted that much of the research reviewed summarises studies focusing on the actual implementation of change. A key piece of the change process is the planning stage. Each of the features of change outlined below is important during the planning stages as well as during implementation. Input and participation from key stakeholders needs to occur at the outset. It should also be mentioned that the features we outline below are aimed at long-term, sustainable change and improvement.

Detailed information on each of the studies reviewed below in Section 4 is presented in Appendix A. Studies are presented separately by section in alphabetical order.

4.1 Effective leadership that enables change

*Our health, our care, our say*³ calls for greater innovation in service delivery. Effective leaders who can look at policy changes as opportunities for service improvement are needed to promote innovation.

Whatever the role of leaders within an organisation, they are often relied on to communicate their values and vision for the future, to initiate organisational processes, to develop the next generation of leaders and to infuse a value system within the organisational culture. Following the decision to enact a change or improvement programme, employees usually look to their leaders to set the direction and to model what the future of the organisation should look like. Senior leaders do not often work on the frontline; as such they do not necessarily have to make the same changes to their daily working lives as other staff. It is these leaders, however, who demonstrate through their actions the underlying message or meaning of the changes. They establish legitimacy. While there is an element of ‘top-down’ leadership that is necessary during times of change (particularly vis-à-vis communicating key activities, issues and developments to employees), it is also crucial that leaders guide from the front as strategic visionaries and role models for their staff as well as take heed from their employees. Good leaders accept that they do not always have all of the answers and that in embarking on organisational change, there is an element of uncertainty for the future – both short and long term.

Reviews of current thinking in organisational leadership consistently highlighted several key factors that define effective leaders:

- *Leaders foster trust by maintaining transparency via extensive communication:* this includes communicating a clear rationale for the change, identifying new roles and risks, clarifying the endpoints (via valued outcomes), exhibiting an ability to listen and learn from others, removing barriers to the transmission of ideas and addressing employees’ actual concerns.^{12, 13}

- *Leaders demonstrate high levels of cognitive complexity* as demonstrated by their ability to fully understand and strategically balance the different demands of the environment in which their organisation operates including social, political, economic and technological factors that may affect the performance and structure of the organisation.^{12, 14}
- *Leaders exhibit behavioural and social intelligence* such that they are able to bridge gaps between stakeholders, minimise employees' fears, effectively build social capital and peer networks and act and react effectively to different audiences.¹²⁻¹⁴
- *Leaders celebrate victories and successes as the change programme emerges.*¹³

Box 4.1.1

Open and honest leadership – The Work Foundation (TWF) case example

Organisation: local NHS trust

Context of change: the board of the NHS trust felt they needed to be able to see and think more strategically, rather than concentrate on the everyday operational management of the trust.

Process: organisational development consultants were brought in to help the board realise their idea of coming above operations and engaging in more strategic thinking. Workshops were organised with members of the board to enable them to identify how to work strategically and how to serve as role models for the operation managers who were in charge of day-to-day implementation. To do so, the board members engaged in a series of tasks aimed at making them more effective leaders. Board members were asked to:

- identify key strategic propositions for the future business model based on available funding and structure; propositions included realising that the business agenda and the clinical agenda are two sides of the same coin

- share information on personal styles, strengths and weaknesses to promote transparency, openness and trust
- complete personal development plans to capture core competencies and areas of weakness.

Goals: help leaders become better strategic thinkers, promote trust and openness, identify core competencies.

Three recent studies of organisational change in the UK and the US identified five barriers to successful change that stem from poor leadership:

- *Communication and consultation:* employees were not kept informed or received conflicting messages or ideas were disregarded.¹⁵⁻¹⁸
- *Change process itself:* the pace of change is too slow or too fast or is not aligned with the endpoint.¹⁶
- *Relationships:* leaders seem remote and isolated from employees.^{15, 16}
- *Skills and experience:* change leaders lack the required experience and abilities or credibility.^{15, 16}
- *Motivation for change:* lack of vision, involvement or motivation from top.¹⁵⁻¹⁸

One of the key conclusions that may be drawn from this research is that effective leaders need to mix their strategic vision with the ability to engage their employees and gain their support to keep momentum going. A recent study found that employees within organisations adopting ‘constructive cultures’, which included interaction, supportiveness and individualism, were more likely to report higher job satisfaction and commitment than employees who perceived their cultures as ‘defensive’, those that encouraged conformity and submission.¹⁹ Job satisfaction and commitment predicted actual turnover rates.

Surprisingly, few studies have systematically explored links between leadership behaviour and successful planning and implementation and improvement. Using qualitative and quantitative data, Higgs and Rowland²⁰ found that leaders were broadly responsible for shaping employees’ behaviour, framing the change and creating the capacity for change. Framing the change, which included establishing starting

points for change, designing and managing the change journey and communicating the guiding principles, was most strongly associated with successful implementation of a change or improvement programme, indicating that leaders' ability to communicate a rationale for change is a crucial starting point for successful change. Data also revealed that directive leadership was generally ineffective relative to an emergent approach in which leaders served as facilitators of best practice and urged teamwork within and across departments. Indeed, a quantitative study of Australian nurses revealed that top-down consultation about upcoming changes (whereby nurses were given no opportunity to offer input) was unfavourably associated with nurses' perceptions of the impact of change on their delivery of healthcare and staff morale as well as their work stress.²¹ In this case, nurses felt that they were only made aware of changes without allowing them a sense of control or contribution to the new initiatives.

Other qualitative research on large-scale change within several school departments in the US revealed that while it was necessary for leaders to set the scope for changes and to take charge at the outset, demonstrations of softer skills such as support and cooperation by school leaders were necessary for sustaining change in the long term.²² A quantitative study complemented these findings and reported favourable links between supportive management and workers' job satisfaction when workers perceived changes as being good for their work units,²³ indicating the need for leaders to couple supportive behaviour with two-way communication about the need for change. Finally, a study of over 300 fire rescue employees in the US post 9/11 revealed that the favourable association between organisational commitment and performance and various leadership behaviours such as the ability to articulate a vision, provide appropriate role models, foster acceptance of group goals and provide individualised support and stimulation, was mediated by group cohesiveness and employees' self-efficacy.²⁴ Thus, effective leaders impacted on the psychological make-up of the group as an intermediary to performance outcomes.

The research suggests that leaders need to both model and communicate their support for change. They must actively listen to employees and facilitate, and not necessarily direct, change.

Research suggests that good leadership should stem not only from the top, but also from individual team leaders. That is, team leaders and managers are responsible for bridging the vision from the top with work from the frontline, as well as fostering within and between-department communication and facilitating adoption of the change.²⁵ According to the research, team leaders and managers are frequently the agents ultimately responsible for enacting the change, often without full control over it.²⁶ Stemming from a larger study on changes in the Alberta (Canada) healthcare system, researchers explored the factors crucial for managers to implement change.²⁷ These included:

- clarifying the reallocation of tasks
- allowing sufficient time for employees to work out ‘who does what’
- ensuring that new tasks motivate staff
- keeping watch over the interpersonal ramifications of task reallocation
- working with the team to develop performance goals.

Thus, team leaders must learn to manage in a changing environment where their teams may also be in flux.

As the key interlocutors between senior leaders and employees, the research indicates that managers should allow staff adequate time day to day to adjust to change and to work out how best to implement change.

Proposition 1: leaders need to initiate change, and make change and improvement initiatives feel like something everyone is *working towards* and not something that is *happening to* staff.

Keys to implementation: strategic thinking, communication, relationships, effective team leaders and managers.

Potential barriers: leaders need to consider the emotional aspect of organisational change, not simply the structural nature of change when engaging with employees during the change process.

4.2 Employee involvement and participation

While Section 4.1 made the case for stronger leadership and management, this section highlights research supporting the practice of a participative approach to organisational change and improvement. Put simply, a participative approach endorses greater employee involvement and more flexible organisational hierarchies involving participative decision making and communication within and across departmental boundaries. It is important to note that these first two recommendations are not contradictory. That is, it is the leaders' responsibility to enhance the perceived capacity of the organisation to embark on successful change and improvement initiatives and to set up a supportive infrastructure to facilitate success. Leaders should view their role as providing a line of sight to employees, while simultaneously allowing employees to find their own way to adapt to change (within set parameters) and to take some ownership of it.

The White Paper, *Our health, our care, our say*,³ endorses practice-based commissioning (PBC), whereby primary care professionals are given control of the majority of local health resources to devolve decisions closer to the public. This approach requires the frontline to be empowered to articulate the needs of their care communities and, in turn, to empower service users to take greater responsibility for their own care. Clearly, if the goal is for employees to facilitate greater choice and control among service users, then employees should also feel as if they have choice and control in their professional lives. The process of change should always be linked to the desired endpoint.

Research suggests that an inclusive, participative approach to change and improvement should incorporate employees at all levels and facilitate employees' ability to come to terms with the change cognitively (vis-à-vis knowledge enhancement) and affectively.²⁸ Pertaining to the latter, a large body of work in the field of social psychology has explored the construct of self-efficacy, an internal sense that individuals have the power or capacity to produce a desired effect.²⁹ Research indicates that involvement in organisational change – as early as the planning stages – serves to enhance employees' perceptions of self-efficacy and control over the initiatives. For example, 'active' jobs, those that are demanding and require a great deal of decision making or participation, led to greater self-efficacy and ability to cope with organisational change than

less 'active' posts.³⁰ One study reported that increases in job complexity following organisational change accounted for observed links between exposure to new ways of working and job satisfaction, suggesting that employees enjoyed the challenges of new ways of working.³¹ Research also suggests that job type and seniority may affect self-efficacy. One study of a large public sector organisation found that higher-level staff (for example, unit managers, senior executives) may exhibit greater levels of self-efficacy and control during times of change than lower-level employees (for example, administrators, clerical workers).³² Thus, participation in change and improvement initiatives including planning may then be particularly important for lower-level staff to help employees feel a sense of control during the transition. Indeed, results from a UK-based study suggest that lower-level operational employees benefited from early exposure to upcoming changes vis-à-vis their change acceptance; exposure was not related to change acceptance for managers and engineers.³¹ Finally, participation in change efforts may also contribute to a sense of organisational justice including 'procedural fairness' and 'outcome fairness'. The former is a sense that the procedures or causes of action used by leaders to make decisions are fair. The latter focuses on employees' recognition that the reason for the change is sound and necessary.²⁸

According to the research, employee participation facilitates employees' self-efficacy. It is important that employees at all levels are actively engaged in change and improvement processes.

How can organisations effectively involve their employees? An overview of the literature suggests that commonly used employee participation or involvement methods include:

- self-managed work teams³³
- employee planning committees or task forces^{34, 35}
- participative decision making and delegation³³⁻³⁵
- problem-solving groups.³³

Many studies have systematically explored different correlates and consequences of employee involvement within and across departments. The relevant work is reviewed here. Several studies have reported associations between participation in change initiatives and various organisational outcomes including job satisfaction and trust,^{36,37} intention to remain²⁸ and customer satisfaction.³⁵ A qualitative study compared and contrasted three organisations in the depths of large-scale change and found that the two organisations in their study that created open communications, cross-functional teams and ‘de-layered’ management structures (that is, one senior manager leads several functions rather than one manager for each department) exhibited better organisational performance and higher employee satisfaction than the organisation that maintained rigid hierarchical structures.³⁸ Finally, a study focusing on three addiction treatment centres in the US collected and analysed survey data from 1,700 service users and 450 staff members found that the receptivity of management to suggestions from staff was correlated with service users’ reports of satisfaction with treatment and rapport with their direct providers.³⁹

Box 4.2.1:

Staff involvement – TWF case examples

1. Organisation: UK governing body

Context of change: the department identified low staff morale as a major impediment to performance. This was linked to a widespread sense that the department was fragmented and that the contribution of staff was not properly valued.

Process: the department ran appreciative inquiry (AI) workshops across the organisation. AI is a method that encourages workgroups to think of the positive elements of their organisation as a starting point for change. Participants were invited from a randomly selected cross-section of the organisation and were grouped into ‘change teams’. In-house facilitators were trained to lead and support the change teams and build up capability for future change. A common methodology was used at each

workshop that allowed facilitators to draw out common themes across all teams, themes specific to each local business group and cross-functional themes. Participatory workshops asked people to consider the following questions:

- What will success look like for us in three years' time?
- Think of a time when you felt really good about working here. What happened to produce those feelings? What features produced the high?
- What would it look like if we were more like our exceptional selves more of the time?
- How do we build on our strengths?
- How do we reduce the blockers?
- What can we do here, locally, to start the journey?
- What do we need senior managers to hear and then do?

Goals: engage staff in proactive problem solving, keep them focused on the positive.

2. Organisation: private social care provider

Context of change: in 2000, the provider began its home care review to look at how to best provide a service that met the needs of an ageing and increasingly vulnerable population, while maintaining competitive advantage with the private sector.

Process: the key to the success of the project was the full involvement of staff at all stages. To ensure this the unions were brought on board from the outset and worked together with the provider to agree the changes and how they would be implemented. The provider had to make concessions such as agreeing that no staff would be made to change to shift work. There were extensive formal and informal arrangements for involving staff and the unions. Staff were involved throughout, including:

- creation of a home care implementation team to ensure adequate capacity among frontline staff to implement the review

- joint management and staff-side roadshows held at the start of the process
- meetings between home care managers and local home carers to discuss the impact of the review, changes to their conditions of service, and so on
- home care newsletters sent to every home care workers' home address reporting general developments
- staff were involved in the design of their training programme.

Goals: improve sense of staff trust in management, include *all* staff in improvements.

Taking the research further, several studies have explored more sophisticated models examining how employees' experiences during organisational change may affect the valence of their attitudes toward the endeavour, which may directly influence organisational outcomes. For example, work by Wanberg and Banas⁴⁰ in a US government agency revealed that employees' own reports of the degree to which (1) they felt they received adequate information about the change, (2) they had a sense of control over the change (that is, change self-efficacy) and (3) they were seen as participants in the change, were each favourably associated with acceptance of the change. Their acceptance of the change was then positively associated with employees' job satisfaction and negatively associated with their work irritation and intention to quit. Similarly in Australia, a study of government employees found that the provision of change-related information was associated with employees' wellbeing, client engagement and job satisfaction. This link was driven by employees' feelings of self-efficacy.⁴¹ A larger study of 250 managers explored similar associations and reported that participative practices including inclusive or employee-wide development of a framework for change were positively linked with commitment and goal achievement and negatively linked with resistance to change. This was particularly true for employees who were going to experience high (relative to low) changes to their job as a result of the organisational initiatives.³⁴ Along the same lines, another study found that when organisational change programmes resulted in high levels of day-to-day changes for employees,

employee involvement was a necessary condition for subsequent levels of organisational commitment and loyalty among employees.⁴²

Interestingly, *who* involves employees in the change process was important in one large Australian study. Employees who were consulted about the change directly from higher-level management exhibited more trust in management than employees consulted by fellow employees or union members.⁴³ Another study of change in a chemical plant explored the potentially complex associations between both participation opportunity and change attitudes on outcomes. Results indicated that only participation opportunity was directly linked to favourable organisational outcomes (that is, efficiency, competition, meeting goals), while change attitudes were indirectly associated with outcomes via actual participation such that employees who expressed openness to the change (that is, positive change attitudes) were more likely to actually participate in the change, which was then favourably associated with outcomes.⁴⁴

The research indicates that employee participation in change is associated with acceptance of change. Change acceptance is favourably associated with organisational outcomes.

Related to employee involvement initiatives – and often a result of them – is the concept of partnerships and teamwork. Efforts to explicitly foster greater teamwork within and across departments helps to eliminate divides – both real and imagined – between employees and departments, which may lead to more efficient and creative outputs. A small case study at a higher education institution in the US explored the enactment of a new system of communal activities aimed at increasing faculty innovation and students' outcomes.⁴⁵ Under the guidance of a visionary leader, new activities included:

- established 'themes' and 'clusters' of interdisciplinary faculty interested in similar topics that cut across departments
- theme and cluster groups generated recommendations for new initiatives, changes and innovations including courses and degree requirements
- new plans were reviewed by an elected steering committee who help to mediate between the different themes and clusters before bring-

ing any new initiatives to the ‘school as a whole’ (SAW) for ultimate approval.

While the authors did not explicitly study traditional outcomes such as students’ test scores and retention rates, faculty reported being more intrinsically (versus extrinsically) motivated, they were better able to work through intellectual differences and the school passed several accreditations following the change. One caveat that was revealed through the case study was the need to offer encouragement, praise and rewards to individuals as well as to the team as a whole, as some faculty expressed some tension between the traditional individualistic measures of faculty success (for example, publications, awards) and their new communal values and identities. Another case study of four school districts in the US engaged in a four-year reform effort found that staff collaboration and unity in curriculum planning encouraged teachers to look at the school system more holistically and put their teaching in context.²² Research from 61 acute hospitals in the UK revealed that the percentage of staff working in a team was favourably associated with hospital mortality rates.⁴⁶ Teamwork may help employees adapt to organisational change, which may explain its effectiveness across various outcomes.⁴⁷ Research from 40 teams located in 21 US states that participated in the Improving Chronic Illness Program revealed that perceived team effectiveness was favourably associated with the number and depth of changes made in line with the organisations’ improvement initiatives. Further analysis revealed that the presence of a team champion was a key predictor of team effectiveness, suggesting that successful teams do need some structure and leadership.⁴⁸

The Pursuing Perfection Program is a cross-national health improvement initiative aimed at improving leadership, facilitating new designs and innovation and seeing results at the frontline. Several of the organisations funded by the initiative noted teamwork to be a key process implemented following the changes:

- The Hackensack University Medical Center in New Jersey mandated that every primary care physician must give the names of two cardiologists willing to be on call for their patients.

- The Tallahassee Memorial Hospital in Florida implemented multidisciplinary rounds, whereby physicians, nurses, pharmacists, therapists and others work together to make decisions jointly with patients.
- The HealthPartners Medical Group in Minnesota prepared practice teams consisting of physicians, registered nurses, licensed practical nurses, receptionists and a nutritionist or pharmacist as necessary to anticipate the needs of the pre-visit, visit, post-visit and between-visit.

The goal of each of these programmes was to ensure that patients got the care they needed while moving away from the physician at the centre model (see www.ihl.org/IHI/Programs/strategicInitiatives/PursuingPerfection.htm for more information on Pursuing Perfection). In all three cases, improvements in bottom-line mortality rates were seen.

Box 4.2.2

Co-workership – a Swedish telecom company

Context of change: one study of a factory within a Swedish telecom company opted out of the old model of factory work exemplified by a lack of voice in employees' day-to-day work and decision making and tight managerial control.

Process: the company created the new factory based on four principles:

- a good, modern work environment with plenty of light
- distributed decision making within autonomous work teams to establish a horizontal formation
- open-minded culture diverse in terms of sex, 'race'/ethnicity and experience
- an egalitarian outline of production that avoids an 'us versus them' mentality.

The factory put their model into practice via a number of new initiatives. All workers were given the opportunity to take a

course on 'co-workership' to help them become better team workers in light of their work and personal situations. The idea of 'co-workers' was woven into everyday practice from a shared company cafeteria to avoidance of stigmatising job titles. Some staff were trained to serve as inspiration leaders for the rest of the team to keep them motivated. Finally, each employee was responsible for outlining a personal development plan to sustain workers' interests and give them responsibility to determine their future.

Barriers: while the organisation was moving ahead with change vis-à-vis employee initiatives, the development of the product manufactured within the new factory was delayed, leading to frustration among employees.

Goals: the goal was to integrate change into all aspects of the organisational environment and keep momentum for change even during times of frustration.³³

The research suggests that effective teamwork helps to eliminate divides between employees, enhances work-based creativity and promotes the common good.

Other research revealed that while employee participation and less hierarchical structures were useful, they were often not the panacea of successful organisational change, particularly when such initiatives were poorly implemented and/or were wasteful of limited resources.⁴⁹ A qualitative study across 14 European companies revealed several barriers to successful employee involvement:⁵⁰

- appointing team leaders and facilitators who were already high up in the organisational hierarchy
- excluding part-time workers (who were often women)
- failing to assess training needs for employees to enable their full involvement

- excluding lower-level staff.

The goal was for employees to have a clear line-of-sight to the changes and improvements being made starting at the planning phase.

Organisations also need to ensure employee participation initiatives are more than mere rhetoric and employees are given ample time to be involved. For example, a study exploring large-scale change at a community-based mental health housing and support organisation in Canada revealed that some employees, particularly frontline staff, felt they had to play dual roles as both stakeholders in the change process as well as support systems for their clients during times of change.³⁵ Thus, a caveat for management is that they need to be mindful of these potential tensions for frontline staff and ensure they are given adequate time to focus on the change and improvements as a key stakeholder and as role models for clients. Additionally, employee involvement efforts need to be long term and integrated into the everyday work environment; short-term, isolated endeavours dissipate over time.^{33, 51}

According to the research, employee involvement initiatives need to be more than rhetoric and need to be inclusive of all staff without reinforcing extant hierarchies.

Proposition 2: employees should be involved in organisational change efforts from planning to implementation to evaluation. In the fields of social and health care where change is quite common, instilling feelings of empowerment, value and autonomy may help employees embrace the change and maintain trust in their organisations.

Implementation: gauging employees' acceptance, reactions and perceptions of change and improvement, employee committees/task forces, teamwork.

Potential barriers: it is important that organisations do more than make employee involvement part of their strategic plans and actually learn effective participative methods that are inclusive of all layers of employees.

4.3 Stakeholder involvement and partnerships

The third component of successful organisational change is engagement and partnership with stakeholders. In this instance we are primarily referring to external stakeholders including relevant policy makers, sponsoring bodies, key personnel at similar organisations, community members and, most importantly, service users and carers. A main tenant of the larger improvement initiatives within the field of social care focuses on devolving choice and control to service users. Clearly service users need to be involved in the change process for this to occur. Further, successful organisations, particularly those that serve the public, should reflect in their missions and actions the values and needs of their local communities. To maximise reach, member organisations need to engage in partnership working. Indeed, the White Paper, *Our health, our care, our say*³ proposes to set up local strategic partnerships (LSPs) to draw up sustainable community strategies to benefit entire areas. Increased stakeholder involvement, particularly within health and human services, suggests that organisations are committed to an intervention and prevention model such that they gauge the recommendations of various groups to best plan and implement provision, rather than simply react to problems post hoc. Stakeholders should be involved in all aspects of organisational change initiatives including strategic planning and development, decision making, evaluation and policy development. Participants should feel that change is something happening *with* them, not something that is happening *to* them. Research suggests many ways of formally engaging with external stakeholders, including:

- board member appointments (for example, service user-led organisations)³⁵
- local forums and events^{35, 52-54}
- workshops and action groups^{35, 53, 54}
- provider and user networks^{53, 55}
- inspector/evaluator appointments^{52, 55}
- staff hiring committee appointments.⁵⁵

Research conducted by SCIE summarising six unpublished reviews on service user participation reported that one-off consultations with service users often made service users often feel as if they were part of a require-

ment and not really to gauge users' expertise.⁵⁶ More effective processes elicited through this work and others^{52, 55} included:

- continuous participation where strategic planning and decision making was part of the task
- offering training and feedback for stakeholders to become more effective participants
- recognition and validation for different types of expertise
- allowing conflict between different stakeholders
- partnerships between user-led organisations and providers.

Box 4.3.1

Outside event for key stakeholders – TWF case example

Organisation: UK governing body

Context of change: a new system of performance assessment for local authority social care was introduced. There was a need to define how different methods could be blended to create a positive rather than punitive performance pressure.

Process: the department set up a two-day off-site event including various key stakeholders:

- insiders from the department
- people from the inspectorates
- people from social services
- service users.

Scenarios and role-plays were used to allow stakeholders to work through ways that a new regime could be introduced. Groups came back together to sketch out how changes could be effectively implemented. This outline was taken back to the board level and introduced nationally.

Goals: the goal was to use an inclusive method of strategic planning that avoided bureaucratic language and hierarchy.

Research on service user participation generally comprised qualitative case studies that do not necessarily focus on involvement during times of organisational change and improvement. Two case studies of health and social care providers in the UK and Canada used public forums as a way of gathering diverse viewpoints during organisational restructuring. In both cases, groups with a mixed representation of stakeholders were formed: stakeholders were allowed to take part in setting the agenda, stakeholders were given equal time 'on the floor' and were treated as equals and, most importantly, follow-up sessions were organised to keep the momentum going and to further solidify plans.^{35, 54} In both instances, it was crucial that these stakeholder events were not overly 'professionalised' such that they made participants feel as if the effort was 'all talk and no action'. In another study of domestic violence survivors' participation, respondents felt lost in the midst of bureaucratic jargon and participation began to feel more like tokenism. Yet in cases where the women had a network of peers supporting them, where they were part of a larger activist group or were members of an advisory group or forum that provided external support guidance, they felt empowered and efficacious.⁵⁷ It was also helpful when survivors were compensated for their time, indicating that organisations serious about user involvement need to allocate the necessary funds to this endeavour. This research also suggests that different types of engagement may be necessary for different types of stakeholders.

As a whole, these studies suggest that successful service user involvement may require staff to examine their routine behaviour at the workplace and move away from exclusionary jargon to accommodate different groups of stakeholders. As the main goal of involvement is a sense of ownership and empowerment over the change initiatives by users and a belief that the changes will lead to real improvements in services,^{56,58} service users should be an integral part of the decision-making process at organisations as practical experts. Dedication to working with stakeholders signifies that organisations value their input and recognise that organisational improvement and success hinges on understanding and responding to the complex needs and demands of their stakeholder networks.

One potential issue that may arise is that organisations may not know or feel they have the means to effectively engage stakeholders, particularly if it means additional work on the part of an already over-burdened em-

ployee.⁵⁹ Dedicated stakeholder involvement posts and funding should be targeted within organisations.⁶⁰ As needed, staff development may help staff envisage stakeholders, particularly service users, as experts. In her report, Carr⁵⁶ noted that there is often tension between frontline social care employees and service users and carers. Yet, research suggests that stakeholder involvement may be particularly beneficial to frontline employees. Research exploring the impact of ‘community-oriented policing’ in the US suggested that following initial resistance, police officers who engaged in stakeholder-focused policing exhibited higher levels of job satisfaction and job autonomy (due, in part, to more varied work roles) and improved employee and citizen relationships.⁶¹

The research indicates that an atmosphere of mutual respect and equality needs to run through stakeholder involvement activities. Organisations need to adopt methods of involvement that fit the needs of their stakeholders.

It is important to note that stakeholder participation and involvement in complex systems such as health and social care may require a special approach. That is, collaboration between different agencies may initially be fraught with tensions or a sense of competition. Thus, encouraging participants to focus on what has been positive from their experiences, an ‘appreciative’ framework, may be the most effective.⁶² It should be noted, however, that appreciative approaches should not prevent participants from dealing with problems and tensions. Rather, the idea is that the conversations should encourage participants to think of what ‘works’ and had been effective and how they might use this positive information to structure solutions to aspects of care that do not seem particularly effective.

Further research is needed to determine: (1) the appropriate degree and method of stakeholder involvement and (2) the balance between stakeholder and staff involvement in decision making.²² It is likely that there are no right or wrong answers and that the key is that organisations gauge from the public, notably users and carers, the level to which stakeholder involvement is optimal for everyone involved. In general, there is a dearth of well-designed studies exploring links be-

tween stakeholder involvement – particularly user involvement – and outcomes,⁶³ making it difficult to draw concrete conclusions. Clearly, this is an area where future research is needed.

Proposition 3: external stakeholders should be an integral part of the planning and implementation of organisational change initiatives. Organisations should list key stakeholders and discuss how to engage each given their different roles and experiences. In social care, service users are the key stakeholders.

Implementation: board memberships, local forums, evaluator roles.

Potential barriers: short-term involvement, lack of funding and lack of clarity around the extent of users' authority over improvement initiatives issues may make stakeholder involvement efforts ineffectual.

4.4 Recognise and support diversity

Given diverse client needs, it seems obvious that a thorough understanding of the very specific requirements and viewpoints of different populations should be built into any organisational change initiative within health and social care. Recognising diversity encompasses knowing when there is a need in the community for more diverse staff, rigorous staff training, forming partnerships with local agencies that specialise in diversity or reorganising service delivery to reach marginalised groups. While there is often insecure funding for initiatives relating to diversity, the difficulties faced by organisations are often behavioural, not economic.⁵²

Much of the adversity that comes out of interactions between different groups of people stems simply from a lack of shared experience with and insufficient knowledge about the other. Yet majority and minority groups each have information that is of value to the other. A key idea here is to facilitate the bridging of social capital. Contact theory,⁶⁴ popularised in the middle of the last century as a way of facilitating better 'race' relations in the US, postulated that frequent systematic contact between members

of different groups (for example, White and Black and minority ethnic [BME], people with and without disabilities, etc) facilitates intergroup cooperation and attitude change, particularly when the contact occurs in an amicable environment when both parties are in pursuit of shared goals and objectives. The idea here is to encourage different groups to work together on equal terms.

Further, other research revealed that support for decisions and initiatives in the workplace was most common when leaders favoured the majority or in-group relative to those where the minority or out-group was favoured (at the expense of the in-group).⁶⁵ It seems a clear message here that organisations need to facilitate alignment between diverse employees' values and the key organisational values – to find the 'common denominator' – to help garner a sense of camaraderie and teamwork among staff.

Building on the idea of contact theory, Weisinger and Salipante⁶⁶ highlighted four stages of recognising diversity based on their work in a volunteer organisation:

- *attraction through bonding*: homogeneous workgroups are developed whereby people with similar backgrounds work with one another, such that minority groups do not feel as if they have to immediately assimilate to the majority
- *organisational adaptation*: organisations gradually adapt to incorporate the needs and preferences of the newer groups as a result of outputs from the workgroups
- *recategorisation*: homogeneous workgroups are reshaped into diverse groups
- *performance of organisationally distinctive routines*: new diverse groups engage in structured activities.

Thus, Weisinger and Salipante espouse the idea of building social capital within groups first, followed by bridging the different forms of social capital once the initial groups feel more confident and motivated to work together.

The idea behind these actions is to generate ways to make salient the similarities between individuals in terms of their values, yet allow for diverging opinions, experiences and worldviews. Cohesiveness and trust are important organisational dynamics and working together on a

common goal should help facilitate these traits. Indeed, empirical work exploring White–Black relations in unionised workplaces in the US revealed that the degree of unit task interdependence was favourably associated with the prevalence of supportive relationships between the groups.⁶⁷ Diverse groups come with a broader range of knowledge, skills and perspectives than homogeneous groups,⁶⁸ which can benefit both individuals and organisational performance. For example, diverse groups might generate more extensive alternatives to problems, increasing the chance of a successful solution. Further, some of the most effective and creative work within organisations stems from conflict or discussion of different viewpoints, which ultimately leads to learning. This type of learning is more likely in a diverse workplace.⁶⁸⁻⁷⁰ ‘Integration’, whereby differences are seen as way to balance all perspectives, should be preferred over ‘unity’, in which differences are suppressed in favour of a common identity.⁷¹ In a workplace setting, friendship and close social ties are not necessarily the goal.

The research suggests that diverse groups come with a broader range of knowledge than homogenous groups. Differences should be encouraged, not suppressed.

One of the key problems is that diversity policies and practices are often symbolic rather than substantive. For example, qualitative work from three child welfare agencies located in a primarily Black community in the US revealed that organisations often did little more than attempt to recruit diverse staff members. Further, these organisations generally continued to maintain historic affiliations with White civic or religious groups, rather than attempting to reinvent and modernise their image to reflect their commitment to diversity.⁷² Interestingly, hiring ‘diverse’ staff alone is unlikely to be an effective mechanism to promote diversity. One study of a large public sector organisation in the US reported that the establishment of quotas within hiring practices (for example, increased numbers of women and people from minority groups employed in senior posts) did little to facilitate diversity as an organisation-wide goal.⁷³ Rather, overarching changes to communication and power structures of the organisation are necessary.

Work from several qualitative case studies with diverse service users funded by the Joseph Rowntree Foundation identified several needs, priorities and actions that should be in place for diverse organisations: [52, 74, 75](#)

- recognition of the impact of exclusion and oppression on users' lives and society as a whole
- flexible organisational structures that can accommodate different types of involvement and changes
- competence and knowledge about disability, ethnicity and class
- knowledge of local communities.

To make these a reality, the Joseph Rowntree Foundation work suggests extensive diversity training that includes information on topics such as family life and obligations and dietary restrictions, consultation with diverse groups on service needs including practical issues such as transportation and building access, and joint agency work and evaluative monitoring to assess whether or not the service meets the needs of diverse groups. Going back to the section, Stakeholder involvement and partnerships, representative (not token) involvement from all groups should also be a priority. The important point is that these efforts and others should be continuous and fluid and embedded within the organisation.

Issues related to diversity can be uncomfortable to some and achieving competence in this arena requires asking and answering some difficult questions.⁷² What is the distribution of power within the provider? Is there equity in staff and funding allocation for programmes that disproportionately serve disabled, poor or minority ethnic clients? Are the actions of the provider promulgating existing racial/ethnic, economic or geographical inequalities? Answering these questions requires providers to take an, often difficult, look at their behaviour and potentially identify patterns that are uncomfortable to discuss. Providers that are able to openly and honestly complete this task may be ready to make changes.

Proposition 4: successful organisations need to recognise and support diversity and embed it within their organisational culture.

Implementation: diverse working groups, increasing staff knowledge about exclusion and oppression, joint agency work.

Potential barriers: diverse viewpoints may lead to tensions initially. Organisations need to accept that there may be differences between groups that do not get resolved.

4.5 Enhance skills and development

Skill enhancement and development initiatives are important ingredients for organisational success and improvement, and during times of change, may help to keep employees engaged in the change effort and make them feel as if their development is valued by the organisation. The research presented in this section suggests that training and development should go beyond teaching employees basic skills for day-to-day use in their jobs, which may be viewed as remedial training. Rather, it should also facilitate their development of more global proficiencies and knowledge. Unfortunately, there are few rigorous studies that explore the role of training, development and skill enhancement during organisational change or as it specifically links to service improvement.

Research exploring police officers making the transition from traditional to community-based policing suggests that officers who received training on the theory and technique behind community-oriented policing rated their roles more positively than those who did not receive training but who were expected to transform their policing style.⁶¹ Similarly, a study exploring nurses' perceptions of organisational commitment following large-scale restructuring in both the US and New Zealand found that access to training and supervisors' support of training were both favourably associated with commitment,⁷⁶ suggesting that training is most effective when it is supported and encouraged from the top. Indeed, research stemming from 61 acute hospitals in the UK revealed that the monitoring and appraisal system was the strongest predictor of

hospital mortality rates such that the ability to clarify employees' work objectives, provide feedback and identify training needs facilitated better work performance among staff, which led to higher quality of care.⁴⁶ Training should focus on *why* employees should engage in certain actions, not just *how* to do them.

Horwath⁷⁷ believes that different types of training initiatives should be offered at each stage in the change and improvement process:

- early on, workers should be provided with 'awareness' training to make them contemplate and understand the need for change
- next, workers should be able to question the implications for improvement and identify their skills gaps
- in the 'action' phase, workers should test out new ways of working and assess advanced training needs for their own professional development.

An ongoing evaluation of a substance abuse treatment for adolescents provides a multistaged training programme for staff that aligned with the above points.⁷⁸ First, staff received formal clinical training on the new techniques as well as discussion of adolescent development, families, drug addiction and the recovery process. Training groups were multi-disciplinary and comprised clinicians with a range of experiences. A subsequent goal of this initial training was to shift staff members' clinical focus through the use of the new treatment system, which highlighted working with the 'system' in which substance abuse develops and not simply the individual with the problem. Second, staff received motivation training, which helped employees identify something they personally wanted to change within the organisation and how the new system could ensure that this change happened. Finally, employees engaged in hands-on training whereby they attended mini-retreats to practice the new clinical techniques; supervisors provided modelling and employees were videotaped practising their new skills.

According to the research, training needs to go beyond 'how to' and include 'hands-on' learning and personal development.

Organisations should not forget about their managers during times of change. As summarised in Section 4.1 earlier, problems with leaders and managers were often key reasons for change failure. Experts also suggest that behind successful organisational change initiatives are appropriate skills and competencies training and development for managers.^{79, 80} As a starting point for organisational change, managers need to identify the key components to both successful change and management development to determine if these are aligned. Where the gaps exist should clearly demarcate topics for training. For example, does the organisation have a viable vision? Are managers effectively translating this vision into job roles and expectations?

Box 4.5.1

Hands-on learning for managers – TWF case examples

1. Organisation: public sector organisation in London

Context of change: results from a staff survey at the organisation revealed that staff were unclear what development activities were needed to help them progress in the organisation. One cause identified for this problem was a lack of emphasis on people management.

Process: managers were mandated to enrol in a people management programme to address employees' concerns and support organisational performance. The development programme focused on core management skills of performance management, staff motivation, managing people through change and having clear consequences for both poor and high performance. The programme included practice tools – for example, to diagnose the underlying causes of poor performance to provide a basis for constructive, solution-focused conversations. To support the understanding of skills and potential career paths, new generic role descriptions were created based on a template that highlighted the similarities and differences of the underlying skills, knowledge and experience needed. Managers were able to use these basis templates as a tool to assess staff readiness for

another role as well as to create meaningful development plans relating to current and potential roles.

Goals: the goal was to create a hands-on learning tool for managers to help them be more effective in their management of staff. The next staff survey will highlight staff's views of the impacts of these tools and shifts in people management skills.

2. Organisation: energy provider

Context of change: the directors' team wanted to use the anticipated relocation of the organisation to a single site as an opportunity for everyone to think of themselves as one team, to raise performance and to stimulate new ways of working. They developed an aligned vision for the future direction of the organisation and clear values that they believed would support it.

Process: the directors identified a cohort of 35 managers to lead change by driving five major cross-organisational projects to tackle significant organisational issues such as efficiency and innovation. Project teams were given a brief about the change and were allotted five months to develop a strategy and a business case and bring recommendations regarding implementation to the directors' team. Thus, all managers were required to work on a project that was outside the realm of their everyday work to learn how to work in circumstances with considerable ambiguity and uncertainty. Teams were supplied with a director as a project sponsor and an external project coach to support personal and team development and feedback.

Goals: promote director-level sponsorship of improvement work and create a learning opportunity for a significant cohort of managers that would have direct impacts on organisational performance and would begin to bring organisational values and behaviours alive. Interim sessions suggest managers are learning a great deal and feel confident about the outcomes of their projects.

To be most effective during times of change, training and development initiatives should go beyond one-off courses or formal instruction. Rather, training and development initiatives should be sustained after changes have commenced and should include ‘hands-on’ assignments or secondments that allow employees to transfer their learned knowledge and skills in the real world.⁸⁰ Further, supervisors should permit employees adequate work time and resources (including remuneration) to engage in training and development activities. Interestingly, one study of over 600 childcare providers in the state of Missouri revealed that inconvenient scheduling and distance from training were the most common barriers to receipt of professional development, while compensation for training was the least. These findings suggest that organisations should put more effort into making development activities convenient for staff.⁸¹

Box 4.5.2

Flexibility in development activities – Midwestern school district

Teachers working within a Midwestern school district in the US received increased training as part of the larger change initiative to reduce educational inequalities among low-income children. Training was attended by nearly 100% of teaching staff because it was held during the working day. The district paid for substitute teachers or supported the early release of children to allow for afternoon teacher development activities.²²

The research indicates that training should be continuous – not one-off – and should integrate time for staff to try out and test learning in their day-to-day roles, assess its success and put reflections back into the training.

Training and development is not only beneficial to employees on a personal level, but is directly associated with organisational performance. For example, a quantitative study using a large sample of US organisations, both public and private, revealed that training was one of the largest pre-

dictors of organisational performance net of other non-economic factors including staff selectivity, decentralised decision making, industry and internal hierarchy.⁸² The link between training and performance may be conditional on organisational climate. One US-based study revealed that the favourable link between extensive employee training and employees' service quality was attenuated when current organisational rules or policies prevented employees from using the information gleaned from the training initiatives.⁸³ These results suggest that organisations need to be committed to new ways of working before investing in employee training and development. Finally, lower-skilled workers (for example, unskilled labourers) or night shift workers may be exempt from organisational training and development,^{84, 85} indicating areas for further attention. More innovative forms of training such as peer instruction may help alleviate this void.

Proposition 5: a comprehensive training and skill development programme should occur alongside organisational change and improvement initiatives. Development programmes should go beyond 'remedial' training to include wider skill and personal development.

Implementation: offer different tiers of training and development to *all* staff, give employees appropriate work time for skill development, avoid 'remedial' training.

Potential barriers: training and development should benefit all employees, not just those in higher-level positions. Training is often perceived a remedial exercise to employees.

4.6 Work with resistance

Changes to the day-to-day ebb and flow of the organisation require employees to change and adapt their behaviour. Resistance on behalf of employees is a natural response to large-scale change. Possible reasons for resistance include:

- personal disposition⁸⁶
- fear of the unknown^{16, 86, 87}
- fear of loss of status or job insecurity⁸⁶⁻⁸⁸
- disruption of routines or relationships^{16, 87, 88}
- poor timing of change⁸⁶
- reward systems that do not reinforce adoption.^{16, 88}

Piderit⁸⁹ posits that ambivalence regarding change, which often precedes resistance, occurs because there is a lack of alignment between beliefs, emotions and behaviours regarding the change. That is, an employee may *believe* that change is necessary, but is *emotionally* anxious about the change, which affects his/her *behaviour*. Change acceptance comes about when beliefs, emotions and behaviours towards the change are favourable.

Box 4.6.1

Engaging resistance – TWF case example

Organisation: UK city council

Context of change: a UK city council became a unitary authority in 1997. There was a need to reorganise the home help service in order to reduce costs and work more collaboratively with other agencies. When the new unitary authority was created, a social care team was set up at around the same time as a best value review. This review formed the basis of the new approach to change.

Process: to ensure effective change, the unitary authority involved the unions from the outset of the project. The council decided that although a joint approach would take longer than a conventional 'bargaining' approach, the delay was justified in that this approach should lead to more sustainable change. The unions and the council jointly gathered data for the best value pilot study, which involved benchmarking and a review of users' needs. The review showed that unit costs were twice that of the independent sector, and user feedback showed the source

of the provider was of no concern to users, only consistency and quality of care. Both sides reviewed the data and concluded reform was needed and worked together to produce a set of proposals. The proposals involved a headcount reduction, a shift of some staff to the independent sector and up-skilling of others. Communication and consultation with staff were carried out jointly by the council and unions to provide staff with a shared view of the need for change. Staff participated in meetings and focus groups and were interviewed individually to gauge their reactions and resistance to change.

Goals: transparency and staff engagement during times of change should minimise resistance to change. Need to assess resistance to better understand the profile of resisters.

Outcome: overall, staff views were mixed, although younger employees were generally more positive about their new job roles. User feedback has been mainly positive.

According to the research, resistance is a natural response. Leaders should not just listen, but also actively try to understand and use resisters' messages.

Work by Goltz and Hietapelto⁸⁸ suggested that resistance stems from a loss of power. They offered several ways organisations could minimise resistance:

- be clear up *front* how responsibilities will change
- assign new targets and link rewards to them
- identify whether changes will affect resource allocation
- redistribute power without reducing control over consequences in the organisation
- keep in mind keepers of indirect power – those with networks and resources to most effectively implement change
- choose change agents (leaders of change) with the potential to effectively influence behaviour.

Resistors usually have a valid message. Yet this message may not come across to leaders, particularly if they are not engaging with staff. Organisations need to allow for some growth pains during times of change. But they also need to plan change and improvement initiatives with their staff (as reviewed in Section 4.2) so that there is consistent communication throughout the programme.

Proposition 6: active engagement with resistors should be embedded in any organisational change programme. Staff involvement in the change or improvement programme should help to turn resistance into constructive criticism.

Implementation: transparency and staff engagement at all times, proactive engagement of resistors.

Potential barriers: organisations with strict hierarchies may experience difficulty engaging with resistors as leaders need to be able to penetrate informal employee networks.

4.7 Evaluation that promotes value

The word ‘evaluation’ often connotes stressful and time-consuming inspections that serve as targets for future funding. Social care providers are required to provide annual data on approximately 50 indicators in six categories to the Commission for Social Care Inspection (CSCI), including:

- national priorities and strategic objectives
- cost and efficiency
- effectiveness of service delivery outcomes
- quality of services for users and carers
- fair access
- capacity for improvement.

Evaluation should be a time for organisations to assess, both internally and externally, how successful the change programme has been and

where there is room for improvement. While finite and quantifiable outcomes are helpful, organisations may also be interested in assessing the process of organisational change and improvement as well as alternate outcomes, including less tangible constructs such as enhancing service users' sense of self-efficacy or self-esteem or employees' diversity competence. Indeed, as aims of organisational improvement within social care, the Green Paper, *Independence, wellbeing and choice*,² advocates for greater autonomy and choice, freedom from discrimination, economic wellbeing and personal dignity. These non-traditional outcomes deserve equal assessment relative to those captured by the inspectorates. Alternate forms of measurement may be necessary (in addition to standard surveys and questionnaires) and different evaluation tools may be needed for different stakeholders. Staff may need more frequent feedback during transitional times.

We would advise a multimethod approach that incorporates measurement of traditional targets as well as surveys and qualitative work. There are several aspects of organisational change that makes study of it difficult, highlighting the need for multimethod approaches,⁹⁰ including:

- multiple contexts and levels of analysis
- constantly moving dynamic of change
- difficulty operationalising certain outcomes.

For example, surveys could focus on alternative outcomes not captured by the inspectorates, while qualitative work might help to tease apart processes and the more emotional aspects of social care not amenable to quantitative data collection and analysis.

Research and evaluation programmes should incorporate the full range of stakeholders including frontline staff and service users. If the programme of measurement within social and health care is established by researchers who themselves do not actually directly administer or use social care services, they may wrongly be infusing their own view of what 'success' looks like within the sector.

Evaluation should focus on assessing processes as well as intangible outcomes. As demonstrated below, research programmes should incorporate the full range of stakeholders.

One model, ‘community-based participatory research’*, frequently used in the field of public health, capitalises on the recognition that individuals are embedded within a variety of contexts – social, political, economic and cultural – that affect their behaviour, actions and access to health interventions.^{60,91-95} Participatory research contends that research should help to remove the distance between subject and object. To best understand effects of interventions or changes on the public, researchers need to recognise that individuals cannot necessarily be separated from the communities or contexts that influence them and research should thus incorporate members of the community and intervention and research should occur simultaneously.

More specifically, community-based participatory research:

- incorporates ‘community’ into research by joining partners with diverse skills, knowledge and sensitivities to address complex problems
- combines research with new interventions
- builds on strengths and resources within the community by supporting or expanding structures and processes that contribute to the ability of the community to work together
- encourages collaborative, equal involvement of all community members
- promotes co-learning and empowerment within and across different groups with an emphasis on sharing information and decision-making power
- increases civic engagement by traditionally excluded groups
- disseminates findings and knowledge to all partners.

In promoting participation by all community members, this type of research allows the people who have traditionally been ‘subjects’ in research projects to be seen as ‘experts’. Furthermore, funding streams provide employment opportunities and research training to interested community members, which may reap benefits for communities beyond the actual research study.^{93, 96}

* Although not identical, participatory action research (PAR) shares many of the underlying values and concepts with community-based participatory research.

During times of organisational change, when providers are testing out new methods of service provision and management, participative research should involve assessing new ways of working by incorporating the views of service users and frontline staff. Research based on several youth-led evaluations in California focused on some of the key benefits of such an approach, summarised below.⁹³

- questions focused on local experience and needs
- appropriate data collection instruments to answer relevant questions
- research–subject relationships characterised by respect and trust
- data analysis and interpretation informed by local culture
- findings recommendations that focus organisational and community change on local experience and needs
- writing that speaks to a broad audience
- a cadre of ‘researchers in training’ who can engage in advocacy and implementation.

There is no set methodology for community-based participatory research, but examples of successful programmes should help to illustrate the strength of the concept (see Boxes 4.7.1 and 4.7.2).

Box 4.7.1

Achieving environmental justice and reducing health disparities – WE ACT

More than 500,000 people – primarily Black and Latinos – reside in Northern Manhattan, which includes both Harlem and Washington Heights. The area is the depot for over one third of New York City’s buses, waste from more than 200 sanitation trucks and four central arteries connecting the island of Manhattan to the mainland US. Not surprisingly, asthma rates in Northern Manhattan are three to five times that of other areas. WE ACT is a grassroots organisation that seeks to mobilise residents who see their families, homes and communities threatened by pollution. WE ACT has engaged the public in a number of studies aimed at assessing residents’ exposure to

environmental toxins. For example, recruiting the help of a local youth group, this group of 'researchers in training' performed car, truck, bus and pedestrian counts at intersections in four hot spot neighbourhoods known for poor air quality as a result of heavy vehicle exhaust. Further, the youth wore personal air monitors to gauge their own exposure. These data were used to gain funding for a community-based monitoring system that feeds into the larger state system.⁹⁶

Box 4.7.2

Combining intervention, evaluation and 'hands-on' teacher development – Columbia University case example

The Using Assessment Project at two Head Start early intervention centres in the Northeast US is grounded in the belief that for improvement to occur, ongoing observational assessments of children, classrooms, and program staff, along with interactive professional development, is essential. Thus, they conducted an intervention/evaluation project aimed at improving services at the child, classroom and centre levels. Researchers at Columbia University paired up with early childcare staff at all levels – from classroom teachers to directors – to train them on a variety of assessment tools with the aim of helping develop staff as informed and experienced researchers (not simply recipients of assessment), encouraging staff to better understand their provision from the joint perspectives of provider and assessor and empowering them to be change agents. The core group of researchers developed the following criteria for successful implementation:

- 1 Begin with the understanding that:
 - some staff may perceive 'intervention as remediation'; it is imperative that staff not feel 'tested, monitored, or judged'
 - it is most important to build genuine, collaborative partnerships

- best practices for early childhood educators parallel best practice for young children
 - try to listen to the staff and respect them as growing, reflective early childhood practitioners.
- 2 Before implementation:
- plan time to develop relationships and support new strategies
 - provide opportunities for teamwork
 - cultivate a willing spirit of staff
 - train all necessary staff together in the implementation of the assessment systems and interpretation and use of the assessment data.
- 3 During implementation:
- build on staff's knowledge, practices and skills
 - individualise support (staff's education levels and experiences)
 - regularly schedule ongoing meetings that include the change agents, parents and other support staff and/or consultants to provide continual support and guidance in the practice improvement process.
- 4 After implementation:
- embrace growth areas in order to improve the teaching of young children, services to families and the overall workplace
 - ensure that staff members are full partners in the design of the implementation and training plans, so that they are not simply 'recipients' of the model
 - plan a minimum of two to three years' commitment in order to see real results over time.

Evaluative mechanisms may promote or inhibit employees' motivation for change. Research by Torres⁹⁷ suggested three criteria of assessment criteria that are linked to employees' internalisation of the aims of the assessment and their willingness to participate in improvement processes. Assessment criteria should be:

- sensitive enough to reflect employees' efforts

- based on agreed goals
- coupled with feedback and discussion.

What this research suggests is the evaluation and feedback mechanisms should be based on the outcomes and processes believed to be important to the organisation and its key stakeholders, not just the targets set by inspectorates and funding bodies. Further, improvement initiatives should be coupled with evaluation so organisations have an accurate barometer of the improvement activities and can change course as needed.

Proposition 7: evaluation should incorporate a range of methods and should include employees and service users.

Implementation: studies of change effectiveness and service improvements should be coupled with studies focusing on processes and alternate outcomes, evaluation should be entrenched in the context in which it occurs and evaluation teams should include frontline staff and service users

Potential barriers: alternative research endeavours such as those incorporating staff or service users need a solid funding base. Organisations may have to balance their desire for user-driven research with competing demands from government regulatory bodies.

Key messages from the research review

This section highlights some of the key messages to come from the research review regarding implementing organisational change and improvement. In the review, we focused on seven key features of organisational change and improvement initiatives. As demonstrated by the research, each of these seven broad categories are relevant to successful change and improvement, but in isolation would not be wholly successful. Following from a whole systems or complexity approach, changes in one domain have the capacity to affect changes in another domain. Change and improvement initiatives that attempt to fix one spoke in the wheel independent of the others are unlikely to lead to long-term improvements.

Proposed improvements in the field of social care involve change at all levels of service provision, from the communities in which services take place to the staff who provide services to the types of services on offer to the evaluative mechanisms in place to the role social care places in larger society. We believe that our seven features of organisational change and improvement are relevant for each of these. Below we highlight some of the key points from our extensive review.

Effective leadership that enables change

- Effective leaders who can look at policy changes as opportunities for service improvement are needed to promote innovation.
- Leaders foster trust by maintaining transparency via extensive communication.
- Leaders must initiate, set the scope and facilitate change.
- Middle managers and team leaders are key interlocutors between senior leaders and employees.
- Leaders need to make change and improvement initiatives feel like something everyone is *working towards* and not something that *is happening to* staff.

- Leaders need to consider the emotional aspect of organisational change, not simply the structural nature of change when engaging with employees during the change process.

Employee involvement and participation

- Employee involvement – at all levels – should be an integral part of change.
- Employee participation in change is associated with acceptance of change. Change acceptance is favourably associated with organisational outcomes.
- Enhancing self-efficacy, empowerment, value and autonomy may help employees embrace the change and maintain trust in their organisations.
- Employee involvement initiatives need to be more than rhetoric and need to be inclusive of all staff without reinforcing extant hierarchies.
- Effective teamwork helps to eliminate divides between employees, enhances work-based creativity and promotes the common good.

Stakeholder involvement and partnerships

- Organisational change and improvement should incorporate a wide body of stakeholders including service users.
- An atmosphere of mutual respect and equality needs to run through stakeholder involvement activities.
- Organisations need to adopt methods of involvement that fit the needs and priorities of their stakeholders. Different types of engagement may be necessary for different types of stakeholders.
- Short-term involvement, lack of funding and lack of clarity around the extent of users' authority over improvement initiatives may make involvement efforts ineffectual.

Recognise and support diversity

- Consideration of the very specific needs of different populations needs to be interwoven into all aspects of change and improvement programmes.

- Diverse groups come with a broader range of knowledge than homogeneous groups.
- Organisations should align diverse viewpoints with strong organisational values that establish a 'common denominator' for all.
- Tokenistic and overly simplistic efforts may not sustain long-term changes and improvements.

Enhance skills and development

- Personal staff development should be a key component of any training initiative.
- Training should be continuous – not one-off – and should integrate time for staff to try out and test learning in their day-to-day roles, assess its success and put reflections back into the training.
- Training and development should benefit all employees, not just those in higher-level positions.

Work with resistance

- Active engagement with resisters should be embedded in any organisational change programme.
- Staff involvement in the change or improvement programme should help to turn resistance into constructive criticism.
- Organisations with strict hierarchies may experience difficulty engaging resisters, as leaders need to be able to penetrate informal employee networks.

Evaluation that promotes value

- Evaluation should be a time for organisations to assess, both internally and externally, how successful the change programme has been and where there is room for improvement.
- Evaluation should focus on more than just easily quantifiable outcomes to include processes and intangible outcomes.
- Research programmes should incorporate the full range of stakeholders, particularly staff and service users.

- Organisations may have to balance their desire for user-driven research with competing demands from government regulatory bodies.

6 Introduction

The practice survey complements the research review. The research review offered an in-depth exploration of the literature pertaining to effective practices in organisational change and improvement. Using extant reports, articles and books from the public and private sectors, the objectives of the research review were to:

- give a brief overview of broad theories of organisational change and improvement
- synthesise research findings to identify the key processes and actions that most consistently link to service improvement.

The aim of this practice survey was to examine and identify examples of good practice in organisational change and improvement initiatives in four social care organisations in England, Wales and Northern Ireland. A secondary goal was to see if the empirical evidence on the key features of organisational change and improvement summarised in the research review held up in the four case study organisations. By putting together the research and practice surveys, we hope to provide a clear picture of how to structure successful organisational change and improvement initiatives in health and social care.

Practice survey methodology

The practice survey comprised four case studies of exemplar organisations in England, Wales and Northern Ireland. Each of the organisations underwent or was in the midst of significant adaptations and changes to the way their organisation worked. Improvement in services was the goal of each of the endeavours.

7.1 Recruitment of organisations

Recruitment of case study organisations initially entailed a two-tiered method. First, SCIE contacted their network of practice partners to gauge interest in participation. The contact details of organisations that expressed interest were forwarded to The Work Foundation for follow-up. Second, we consulted with our research consultant, Michael Turner, for relevant disability user-controlled organisations.

All interested organisations were sent a copy of the case study overview (see Appendix A). The overview document summarised the structure of the case studies (more details below) and offered preliminary findings from the research review so organisations could assess whether they identified with any of the seven key features of organisational change and improvement summarised in Section 4. Organisations that read the case study overview and believed themselves to be eligible were asked to summarise the nature of their organisation and the changes or improvements they had recently experienced.

Six organisations (five were SCIE practice partners, one was a personal contact of Michael Turner's) were initially elicited from our method. While our aim was to sample organisations from geographically diverse areas (that is, England, Wales and Northern Ireland), we also hoped to obtain organisations that offered diverse services for diverse users. Thus, in agreement with SCIE, we targeted an organisation serving disabled adults, a service user-led organisation, an organisation serving elderly adults and a children's service. The latter two were chosen because of

issues revolving around choice and control among older people (for example, those with dementia) and young people.

We also hoped to incorporate an organisation with a significant BME population, but realised this was going to be difficult in either Wales or Northern Ireland given their racial/ethnic demographic. Further, because we were only completing four case studies, it was agreed with SCIE that while obtaining the viewpoints of BME staff and/or service users was desirable, it might not be possible with this specific project.

We met our geographic criteria and three of the four types of services in our initial sampling:

- *Age Concern Sheffield (ACS)*: an older people's service organisation in Sheffield, England
- *Willowbank Community Resource Centre (WB)*: a user-led disability services organisation in Dungannon, Northern Ireland
- *Disability Wales (DW)*: a user-controlled disability services umbrella organisation based in Caerffili, which serves the whole of Wales.

To obtain a children's service organisation, we liaised with the consultancy division at The Work Foundation for relevant contacts in the field of social care and went back to SCIE for further networking. We obtained for two relevant children's service organisations that had recently undergone significant changes. One of the two responded to our communications. Due to delays in scheduling the case study and uncertainty regarding their participation, our fourth case study was only partially completed (that is, director interview only; see Section 7.2, for more details on the case study design). Our fourth case study was:

- *Children and Family Court Advisory Support Service (CAFCASS)*: a court advisory service for children located throughout England.

See Appendix D, for detailed descriptions of the four case study organisations. From this point onwards, case study organisations will be referred to by their initials: ACS, CAFCASS, DW, WB.

7.2 Case study design

Each provider case study comprised:^{* **}

- interviews carried out with the organisation director
- staff focus group to obtain the views of other staff members
- service user focus groups.

The steering group^{***} for this project helped to shape the structure and content of the interviews and focus groups. The director interview and staff focus groups were conducted by the authors, and the service user focus groups were conducted by Michael Turner, our research consultant. Each component ran for approximately 1.5 hours. Recruitment of participants for all focus groups was done by the case study organisations themselves. The exact procedure for recruitment varied by organisation due to their differing set-ups and service user involvement. Service users were compensated £30 for their time. See Appendix E, for full details of our three interview schedules.

The director interviews provided detailed information on the background of the organisation, how and why changes and improvements were implemented, the specifics of the changes and improvements and how they incorporated staff and stakeholder involvement, staff development and evaluation into their change programmes. In DW and ACS, the

* TWF were only able to complete the director interviews with CAF/CASS. Given the nature of the service, it was decided between the authors, SCIE and CAF/CASS that a service user focus group would not be possible ethically or logistically. We conducted the work with CAF/CASS late in our programme, by which time CAF/CASS had commenced a wider national consultation and therefore we were unable to conduct staff focus groups in this project to avoid over-consulting them. Consideration was given to conducting focus groups at a later stage, but given our project timelines we were unable to pursue this.

** At ACS subsequent telephone interviews were carried out with two individuals unable to attend the staff focus group.

*** The steering group comprised of seven members. Three steering group meetings were held throughout the duration of the project.

respective executive directors were individually interviewed. In WB we conducted two director interviews, one with the executive director and the second with two board members. In CAFCASS, the corporate director and a regional director were interviewed simultaneously. Directors were also asked to provide us with any written documentation of the changes. ACS and WB were able to provide such documentation.

The aim of the staff focus groups was to get a group of different staff together to talk about their experiences of change and service improvement. Were they involved with the change process? How has the nature of their everyday work changed? How do staff perceive their 'place' within the organisation?

Each focus group comprised three to eight staff members. Their roles ranged from frontline service delivery to more senior management. In ACS the dynamics of the group were affected by the group characteristics as line managers and their direct reports were both participants of the focus group. As a result, we were subsequently invited to contact two other employees for private interviews.

Finally, the service user focus groups concentrated on users' perceptions of organisational change or service improvement in the context of their receipt of services, for example, whether the change fostered a greater sense of independence, choice and control; how the change felt to them; and what they wished had been done differently. Users were also asked about: empowering and disempowering experiences; if they felt alignment between their goals and the goals of their service providers;; if they believed their care was personalised; or whether they felt their services were leading them on a path to independence.

The user focus groups comprised three to eight participants per group. The level of involvement the service users had with the organisation varied. For example, WB users had been more involved in commenting on and contributing to service provision than the service users who participated from ACS, who were attendees at a day centre. This diverse level of involvement reflected the realities of service user involvement in the different organisations.

Our research consultant, Michael Turner, was brought in specifically to cover the work with service users on the project because of his extensive experience as a service user researcher.

With the exception of the director interviews, all participant names are omitted for confidentiality. Directors were given an earlier version of the following sections for their approval and comment.

Three key themes in organisational change and improvement

8.1 Analysis

The findings from the practice survey are presented here according to three key themes that emerged from content analysis of the information collected through the case studies. Content analysis allows researchers to review large amounts of qualitative data and systematically identify groups of themes. Drawing on the manifest content, a researcher identifies topics within each section of the text, then selects different examples for each topic. The topics are then grouped into overarching themes. In this instance, to ensure reliability of the findings, both authors analysed the data separately then discussed their findings. Both authors identified the same list of topics and overarching themes on the first iteration of the review. The themes and some examples were presented to and discussed with the project steering group to ensure their validity. Michael Turner, our research consultant who led the service user focus groups, was also in the meeting to validate the themes.

8.2 Findings

The three key themes to emerge from the study were:

- leadership and purpose
- employee involvement
- stakeholder involvement.

These themes represent common terms in research around change and improvement. We intend to explain the practical meaning of these phrases using examples from the cases studies with the aim of promoting understanding and practical application among organisations looking to improve their services.

An important point to note is that the process of improvement for these case study organisations was not simply about moving from A to B. There were certain key achievements that marked the evolution of the organisations, such as board membership in one organisation moving from none to majority disabled membership. The initiatives did not set a concrete endpoint. The activities undertaken by the organisations can best be likened to evolution. That is, while there is a clear purpose underlying the process, the process was more about continual adaptation rather than discrete steps towards an absolute goal.

The next sections describe each key theme in turn. Each theme comprises a series of sub-themes that are discussed together with relevant examples from the case studies as illustrations.

8.2.1 Leadership and purpose

The focus of the project was on implementing improvements in social care organisations. While not explicitly about how to lead those changes, a key theme that emerged from our case studies of good practice, consistent with the research review, was that effective leadership, namely an inspiring and resourceful executive director, was central to successful implementation of change. A clear sense of direction for the organisation was critical.

Leaders need to establish a clear sense of purpose and ideology to enable change and improvement

Having a clear sense of organisational purpose and an ideology that set the tone and guided actions was crucial to enabling the leaders to make improvements across all of the case study organisations. Each leader had a clear idea of where the organisation should be heading to create the optimal service for the user. Ensuring that staff were on board with this underlying purpose or ideology was critical to ensure the success of the improvements. In some cases, staff members already shared this sense of direction or purpose with their leaders.

The underlying purposes of three of the case study organisations were similar. In some cases they were fundamental shifts departures from where they originated; in others they were only slight modifications. The similarity of common underlying purpose across the organisations

was their desire to be more user-focused – whether this took the form of ensuring that the service users were an integral part of designing and delivering the service or simply improving the quantity and quality of services. Several examples follow.

Upon hiring their new director in the 1980s, WB shifted from the benevolence model of social care to an offshoot of the social model of disability. While the former posits that services are provided to meet needs caused by a medical condition, the later posits that disability is caused by the barriers that are put up by society's response or lack of response to people's impairments.

The adoption of a social model of disability moved WB away from the charitable, caring approach to a rights-based equality agenda. WB is now an organisation that is controlled by people with disabilities that works with and for people with disabilities. WB sees a person with a disability as a person with a 'solution' if they are encouraged, enabled and empowered to articulate what they want and need to help overcome the barriers. WB is a small organisation, but they argue that a larger organisation could also adopt their model:

'If the ethos doesn't work in a big organisation, then the ethos doesn't work in society. And if it doesn't work in society, then we need to own up to the fact that equality can't work in society. This isn't true so we need to find a way to make it work in bigger organisations.'
(WB board member)

DW also adopted and embedded the social model of disability to become an organisation for people with disabilities. Their aim was to achieve rights, equality and choice for people with disabilities. Adopting the social model of disability allowed them to express the values they aspired to – of empowering people with disabilities to become equal citizens. A representative of one of their member organisations stated:

'If you have a non-disabled person standing at the front of a lecture hall trying to offer disability equality training, however well they do it, however good the outcomes apparently are, it maintains the myth that this isn't something disabled people can do themselves.'

Similarly, the North East (NE) office of CAFCASS wanted to become more child-focused and ensure their services were targeted at making a difference in each child's life.

At the core of these new directions was a shift from having a person to care for to working with users to improve their quality of life. These shifts in purpose were more than a new 'vision' or 'mission statement'. A vision is a statement or picture about what something will look like when you achieve it. Although potentially relevant here, one of the important aspects was that of continual change: the shift was not simply from A to B. The underlying purpose identified by the directors was not a specific mechanism or set of actions for change, but rather the direction of travel or a guide of where to move the organisation next – putting the changes in place came later.

Equally a mission statement, such as stating that an organisation will 'put the needs of its customers first', is futile if there is misalignment between the way the staff perceive their role and the way the service users then see their part. For example, the benevolence model of social care may be overly paternalistic, but can be a very powerful motive for people. Staff may have joined subscribing to that belief system of wanting to help those who are disadvantaged and needy. A shift to a social model where service users have rights and expectations may not feel comfortable to some staff, and may undermine their motivation rather than enhance it. Relative to vision or mission, organisational purpose incorporates the 'why's': why an organisation exists, why they are providing this service. Implicitly, organisational purpose also encourages staff to ask why they are working for the organisation. A successful shift first requires clarity of the underlying purpose and sense of direction for the organisation and its services, while visions and mission statements can help to provide marker points along the way.

In ACS, the purpose had always been to improve the quality of life for older people. The purpose then was clear, the shifts came in the ways to arrange and manage the organisation to enable staff to reach more people and provide a better and more nuanced set of services. The previous director was struggling in an increasingly vulnerable organisation, prompting the board to mandate a shift in leadership. The new director arrived to a service that had grown steadily, but had remained relatively unchanged over 23 years. The staff were very dedicated to what they

were doing and knew how to do their jobs, but were dissatisfied with the current state of the organisation as they felt they had no information about the larger purpose of ACS. There were no meetings or discussions between the different departments and no forums for exchanging ideas, learning or monitoring. Although the director's experience gave her a good sense of some of the improvements she could make, she continues to systematically review each service ACS provides and has engaged in extensive consultation with staff members, the board and volunteers.

In all cases, the directors were new to the posts and instigated change subsequent to their arrival. In three cases, the leaders were specifically chosen due to their previous experiences leading organisations and their viewpoints on key issues (for example, service user involvement, employee engagement, ideology). Having clarified the underlying purpose, the next step was to identify what specific components of the organisation needed to change to ensure that the ensuing activities of the organisation supported its purpose. In all cases, consultations were carried out with staff to tap them for their expertise as well to identify their needs in the change process (discussed in more detail in this section below and in the following Section 8.2.2 on employee involvement). Decisions were then made about how to specifically implement those changes. Equally in all cases, the agreed sense of underlying purpose came first and then mechanisms that enabled necessary changes such as funding were subsequent.

Establish a clear, shared sense of purpose and direction of travel. This is not a token phrase or statement, but a fundamental, underlying sense of what the organisation is trying to achieve. People should connect with and understand how their role contributes to this purpose. Leaders can inspire and provide motivation for the whole organisation and lead from the front, even when the direction of travel is developed from staff and users.

Leaders create the conditions to enable change and improvement

All staff interviewed acknowledged that the arrival of the new director had been the turning point for change and that the leader had enabled

the change. That is, beyond driving the new purpose or ideology for the organisation, the leaders also created conditions that allowed the organisation to shift in the desired direction. The staff were very clear about the incredible impact that the leaders had had in enabling the changes to happen.

In DW many staff had wanted to move in a new direction, but had not been able to prior to the arrival of the new director. One staff member stated:

‘I think a lot of us, particularly staff, would have made the change a lot sooner [if the leadership had allowed]... I think the establishment of the Disability Rights Commission confirmed our need to change... With the next director coming on board she was there to promote it and to make it a little smoother. The executive committee in the past have been very anti-learning about new things like the social models because they didn’t understand what it was. We had to undertake a learning programme ... now I think some of them understand and they are adopting it a little easier.’

The director of DW remarked that the organisation’s movement to the social model “started the zeitgeist” among many other Welsh disability organisations.

In WB, the director’s underlying ideology was that of empowerment: “She began to shape things in terms of more independence and voice of the receivers of the benevolence. She moved to suggesting that some of the service users might actually contribute to management” (WB staff member). Increasingly over time, service users began to sit on the board of directors. While the first frontiers were “persons with acquired disabilities, who had previous experience of the business sector” (WB service user), over time the user directors were service users who had “come up through the ranks and are probably more reflective of our user group” (WB service user). A similar movement is underway at CAF/CASS where a children’s board was recently created to ensure that the views of young people – the driving force behind their purpose and ideology – are represented at the highest level.

Another way the director of WB helped the organisation align with its purpose was to open up leadership and management and to make it more transparent. For example, access for disabled people is not purely

about *physical* access to a building (although the staff were able to quote examples of where councils had set up meetings where they knew that people with disabilities would attend and had booked a meeting room with no wheelchair access); it is also about ensuring that all participants have equal understanding of the history, events and key people involved in the organisation. One way access was subtly thwarted in WB was when people in positions of power (at, for example, stakeholder meetings) used ‘insider’ language, abbreviations and other jargon in mixed company. This made the information being communicated interpretable only to a select few and was a barrier to new attendees. A board member at WB believed in breaking down or ‘demystifying’ the information so it was intelligible to all:

‘People are afraid of boards as they don’t like jargon and are afraid they won’t understand anything and that boardrooms are full of people saying things that don’t mean anything. People are afraid to ask and question it, [our director] breaks things down to what things really mean. For example, finances are full of jargon and baffle people. People present lots of tiny figures and people can’t see them or make heads or tails of them. They don’t want to say my eyes are sore or I don’t get what this actually means, so you need to say exactly what it means.’ (WB board member)

For some people, this process of opening up leadership and management was uncomfortable and challenging. Staff at WB acknowledged that empowering some people disempowers others. One staff member claimed:

‘Some people at the top whose sense of authority and control is based on them being more knowledgeable than service users and being benevolent will be disempowered [by transparency]. “What you’re doing is not a favour for me, I have a right and you have a duty.” Don’t tell me that it would be great to have a course in a college but insurance won’t cover this group – get the insurance that would cover it. Some people, for example, think they’re doing you a favour by letting you into a shop or providing you with somewhere outside your house to spend your day in. It’s those people who get disempowered.’

Staff at WB recognised that resources can be limited, but they did not use this as a reason for not doing something. If they could not get resources one way, then they found another way. Although this may sound simplistic, it reflects their basic ideology rather than the ease with which this could be accomplished. The enthusiasm and passion of the director drove this attitude throughout the organisation.

Finally, each of the leaders in the case study organisations enabled change by simply being accessible. In CAF/CASS NE, the regional director and the business manager situate themselves in a different regional office on a weekly basis. One staff member at ACS contrasted the more formal style of the previous director with the current directorship and claims the environment is “a lot more relaxed now”. Similarly, at DW one of the staff members claimed:

‘To me CEOs [chief executive officers] are sometimes a bit distant, but she has approachability. You can contact her about something you think is crucial. She seems to be on the ground still as well. She knows everything that is going on around the country, [but] she is not so high up on her perch. She is at grass roots level and approachable.’

This statement purveys the pride the staff member has in her director and showcases the balanced blend of leadership necessary for this organisation.

Leaders’ behaviours and attitudes enable staff and service users to make improvements. This may involve shifting obstacles, such as changing board membership and breaking down jargon, or simply giving people permission to try different tasks.

Respond to issues, but do not compromise on direction

Without exception, each leader of the case study organisations was clear that one of their primary roles was to respond to issues raised by their staff, service users or members of their organisation, but that in doing so they must also not compromise on the direction of travel. For example, the director of ACS said, “Leadership is key. You need to work with people but do not appear weak. Do not be afraid to say this is my vision”. The

director of ACS recognised that it was necessary to make discussions and disagreements acceptable:

‘Staff want to know what is going on and what the parameters are. It’s important to start with mutual respect and from the point of view that I respect what you’re doing, what you’re doing is valuable and vice versa. Beyond that we may have a disagreement. Disagreements are kind of taboo; people find it difficult to deal with them. There’s a desire for everyone to reach a consensus or pretend there’s one when there isn’t. Make it part of the culture that it’s okay to have differences. It’s okay to discuss, but it’s not okay to get aggressive, and then it’s okay for a decision to be made that not everyone likes. We have some way to go on this, but we’re getting there.’

In the case of WB not comprising on the basic ideology this meant sometimes having to challenge things imposed on them from outside bodies. For example, one individual with a physical disability was referred to WB, but the referral authority was treating the person as if s/he was not capable of making his/her own decisions. WB therefore challenged the authority, asking them to certify that the person was no longer able to make decisions for him/herself. If they were not able to certify this, then the authority had to accept that the person was able to make their own decisions about the care and support s/he wanted.

In CAF/CASS NE, a standstill budget made them look at their internal management structures and try to come up with a workable budget that did not comprise their ultimate purpose. The senior team questioned whether these budgetary constraints were a “threat or and opportunity”. The organisation used their staff members to help come up with the solution that satisfied the joint needs of cutting costs and making services more child-centric.

Every change and improvement initiative will face some barriers or difficulties. It is crucial that leaders respond to these challenges in a manner in line with their organisational purpose.

Organisational change and improvement can be difficult. Leaders need to react to these difficulties by reminding themselves and others of the organisational purpose.

Communicate underlying purpose and ensure actions are consistent with this purpose

Communication by leaders of the underlying purpose and ideology across to others was a key feature exhibited of the case studies. In many cases, this involved capturing the values that already existed and ensuring that everyone was aware of them or engaging in observable behaviours that indicated their dedication to the new purpose.

Two of the case study organisations in particular used staff consultations to initiate a two-way communication process. Methods leaders used to establish or communicate the underlying messages to staff included:

- meetings with each employee
- group consultations with staff, including brainstorming exercises
- newsletters in the pay packets of all employees and volunteers
- emails
- roadshows
- personal telephone conversations
- group meetings and consultations
- away days.

In ACS the director captured the values that employees associated with the organisation and the way they wanted it to be using one-on-one interviews. She analysed the responses and fed the results back across the organisation, predominately via email. The resulting documents also included targeted actions based on the staff's suggestions and needs. In CAFCASS NE, the consultation involved whiteboard exercises where staff were asked to identify needed changes as well as what the 'non-negotiables' were. This exercise was used to better understand what the group's core values were and how their work connected (or should connect better) to these values, as well as to differentiate between what practices needed changing and what practices should be 'protected' – setting the parameters for any changes. The leaders sifted through all of the information they gathered during the consultation and then fed it back to all staff. Notes from these meetings were circulated for comment among the practitioners. The NE regional director then took the proposals garnered from the consultation exercise to the corporate

director, “We tabled it: proposal, consultation, feedback, and [corporate director] wrote to people in region. [She] thanked everyone [and told them] ‘this is what we’re going to do’. [There was] dialogue along the way” (CAFCASS NE regional director).

While ACS and CAFCASS NE reported general success with their chosen methods of communication and consultation, they were not foolproof. CAFCASS believes that the reason the consultation process was so successful in the NE is because it was with a small group of 100-150 personnel. While their next plan is to move forward on a national scale, they feel that implementing changes is easier when “organisations break themselves up into smaller groups”. This comment is in line with a belief in the complexity of large systems. WB, of course, was also quite a small organisation, which may have favourably affected its ability to be so forward-thinking. However, part of WB’s ability to overcome problems is their approach – that of breaking things down into smaller units and seeing where they can intervene at this more micro-level. As with CAFCASS NE, WB argued that larger organisations may “need to see if their organisation can be broken down into small network units [to help make the model work]” (WB board member).

In WB, the passion the director has for the way the organisation should work is highly infectious. The staff commented on how the director’s ideas and enthusiasm have been essential. WB is a small organisation, but communication of the direction of travel was no less crucial to the success of the change than it would have been in a larger establishment. The change in WB involved empowering the service users and staff, not only to see people with disabilities as an essential part in the design and creation of the service, but also to embracing a ‘can-do’ attitude and eradicating the word ‘can’t’ from their vocabularies. Throughout WB there is an atmosphere of achievement. If something needs to be done, there is a way to achieve it. For example, when service users with visual impairments said that they wanted to do a computer course, they overcame the lack of funding barrier by applying for and obtaining funding to purchase the software with the encouragement and help of staff. A second barrier arose: to make the particular IT course viable they needed more people to enrol in the course. The speaking packages used by people with visual impairments were often a deterrent to hearing impaired service users. The group searched for possible solutions and decided that if they invited their hearing impaired colleagues,

the noise deterrent of the software would be a non-issue. In both cases, a solutions-focused perspective was applied.

Sometimes the leaders had to make hard decisions to align their services with the purpose of the organisations. In DW, the basis of membership had to change to ensure that it was in line with the purpose of the organisation. Currently, only organisations whose boards are comprised of majority disabled people are allowed membership. This decision was taken to ensure that the underlying purpose of the organisation ran throughout its activities. The organisation encountered some participants who believed this tactic was reverse discrimination. The organisation has had to learn to tailor their message to these groups and reiterate to them that, "It's not about discrimination, but ownership. If the group is about disability, then it should be led by disabled people. Non-disabled people should be in supportive roles or as allies rather than leaders" (DW director).

Thus, there is an acknowledgement among directors and staff that education may be necessary to show people a new way of looking at things. WB is quite used to spreading their vision and ideology to those with a basic underlying understanding or sensitivity to user empowerment. DW explained that their executive members were often frightened to say the wrong thing for fear that it would go against the latest politically correct terminology: "One day you can say people with learning difficulties, the next week something different" (DW staff member). Thus, educational initiatives were sometimes necessary to communicate the purpose. But both organisations believed that it was not possible for everyone to come on board with a vision. As such, teaching a fundamental way of thinking is not always possible. As one WB board member stated, "If you have the music we can teach you the words", indicating that people must come equipped with the basics and the organisation can fill in the blanks. If, however, a person does not subscribe to or is inherently against the basic purpose or ethos, it is unlikely that educational efforts will be effective.

Although the underlying purpose of the organisations gave a clear driving force for improvements, it did not mean all decisions were clear-cut. Staff at DW explained that their underlying purpose did not necessarily provide a solution of how to meet their perceived need to develop the organisation without doing so at the expense of existing organisations. For example, DW wants to be a major lobbying organisation,

but the social model of disability does not provide them with an answer of whether they should expand in a particular area of the country, which might subsequently negate the need for other organisations to exist there.

A sense of purpose and direction of travel may evolve from staff and service users or may come directly from the leader. Either way, it is essential that everyone in the organisation and those in contact with the organisation understand the underlying purpose and identity of the organisation. It is also crucial that the actions of leaders and others are consistent with and illustrate the direction of travel.

Stakeholders need to be on board with the underlying purpose

In all cases, the directors argued that all the stakeholders – the board, employees and users – must be on board and engaged with the underlying purpose of the organisation.

Across the organisations a range of examples were shared about effectively engaging people:

- *Get a core nucleus and more forward work:* without exception, the directors of the case study organisations worked with the enthusiasm of the staff that already existed to build a central nucleus of supporters. In DW, in particular, there was a core set of staff members who already had the desire to make improvements and move the organisation to a social model of disability. Other members of staff and some of their member organisations were not convinced of the need to articulate this shift. In one or two instances member organisations thought that the social model of disability was wrong. Enabling this core set to get their colleagues on board was a necessary approach, as the central team had the responsibility of persuading their member organisations of the necessity of the improvements that needed to take place. In some cases this involved repeated conversations with specific individuals to help them to understand why membership needed to be restricted to specific organisations (that is, those with

majority disabled board members) if DW was going to promote the social model of disability.

- *Work directly with staff:* as a first strategy, ACS and CAFCASS NE had extensive consultation sessions with members of staff. The organisations engaged in different, yet equally effective means of engagement. ACS set up one-on-one sessions between the director and each employee, while CAFCASS NE engaged with employees en masse during extensive brainstorming sessions. In both cases, the feedback and key messages from these meetings was reported back to all employees and plans for the future were developed using the evidence from these staff engagement exercises.
- *Do not accept inappropriate behaviour:* in WB this strategy was particularly evident from the examples cited by both staff and board members. A main component of their ideology was mutual respect for others. Where service users were not respectful of each other or with staff, staff challenged the individuals' behaviours. One woman who was both a staff and board member stated:

'Just because you're in a wheelchair or have a speech problem, if you do something that is wrong, you should be told about it. You can't get away with it just because you have a disability. Having a disability or acquiring a disability does not bring with it goodness. Therefore people who behave badly are challenged on their badness. [A disability] does not stop you from being a bigot, racist, etc. For example, we have said to particular person: "We appreciate that you are wheelchair bound, but ... your behaviour is intolerable and you need to do something about it. You are the only one who can do something about it. People don't just treat you badly. They treat you badly because you treat them badly. You get away with it because of your wheelchair, but that it not allowed here".'

- *Remove people who do not feel able or are not willing to get on board:* in all the case studies there was an acknowledged limit to the directors' abilities to ensure the values were spread throughout the organisation. Even where staff had been specifically encouraged to shape the underlying purpose, there was recognition that not everyone would be comfortable working in that environment: "There's lots of op-

portunity and options to help people come on board... Ultimately, people know I can sack them if their performance is not satisfactory. There is an expectation that people will come to work and they should stay ... you need to put effort into making sure that people's expectations are appropriate" (ACS director). In these instances, all directors commented that there were procedures in place to dismiss those individuals who were not able to work in the same direction as the organisation. In some instances this also meant that board members left.

The important element here is that there is no 'one size fits all' approach. The directors had to be flexible and in some cases devote more attention to one or two individuals.

A flexible approach is needed to ensure that all those involved with an organisation connect with the direction of travel. Use the enthusiasm and dedication of current staff. Support others to help them come on board, but ultimately do not be afraid to lose those who are not comfortable with the new direction. Do not tolerate inappropriate behaviour or behaviour that is inconsistent with the direction of travel. Dissent and disagreement can be encouraged but only where people are constructively involved in the improvements.

8.2.2 Employee involvement

While the leaders' first orders of business were to establish the new purpose and ideology for the organisation, they subsequently had to set up a method of practice change that was aligned with the purpose and ideology and engaged their staff members. In all case studies, the leaders recognised that employees were the key deliverers of their services, and thus real improvements could not happen without them. One approach to employee involvement might be simple information sharing – telling employees of the changes that will take place. These case studies revealed, however, that good practice in involving employees in change and improvement programmes builds on staff's expertise of how they do their job. Effective involvement also means ensuring that employees have

ownership of the changes and improvements. Where the organisational improvements were about changing the purpose and ideology (rather than about implementing specific processes or practices), the employees saw continual change and improvement as part and parcel of their work and were readily engaged in the process of clarifying how the purpose be best carried out.

Engage employees – give them responsibility

An integral part – and outcome – of the change and improvement process for all of the organisations was employee engagement. There was a recognition that if employees were given responsibilities in governing the direction and developing the specific actions that encompassed the improvement programmes, they would likely take more ownership of them. Below we highlight examples of employee responsibility from ACS, WB and DW.

In ACS, the director carried out one-on-one sessions with each employee. One of the key improvements suggested by staff was to give them more responsibility including how they organised their own time and resources and, in some cases, how they used their budgets. Despite requesting more responsibility, the reality was often a frightening experience for staff as they could no longer ‘pass the buck’. For example, one member of staff found the scope of being able to ration her department’s budget both exciting and anxiety provoking at the same time. There was a realisation that the responsibility for allocating resources now rested on her shoulders and she could no longer rely on the excuse that she could not do something she wanted because she did not have adequate funds. To facilitate the new staff roles, the director recognised the need to support people in this process. For example, when renegotiating contracts, the new human resources manager wanted to try new processes to redefine job roles (that is, create new job descriptions, move from sessional to fixed contracts, etc). The director needed to empower her to do this by giving her the necessary permission and information to enable her to use her initiative to complete the task. In other instances she acted as a mentor to staff in their new roles, particularly those moving up to form a senior management team. To ensure that she supported the staff, she initially found herself more involved in operations than she would like to have been. Staff were generally positive and excited about being given more

responsibility: “I enjoy my job a lot better now. I have always enjoyed my job but it is a lot more interesting having more responsibility” (ACS staff member). Structures were set up where people could interact and learn from each other and communicate better; this was intended to provide more support for everyone (see below).

In WB, giving employees responsibility was seen as way of empowering staff and service users. For example, one staff member was given the opportunity to train up as finance director and take control of her development. Other staff members were encouraged to seek the training they required, to decide how to manage their workloads and manage their days. Moreover, service users were empowered to take control and responsibility for their own development. In this situation (as with most situations in WB), the applicable rules and actual roles for service users and staff overlapped considerably. At the start of their improvement initiative, individuals needed a lot of personal encouragement to recognise that they were capable of doing things and thus take responsibility for their own development: “A lot of people wouldn’t have been given the opportunity, wouldn’t know how to switch on a computer. WB challenges that, asking ‘why can’t you?’ [The director] would have been their voice whilst empowering them” (WB board member). The attitude of the director is adamantly one of “can-do” (WB staff and board member).

Examples given by DW staff highlighted how important it is for leaders not to undermine their words with contrary actions. When leaders give staff responsibility and empower them, it needs to be more than rhetoric: they must relinquish a degree of control, trust their employees to use their responsibility appropriately and give them adequate support. In DW, one staff member gave an example about the previous director to illustrate her point:

‘He used to say things like it was up to me to edit the magazine, whereas if I edited anything he wrote there would be hell to pay. What he said wasn’t what he did and that is a real difference in style... I think [the new director] trust us to get on with things which is extremely helpful but it also means that you have to take responsibility and so you can’t pass the buck. It makes me think more carefully. She is a strategic thinker as well and she can bring our own experiences together and is not afraid to use us.’

Employee engagement and involvement was an integral part of the change and improvement initiatives in the case study organisations. As part of the programmes, employees were given more responsibility in their day-to-day roles and personal development. Employees found this shift both fearful and exciting. Most importantly, there was a sense that staff were more committed to their roles as a result of involvement.

Employees should be supported to take more responsibility in their jobs to facilitate a feeling of ownership and control over the changes. Greater responsibility can often be both a frightening and rewarding experience for staff.

Establish a structure that allows engagement

The organisational structures of the case study organisations were both hierarchical (for example, SW, ACS and CAF/CASS) and ‘circular’ (for example, WB). A circular structure was a term used by WB staff and management to refer to their structure where the staff and management worked closely together passing ideas around between them so that the process of decision making, change and improvement and day-to-day running had a circular feel to it. Communication was not simply up or down a chain of command. The key element of an organisation’s structure that enables engagement is two-way communication. In some organisations this is done most effectively with a clear hierarchy to clearly delineate line managers and direct reports, while in other organisations it works best if the boundaries between managers and non-managers is a bit blurred.

In both ACS and CAF/CASS NE, following consultation exercises with employees, the directors circulated documents encompassing the feedback and explaining how it would contribute to the next stage. The consultation exercise in CAF/CASS NE was effective on a number of levels. Not only did it lead to the organisation embodying a more child-focused purpose, but it also gave the initiatives some steam nationally. That is, because it was built from the ‘bottom up’, the directors felt they could ‘justify the changes’ more effectively to senior management, funders and other key stakeholders.

With a more traditional hierarchy (that is, directors, senior management, line managers, frontline staff, etc), it is important that communication and interactions work both horizontally and vertically. In DW the staff are departmentalised, but under the new directorship the staff appreciated the ability to link up interdepartmentally and to work together with different teams.

Further, in CAFCASS NE, the improvement initiatives actually added a layer of hierarchy to their management structure, but both staff and directors felt it was imperative to them realising their purpose. Above the regional service managers, new head of services were instated with the explicit responsibility of running many of the non-service-oriented parts of the business including budgetary control, stakeholder engagement and meeting attendance. These new roles freed up the senior managers to provide more support for the frontline staff in the form of direct care supervision. While there was acknowledgement among some of the senior managers that they were, in a sense, losing some of their responsibilities with the new structure, they also acknowledged that from a child-centred perspective, this change was necessary and would ultimately lead to a better service and more engaged frontline employees.

In ACS, various interdepartmental consultation groups are in the midst of being set up to allow for cross-fertilisation of ideas. One such group will be a sounding board for new policies and procedures. This process also avoids 'reinventing the wheel' by making learning and communications more efficient. In CAFCASS NE, a similar initiative is under way with the establishment of a practice advisory group that involves many layers of staff. Volunteers at this stage include more than 20 practitioners, some administrative employees and a regional manager. CAFCASS envisions this group becoming an online community where they can 'bounce ideas around' and take responsibility for 'running their contribution'. Some funding has been allocated to support this new initiative.

The feeling of empowerment, embodied by WB staff and service users, stemmed in part from their structure and overlapping job roles. The structure in WB is viewed by staff as more horizontal or circular than vertical. Directors, service users and support workers all make an equal contribution to the purpose, management and direction of WB. In terms of job roles and boundaries, no one individual has exclusive

ownership of a task. The overlap of individuals as service users, workers and board members also contributes to this structure. In WB there is one team, and the fluidity of the roles of staff ensures they are all engaged in the workplace: “We all mix around and help each other out” (WB staff member). For example, anyone can answer the telephone, anyone can contribute to budget planning and anyone can make the dinner. There are, of course, individuals who have particular skills (for example, financial), but these skill sets do not mean exclusive ownership of financial tasks or permission for other staff to ignore financial issues in their everyday work. Teamwork ensures that skills are shared and all those in the centre work together.

Regardless of the structure, organisations should be open and encourage two-way communication, creating an atmosphere where people can contribute and feel as if their contributions are heard. In WB, openness was achieved partly by using straightforward language rather than ‘management jargon’, as described previously. In ACS, staff commented on how they felt their contributions were valued and taken seriously. When asked about what aspects of their job were good and made them feel satisfied, the following staff responses illustrate the importance of how small things contribute to an overall impression of an organisation:

‘Very rarely two days are the same. There are new things starting and coming up, new challenges and directions and also the feeling that my contribution matters. Also being asked about what I think of the way things are done, even in my induction they asked me what my impression was: what did I think about it, how did you think it was, did you think things had improved. Even at that stage I was being asked to contribute. I got the impression even at that stage that if I said “I wonder if it could work” that it would have been noted. So it’s being asked for your ideas.’

‘It’s very similar in my job the encouragement as well. We have meetings and are asked to put across how we think it could improve and how we think it could get better.’

The management structure of organisations contributes to employee engagement. While one of the case study organisations successfully implemented what they called a ‘circular’ management structure, the

remaining three were defined by a more traditional, hierarchical design. What was clear from the case studies is that there was not a superior structure; rather, organisations need to establish roles and boundaries in a way that will maximise employees' sense of empowerment and 'being heard', yet provide enough support and structure to enable them to get their jobs done. Interdepartmental working and teamwork were effective methods to get different employees working together for a common cause.

A structure – whether horizontal or vertical – that supports effective two-way communication enables senior management to ensure staff and service users know their contributions are valued. Equally the appropriate structure helps to ensure that the organisation is efficient in the way it functions and incorporates improvements.

Get communication channels right

The most appropriate communication method depended on both the specific organisation and the type of information being communicated. In all cases it was important to ensure at the outset that all staff and service users had the ability to use and access the chosen communication methods. Simply going through the actions of communicating without verifying that everyone receives the message is an ineffective – and exclusionary – method of spreading information and ideas.

In ACS, for example, it was necessary to ensure that they expanded computer access within the organisation so that all employees could take advantage of electronic communications. This system included IT training, intranet and newsletters.

Flexibility in communication was also reported to be important in ACS. The director had introduced critical event audits (CEAs) as a way of exploring the key actions, events and circumstances that occurred when service delivery did not go as expected or was unsuccessful. As part of this process it was necessary to gather attendees. To do this, it was essential for organisers to communicate that the purpose of the CEA was to create a learning experience for all attendees, not to blame or incriminate people. In this instance, the director saw that it was necessary she was flexible

in her approach. She thus employed a variety of techniques based on the lessons learned from the first couple of attempts conducting CEAs. First, one-on-one sessions were required with the key personnel involved in the critical event and, in some cases, their line managers. Second, an external facilitator was brought in to help make the tone of the event more neutral, rather than seem castigating. Finally, results of the CEA were written up by one of the participants and distributed widely. This final stage was implemented to ensure that the outcomes were fully disseminated. Wide dissemination – and reiteration of the positive tone of the event – was thought to help garner support for future CEAs. Effective communication about the reasons behind CEAs should help to ensure employees feel thoroughly involved in the process and that they could contribute to and learn from the outcomes to help the organisation deliver better services. Each time the organisation held a CEA, they learned from it and used employee feedback to improve it.

Staff at DW commented on the necessity to repeat and reinforce messages to communicate effectively. As part of its movement to the social model of disability, DW began requiring that the boards of their member organisations comprised people with disabilities as a majority of their membership. In this case, ‘majority’ was somewhat arbitrarily defined as 51%. Despite various attempts and methods (for example, newsletters, emails, telephone conversations, road shows) to communicate this information to their member organisations, staff reported having to deal with constant calls and queries from member organisations who heard information that all of their board members had to be disabled. Thus, there appeared to be a mismatch between the information DW thought it was offering its users and the messages received by the member organisations. It was not clear from our research what new methods (if any) the organisation was going to implement to spread their message more effectively.

Effective communication with employees is an obvious component of effective change and improvement practices. What the case study organisations have made apparent, however, is the need to make communications inclusive, flexible and consistent.

Ensuring a structure allows effective two-way communication is not sufficient. Effective communication requires flexibility of approach. It is also essential to monitor communication to ensure messages are received in the way they were intended.

Work with resistance

The term ‘resistance’ is often viewed as destructive and unhelpful to improvements. The case study organisations, however, demonstrated how resistance could be beneficial to the improvement process. Several key messages emerged from the content analysis of how to engage, utilise and set boundaries for resistance:

- give people who dissent a platform to air their views
- see resistance as useful and use it to identify potential barriers and key flaws in the improvement initiatives
- give people time and support to come on board
- discourage inappropriate behaviour (for example, people who dissent, but make no attempt to become involved in the changes, offer alternate solutions or provide reasons for their dissent).

The remainder of this section highlights examples of how organisations have managed and conceptualised resistance.

In ACS after initial one-to-one sessions with employees, the director started consultations on improvements with staff. As part of the consultation process, the director organised away days for staff to get involved with planning the improvements. Ensuring those with dissenting views were involved in the process meant they had a platform to air their views. The director used this opportunity to understand potential barriers:

‘Sometimes changes have been bought about because people who are often seen as “difficult” often have astute ways of looking at things... They know the barriers that you’ll have, so you can use that to learn what the barriers are likely to be and then see how you can get round them... Give people a platform to air their views. You might not agree with them but it’s important to hear them.’

One exercise used during the away days to help the director constructively establish views was to ask staff to conduct SWOT analyses (identifying Strengths, Weaknesses, Opportunities and Threats). In some situations she employed external people to interview staff and volunteers to get their perceptions of barriers and opportunities.

The regional director of CAFCASS NE learned over time “where the blockages will be. I know where I need to work hard to garner support”. He further stated, “If every two ideas out of 10 works – I’m happy”. The directors also acknowledged that resistance of the ultimate child-centred focus of the organisation and its service delivery was not acceptable and that confronting the behaviour is key to the success of engaging the majority of employees: “One of the significant things I have to do in order to keep the 80% of supportive staff on board is confront those engaged in unacceptable practice” (CAFCASS corporate director). This view was reiterated in all of the case studies and, as discussed in the section, Stakeholder need to be onboard with underlying purpose, directors commented that there were procedures in place to dismiss staff if they were opposed to the underlying purpose of the organisation.

While some degree of resistance or dissent was expected, there were instances of resistance that were unhelpful and indicative of a lack of commitment to the organisation and improvements. One example from ACS that was seen as particularly unhelpful was when some employees chose to deliberately disengage from the change programme. Specifically, there were two or three staff members, known to object to the change programme, who did not turn up to the initial staff away days. The director directly challenged this behaviour. She made it clear that it was acceptable to hold and express dissenting views, but only if you were involved in the consultation process. In this instance, with extra attention and support, these colleagues were persuaded to take part in the process and make a valuable contribution. While it was important to give staff time to come on board, the director recognised that it was equally vital that the process did not lose momentum – and potentially the enthusiasm of other staff. Not everyone will initially agree with the changes and improvements, particularly if something they suggested was not heeded. The goal of leaders in these cases is to allow staff to air their views and try to get to the underlying issue at hand, but also to encourage staff to participate in some of the improvements before disengaging from the whole process.

It is clear from these examples that the directors of the case study organisations believed it was important to make significant attempts to ensure that individuals were engaged with the process of improvement. Moreover, their approaches highlight that engagement in the consultation process does not mean that all employees comply without question. In fact, part of the benefit of involving resistance in the process is to allow directors to identify potential flaws in the improvement plan and to find better solutions.

Organisations should engage resistance in the improvement process and use resistance to help refine change plans. Organisations need to differentiate between resistance that helps to fine-tune improvements and those that detract from them.

Give staff support to adjust and adapt to improvements

In all of the case study organisations improvements resulted in changes to staff roles. In some instances this meant taking on new responsibilities such as managing finances, and in others it meant new ways of working such as incorporating new staff roles into pre-established teams. For some improvements employees will simply need to adapt their current skills, and other improvements will require significant staff development. The case study organisations provide examples of various ways in which staff, service users and board members used improvements as opportunities to develop.

ACS used personal coaching to help staff assess how they could best develop in the new organisation. The director believed that personal coaching was a valuable tool and should be available to a range of staff, not just senior management. Where the improvements involved renegotiating contracts and job descriptions in ACS, staff were given opportunities to engage in role plays with a trained actor to help them assess their own preferences for the new roles and where they felt they needed development. In CAF/CASS NE, the directors encouraged staff members to consider the impact of their service on children when appraising their delivery, helping them to see how the underlying purpose worked in their day-to-day roles and where improvements could be made. In both cases,

staff were supported in their journeys, but were encouraged to do some of the development work themselves by working with a coach, engaging in role-plays or critiquing their own performance.

In WB, the fluid job boundaries at the organisation ensured that all team members supported each other's development. Comments from staff members include:

‘We all pull together to make time so that we can do the training or whatever. And every time we get a new service user that's a change, that's how we work, you adapt to them. It would be hard if you had an organisation pushing against you asking you to do this, but here I think it's because everyone is trying and wants to do this. You do feel part of the organisation here.’

‘I have always been able to say I would like to learn a bit more about this or I would like to do this sort of training. You are given the opportunity, whether it is help from someone internally or going on a course.’

Similarly, to help people adjust to improvements in service provision and organisational structure, all new staff in ACS were required to shadow other staff members for two days. Following the success of this induction technique, shadowing was being universally rolled out so that all members of staff have the opportunity to shadow others or have someone shadow them, reinforcing an atmosphere of mutual sharing, respect and cross-departmental learning. One staff member claimed:

‘Quite a few people have shadowed me and I have got quite a lot out of the person who is shadowing me because of the department they have come from. So you do find yourself interlinking, once someone has shadowed you, you tend to ring them and say “I know you do this now”, it is really a good thing to do the shadowing.’

The director of ACS recognised that people often found it hard to find time to make improvements or think about how to make improvements, particularly when they felt that they already could not do everything they would ideally like to. So, how did they find the time?

‘Everyone says that. It’s true because they haven’t been sitting there twiddling their thumbs. So, approach it like that. The starting point is mutual respect. Let’s look at how you’re spending your time. Also, how can we marry what you’re trying to achieve with the change that needs to be brought about? Staff are genuinely committed to providing a good service and respond well to being asked. Work with the motivation that they’ve already got. Then explain that we don’t have to do this perfectly. It’s okay to make mistakes. It’s okay to do it good enough. There are practicalities. I always think that people can rearrange their priorities. If it’s going to help them do what they want to do then they will. It’s getting people to shift their perspectives. They don’t think at the end of the week, I’ve done it all. It’s nice but it’s not realistic. At the end of the day, I’ve done as much as I can possibly do. You have to feel the pay-off and that pay-off is that they’re making real changes.’

Beyond supporting the training and development needs of staff during times of change, staff members reiterated the need for general staff support on behalf of their leaders. In DW and WB, the staff were clear on several ways they felt their directors showed their clear support for them:

- she listens to concerns
- she doesn’t miss staff meetings
- she’s approachable – “her door is literally always open”
- she compromises when appropriate
- she explains the reasoning behind decisions.

The staff at ACS also commented that it had been important to work in a safe environment where development could be discussed with peers and managers:

‘I think it is about working in a safe environment where you feel you can approach your line manager or manager and say if you don’t feel confident in an area.’

‘I do think approachability of more senior people is a lot better now. You just feel more comfortable with the people. The last manager was

a lovely person, but it was just an image that was portrayed around her I think. I remember when I came for my interview I was told I must address her as Mrs X and it really stuck, every time I saw her after that I would still say it. Whereas things seem to be a lot more relaxed now.’

Improving and altering a service can be a rewarding and exhilarating experience for all involved. However, it also has the potential to be frightening and challenging. Supporting staff through improvements involves being approachable and creating a supportive environment for people to develop in. While all involved need to be aligned with the underlying purpose of the organisation, they also need the opportunity to see how they can best contribute to moving the organisation in that direction.

Staff may require support in their new roles to enable them to make a valuable contribution to the organisation. Staff often ‘hold the key’ about what makes a difference in frontline delivery. There needs to be appropriate organisational support and structures to enable their contribution to the improvements.

8.2.3 Stakeholder involvement

In this context we refer to stakeholders as governing boards and service users or member organisations. In all the case study organisations, service users and high-quality service delivery were at the heart of the improvements, yet the organisations varied on their stakeholder involvement strategies. This variation was often due to the varying needs of the service users as well as different contextual constraints.

Service users should be at the heart of change and improvements

Each of the four case study organisations recognised the importance of service user involvement in change and improvement initiatives. The organisations varied, however, both on the degree to which service user involvement was a core part of their ideologies and the extent of current user involvement in their organisation.

Perhaps the most progressive of the organisations in this area was WB, where the involvement of service users had become so embedded in the functioning of the organisation that it did not naturally come up during our discussions as a separate topic and it was almost difficult for interviewees, when asked, to think of specific examples of service user involvement. Encouraging and enabling involvement was ongoing at WB. Some examples included encouraging:

- continued learning to enable staff and/or service users to become board members
- users to outline the class rules at the start of each teaching course
- users to run and manage their annual service reviews
- users to undertake large-scale involvement in lobbying and activist groups
- users to be members of different consortia and commissions
- users to participate in Northern Ireland and EU politics.

One service user remarked:

‘It [the centre] has changed from just keeping the service user warm and fed to giving the service user the change to expand both mentally and physically. Five years ago I was happy to walk round the garden and plant a lot of bulbs. Now, I’m an equality commissioner for Northern Ireland and involved in other things that the centre has given me the chance and the skills to do.’

In WB, service users’ involvement was dependent on the individual. The support workers explained that because they had good personal relationships with individual service users, they were able to work closely with them to establish how they wanted to be involved and what they needed to enable this. When asked how they found time to have such personal relationships with each service users, they said “we just do” – they made the time. When pressed for more detail, one staff member commented on how they ensured they were not “bogged down by admin and lots of other things... We are here to support the users. We take time with them to have a laugh. You find out more about what the person needs through sitting and interacting with them”.

CAFCASS is beginning to be more progressive in terms of their user involvement. Most recently they initiated a children's board of twelve 9- to 18-year-olds following the success of some other key strategies including inviting a user (a young person) to speak at national and regional conferences and including a young person on their hiring committees. Members of the children's board have been used for hiring purposes, informing the process of writing job descriptions, commenting and critiquing on practice tools and inputting into materials used to express children's views in courts. As a result of the growing awareness of the importance of engaging directly with children and young people, a new grade of staff was created with six new appointees in the NE. These new posts required expansion of the current skills set in direct work with children and thus required CAFCASS to look beyond their regular skill set when hiring (for example, one new staff member has a degree in play and drama). Thus, CAFCASS is practising significant user involvement through its approaches to the participation of young people in their delivery of services.

The situation at ACS showcases how traditional forms of service user involvement are not always the desired state. Staff found formalising feedback and engaging involvement from their elderly users difficult. For example, when asking their service users what could be improved, staff reported that service users generally say that "everything was fine" because they were worried their service would be taken away if they said anything to the contrary. An initial attempt at using questionnaires to formalise feedback had not worked. The director is now looking into alternative ways to obtain feedback in a way that works for the service user population, but that is still systematic enough to be useful to the organisation in meeting their statutory requirements. For example, a condition of Department of Health funding is that projects are evaluated for their effectiveness; one part of this is assessing the quality of the service from the users' points of view:

'Doing this will involve visiting people and asking them personal questions. For confused, isolated and depressed people having someone ask personal questions about the quality of your life is deeply threatening. Clients don't want this; they just want tailored stuff to help them live their lives. A lot of stuff we're required to do is counterproductive. I don't want to add to this. We need to develop a new

way of involving customers that doesn't involve asking them all sorts of questions. For example, can we use face-to-face staff as interlocutors for life stories – techniques such as narrative gerontology or grounded theory – use some academic things with practical applications so we integrate service users views systematically.'

Our service user focus group confirmed that most of the users of the particular day centre were content with its offering. Yet, more or better involvement was warranted or even desired in several cases. First, some users felt that changes to the provision happened too quickly: "There's one thing one day, then something all together different another day. To try and keep up with it all, it's difficult". Second, there was some appetite for further involvement in research initiatives such as focus groups under the condition that: "If we can get something done out of it. If good comes out of it". Finally, some users claimed that they would be happy to engage in involvement initiatives if they "got them out more". These examples suggest that there does seem to be some room for better communication and sharing of information with older people who are users in general and greater involvement of users in research when it engages the users and they can see a means to an end. CAF/CASS expressed similar difficulties to ACS garnering involvement from young people's parents.

The WB model of user involvement would suggest that routine daily involvement where this involvement is at the core of all activities is part of the answer. For example, if staff wanted to ask service users' opinion or satisfaction with aspects of the service, they often found the best way was to ask them in general conversation. Staff would then write up any points made about the relevant issue to enable them to go forward for consideration (always with the consent of the service user). Thus, it may be that organisations need to go back to basics when involving users and tread away from a more 'formal' approach. WB illustrates how formal user involvement can be complemented by less formal approaches. The key to WB's approach is that frontline staff establish relationships with their users that then enables simple back-and-forth communication to occur.

However, it must be recognised that just as staff members will not necessarily be able to come on board with improvements, so there is a limit to some service users' desired involvement. Even in WB, there was

a point where the support workers had to respect users' decisions not to be more proactive and involved at the centre:

'We sit and talk to the service users and talk about what they want to do. You can't force someone to do something they don't want to do. We try and make it happen, but you have to learn to accept that too, some just don't want to move on. It takes a while to know the person and then help. We can help them but say it is a personal decision. Telling them about what's out there is really our job. [It's also about knowing when enough is enough], it takes a while to get used to as well. Making an effort and it not being accepted is difficult.'

Similarly, one of the representatives of a DW member organisation claimed: "You get out what you put in", indicating that engagement needs to go both ways. While it is up to staff members to take the lead and find ways of effectively engaging users, there was agreement among the case study organisations that you cannot force user involvement.

Related to the idea of understanding the boundaries of user involvement is the idea of 'consultation fatigue'. In DW the staff carried out various consultation exercises with their member organisations. On this point, the staff were keen to point out to others the dangers of engaging too much: "Don't consult them too often. I think there is a real problem and it is quite interesting when we look at how the disability equality duty has happened. I think there is a real danger of consultation fatigue". WB noted a similar concern.

For these case study organisations, improving their service involved ensuring that service users were at the heart of the improvements. For some this meant making the organisations user-led, for others it meant establishing new and creative ways service users could be involved in shaping the organisation and its services, and for others, effective user involvement is still in the planning stages. Many of the organisations also recognised the need to respect the boundaries of service users.

Service user involvement needs to be done in a way that reflects the needs and issues of the service user group involved. Organisations may have to be creative when planning their involvement – traditional methods may not work for every population.

Organisations need to work in and with the communities that they serve

In addition to service users, the case study organisations identified other community members as key stakeholders for their organisations. Whether it was engaging with board members, government officials or local judges, organisations recognised the need to work within their communities and, in some cases, adapt to community-level changes on a continual basis.

Improvements in CAFCASS NE, for example, highlighted the way in which working with key stakeholders in the wider community could be essential to the success of improvements within the organisation. Improvements made by CAFCASS NE were generated from extensive employee involvement exercises. Due to the nature of the organisation's work representing children in the court system, however, achieving successful implementation required more than just support from staff. Following internal agreement in the NE about the direction and shape of the improvements, external support had to be negotiated locally, primarily with different members of the judiciary. As the corporate director stated: “[There] isn’t judicial consensus about what is good for a child”, and as a family court service, garnering the support of local judges was crucial. This engagement by some of the judiciary has given credibility to the improvements on a wider scale. For example, one of the local judges has been spreading the word about the changes in CAFCASS NE to other members of the judiciary and has sparked their interest. Regardless of this success, however, CAFCASS NE did experience difficulties influencing some of the judges in their area and it was necessary to “know you’re right and just keep at it” (CAFCASS NE regional director).

Recent accusations from DW’s member organisations implying that the organisation is too centrally focused on the Cardiff area highlighted the importance of viewing their ‘community’ more broadly. DW has recently started initiatives to provide a more inclusive service for organisations situated outside of Cardiff. They now hold regional network meetings on a quarterly basis that provide opportunities for members to come together across the region to engage in training and exchange information on key issues and best practice. DW recognised that their next step needed to be the creation of local offices within each region to further their engagement efforts. While the director spoke of gen-

eral support and contentment with these regional initiatives, some of the representatives from member organisations felt that DW was too focused on the south of Wales. These examples from CAF/CASS and DW showcase the importance of external stakeholders and community members in promoting improvements.

Another example of successful stakeholder or community engagement from WB highlighted the importance of continual adaptation to enable the organisation to meet the needs of the local community. Situated in Northern Ireland, WB had continuously had to adapt its services to keep in line with the religious and cultural changes experienced more broadly. More recently, WB's community has witnessed increased migration of Polish nationals, thus creating a language barrier between support workers and new service users. As part of its duty, WB has to ensure it can find ways to communicate with them and understand how WB's services may need to be adapted to suit their needs. Currently, WB is working on translating some of their materials and potentially offering language support classes. Further work goes beyond language barriers to understand potential cultural barriers. One service user stated: "Internally we have people researching the cultures of the regions people are migrating from so we have some understanding of the culture of the country of origin". WB found that this willingness to continually adapt has allowed them to benefit from diversity within the community.

Negotiating the intricate web of stakeholder involvement requires a great deal of effort and persistence. The evidence from these case studies shows that not only can it be beneficial to do so in terms of garnering a sounding board for improvements, but also that successful service delivery may depend on it. Successful improvement initiatives should incorporate the full range of stakeholders, which may mean adapting the scope and range of service delivery.

Reaching out, engaging with and adapting to the changing needs of the communities social care organisations serve requires considerable effort, but the benefits of doing so can help ensure the success of any improvement initiatives and the continual evolution of the organisation.

Evaluating improvement

Programme and service evaluation did not emerge as a key theme from our content analysis. However, due to the importance of evaluation for social care organisations (as a result of, for example, funding requirements), we believed it was important to document the different types of evaluative methods used in the case study organisations. Three of the four organisations (that is, WB, ACS and CAFCASS NE) were involved in different forms of evaluation, both formal and informal. The improvements of these organisations were ongoing and therefore the evaluations were not simply one-off in nature: “This isn’t just an exercise that begins and ends. It is a constant dynamic” (CAFCASS corporate director).

In WB, evaluation engages board members, staff and service users and ranges in scope from individual user programmes to detailed financial budgets. In terms of the overall aims and achievements of WB, the directors’ team set a five-year plan outlining goals they wished to achieve, activities they planned to do and clear financial targets. After the board has established the range of services on offer at WB, subsequent evaluation looks at whether an adequate range has been offered, whether they have delivered what they set out to deliver and staff turnover. Service users and staff at WB each have a personal programme. Evaluation and review of these programmes enables everyone to establish whether they are getting what they want from WB and the level of user satisfaction.

As previously discussed, employee alignment with underlying purpose and ideology was a crucial element to the success of the improvements. WB’s awareness of this issue continued into their evaluation process. Conscious of the cost and difficulty of recruitment, WB pays close attention to staff development to ensure they retain the right people and benefit from the skills and potential abilities that already exist within WB. To this end, WB has completed a skills map to evaluate the current skill level of their staff. The intention is to use this map to identify where to develop staff to ensure that WB will remain successful in the years to come – even if the director decides to retire. Again as previously

mentioned, the case study organisations commented on the ability to teach people skills but not ethos. One of the board members stated:

‘What we need to be looking for in new people coming in is the base triangle of rights, equality and empowerment. If a person did not fundamentally believe in [this] core triangulation, they would be in the wrong job.’

WB is now investigating ways to measure whether someone has the base triangle of fundamental beliefs in rights, equality and empowerment they are searching for. Although interviewing techniques cover some of this, WB would like ways to assess potential staff members more rigorously. The organisation realises that the careful development of existing staff and hiring of the right people is advantageous for the organisation both in terms of cost and service delivery.

In addition to the CEAs previously discussed, ACS is also in the process of establishing formal methods of evaluating the quality of the services they offer. The organisation aims to make their evaluation informative rather merely a ‘ticking the boxes’ exercise or something for a positive external image. ACS is in the midst of establishing various assessment teams including one focused on quality, another on new services implementation and another on finance. These groups are to set clear goals and objectives that tie in to the larger business plan (which was originally distributed to all employees and was based in large part on the one-to-one meetings between staff and the director). The organisation is also establishing a performance management framework that assesses outcomes relevant to staff and to the larger organisation. These key performance indicators are being developed in concert with staff.

The director at ACS also uses more informal methods of evaluation such as ‘external critical friends’. A critical friend is someone the organisation trusts and who is ‘on their side’ with experience and ideas. For example, she has used this technique with the finance team, when implementing the new IT system and during recruitment.

In CAF/CASS NE, the approach is to evaluate everything and to triangulate with other measurables including finances and budgets. They hope to demonstrate that their new programme of work leads to no more than 1:12 manager to frontline staff ratios, sufficient frontline supervi-

sion and improved service quality. They suggest that: “If we are able to get feedback that demonstrates to practitioners that it is successful, then it takes the fear out of change”. Each of the new pilot programmes in the NE has a mini-evaluation built into it that is conducted by the practitioner. The main question to be answered with the evaluation is ‘How was my performance affected or improved by the new working?’, with particular attention to the impact it made on a child’s life. The organisation is looking to broaden their evaluation to include comment and feedback from partner agencies. They believe this information will go a long way in demonstrating to staff the high value that others place on their work with children and families.

Finally, in two of the organisations we saw the use of user-directed feedback. Service users at WB conducted their own annual reviews focusing on whatever aspects of their lives users felt to be important. Further, it was up to the discretion of individual users if they wished to share their reviews externally with their social workers. CAF/CASS has a computer-based feedback programme that children are invited to use at the end of their service. In the NE, practitioners now come equipped with laptops to facilitate the completion of this user feedback. The organisations’ use of the programme is higher than anywhere else in the country.

Evaluation is an important element of improvements in any organisation. It allows organisations the opportunity to reflect on whether improvements are in line with the underlying purpose and are having the desired effect. Methods can be formal or informal but must be implemented with the same necessary care as improvements themselves.

Although not a key theme from the case studies, different methods of assessing, evaluating and reviewing their performance and quality of service were used at the organisations. While two of the four organisations incorporated user reviews, none identified user-driven research projects as a part of their evaluation process. Further examination of different social organisations supporting progressive types of research and evaluation is needed.

Conclusions

This section highlights some of the key messages to come from the practice survey, which examined evidence from four social care organisations in the midst of implementing organisational improvements in England, Wales and Northern Ireland. What was overwhelmingly clear in all four organisations was that there were clear threads as to why the changes were taking place: to shift the underlying purpose of the organisation and to improve service delivery (and, often the shift in underlying purpose was undertaken with the key aim of improving services).

Three key themes emerged from our content analysis as relevant to successful change and improvement. Although three separate themes were identified, they were very much interlinked, and successful improvements stemmed from the application of each in turn. Further, the key themes were very much aligned with the findings from the research review.

The improvements that took place in each of the four organisations were all-encompassing and involved directors and senior management, staff, board members, service users and even the wider community. The themes that emerged provide a structure with which to better understand the role of leaders, employees and other key stakeholders individually and as a collective.

Below we summarise the three key themes from the practice survey and highlight some of the key points from each.

Leadership and underlying purpose

- Strong leadership is needed to inspire people to believe it is possible to improve the organisation.
- A strong sense of underlying purpose for the organisation helps leaders to guide staff and stakeholders.
- Leaders need to enable change by moving obstacles and allowing staff to try different ways of working.

- Leaders must ensure that their own actions and communications – and those of the organisation – are consistent with their underlying purpose, not only to illuminate the purpose of the organisation, but also to ensure that actions and intentions are aligned.
- Leaders need to guide from the front, but engage staff and other stakeholders at the same time.
- Leaders need to garner a core nucleus of support for improvements and use this enthusiasm to spread the message of improvements.
- Leaders should not accept inappropriate behaviour from those not on board with the underlying purpose.

Employee involvement

- Employees should be supported to take responsibility for factors that affect their jobs.
- The organisational structure should allow and encourage fluid communication both horizontally and vertically.
- Communication methods need to be in place that allow management to benefit from the knowledge of frontline workers and vice versa.
- The organisation should support appropriate communication channels: methods that everyone can access and that complement the task at hand.
- Organisations should engage with and utilise resistance; resisters can call attention to potential barriers.
- Leaders need to be approachable and provide an atmosphere where employees and other stakeholders can thrive on personal development.

Stakeholder involvement

- Service users, as key stakeholders in the organisation, should be at the heart of improvements.
- Service users are often aware of possible solutions to their needs; however, there is no standard method of obtaining their views that works for all user groups.

- Organisations must develop user engagement methods based both on the organisations' underlying purposes and frontline workers' knowledge of how to best interact with the group.
- Organisations should engage with other stakeholders in the community to garner support for the improvements.
- Engaging with the community enables the organisation to be more aware of and benefit from the changing nature of the community.

The practice survey also identified another topic of importance, but one that the case study organisations did not focus on during our visits with them: evaluation. Each of the organisations recognised the importance of evaluation for monitoring their performance and improvements and shared with us different methods of assessing their service delivery. Some of the organisations have recognised the need to directly incorporate service users' voices into evaluative methods and hope to take these techniques further in the future.

Overview and conclusion

Social care is in the midst of change, at both a national and local level. At the heart of these changes is the desire to provide users with a greater level of involvement in their care, the promotion of greater choice and independence among users and more effective community-wide support, all the while maintaining quality and budgetary standards. Beyond these general areas targeted for improvement, specific change programmes are generally unique to individual organisations. While some organisations might undergo change due to pressures from their funding bodies or the government, others may be responding to poor inspection reports, still other organisations may be in the midst of aligning their services to fit a new philosophy of care and yet another set of organisations may be in the process of continual adaptation and improvement.

This knowledge review examined organisational change and improvement using two methodologies. The research review, which evaluated and summarised research from 87 sources, offered a wide perspective on change and improvement from the public and private sectors. The practice survey synthesised major themes and headlines that emerged from the original case studies of four social care organisations.

Key findings from the research review were divided into seven themes:

- effective leadership that enables change
- employee involvement and participation
- stakeholder involvement and partnerships
- recognise and support diversity
- enhance skills and development
- work with resistance
- evaluation that promotes value.

The research review included each as a separate topic due to the volume of previous research conducted on each. Although seven themes were identified, three of the latter themes can in fact be subsumed into the first three. Notably, recognising and supporting diversity is an important component and consideration when planning for employee and stakeholder involvement. Enhancing skills and development is a

necessary condition for effective employee involvement in change and improvement initiatives. Resistance is a common 'risk' when employees and stakeholders are engaged in improvement processes; involvement allows for more opportunity for dissent.

The importance of evaluation runs across all improvement activities, both for rigorous scrutiny by funding bodies and the government as well as for organisation-wide learning. Yet as detailed above, without effective leadership and employee and stakeholder involvement, it is unlikely that organisations can successfully plan for and implement improvement initiatives.

The key themes to emerge from the practice survey further reiterated the importance of leaders and employee and stakeholder involvement and participation in all stages of improvement initiatives. The three primary themes to emerge from the practice survey were:

- leadership and underlying purpose
- employee involvement
- stakeholder involvement.

Indeed, development and resistance, and to a lesser extent, diversity, emerged as sub-themes underneath the core headings. Evaluation was also a topic of importance, but surfaced specifically as a result of our querying rather than as a naturally emerging topic.

Thus, while the range and focus of our primary (that is, practice survey) and secondary (that is, research review) sources were varied and vast, we found that the 'bottom line' findings and messages elicited from our two methods were very much aligned and could be abridged into three themes for organisations to consider when embarking on an improvement programme. Indeed, we would recommend that organisations consider these action points before, during and after embarking on an improvement programme.

The three action points include:

- leadership that propels change and improvement
- employee involvement and participation in change and improvement

- stakeholder involvement and participation in change and improvement.

Based on the full body of research summarised in the knowledge review, we briefly summarise each action point below.

Leadership that propels change and improvement

- Organisational leaders are at the heart of successful organisational improvement initiatives.
- When staff already share the purpose and ideology with their leaders, it is the top team's responsibility to set the scope and facilitate the improvements.
- Where staff and other stakeholders do not yet share the same sense of underlying purpose and ideology, leaders must provide them with opportunities and support to come on board with the improved approach.
- Frontline employees need to be given opportunities to embrace the new purpose or ideology and personalise it so they can alter their services accordingly.
- Leaders need to engage with staff, particularly resisters, in order to hear the valid messages they have.
- Leaders must lead by example and behave in ways that are consistent with the underlying purpose.
- Leaders must ensure organisational actions are consistent with the organisation's direction.
- Leaders need to go beyond recruitment practices to establish a diverse workplace.

Employee involvement and participation in change and improvement

- Employees should be involved in the action planning stages for improvements as this will likely lead to greater staff acceptance, support and sense of ownership during the improvement process. The key here is that staff members' voices are consulted, heard, recorded and considered.

- Employee resistance should be engaged and used to ‘weatherproof’ the improvements.
- Employees should be entrusted to take forward improvements in their day-to-day service delivery.
- Organisations’ management structures should be such that they facilitate employee involvement and participation in improvements. Organisations need to find the right balance – unique to their organisation and its purpose – between enabling employee autonomy, empowerment and respect on the one hand, and allowing leaders to guide the improvement initiatives on the other.
- Staff development during the implementation of improvements is key. Personal developments should be a natural part of improvement for *all* levels of staff.
- Personal development should also be a natural part of improvements for stakeholders including chief executive officers and board members.
- Teamwork leads to more creative and efficient outputs, particularly teams comprised of diverse members.
- Integration of diverse workgroups may take time and there may be some ‘growing pain’ along the way.

Stakeholder involvement and participation in change and improvement

- Organisations will vary on the degree to which service users are involved.
- Service users can be engaged in a variety of ways including consultation exercises, local forums and events and sitting on organisation boards.
- There is no ‘one-size-fits-all’ approach to stakeholder involvement. Indeed with some populations, particularly when cognitive capacity is diminished, creative approaches to engagement are needed – this is an area for further research and study.
- Service users should be a part of, if not at the heart of, service reform, but organisations need to be clear regarding the process by and the depth to which service users will be involved in shaping improvements.

- Organisations embarking on improvement programmes should engage key community members and government officials.
- At an organisational level there should be an awareness of the diverse needs of the community at large.
- Diversity needs to be part of organisations' ethos to help the organisation effectively engage with a diverse service user population.
- Differences should be encouraged, not suppressed, to allow organisations and individuals to benefit from the broad range of knowledge, skills and perspectives that diverse groups can bring.
- Organisational purpose and the services behind it may need to be enhanced, altered or entirely shifted to accommodate changing community demographics.
- Staff development may need to be modified to ensure that at least some staff are knowledgeable about the different needs and priorities within their communities.

Evaluation emerged in both the research review and practice survey as an important part of the improvement process. While we listed it as a key theme from the research review, it did not emerge initially as a key theme from the content analysis in the practice survey. However, when asked directly about whether they conducted evaluations, the case study organisations recognised the importance of evaluation as a means of formally documenting their performance as well as, in some cases, a way of directly engaging service users in their care. For this reason we also included it as an important theme in the practice survey. Increasingly there are methods to incorporate service users and other key stakeholders directly into an organisation's research and evaluation programme before, during and after improvement initiatives take place. Further work is needed to identify how this works in practice.

This knowledge review summarised and synthesised a wide body of primary and secondary sources focusing on the key features of successful organisational change and improvement. We attempted to provide a complete picture of the different themes and actions identified in the research as leading to successful improvement. Social care organisations are facing an exciting opportunity to refocus their organisations and to ensure services are more user-centric. While there is no prescribed 'key to success', the themes that have formed the structure of this knowledge review aim to provide the building blocks to successful change initia-

tives. In line with a whole systems perspective, each of the components of successful change cannot be considered in isolation. Successful organisations are able to envision the big picture when implementing even the smallest change.

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Appendix A

Summary of articles included in Section 4

Effective leadership that enables change

Study	Study aims	Sample, setting and study design	Findings
Aarons and Sawitzky (2006) ¹⁹	Examine links between organisational culture and climate and employees' job satisfaction and commitment	<p>n=322 clinical and case management service providers from San Diego (95% response rate)</p> <p>76% female, racially/ethnically diverse</p> <p>Survey focused on organisational culture (constructive vs. defensive), organisational climate (depersonalisation and emotional exhaustion) and work attitudes (job satisfaction and organisational commitment)</p> <p>Used CFA and SEM to analyse data</p>	<p>Employees who perceived their organisations as having constructive cultures rated their own job satisfaction and organisational commitment higher than employees in defensive culture organisations. Job satisfaction and commitment were negatively associated with turnover.</p> <p>Organisational climate partially mediated the association between culture and work attitudes</p>

Study	Study aims	Sample, setting and study design	Findings
Alimo-Metcalfe and Alban-Metcalfe (2005) ¹³	Review leadership research to create and validate a 360-degree feedback instrument	<p>Used qualitative research to elicit potential questionnaire constructs from chief executive officers and managers from NHS Trusts and local government organisations in England and Wales</p> <p>Piloted questionnaire with $n=2,013$ chief executive officers and managers from NHS Trusts</p> <p>Over 10% BME and 50% females</p> <p>Assessed content, construct and convergent validity of questionnaire</p>	<p>Six leadership factors emerged from questionnaire:</p> <ul style="list-style-type: none"> • valuing individuals • networking and achieving • enabling • acting with integrity • being accessible • being decisive

Study	Study aims	Sample, setting and study design	Findings
Balogun and Johnson (2004) ²⁶	Examine ways middle managers adapt during an organisational shift from a hierarchical to a decentralised organisational structure	<p>$n=26$ middle managers (of 90 in the organisation) from a UK utility company who were 'recipients' of change</p> <p>Qualitative diary study one year in length with supplemental interviews at the beginning and close of the study and focus groups at the end</p>	<p>Much of the action of the middle managers occurred outside of senior management control.</p> <p>Lateral interactions between different managers were critical for information exchange</p>
Boal and Hooijberg (2007) ¹⁴	Review strategic leadership research including under what conditions, when and how it matters	Literature review focusing on three theories of leadership and how they overlap; formulate an integrative theory of leadership	<p>Leaders' cognitive complexity, social intelligence and behavioural complexity is associated with strategic leadership, which incorporates capacity to change and managerial wisdom. This association will be particularly strong among leaders who demonstrate a clear vision, charisma and transformational leadership</p>

Study	Study aims	Sample, setting and study design	Findings
Caldwell et al (2004) ²³	Explore links between organisational change and perceived changes in person–environment fit	<p>n=299 employees completed personal change surveys focusing on their reactions to change, and n=282 employees completed organisational change surveys focusing specifically on the changes</p> <p>Employees were from 34 working groups in 21 organisations (46% response rate)</p> <p>Questionnaire contained individual and group-level items including change process, extent and consequences of change, demands-abilities fit of job following change, fit between organisational and individual values following change and job impact</p>	<p>An interaction between management support and consequences of change on individuals' abilities to meet job demands was found such that high management support was beneficial for employees' perceptions of demands-abilities fit when the change was perceived as having favourable consequences for the work unit. Additionally, feelings of mastery buffered the deleterious associations between low change fairness and demands-abilities fit. Mastery was also favourably associated with the individuals' perceptions of the fit between their and the organisations' values</p>

Study	Study aims	Sample, setting and study design	Findings
Fernandez and Rainey (2006) ¹²	Explore theories and practice of organisational change in the public sector	Highlights eight factors that change leaders and participants should heed	<ul style="list-style-type: none"> • ensure the need for change • provide a plan: need go beyond idea or vision • build internal support for change: incorporate participation in change • ensure top management support and commitment especially in light of high turnover of government executives • build external support of key stakeholders • provide resources: change is not cheap nor does it come without trade-offs • institutionalise change: learn, routinise and embed changes • pursue comprehensive change: changes must be aligned with the desired end state

Study	Study aims	Sample, setting and study design	Findings
<p>Florian (2000)²²</p>	<p>Investigate the sustainability of educational reform initiatives</p>	<p>Study of four school districts nine years after initiation of state-sponsored reform effort to explore whether changes were sustained and factors related to sustainability</p> <p>Interviewed state officials, site coordinators, district office staff, principals and teachers who participated in the initiatives in four of eight schools that had undergone change</p> <p>Answers coded and categorised</p>	<p>Four changes were sustained including research-based instructional practices, school–community partnerships, use of technology in instruction and site-based management. The report identified five categories of sustainability:</p> <ul style="list-style-type: none"> • ongoing engagement and development of human capacities engaged during the reform • school and district cultures that value learning, innovation and collaboration • district and school structures, policies and resource allocations that support reform goals • leadership of schools and district that maintains a consistent vision, a well-designed strategic plan and positive relationships with members of education system • political context demands, pressures and supportive activities

Study	Study aims	Sample, setting and study design	Findings
Higgs and Rowland (2005) ²⁰	Examine core research questions about leadership and change	Collected and analysed 70 'change stories' from 40 informants in leadership roles from seven organisations. Informants also rated the success of the change on a 1-5 scale	<p>Three broad categories of leadership behaviours emerged:</p> <ul style="list-style-type: none"> • shaping behaviours (directive) • framing change • creating capacity <p>Analysis of the data indicated that leader-centric behaviours (shaping behaviour) impaired change implementation, while framing change was favourably related to success.</p>
Hoag et al (2002) ¹⁵	Examine the obstacles to effective organisational change	<p>Convenience sample of $n=146$ human resources professionals in the UK were asked to record the three biggest obstacles to change and reasons why</p> <p>503 statements were coded and categorised into six groups – cost, workload, legislation, leadership, management and culture</p>	<p>Leadership was viewed as poor when there was no vision for the future, managers were unable to garner needed support or managers were not supporting change</p>

Study	Study aims	Sample, setting and study design	Findings
<p>Lewis (2000)¹⁸</p>	<p>Provide evidence of common communication problems during times of change</p>	<p>Case studies of planned changes in four US organisations (university services, outreach education, veterans hospital, messaging technology)</p> <p>Observation, analysis of key documents, interviews (supervisory and non-supervisory) and questionnaires were used as data sources</p>	<p>After describing the changes within each organisation, authors summarised key communication themes from which successes and failures arose. These include:</p> <ul style="list-style-type: none"> • creating and communicating vision • sensemaking and feedback • establishing legitimacy • communicating achievements

Study	Study aims	Sample, setting and study design	Findings
Moore and Mellor (2003) ²¹	Examine associations between hospital restructuring and nurses' health	<p>$n=201$ Australian hospital nurses, located in Melbourne and regional Victoria were recruited via internal email, bulletin boards and word of mouth</p> <p>87% of respondents were women. Response rate unknown</p> <p>Questionnaire focused on the impact of restructuring, management consultation, social support, coping and health</p> <p>Used SEM to assess model</p>	Top-down consultation was negatively associated with nurses' health, while social support was favourably associated with nurses' health

Study	Study aims	Sample, setting and study design	Findings
Pillai and Willaiams (2004) <small>2,4</small>	Explore model linking transformational leadership with commitment and performance	<p>$n=271$ (95% response rate) surveys completed by US fire rescue employees</p> <p>Sample 80% male and racially/ethnically diverse</p> <p>Surveys focused on leadership, group cohesiveness, self-efficacy, organisational commitment and unit performance</p> <p>Used SEM to test analytic model</p>	As hypothesised, cohesiveness mediated the association between transformational leadership on commitment and performance

Study	Study aims	Sample, setting and study design	Findings
Reay et al (2003) ²⁷	Identify the challenges of managing change in health care	<p>Qualitative sub-study of a larger project looking at the integrations of NPs into a Canadian health care system</p> <p>Open-ended interviews with $n=25$ NPs and $n=7$ of their managers were conducted approximately one year after the NPs were introduced into the practice</p>	<p>Analysis of interview data revealed three managerial challenges:</p> <ul style="list-style-type: none"> • reallocating tasks that maintain job motivation – who does what? • managing changing work relationships within team – especially between more senior and more junior employees • managing a team in a changing environment – need to keep focused on the big picture
Tenkasi and Chesmore (2003) ²⁵	Examine how network ties influence the implementation of planned organisational change	<p>$n=241$ surveys (73% return rate) completed by employees of a large, multinational firm</p> <p>Surveys based largely on scaled responses to questions on social interactions within the organisation</p>	<p>The results suggested the need for implanters of change to create strong ties with the change recipients to enable successful change implementation</p>

Study	Study aims	Sample, setting and study design	Findings
Whelan-Berry et al (2003) ¹⁷	Assess how both group and individual processes affect organisational change effort	Case study of a corporate audit department in a large US bank focusing on detailing change process, outcomes and individual and team perceptions from 1995 until 1997 using survey and interview data	Proposed a model of organisational change that takes into account its complex and nonlinear qualities focusing on organisational, individual and group levels. The organisation is responsible for motivating change, creating vision and sustaining momentum. Groups are responsible for introducing specific changes and adopting and maintaining them. Individuals generally go through stages of change including pre-contemplation, contemplation, action and maintenance

Study	Study aims	Sample, setting and study design	Findings
Woodward and Hendry (2004) ¹⁶	Define the skills and attitudes required to lead change and to cope with change	<p>$n=30$ senior managers responsible for initiating change (12% response rate) and $n=198$ employees at various levels executing or experiencing change (25% response rate) from UK financial services firms were administered surveys via the post</p> <p>Respondents were primarily male, between 26-45 years of age</p> <p>Questions content analysed and clustered according to themes</p>	<p>Employees identified five factors that led to stress during times of change including increased accountability and feelings of insecurity. They also identified the key barriers to change stemming from the leaders focusing on communication, the change process, relationships, consultation, skills and motivation for change. The authors propose a model of leading and coping with change that focuses on employee learning, leadership, employee adaptation and evaluation</p>

4.2 Employee involvement and participation

Study	Study aims	Sample, setting and study design	Findings
Antoni (2004) ⁴⁴	Evaluation of a change process in a chemical plant that included employee participation	<p>Every second employee was targeted at the end of the two-year change project to participate in evaluation; $n=104$ employees responded to survey (55% response rate)</p> <p>Measures included need for further change, openness to change, supervisory support, participation opportunities, change attitudes and organisational impacts</p> <p>Path analysis was used to assess model of positive change</p>	<p>Participation opportunity and favourable change attitudes were both positively associated with participation in the change process. Participation was then associated with positive organisational impacts including efficiency, meeting project goals, etc. Positive organisational impacts alleviated perceptions of further need for change</p>

Study	Study aims	Sample, setting and study design	Findings
Axtell et al (2002) ³¹	Explores how exposure to change affects employees' openness to change, job satisfaction and mental health	<p><i>n</i>=325 employees (primarily frontline; 83% response rate) from two sites of a UK distribution company responded to a baseline survey</p> <p>70% of employees responded to Time 2 survey approximately 16 months later after nearly 30% of sample was trained on new technology</p> <p>Measures included exposure to change, change acceptance, job satisfaction, wellbeing, job complexity</p>	<p>Exposure associated with change acceptance particularly for lower-level employees. Exposure was also linked to increased job satisfaction and wellbeing among employees. Increases in job complexity that accompanied the change accounted for the links between exposure and job satisfaction and wellbeing</p>

Study	Study aims	Sample, setting and study design	Findings
Bandura (1977) ²⁹	Present theoretical framework on concept of self-efficacy	Uses extant research to derive theory	Theory explains phenomena whereby the behavioural responses of individuals receiving the same treatment vary substantially. Expectations of efficacy stem from accomplishments, experiences and substantial emotions

Study	Study aims	Sample, setting and study design	Findings
Cunningham et al (2002) ³⁰	Explore predictors of readiness for change in healthcare organisations	<p>$n=654$ (74% response rate) randomly selected employees form a broad range of jobs at a large Canadian teaching hospital participated</p> <p>Before and after change surveys were administered one year apart (63% response rate at Time 2)</p> <p>Survey focused on: risks of change, self-efficacy, job characteristics, service quality, psychological measures, participation in change</p> <p>Hierarchical regression analysis was run to assess predictors of readiness of and participation in organisational change</p>	Employment in 'active jobs' that afford workers decision making capabilities and control over tasks; an active approach to problem solving and self-efficacy were positively associated with readiness for change. Readiness for organisational change was associated with change participation

Study	Study aims	Sample, setting and study design	Findings
<p>Daly and Geyer (1994)²⁸</p>	<p>Explore links between employee voice and justification of change on employees' willingness to stay</p>	<p>n=183 employees from seven private sector organisations in the Chicago area currently undergoing change</p> <p>Surveys focused on voice in the change process, management justification of changes, procedural fairness of changes and intention to remain</p> <p>Structural equation modelling was used to analyse the data</p>	<p>Justification of changes was positively associated with perceptions that management sufficiently justified the changes to employees. These perceptions were then favourably associated with intention to remain</p>

Study	Study aims	Sample, setting and study design	Findings
Eby et al (2000) ⁴⁷	Examine predictors of employees' perceptions of organisational readiness for change (to new work teams)	<p>$n=137$ employees and managers from two divisions of a national sales organisation completed questionnaires as part of a training assessment</p> <p>Nearly 50% of participants held a degree and the average tenure at the organisation was seven years</p> <p>Questionnaire focused on individual preferences and attitudes, work group and job attitudes, contextual variables and readiness for change</p> <p>Data were analysed via multiple regression</p>	Teamwork, perceived participation, trust in peers and flexibility in policies and procedures were all favourably associated with readiness for change

Study	Study aims	Sample, setting and study design	Findings
<p>Fedor et al (2006) ⁴²</p>	<p>Examine links between employees' perceptions of change and their commitment</p>	<p>$n=806$ employees from 34 organisations in SE US (58% response rate)</p> <p>Half of the respondents responded to questions about the specific change (organisation level), and half answered questions about how they were personally impacted by the change (individual level); demographic characteristics between the two groups were similar</p> <p>Organisational level surveys focused on the extent of change on the work unit, change favourableness and involvement in change and individual level surveys focused on job level change and commitment</p> <p>Data analysed using multilevel regression models</p>	<p>Analyses revealed some links between work unit change and commitment. When work unit change is high, employees need to feel involved and believe the change will be favourable for their work unit to maintain their commitment to the organisation</p>

Study	Study aims	Sample, setting and study design	Findings
Florian (2000) ²²	See section 4.1		
Guha et al (1997) ³⁸	Examines change in three organisations to understand what factors facilitate and inhibit the success of large-scale change endeavours	<p>Three cases studies of US organisations (10 companies were initially targeted) that had recently completed a change project including a large manufacturer of paper, a computer leasing and asset management firm and a division of a large telecom company</p> <p>Case profiles constructed from documents and archival records, public company information and interviews with senior managers, change champions, team leaders, etc</p> <p>Materials were content analysed into 8 groups: strategic initiative, learning capacity, cultural readiness, IT knowledge, network relationships, change management, process management and outcomes</p>	<p>See article for details on each content area. The authors offer three overarching observations from their research:</p> <ul style="list-style-type: none"> • <i>Balance</i>: organisations that balance the social and technical, leadership and participation, emergent and deliberate strategy, etc. yield the greatest success • <i>Reevaluation</i>: organisations need to continually adapt and learn and revisit their change plans • <i>Interdependence</i>: organisations should not perform major change in isolation

Study	Study aims	Sample, setting and study design	Findings
<p>Jimmieson et al (2004)⁴¹</p>	<p>Examine influence of information, efficacy and stressors on adjustment to organisational change</p>	<p>n=589 (48% response rate) Queensland Public Service (QPS) employees participated three months in change implementation</p> <p>36% responded to a follow-up two years later—some evidence of non-response bias (eg, age, job classification, length of service)</p> <p>Time 1 occurred three months into implementation; Time 2 occurred two years late</p>	<p>At Time 1, the positive association between change-related information and employees' psychological wellbeing and their job satisfaction was mediated by self-efficacy, such that more informed employees had higher self-efficacy, which was then affiliated with favourable outcomes.</p> <p>Employee adjustment at Time 1 was favourably associated with employees' wellbeing, engagement and satisfaction at Time 2. Time 1 self-efficacy was associated with time 2 job satisfaction especially in conditions of high role ambiguity, workload and change-related difficulties</p>
		<p>Survey queried workload, role ambiguity, change-related difficulties, change-related information, self-efficacy, negative affectivity, psychological wellbeing, client engagement, job satisfaction</p> <p>Performed regressions to assess direct and indirect associations between variables</p>	

Study	Study aims	Sample, setting and study design	Findings
Lehman et al (2002) ³⁹	Describe a comprehensive assessment of organisational readiness for change (ORC)	Elicited sample from attendees at training workshops for evidence-based treatment interventions; <i>n</i> =458 staff ORCs, <i>n</i> =135 director ORCs and <i>n</i> =1,702 client evaluation forms from three addiction treatment centres in the US Participants were from a range of programmes and backgrounds Analyses are descriptive in nature	There was general agreement between director and staff reports of institutional readiness (adequacy of resources) and organisational climate. Perceptions of motivation for change and staff attributes were more variable. Organisational climate (eg, autonomy, cohesion, communication, etc.) was related to clients' evaluations of treatment satisfaction and counsellor rapport

Study	Study aims	Sample, setting and study design	Findings
<p>Lines (2004)³⁴</p>	<p>Studies the influence of employee participation (process and decision control) in strategic change commitment, resistance and goal achievement</p>	<p>Mail-in survey targeting n=250 managers from a large European telecom company to act as key informants whereby managers reported on one particular change in which they were change agents; 50% of participants were asked to base their responses on successful change endeavours and 50% on unsuccessful change endeavours</p> <p>57% responses rate; analyses of non-response bias did not indicate any differences in terms of departmental affiliation</p> <p>Survey focused on two aspects of participation: participation across the process and the right to veto a decision; three outcomes: commitment, resistance, goal achievement; cultural compatibility of the change, task variety as a result of the change and co-effectiveness were examined as moderators</p>	<p>Participative practices were positively associated with commitment and goal achievement, but veto power was not associated with the outcomes for the most part. Interactions revealed that participation–outcome links were stronger in conditions of high job variety than low job variety, low cultural compatibility than high, and when cost control is an issue.</p>

Study	Study aims	Sample, setting and study design	Findings
Lines et al (2005) <small>37</small>	Investigated associations between organisational change and trust in management	<p>Mailed surveys to employees within organisations undergoing change (which was assessed via a preliminary interview with managers)</p> <p><i>n</i>=118 Norwegian adults working in organisations undergoing change (92% response rate)</p> <p>Surveys focused on decision quality, enrichment, feedback, task identity, workload, emotional strain, participation and trust in management</p> <p>Regression analyses used to test models</p>	Decision quality and participation in change were both positively associated with trust in management

Study	Study aims	Sample, setting and study design	Findings
<p>Lord et al (1998) 35</p>	<p>Explore context, implementation and outcomes of change process in a Canadian mental health organisation</p>	<p>Authors were involved in the change process and conducted a case study of the change</p> <p>Case study included document analysis of change-related reports and publications, holding 6 collaborative meetings to discuss the documents and experiences of change and sharing synopsis of change with internal and external stakeholders for comment</p>	<p>Three major themes and issues emerged from case study of change:</p> <ul style="list-style-type: none"> • shift towards individualised support: there is no single 'right way' of supporting people in the community • broadening stakeholder involvement: staff members felt they had to balance a 'dual role' of change agent and counsellor • shift power and control: some users have been so marginalised that are resistant to this new role

Study	Study aims	Sample, setting and study design	Findings
Martin et al (2006) ³²	Assess links between the status of employees within an organisation and their perceptions of organisational climate and appraisals of change and adjustment to changes	<p>Study 1: $n=877$ employees (68% response rate) at a large, public sector organisation in Australia that had recently undergone change and restructuring and Study 2: $n=779$ employees (49% response rate) at a large, public hospital in the midst of large-scale changes</p> <p>Both samples determined to be representative of organisation's workforce</p> <p>Surveys focused on job status, organisational psychological climate (eg, leadership vision, social support), change appraisals (ie, stress, self-efficacy, control), commitment, absenteeism, job satisfaction and wellbeing</p> <p>MANOVAs conducted to examine group differences in outcomes</p>	Higher-level employees exhibited more favourable perceptions of climate (including supervisor support), change appraisal and adjustment than lower-level employees. Managers reported higher levels of change control than non-managers, but also reported higher levels of change stress

Study	Study aims	Sample, setting and study design	Findings
Mikkelsen et al (2000) ⁵¹	Examine the impacts of a participatory intervention on workers' control, job stress, health and satisfaction	<p>n=135 supervisors and employees (62%) from two health care organisations in Norway that underwent participatory intervention</p> <p>Participants were primarily female</p>	<p>At the time of the first post-test, intervention had favourable impacts on workers' decision authority, learning climate, work-related stress and psychological demands. Findings were not sustained to second post-test.</p>
		<p>Pretest administered before intervention with two posttests – 1 week after completion on intervention and one year after completion</p>	
		<p>Survey focused on stress, health, autonomy, social support, learning climate, leadership, etc</p>	
		<p>Analysed multivariate data using MANOVA and ANCOVA (controlling for demographics)</p>	

Study	Study aims	Sample, setting and study design	Findings
Molinsky (1999) ⁴⁹	Explore change in a major metropolitan hospital and a Fortune 50 company	<p>Hospital: observed 50 meetings (leadership, strategy, sub-group), conducted 43 interviews (project leaders, team leaders, nurses, doctors, support staff)</p> <p>Company: observed 140 meeting hours (design team), conducted nine interviews (design team), field site visits (included employee interviews)</p> <p>Content analysed data into emergent themes</p>	<p>Identified three paradoxical features of change within organisations:</p> <ol style="list-style-type: none"> 1. Change depends on management, but management may make change less likely to occur 2. Change depends on the commitment of change leaders, but this commitment may make changes less likely to occur (eg. they often demonstrate competence by maximising the number of changes) 3. Change depends on rhetoric, which may make change less likely to occur (eg. many organisations lack the trust to break through change scepticism and rhetoric may deepen disillusionment)

Study	Study aims	Sample, setting and study design	Findings
<p>Morgan and Zeffane (2003)⁴³</p>	<p>Explore how different change strategies may affect employee trust in management</p>	<p>General management questionnaire (GMQ) targeted senior workplace managers and HR managers at 2001 Australian workplaces; the Employee Survey (ES) sampled 19,155 employees in the 2001 workplaces</p> <p>Only 6% of organisations reported no changes (vis-à-vis information, operations, structure or tasks)</p> <p>With weights the sample representative of over 37,000 workplaces</p> <p>Data analysed via regressions</p>	<p>Employees who were consulted about changes by supervisors or higher-level managers reported higher levels of trust in management than employees who were not consulted by these means. BUT, employees consulted by other workers, unions or through a newsletter/notice exhibited low levels of trust in management</p>

Study	Study aims	Sample, setting and study design	Findings
Nurick (1982) ³⁶	Explore long-term impact of direct and indirect participation on perceptions of influence, job satisfaction, trust and turnover intentions	Surveys administered to employees working in one division of a SE US utility company at three timepoints over three years – before, during and after change $n=246$ responded to all three waves of surveys (85% response rate) and respondents were divided into two groups: direct participants (one third of sample; those who participated in a change task force) and indirect participants	Direct participants reported greater influence on work activities, job satisfaction, organisational involvement and trust than indirect participants between Time 1 (before the change) and Time 2. Further increases between Time 2 and 3 were limited to influence on work activities
		Surveys including information on influence, job satisfaction, job involvement, organisational involvement, trust and turnover intention	

Study	Study aims	Sample, setting and study design	Findings
Shortell et al (2004) ⁴⁸	Examine correlates and consequences of team effectiveness in a health care setting	<p>Date from n=40 teams participating in an initiative to improve chronic care in the US</p> <p>Team members were asked to rate organisational culture, patient focus, team effectiveness and number and depth of changes made</p> <p>Data analyses using regression</p>	Team size was negatively associated with team effectiveness, while the presence of a team champion, having a patient focus and the presence of a physician on teams were positively associated with team effectiveness. Team effectiveness was positively associated with the number and depth of changes made

Study	Study aims	Sample, setting and study design	Findings
Shapiro (2000) ⁵⁰	Explore impact of diversity on employee involvement initiatives	<p>15 - 25 employees from management, trade unions and employees from each of 14 organisations across eight EU countries</p> <p>Qualitative, semi-structured interviews focusing on progress companies have made towards equality, how companies pursue employee involvement and prospects and problems companies have faced in their endeavours</p>	<p>Selection of team leaders often comes from traditional organisational hierarchy. Lower priority is frequently attached to involving part-time workers or lower-level staff. Organisations generally did not assess whether different approaches to involvement for different employees was needed</p>

Study	Study aims	Sample, setting and study design	Findings
<p>Styhre (2004)³³</p>	<p>Explore process of organisational change initiative (based on empowerment) at a Swedish telecom company</p>	<p>Longitudinal qualitative research of a telecom 'microfactory' within a larger manufacturing firm outside of Stockholm combining case studies, observations, interviews (n=17 employees from various workgroups), document analysis and ethnography over a 2.5-year period</p> <p>Observations conducted by two researchers and two internal HR managers</p> <p>Interviews were coded and analysed independently by the two researchers using the grounded theory approach</p>	<p>Empowerment was not a linear system of practices and problem-solving tools, but a shared vision among managers and employees that needs to constantly developed and maintained - even in the face of failure. Adopting an empowerment vision is not a quick fix, but rather an ongoing process of change that brings together a number of objectives and purposes that must be realised through new work roles, attitudes and forms of communication, etc</p>

Study	Study aims	Sample, setting and study design	Findings
Wanberg and Banas (2000) ⁴⁰	Explore links between employees' self-esteem, perceived control, optimism, change information, participation, self-efficacy, social support, perceived impact and employees openness to change	<p>US housing officials were sampled from two state housing conferences; $n=173$ (83% of conference participants) and 75% of participants completed two additional surveys two months and 14 months later</p> <p>Surveys focused on personal resilience (eg, self-esteem), context-specific variables (eg, social support), openness towards change and work-related outcomes (turnover assessed at Time 3)</p> <p>Regression analyses were run controlling for respondents' age, education and managerial status; sample sizes too small for SEM</p>	Personal resilience and information favourably associated with change acceptance, but not a positive view of change. Participation was associated with positive view of change. Change acceptance was then positively associated with job satisfaction and negatively associated with work irritation and intention to quit. Job satisfaction and intention to quit were both associated with turnover (assessed at Time 3) in the expected direction

Study	Study aims	Sample, setting and study design	Findings
<p>West et al (2002) 46</p>	<p>Explore links between HR practices and patient mortality in acute hospitals in England</p>	<p>n=81 HR directors of hospital Trusts throughout England ranging in size from 2,000 to 7,500 employees participated (59% response rate)</p> <p>Survey gathered information on hospital characteristics, HR strategy, employee involvement strategy, HR practices and procedures (ie, training, teamworking, appraisal) and health outcomes</p> <p>Analyses controlled for hospital size, local health needs and doctors per bed</p>	<p>Training, teamworking and appraisal were all negatively associated with patient mortality</p>

Study	Study aims	Sample, setting and study design	Findings
Wong and Tierney (2001) ⁴⁵	Address the dynamics of change in a higher educational institution by exploring the impacts of the establishment of a charter school within a large, public US university	<p>Conducted 33 open-ended interviews ($n=15$ charter school faculty, $n=5$ charter school administrators and department chairs, $n=13$ other university individuals)</p> <p>Ethnographic study comprising interviews and observations over 18 months</p>	<p>The changes created more work for faculty, but work was qualitatively more interesting and led to increased sense of ownership and pride. The changes also led to the creation of steering and learning groups that increased communication between departments and allowed faculty to work through some intellectual differences – the faculty promotion process incorporated collaboration and community service as a component. Some of the downsides of change included tension between communal values of charter school and more traditional individual-based criteria of faculty success, tension between charter school members and university at large and the need for a more thorough, systematic assessment structure</p>

4.3 Stakeholder involvement and partnerships

Study	Study aims	Sample, setting and study design	Findings
<p>Adams et al (2002)⁶¹</p>	<p>Explore impact of community-oriented police (COP) training with policy attitudes and job satisfaction</p>	<p>n=285 non-supervisory police officers sampled during roll call from six small to medium-sized US communities that received community policing grants</p> <p>Response rates in different communities ranged from 33% to 93% (only two refusals)</p> <p>Survey focused on COP training, activities, attitudes and support and job satisfaction</p> <p>Semi-structured interviews conducted with various community stakeholders (eg, chiefs, head of COP programme, representatives of citizens organisations, etc)</p> <p>Ran regression analyses controlling for background characteristics</p>	<p>COP officers were more likely than non-COP trained officers to report more non-traditional policing (eg, make informal contacts with people on your beat), crime reduction, support for COP, job satisfaction and job autonomy</p>

Study	Study aims	Sample, setting and study design	Findings
Barnes (1999) ⁵⁸	Explore development of user organisations	Explores history of UK user involvement and how local governance plays a role	Collective action among users provides a means of expressing citizenship by enhancing the accountability of public services to citizens/users. The aim is to cause a shift in power within health and social care. The study identified some tensions and dilemmas including consultation overload and lack of funding for user involvement initiatives

Study	Study aims	Sample, setting and study design	Findings
<p>Carr (2004)⁵⁶</p>	<p>Synthesise key themes and findings from six literature reviews on the impact of user participation on change and improvement in social care</p>	<p>Thorough literature review of unpublished studies</p>	<p>Selected findings include:</p> <ul style="list-style-type: none"> • there is a lack of research and evaluation on the impact of service user involvement • service users require feedback about the impact of their participation • power issues underlie the majority of difficulties with effective user-led change • need to ensure that participation does not become a simple consultative exercise • embedded, continuous and varied participation has the most potential for impacting change

Study	Study aims	Sample, setting and study design	Findings
Crawford et al (2002) ⁶³	Thorough review of impacts of patient involvement in planning and development of health care	<p>Found 337 studies; 87% excluded because they did not describe the impacts of the involvement</p> <p>42 papers were included: 31 case reports, five survey results, three meeting records and three action research summaries</p> <p>Inclusion criteria required that research focused on active participation of patients in planning and development of care</p> <p>Two independent reviewers with a third to remedy discrepancies</p>	<p>The common effects of involvement included production of new sources of information for patients and making services more accessible.</p> <p>Few studies have examined impacts of patient involvement and findings are generally weak (ie, do not focus on targeted outcomes such as satisfaction, health or quality of life), but there is some evidence that service provision changes following patient involvement</p>

Study	Study aims	Sample, setting and study design	Findings
<p>Crowley et al (2002)⁵⁹</p>	<p>Explore impact of community participation in decision making about local health services</p>	<p>Multi-method study of community participation initiative at the Newcastle West Primary Care Group (PCG), which comprises an ethnically diverse, economically deprived community</p> <p>Study included 82 semi-structured interviews and 114 questionnaires (80% response rate) of community activists, health professionals and attendees of community health meeting</p> <p>In addition to questionnaires and semi-structured interviews, also observed community meetings and analysed documents</p>	<p>The greatest community involvement was through consultation with local community groups to identify local needs and concerns. A number of new services resulted from this targeted contact. A total of 77% of professionals felt involvement helped them in their work and made them more aware of different issues and perspectives. To reach a diverse (and representative) group of stakeholders, organisations need to strengthen links with community activists who have access to the wider community. These methods take a lot of sustained effort on the part of staff</p>

Study	Study aims	Sample, setting and study design	Findings
Elder-Woodward (2002) ⁵⁵	Summarise shift in social care from 'client' to 'citizen' mentality	Reviews some initiatives in user involvement and highlights aims, outcomes and methods of user involvement	User involvement should be aimed at better targeting of services, better planning of services and offering more accessible, empowering services. Service users should be involved in the development of community care plans, setting service standards, assessing service performance, agreeing action for continuous improvement, inspecting services, hiring staff and serving on committees

Study	Study aims	Sample, setting and study design	Findings
<p>Evans and Banton (2001)²²</p>	<p>Report on one-year project focusing on the involvement of Black people at an organisation for disabled people</p>	<p>Qualitative case study at the Council of Disabled People in Warwickshire</p>	<p>Barriers to involving Black disabled people include the lack of understanding of issues affecting their lives, attitudes towards race, lack of funding, mainstream services often fail to meet unique needs of minorities and lack of confidence to become involved initially among some Black disabled adults. Strategies to involve Black disabled people include opportunities to be involved in consultation and evaluation and policy development, flexible models of work, employing diverse staff and training staff</p>
<p>Florian (2000)²²</p>	<p>See section 4.1</p>		

Study	Study aims	Sample, setting and study design	Findings
Lord et al (1998) ³⁵	See section 4.2		
Mullender and Hague (2005) ⁵⁷	Examine the role of voice among survivors of domestic violence (DV)	<p>Targeted approximately 550 inter agency forums and refuge-based services and other DV programmes in England and Wales for a survey (62% response rate)</p> <p>Questionnaires with service representatives, focus group with DV survivors, case studies of DV organisations, interviews with social services and police officers were conducted to get a sense of user and professional views</p>	<p>Research identified several barriers to user participation among victims of DV including practical obstacles such as childcare, transportation and expenses; attitudinal obstacles including jargon used by professionals; tokenism and the difficulty of participation after a traumatic experience. Some necessities of user participation with victims of DV include liaison with DV and feminist activist groups; survivors' forums and advisory groups and meetings between policy advisers and survivors</p>

Study	Study aims	Sample, setting and study design	Findings
<p>Murie and Douglas-Scott (2004)⁵³</p>	<p>Document experiences in patient and public involvement in a local health care cooperative in Scotland</p>	<p>Five-year case study of an NHS Scotland board following the establishment of a patient focus and public involvement strategy</p>	<p>Goal was to ensure that the views of patients and public were integrated into every level of the health care cooperative. Some of the events associated with the movement included a community forum between the cooperative, local authority and public; patient participation groups; needs assessment for service users (including survey, focus groups, citizens' juries, roadshow); service redesign and significant event analysis</p>

Study	Study aims	Sample, setting and study design	Findings
Naylor et al (2002) ⁶⁰	Evaluation of a participatory research process in a community-based health project	<p>Four British Columbia communities were selected to participate in community-wide heart health activities</p> <p>Each site solicited citizens and organisations to participate in generating goals and objectives, research methods, planned and implemented activities, etc</p> <p>Interviews conducted with a community coordinator, project manager and research team member from each site where respondents rated the extent of community participation in different facets of the research on a scale from '1' to '4'</p>	Overall, ratings of participation were approximately 3, indicating that the stakeholders believed that decision making was equally distributed between experts and community. The main issue identified was that participatory initiatives cannot be sustained without proper funding. Further, there was difficulty gaining the support of the whole community

Study	Study aims	Sample, setting and study design	Findings
<p>Reed et al (2002) <small>62</small></p>	<p>Summarise an appreciative inquiry (AI) exercise incorporating a 'whole systems' approach</p>	<p>Invited a range of stakeholders (including service users) to participate in workshops revolving around making the transition from hospital to home easier for older people</p> <p>n=71 individual expressed interest in attending workshops</p> <p>Workshops structured to teach participants AI skills including appreciating the best of the current situation, envisioning what the future will look like and planning for the future</p>	<p>Participants identified themes summarising important components of their works including understanding, coordination, empowerment and feedback. The project brought together a range of different stakeholders with a range of skills. Some participants felt their participation alone helped to bridge some of the gaps between different agencies</p>

Study	Study aims	Sample, setting and study design	Findings
White (2000) ⁵⁴	Explore whole system change (vs traditional, static models of change) within a public sector organisation	Case study of a London health authority as it was preparing to address government directives to make public involvement a priority	Change team realised that 'token' participatory gestures will not suffice – need to avoid 'top-down' participation. They created a self-organising, open forum for the public to share ideas structured around a broad question. Topics suggested by participants were then formulated into action plan teams. Follow-up sessions were held where participants were given a copy of the initial forum report to identify and target key action points. Following this second meeting, two small groups were formulated to take forward the work

4.4 Recognise and support diversity

Study	Study aims	Sample, setting and study design	Findings
Allport (1954) ⁶⁴	Classic overview of group prejudice	Reviews research on preferential thinking, group differences, acquiring prejudice and reducing group tensions	Four conditions for optimal intergroup contact: <ul style="list-style-type: none"> • equal status within the situation • common goals • intergroup cooperation • authority support

Study	Study aims	Sample, setting and study design	Findings
Bacharach et al (2005) ⁶⁷	Look at how employee diversity impacted supportive relationships in the workplace	<p>n=3,319 (46% response rate) sampled from over 60 work units in New York State</p> <p>Analytic sample focused on those for whom data on supportive relations were available, employees who were either White or Black and those from work units with more than three observations (final n=1,247) – primarily employed in manufacturing or services</p> <p>Surveys focused on supportive relationships, unit-level task interdependence, peer support climate and proportion of racially different others</p> <p>Ran a multilevel analysis to account for clustering of employees within work units</p>	Findings revealed that as the proportion of racially dissimilar peers increased, the prevalence of supportive relations declined. But, this association was attenuated in work units with a supportive climate. And, this association was non-linear such that negative association between proportion of racially dissimilar peers and supportive relations attenuated as the proportion reached about 8%

Study	Study aims	Sample, setting and study design	Findings
<p>Chahal and Ullah (2004)⁷⁴</p>	<p>Summarise research from Joseph Rowntree Foundation's (JRF) Race Equality and Disability Programme</p>	<p>Review of several JRF-funded projects on diversity in the UK since 2000</p>	<p>Many social care providers work with many assumptions and stereotypes about racial/ethnic minorities. Minorities are often expected to fit in with existing provision, which is catered towards Whites. There is a need for services that respond to diversity including:</p> <ul style="list-style-type: none"> • knowledge of local community • undertaking monitoring of users and non-users • hiring minority staff • responsiveness to linguistic, religious and gender identity needs • have strong leadership that is flexible to change

Study	Study aims	Sample, setting and study design	Findings
Dose and Klimoski (2001) ⁶⁹	Theoretical article exploring how work values can overcome barriers related to diversity	Examines link between work values and diversity including how values are formulated, how values affect team processes including expectations, cohesiveness, trust, etc and implications for practice	<p>Findings include:</p> <ul style="list-style-type: none"> • work values are influenced by both social influences and personal experiences • making salient similar values of work members will reduce salience of demographic differences and give members a sense of being part of in-group • values similarity will lead to greater cohesiveness and trust <p>Implications for practice include:</p> <ul style="list-style-type: none"> • team leaders need to help surface shared values • managers need to be cognisant of people's values during hiring • tasks should be framed in terms of the organisational values they highlight
Evans and Banton (2001) ⁵²	See section 4.3		

Study	Study aims	Sample, setting and study design	Findings
<p>Haslam and Platow (2001) ⁶⁵</p>	<p>Examine if in-group identity impacts leaders' ability to engage followers</p>	<p>Experiment 1: n=90 university students assigned to one of six conditions (varying both focal issue and leadership strategy – ie, opposed outgroup, favoured outgroup, evenhanded) and asked to rate perceptions of support and fairness for leader's decision</p> <p>Experiment 2: Similar design to above with n=96 students</p> <p>ANOVAs and regressions used to analyse data</p>	<p>Respondents who received the description of an 'evenhanded' leader who favoured the i-group position, but were also sensitive to the outgroup position were the most likely to think the leader's decision was fair. But those who received the description of an 'identity-affirming' leader (ie, favoured the in-group at the expense of the out-group) reported the highest level of support.</p>

Study	Study aims	Sample, setting and study design	Findings
Kossek et al (2003) ⁷³	Explore employees' favourableness to demographic shift to a more diverse workforce in the US	<p>After eight years of change, $n=775$ employee surveys were returned (51% response rate)</p> <p>Sample had even mix of men and women, majority and minority 'race'/ethnicity</p> <p>Survey focused on perceptions of climate for diversity, diversity as an organisational goal and commitment to diversity; other measures included assessments over eight years of how the departments' demographics shifted</p> <p>Data were analyses with regression</p>	<p>Work groups with higher proportions of women over time were more favourable towards promoting diversity as an organisational goal relative to other departments. The proportion change in minorities was not associated with this outcome.</p> <p>When examining shifts in the proportion of senior level women and minorities, there was no association with perceptions of diversity</p>

Study	Study aims	Sample, setting and study design	Findings
Mannix and Neale (2005) ⁷⁰	Explore organisational diversity through three theoretical paradigms	Reviews literature looking at pros and cons of diversity and approaches to categorising and understanding diversity	<p>Based on the review, recommendations for organisations were highlighted including:</p> <ul style="list-style-type: none"> • creating teams comprised of heterogeneous groups that can engage in creative problem-solving – these teams may not outperform homogeneous teams, but team members will learn something • creating 'bridges' that connect the teams in a meaningful way (eg, focus on values) • enhancing the voice of the minority

Study	Study aims	Sample, setting and study design	Findings
Moore (1999) <small>68</small>	Overview of the concept of diversity in organisational settings	Explores various dimensions of diversity and the organisational implications including types of organisational training	<p>Relationship between diversity and performance is not simple: organisations need to put some effort into training and promoting appropriate skills and support systems to reap the benefits of employee heterogeneity.</p> <p>Organisations should develop role models, networks and mentors for diverse staff to overcome 'desire for sameness.' Training should be tailor-made to the organisation and should facilitate a real understanding and appreciation of actual differences between different groups of people (differences that may not be relevant to work) as well as skills and competencies (eg, the ability to consider different viewpoints from one's own, to attribute difficulties accurately, to understand informal networks and to diagnose the extent to which different communication approaches are needed)</p>

Study	Study aims	Sample, setting and study design	Findings
<p>Nybell and Sims Gray (2004)⁷²</p>	<p>Examine how various employees of US child and family agencies perceive changes revolving around diversity initiatives</p>	<p>Conducted $n=111$ interviews in three child and family agencies that had historically served a primarily White client base even though they were located nearby a diverse US city</p> <p>Interviews focused on the change initiative revolving around building cultural competence and included frontline staff, supervisors and managers</p>	<p>The interviews gleaned four major themes:</p> <ul style="list-style-type: none"> • 'Race': There was a desire for more discussion about matters of 'race'. • Place: Diversifying staff usually stopped at recruitment efforts and little was done to redistribute power along racial lines • Space: Many of the non-White workers were hired specifically as points of contacts between diverse families and the agency. These staff were given 'junior' status and often had difficulty liaising with clients given the locale of client base and locale of office space • History: The agencies did little to pull away from their historic affiliations with White civic and religious groups

Study	Study aims	Sample, setting and study design	Findings
Spataro (2005) 71	Review impacts of diversity within the workplace	Reviews existing research on diversity and how it related to organisational culture	<p>Organisational culture likely frames the way diversity is viewed and thus affects the work environment. Three types of organisational cultures were highlighted:</p> <ul style="list-style-type: none"> • <i>Culture of differentiation</i>: differences are highlighted by lack of power and status and contributions from underrepresented groups may be discounted • <i>Culture of unity</i>: emphasis on commonality rather than differences, but potential benefits from diversity are under-realised • <i>Culture of integration</i>: focus on valuing differences and task conflict may emerge, but the outcome is productive and synergistic work

Study	Study aims	Sample, setting and study design	Findings
<p>Vernon (2002) <small>75</small></p>	<p>Findings from a study on service improvement for Asian disabled adults</p>	<p>n=28 Asian disabled adults (English-speaking) from North England engaged in consultation focusing on need and priorities, peer support and social contact, culturally sensitive services, etc</p>	<p>Low take-up of services are often not due to low levels of need. There is a need for ongoing consultation and partnership between service providers and Asian disabled adults and more choice and control over what services were provided and when as well as a need for staff to become culturally competent</p>

Study	Study aims	Sample, setting and study design	Findings
Weisinger and Salipante (2005) ⁶⁶	Explore concepts of diversity, social capital and racial bridging	<p>Case study of the Girl Scouts of USA focusing on how the organisation approached diversity issues and whether minority volunteers joined as a result of diversity efforts</p> <p>Analysis of 2002-03 membership data (vs 1994) overall and in two racially integrated suburbs and 19 semi-structured interviews with executive director, staff and volunteers (13 were Black)</p>	<p>It was difficult to conclude if opportunity for cross-'race' contact was enough to bridge social capital as it did allow for establishment of weak ties, but not strong ties. It can be difficult to establish trust and comfort interacting with racially dissimilar others. Joint experiences allowed different racial/ethnic groups to recategorise themselves into new groups. Based on the study, the authors came up with four stages of recognising diversity in organisations:</p> <ul style="list-style-type: none"> • attraction through bonding with similar people • organisational adaptation to heterogeneous groups • recategorisation of homogeneous groups into mixed, diverse groups • engagement in activities that embody the organisation's mission

4.5 Enhance skills and development

Study	Study aims	Sample, setting and study design	Findings
Adams et al (2002) ⁶¹	See section 4.3		
Bartlett and Kang (2004) ⁷⁶	Examine relationship between employee attitudes towards training and organisational commitment	<p>$n=198$ surveys (36% response rate) completed by nurses from large public hospitals in the US and New Zealand ($n=117$ from three US hospitals, $n=81$ from a New Zealand hospital)</p> <p>94% were female</p> <p>Surveys focused on access to training, training frequency and perceived benefits were distributed to all full time nurses at the hospitals via internal mail</p> <p>Conducted hierarchical regression analyses</p>	Access to training and supervisory support for training both positively associated with organisational commitment. Access, support and commitment were higher in the US than New Zealand

Study	Study aims	Sample, setting and study design	Findings
Bennett et al (1999) ⁸³	Explore how training affects customer orientation among government employees	<p>n=909 employees from 87 workgroups across seven departments in a US municipality completed surveys (97% response rate); 62% had completed a six-week training programme aimed at improving service delivery</p> <p>Analyses regressed customer orientation on the degree to which the organisation facilitated the use of new ways of working (from training), organisations climate and background characteristics</p>	Analyses revealed that trained employees reported greater customer orientation than untrained employees only if they perceived their organisation (via eg, supervisors, workload demands, policies, etc) did not block their use of the information learned through training.
Burnes (2003) ⁷⁹	Highlight belief that organisations need to align organisational change with management development strategies	<p>Qualitative case studies including analysis of documents and observations of key meetings within two UK-based companies: ABC Engineering and XYZ Construction</p> <p>Each employed 500 staff</p>	Management was one of the largest inhibitors of change in ABC because managers were resistant to personal development. Management development programmes were seen to undermine managers' status. In XYZ, the managing director organised a series of development initiatives aimed at giving managers the confidence to delegate and empower staff

Study	Study aims	Sample, setting and study design	Findings
<p>Delaney and Huselid (1996) <small>82</small></p>	<p>Explore links between HR practices and firm performance</p>	<p>National probability sample of organisations from the National Organisations Survey (NOS), a module of the GSS</p> <p>Representatives of $n=727$ organisations completed a telephone interview (51% of total sample, 65% of contacted organisations)</p> <p>Participating organisations were representative of full sample of organisations</p> <p>Interview questions focused on perceptual measures of firm performance, staff selectivity, training effectiveness, motivation, decision making, structure of jobs and work, vertical hierarchy</p> <p>Ran regressions controlling for organisational background characteristics</p>	<p>Training effectiveness was positively associated with organisational performance</p>

Study	Study aims	Sample, setting and study design	Findings
Falk (2002) ⁸⁴	Explored impact of organisational change on employment expectations	<p>$n=1,389$ participants (54% of sample) from the Mannheim Service Innovation panel 1995 in Germany (panel survey of over 2,500 German firms)</p> <p>Ran probit analyses to check for selection bias and determined it was not a serious problem</p> <p>Variables selected for analysis focus on organisational change, new ICT, organisational size and expectations for total employment, total sales and educational qualifications</p> <p>Analysed data using a multivariate probit model</p>	Analyses revealed that organisations in the midst of change were likely to raise the cost of training expenditures. Further, organisational change was favourably associated with probability that firms will increase number of employees with the exception of unskilled workers
Florian (2000) ²²	See section 4.1		

Study	Study aims	Sample, setting and study design	Findings
<p>Gable and Halliburton (2003)⁸¹</p>	<p>Examine perceptions of training and development among childcare staff in the US</p>	<p>Conducted $n=830$ telephone surveys with centre providers and directors and family daycare providers (74% of programmes contacted had a staff member participate; analytic sample of 647)</p> <p>Telephone survey designed following focus groups and focused on perceptions of training and development including availability and barriers</p> <p>Mean comparisons across different staff were provided</p>	<p>All staff agreed that childcare providers need some type of training. The greatest barriers to obtaining training and development were inconvenient scheduling and distance to training. Centre directors perceived scheduling as a great barrier than did centre teachers. For distance, centre teachers found it a greater barrier than did home teachers. Compensation was not perceived as a major barrier for any staff</p>

Study	Study aims	Sample, setting and study design	Findings
Horwath (2001) ⁷⁷	Use a theoretical model of change to hypothesise likely employee responses to change	Used Protchaska and di Clementi's five-stage model of change (ie, contemplation, determination, action, maintenance and lapse) to hypothesise what employees' needs will likely be at each stage	<ul style="list-style-type: none"> • <i>Pre-contemplation</i>: this is a time to give out information about the need for change • <i>Contemplation</i>: this is the time to help employees understand what the service improvements will mean for them • <i>Determination</i>: employees need opportunities to take on the new service improvements and consider implications for their practices • <i>Action</i>: employees should be given time to further develop their knowledge and skills • <i>Lapse</i>: employees should talk about why they reverted to old practice and to analyse why; further knowledge and skill development may be needed

Study	Study aims	Sample, setting and study design	Findings
<p>Liddle et al (2002)⁷⁸</p>	<p>Describe key features of initiating an empirically based drug abuse treatment into community practice</p>	<p>Early findings from the Baseline stage of a four-year study where researchers observed and assessed multiple aspects of the current day treatment programme; <i>n</i>=50 youth and their parents</p> <p>74% male and 94% met criteria for substance dependence</p>	<p>Study summarised the different stages of the exposure phase, which focused on providing training to increase attention to family and systems' factors in symptoms by helping each staff to identify behaviours that would be part of their everyday job. Training included:</p> <ul style="list-style-type: none"> • six-month formal training in development, families, drug addiction, etc. for all levels of staff (eg, teachers, social workers) • motivation and engagement building activities • exploratory use of the new therapy techniques • organised mini-retreats for social workers to fine tune the use of the new techniques <p>Participants were encouraged to identify barriers and challenges throughout</p>

Study	Study aims	Sample, setting and study design	Findings
Rainbird and Munro (2003) <small>85</small>	Explore training and development in terms of power differentials in the workplace	<p>Three local authorities and three hospital trusts in the UK were targeted for case studies</p> <p>Over 300 face-to-face interviews were conducted with a variety of staff at different levels in the organisation</p> <p>The current study focused on employees in the lowest salary grades and highlights structural barriers to workplace learning</p>	<p>Managers have a key role facilitating or blocking access to learning. Many employees seek out their own training and development and workplaces should provide more support for these endeavours. Employees' attitudes to training and development need to be interpreted within the broader context of workplace changes. Managers may need to think beyond training to consider job design, job progression and entitlement to qualifications</p>

Study	Study aims	Sample, setting and study design	Findings
<p>Zaccaro and Banks (2004)⁸⁰</p>	<p>Discuss gaps between leadership research and practice</p>	<p>Review identified three gaps between leadership research and practice and how these gaps affect leaders' ability to manage change</p>	<p>The three gaps were:</p> <ul style="list-style-type: none"> • the value of organisational vision • the importance of change management • the utility of training and development programmes that target visioning and change management skills <p>The study recommended three phases of leadership skill development:</p> <ul style="list-style-type: none"> • <i>Formal training</i>: visioning and change management skills • <i>Stamping-in assignments</i>: tailored assignments to allow them to practice newly acquired skills • <i>Stretch assignments</i>: assignments that challenge their limitation and allow them to expand skill sets

Work with resistance

Study	Study aims	Sample, setting and study design	Findings
Goltz and Hietapelto (2002) ⁸⁸	Examine how shifts in organisational power relations affect resistance to change	Explored theory and offered practical implications of links between participation in change and resistance	Organisational change may decrease managers' power, their ability to lead and their ability to acquire desired consequences, particularly when it is unclear what behaviours/attitudes should be reinforced or they are asked to entirely change their management style

Study	Study aims	Sample, setting and study design	Findings
Piderit (2000) <small>89</small>	Suggest a theory of resistance based on emotions, cognitions and behaviours	Explored theory using extant literature and offered implications for research and practice	<p>Highlights three dimensions of resistance:</p> <ul style="list-style-type: none"> • emotional • cognitive (belief-oriented) • behavioural <p>Resistance to change is defined by negative responses to change along the three dimensions, and change acceptance is defined by positive responses. Ambivalence to change is represented by a mixed response of positive and negative across the three dimensions.</p>

Study	Study aims	Sample, setting and study design	Findings
Trader-Leigh (2002) ⁸⁷	Examine resistance to large-scale culture change within a US government agency	<p>Interviewed key government officials ($n=38$) and distributed surveys to US government employees and stakeholders; $n=107$ survey respondents from a range of professions</p> <p>Interviews informed the survey questions, the latter of which focused on identifying the primary sources of resistance following large-scale change</p> <p>Used factor analysis to highlight the features of resistance</p>	<p>Identified seven features of resistance:</p> <ul style="list-style-type: none"> • <i>self-interest</i>: buy-in is affected by the degree to which personal interests are met • <i>psychological impact</i>: perceptions of threat vis-à-vis job security, expertise and position • <i>tyranny of custom</i>: if there is no incentive to reform, people will resist change • <i>redistributive factor</i>: changes may alter working relationships between departments • <i>destabilisation effect</i>: change may lead to a need for training and new systems • <i>culture compatibility</i>: if the new approach is radically different than the current structure, it may be difficult to implement • <i>political effect</i>: Change must occur within the political climate

Study	Study aims	Sample, setting and study design	Findings
Watters et al (2004) ⁸⁶	Guide on leading change for improvement within adult and community learning (ACL)	14 case studies of organisations in ACL including interviews with practitioners in 14 ACL organisations that have used change for quality improvement purposes	<p>Common reasons for resistance include feeling a loss of control, fear of loss of status, loss of work-related identification and threats of job loss. The report highlighted useful strategies to deal with resistance during times of change including:</p> <ul style="list-style-type: none"> • involving employees in decision making • offering information on what is happening and why • developing a communication strategy • acknowledging people's competence and value to the organisation • paying attention to what is going on and not giving people tasks they probably cannot handle • seeking ways to find different ways to use skills.

Study	Study aims	Sample, setting and study design	Findings
Woodward and Hendry (2004) ¹⁶	See section 4.1		

Evaluation that promotes value

Study	Study aims	Sample, setting and study design	Findings
London et al (2003) ⁹³	Summarise several youth-led research, evaluation and planning initiatives	Highlights three relevant programmes: San Francisco Juvenile Justice Evaluation Project; Youth IMPACT, Serving Our Youth and Communities	Youth-led research imparts benefits to youth participants, organisations and communities in four key areas: skills and knowledge building, leadership development, relationship development and identity formation. Youth's contributions generally revolve around making the research more youth-friendly and relevant that speaks to the appropriate audiences
Naylor et al (2002) ⁶⁰	See section 4.3		

Study	Study aims	Sample, setting and study design	Findings
Nelson et al (2006a, 2006b) ^{94,95}	Explore the structure and impacts of four consumer/survivor initiatives (CSIs), which are organisations operated by and for people with a history of mental illness	<p>Four CSIs in Ontario in different geographic locales (ie, small and medium-sized cities to large urban cities) offering different services (ie, self-help groups, drop-in centres and one-to-one peer support)</p> <p>n=118 participants who completed baseline and follow-up interviews (27% attrition) using a nonequivalent comparison group design, whereby new CSI participants were compared to eligible but inactive adults</p> <p>Baseline interviews were conducted in addition to follow-ups nine and 18 months later</p> <p>Most data collected by consumer/survivor RAs</p>	Findings revealed that active CSI participants reported increases in social support and quality of life (vis-à-vis daily activities) and decreases in psychiatric hospitalisations over time. These changes were not apparent for inactive adults

Study	Study aims	Sample, setting and study design	Findings
<p>O’Fallon and Dearth (2000) 91</p>	<p>Review of six key principles of community-based participatory research (CBPR) focusing on methods, uses and benefits</p>	<p>Various communities in the US; primarily a public health perspective</p> <p>Uses examples of specific projects to review CBPR and its role in reducing health disparities</p>	<p>The six key principles of CBPR include:</p> <ul style="list-style-type: none"> • facilitate collaborative, equitable involvement of all partners in all phases of research • foster co-learning between community members and researchers • ensures projects are driven by the needs of the community • disseminate findings and knowledge in useful terms • ensures research and intervention strategies are culturally appropriate • recognises the community as the unit of identity <p>Potential benefits of the approach include increasing trust among community members, creating more relevant research questions, garnering different perspectives, building infrastructure and sustainability, bringing resources to the community and easier translation of practice into policy</p>

Study	Study aims	Sample, setting and study design	Findings
Pettigrew et al (2001) ⁹⁰	Overview of six analytical issues in studying change	Highlights weaknesses in the research on organisational change	<p>The study identified six primary recommendations for research on organisational change:</p> <ul style="list-style-type: none"> • include multiple contexts and levels of analysis in studies • incorporate a dynamic element into research • collect longitudinal data • collect international, comparative data • explore sequencing and pace of change • facilitate better engagement between scholars and practitioners
Torres (1994) ⁹⁷	Overview of how organisations can make evaluation more meaningful to employees	Introduces a new process of evaluation that focuses on feedback and evaluation as a means of influencing employee's self-efficacy	Evaluation can be external such that it focuses on accountability and reporting requirements, or internal such that it feedback is given on agreed upon goals, objectives and standards of performance with conclusions drawn by the employees

Study	Study aims	Sample, setting and study design	Findings
<p>Turner and Beresford (2005)⁶⁹²</p>	<p>Summary of service user controlled research</p>	<p>Two-tiered project:</p> <ul style="list-style-type: none"> • literature review of user controlled research • focus groups with service user researchers and participants focusing on experiences and issues related to the research <p>Four discussion groups were held with a total of $n=20$ participants with physical impairments, learning difficulties, mental health concerns or HIV/AIDS symptoms</p> <p>20% were BME</p>	<p>Benefits of user controlled research included:</p> <ul style="list-style-type: none"> • capacity to make change in line with what service users want • equal research relationships • making involvement in research a more positive experience <p>But, there are several barriers including:</p> <ul style="list-style-type: none"> • continued dominance of medically based research • possible lack of widespread credibility • viewed as biased research • funding and training shortages • research can generate difficulties and stress for researchers who share similar experiences to participants

Study	Study aims	Sample, setting and study design	Findings
Vasquez et al (2006) ⁹⁶	Summarise a CBPR programme in Harlem (WE ACT)	Described research initiative to combat air pollution problem in N Manhattan including intra organisational collaboration, goals, methods and policy actions	A lead academic institution partnered with a non-profit organisation to lead the research/campaign. The programme involved community youth who were trained and supervised by the university. Some of the methods used were launching a public awareness campaign (eg. ads, brochures), sponsoring conferences, holding workshops and engaging in environmental research. The initiative was responsible in part for several large policy initiatives

Appendix B

Additional references for studies excluded from the research review

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Appendix C

Case study overview

Overview

The field of social care has made great strides in identifying its vision for the future and what needs to change to achieve this vision. What is missing, however, are the specific ingredients needed to make these changes to improve services.

As such, the *key objectives* of the Improving Social Care Project are to:

- provide an understanding of effective organisational change processes
- provide examples of effective change processes drawing on public and private sector work
- provide examples of good practice within health and social care
- understand good practice from service users' perspectives.

A key component of the Improving Social Care Project consists of detailed case studies of four social care providers to better understand how organisational change and service improvement occurs from various perspectives and what the common barriers to sustainable change are.

These provider case studies comprise:

- interviews carried out with the organisation director
- staff focus group to obtain the views of other staff members
- service user focus groups.

The staff and service user focus groups each will run for approximately 1.5 hours.

The aim of the staff focus groups is to get a group of different staff together to talk about their experience of change and service improvement. Were they involved with the change process? How has the nature of their everyday work changed? How do staff perceived their 'place' within the organisation?

The service user focus groups will concentrate on users' perceptions of organisational change or service improvement in the context of their receipt of services, for example, whether the change fostered a greater sense of independence, choice and control; how the change felt to them; what they wish had been done differently, etc. Users also will be asked about: empowering and disempowering experiences, if they feel alignment between their goals and the goals of their service providers, if they believe their care is personalised or whether they feel their services are leading them on a path to independence.

We hope that you will help us by participating in this interesting and important research project. If you are interested, we are happy to provide you with a copy of our final report, summarising findings from all aspects of the project.

If you have any questions about this project, please contact Becky Fauth at bfauth@theworkfoundation.com or Michelle Mahdon at mmahdon@theworkfoundation.com.

Checklist of good practice in organisational change and service improvement

Effective leadership that enables change

- 'Top-down' and 'bottom-up' leadership.
- Clear rationale and vision for change and improvement communicated by leaders.
- Leaders engage with employees throughout change process.

Employee involvement and participation

- Employees involved in change process.
- Horizontal organisational structure (versus traditional vertical structure).
- Teamwork and cross-departmental working promoted within organisation.

Stakeholder involvement and partnerships

- Service users consulted and involved in change process.
- Local forums and events hosted by organisation to gauge key stakeholders' views, particularly community members.
- Organisation aligns its work with community.

Recognise and support diversity

- Diversity and social inclusion is a focus for *entire* organisation.
- Organisation views different and diverse viewpoints as a strength and not a weakness.

Enhance skills and development

- Employees are given time and funding to develop broader proficiencies that help to realise organisational vision.

Work with resistance

- Engage with and try to understand resisters.
- Willingness to shift gears.
Evaluation that promotes value
- Outcomes of interest go beyond efficiency and productivity.
- Frontline workers and service users involved in evaluation process.

Appendix D

Case study descriptions

Willowbank Community Resource Centre (WB), Dungannon, Northern Ireland

Willowbank is a rights-based, service user-led community resource centre based in the Armagh and Dungannon trust area. It is a grass-roots community voluntary organisation formed in 1962 to address the absence of statutory service provision for adults with physical disabilities/sensory impairments. Service users are an integral part of the management of Willowbank and 60% of the board are people with physical disabilities or sensory impairments. The focus of Willowbank is on empowering and enabling users through accredited training opportunities, vocational training, information, advice, advocacy and personal care.

Willowbank is open 48 weeks a year, employs 10 people and sees 30 people a day. The core funding of £87,000 per year is from Armagh and Dungannon Health and Social Services Trust, alongside a cocktail of project funding.

Age Concern Sheffield (ACS), Sheffield, England

Age Concern Sheffield is an independent, local organisation dedicated to supporting older people in Sheffield, particularly the vulnerable and isolated. The overall motivation behind Age Concern's work is to improve the quality of life of older people across the country. As a local organisation they feel they are best placed to understand and respond to individual vulnerable people's needs. However, they are also part of a national federation of over 400 organisations and so can also create an impact on national issues. Services include a home visiting advice service to bring access to entitled benefits to older people and day services aimed at reducing social isolation and helping older people to participate in worthwhile and enjoyable social activities.

There are six centres with approximately 40 employees that support more than 100 people whose ability to continue living independently

in their own homes is threatened by either dementia or poor physical health.

Disability Wales (DW), Caerffili, Wales

Disability Wales is an independent, not-for-profit organisation that started in 1972. It is a membership organisation of disability groups and allies from across Wales. They champion for the rights and equality of all people with disabilities regardless of physical or sensory impairment, learning difficulty or mental health condition. Their aim is to empower people with disabilities and develop opportunities for people with disabilities to participate as equal citizens. They support member groups via regional disability and access group network development creating opportunities for information sharing, training and support. They also offer a members information service and develop policy in consultation with the members on a range of disability related subjects.

A voluntary board of directors manages Disability Wales. They are elected and drawn from people with disabilities across Wales who are active in local and national disability organisations. Any person nominated and elected to the board of directors must be a disabled person.

Disability Wales is funded from the Welsh Assembly Government because of its role as a national umbrella body and because part of its role is to be a consultative body with the Assembly around policy work. They also run projects funded from various sources and in partnership with other organisations, which deliver their aims and objectives.

Children and Family Court Advisory and Support Service (CAFCASS), England

CAFCASS was set up in 2001 under the 2000 Criminal Justice and Court Services Act. It brings together services previously provided by the Family Court Welfare Service, the Guardian ad Litem Service and the Children's Division of the Official Solicitor. The aim was to create a new unified service in order to fulfil roles more effectively. It is a non-departmental public body for England accountable to parliament through Department for Education and Skills. The motivation behind CAFCASS is to look after the interests of children involved in family

proceedings. It works with children and their families and then advises the courts on what it considers to be in the children's best interests.

CAFCASS operates across 10 regional areas in England and has 105 offices with approximately 2,000 staff. The budget for CAFCASS is £107 million. CAFCASS dedicates £1 million of their budget to support more than 160 different projects provided by its partnership organisations. It also funds a variety of private and voluntary-run services such as contact centres and mediation groups.

Appendix E

Interview schedules

I. Director interview schedule

- Provide some basic information about your organisation
 - > Who are the service users?
 - > What type of services do you provide?
 - > How is your organisation funded?
 - > What role does your local authority play in your organisation?
- Describe why [organisation] started? What were the main drivers? [ask for relevant documents they can share]
 - > What prompted the change of style of organisational set up (main drivers and opportunity for change)?
 - ◆ Policy – legislation – funding – bad care?
- How did you set up [organisation]? What were the processes/actions?
 - > How did you ensure service users were involved every step of the way?
 - > How did you first bring it up with staff and service users?
 - > What went well? Why?
- How do the goals/mission of the organisation differ from other social care organisations?
- Have the goals/mission of the organisation change since you started?
- What has been your role and that of leaders/leadership developing [organisation]?
- Have leaders emerged through the process?
- What are some of the important characteristics of your leaders? How do you instil these characteristics? How do they link to goals of [organisation]?
- What went well?

- What has been the role of staff and service users developing [organisation]?
- How have the roles of staff and service users been blended?
- Do you view staff/users as equal partners? How do you do this?
- What went well?

- Have you incorporated staff and service user development? (skills)
- How? How do staff find time? Is it continual or one-off?
- How do you implement in a way that does not appear remedial?
- What went well?

- Who are the key stakeholders in [organisation]? (community? service users? board level?)
- How were their roles designed?
- Have they changed over time?
- How are they different to other social care?
- Have they supported the change?

- Did you set your goals for [organisation]? (Are they only looking at traditional outcomes?) Have they changed over time (adaptation)?
- Did you plan to evaluate your progress or effectiveness at meeting your goals?
- Did you meet your goals? What does success look like for [organisation]?
- If you carry out evaluation what do you do and how do you allow time for it? What are the measures?
- What went well?

- Are you continually evolving and changing? (Or was starting [organisation] as a service user led organisation a 'one-off'?)
- How have you made sure that staff, service users and the community are open to continual change? What processes, give examples?
- How does the change happen – who instigates it?
- What went well?

- Have you faced any barriers in the change/implementation process?
- Why do you think you encountered these barriers?
- How did you overcome them? What processes?
- What went well?

- What other aspects of the setting up and changing of [organisation] went really well?
- Why?
- What are the key ingredients for successful change?

- What would you do differently next time if anything?

II Staff focus group schedule

- **What does [organisation] do?**
- How and why was [organisation] created? (What was missing before?)
 - What happened?
 - Who prompted change?
 - Who supported change?
- How was the set up communicated to the community? Service users? Staff? Boards...?

- **Describe now [PROBE throughout that they need to link each process to outcome/goal and need to give concrete examples. We need to understand how and why each practice or process was effective]**
- Describe some specific examples of what is good about [organisation] now [by good we mean: as a place to work, as a social care organisation, as a place that allows staff to fulfil their needs of helping people, etc]
 - > Examples of your job day-to-day, specific events, people, times...
 - > Why were they good?
 - > Leadership? What are the actions or qualities of leaders?
 - > Employee involvement? Do you feel like you're an equal partner? What actions lead you to feel this way?

- > Processes?
- > Communication?
- > Teamwork
- > Development?
- > Working within your local community (that is, working for not against)

- **Think about set-up of [organisation]**
- **How do you maintain 'improvement'? How do you continually adapt?**
 - How have the roles of service users and staff been merged?
 - How do you see your roles? Do you feel you are an integral part of the organisation? Is your voice heard and represented in actions and decisions?
 - How has personal development been included in the organisational structure?
 - How did you take good things from before?
 - How did you include other good things?
 - Specific examples of what was good. Why?
- **Is [organisation] changing/adapting now?**
- **How is [organisation] changing**
- **Who can suggest changes? What happens then?**
- **What would you recommend to others to improve social care?**
- **What would you suggest people avoid doing if they want to improve social care?**

III Service user focus group schedule

1 The provider

What services do you receive from this organisation?

How long have you been receiving these services?

Are you happy with these services? [covering both process and outcome]

2 Changes in the service

Focus group leader to summarise change being considered with timescale and synopsis, as described by the provider.

Do you think that the work/role of the organisation has changed?

Has this change affected the service you receive? If so, how?

What was most successful about the changes?

Were there any problems about the way that the changes happened?

Prompt: Could anything have been done better? Did you feel involved with the process of change?

3 Relationship with the organisation

How do you think the organisation sees you?

Prompt: Are you seen as a patient, client, expert, member, stakeholder, consumer, leader?

How would you like the organisation to see you?

Does the organisation support your goals in your life?

Does the organisation do anything/not do anything that makes it difficult to achieve these goals?

Do you feel empowered by the organisation?

Prompts: Can you tell me how? How is this different from other organisations?

Do ever feel disempowered by the organisation?

Prompt: Can you tell me how and why you think this is?

If so, how could this be changed?

4 User involvement

Does the organisation involve service users?

Have the changes affected this?

Prompt: is it better/worse/the same.

[Would you want the following?

If it is worse or the same, what could be improved?]

5 Diversity

Does the organisation address issues of diversity adequately?

Have the changes affected this?

Prompt: is it better/worse/the same.

[Again, would you want the following?

If it is worse or the same, what could be improved?]

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Improving social and health care services

Social and health care services have made great strides in identifying their values and vision for the future in order to achieve successful change and improvements. This knowledge review explores the processes and actions that have proven most effective in bringing about and sustaining improvement in social and health care services. The findings focus on three key action points that organisations should implement at all stages of an improvement programme:

- leadership that propels change and improvement;
- employee involvement and participation in improvement
- stakeholder involvement and participation in improvement.

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