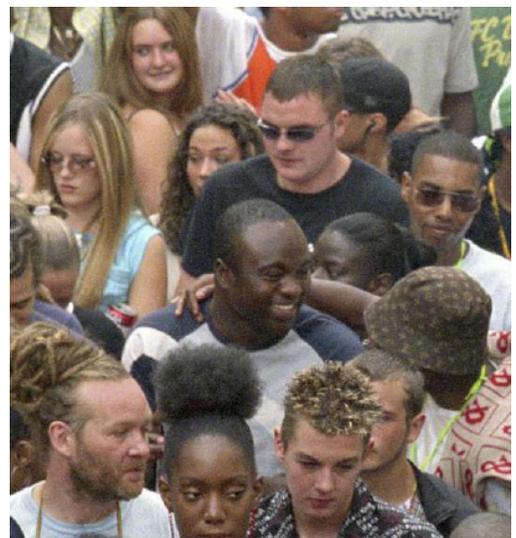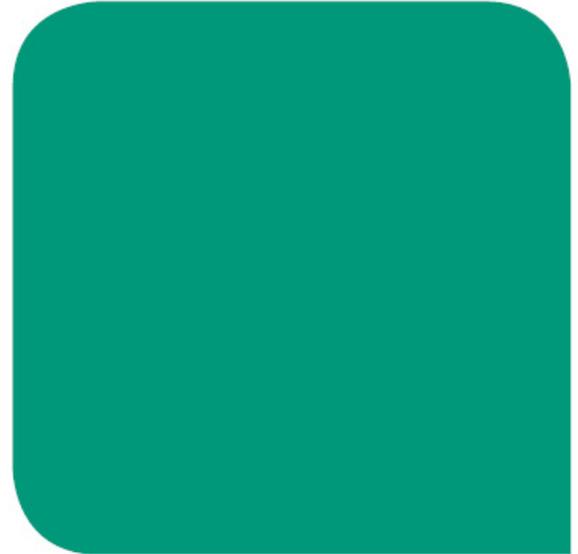# Changing social care: an inclusive approach

social care
institute for excellence

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The Social Care Institute for Excellence (SCIE) supports the transformation of social care by identifying and transferring knowledge about good practice. We ensure that the experiences and expertise of people who use services, their carers and workers are reflected in all aspects of our work.

Established in 2001, we are an independent charity, funded by the Department of Health, Department for Children, Schools and Families, and the devolved administrations in Wales and Northern Ireland. We support care services for adults, children and families and we work collaboratively with partners at national and regional levels.

Changing social care: Changing social care: an inclusive approach

Joanna Lenham

This report is available online
www.scie.org.uk

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1 Introduction

Adult social care is changing, to ensure that the people who use services are at the heart of their own care and support. This change, outlined in *Our health, our care, our say* (Department of Health 2006) and confirmed in *Putting people first* (Her Majesty's Government 2007), will result in greater choice and control for individuals and better support for carers and families. To achieve this, the social care workforce will need to change its practice.

This guide is based on the messages from two SCIE knowledge reviews, which looked at the evidence from both literature and practice.

| Knowledge review 16 | *Improving social and health care services* (Fauth and Mahdon 2007) | 2007 |
| Knowledge review 17 | *Developing social care: service users driving culture change* (Shaping Our Lives *et al.* 2007) | 2007 |

The first identifies the actions crucial to successful change and improvement, and the second explores the experience of people using services who are trying to achieve cultural change. Together, they conclude that culture change led by the people who use services, and underpinned by strong leadership and the full participation of the workforce and wider stakeholders, will begin to deliver the vision of modern, inclusive social care. Quoted material from the reviews is indicated in this guide by the abbreviation 'KR', followed by the relevant page number.

What is this guide for?

This guide seeks to give readers some ideas about how to successfully change services in order to place people at the centre of their own care and support. It begins with a brief overview of the policy context and then moves on to a series of 'how to' sections. It will look in turn at the importance of good leadership, and the full involvement of both the workforce and all stakeholders in achieving change. It will also explore in more detail how to involve the people who use services in order to positively drive and influence change. The examples and resources are not intended to be exhaustive, but should give some indication of what can be achieved.

The 'how to' sections will all follow the same format:

- *What needs to be done* – suggestions and examples from practice.
- *How we know this* – messages from the literature.
- *How are you doing?* To check progress in your organisation.
- *Checklists* – from practice and literature.

Who is this guide for?

This guide is for everyone who is interested in how to achieve positive change in social care services. This includes a wide range of people, such as user-led organisations, those working in the third sector, councillors and managers, and the workforce from both the statutory and independent sectors. The guide does not tell you how to 'do personalisation' and people working in different sectors will find some sections more relevant than others. The central messages – the importance of good leadership and the full involvement of the workforce and all stakeholders – will, however, be relevant to all, whatever improvement you are trying to make.

How were the examples and case studies selected?

The guide is illustrated throughout with quotes, examples and case studies. These are all drawn from the content of the two knowledge reviews on which this guide is based. More detail can be found in the respective knowledge reviews. Knowledge review 16 includes detailed case studies from four organisations:

1 Willowbank Community Resource Centre (WB), Dungannon, Northern Ireland – a rights-based service user-led community resource centre.
2 Age Concern Sheffield (ACS), Sheffield, England – an independent, local organisation dedicated to supporting older people in Sheffield.
3 Disability Wales (DW), Caerphilly, Wales – an independent, not-for-profit membership organisation of disability groups and allies from across Wales.
4 Children and Family Court Advisory and Support Service (CAFCASS), England – working with children and their families involved in court proceedings, to advise courts on what is considered to be in the children's best interests.

These are available as separate resources within this guide, together with an additional case study commissioned to provide an example of the three themes from a domiciliary care provider's perspective.

5. Terrablu (TB), Tunbridge Wells, Kent – a private sector provider of domiciliary care services to adults (including older people) and children with disabilities.

How to use this guide

The guide has been structured to enable the reader to pick and choose the sections they are most interested in. This introduction includes an overview of the policy context, setting the changes in social care against the backdrop of wider public service reform. There are then four main chapters, focusing on the key areas to consider:

- Leadership for change and improvement – outlines the steps leaders can take to facilitate change in service delivery.
- Workforce involvement and participation – why the involvement of the workforce is important and how to facilitate it.
- Stakeholder involvement and participation – why the involvement of all stakeholders is important and how to facilitate this.
- Service users driving culture change – how to facilitate genuine participation that will drive improvements in services.

For readers interested in the changes needed to achieve personalised services, this guide can usefully be read in conjunction with two additional resources:

- *Personalisation: a rough guide* (Carr 2008) http://www.scie.org.uk/publications/reports/report20.asp). This SCIE guide aims to tell the story so far about the personalisation of adult social care services. It sets out our current understanding of personalisation at what is a very early stage of implementation, and explores what personalisation is and where the idea came from.

- *Common core principles to support self-care: a guide to support implementation* (Skills for Care and Skills for Health 2008) (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084505). Skills for Health and Skills for Care have worked with key stakeholders, including people who use services and carers, to develop a set of common, unifying principles. The aim of these is to identify best practice, in order to support service reform and promote choice, control, independence and participation.

Why is adult social care changing?

The changes in social care are just one aspect of a wider government drive towards reform across all public services. The reforms reflect three key beliefs:

- that everyone has a contribution to make
- that everyone has the right to control their own lives
- that people using public services should be able to influence and change them to ensure their needs are met.

For adult social care and support, the vision is most clearly outlined in *Putting people first* (Her Majesty Government 2007) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndguidance/DH_081118) which sets out a detailed action plan for implementing personalisation at a local level. The document states that 'In

future, organisations will be expected to put citizens at the heart of a reformed system'. *Putting people first* formally introduces the idea of a personalised adult social care system where people have maximum choice and control over the services they receive.

The Department of Health then issued a local authority circular in January 2008 (http://www.dh.gov.uk/en/publicationsandstatistics/lettersandcirculars/localauthoritycirculars/dh_081934) (Department of Health 2008a) which was sent to all local authority chief executives and directors of adult social care. This introduced proposals for change along with news of a £520m social care reform grant to be introduced between 2008 and 2011.

The circular states that 'it is essential that frontline staff, managers and other members of the workforce recognise the value of these changes, are actively engaged in designing and developing how [they happen], and have the skills to deliver [them] . . . councils will also need to talk directly to disabled people and their organisations. What is clear is that doing nothing is not an option' (Department of Health 2008a: 8).

These statements reflect a clear need for the type of changes explored in this guide and this vision extends far beyond adult social care. It is reflected in a range of policy, legislation and guidance, including:

- *Independence, well-being and choice* (Department of Health 2005a). A Green Paper, outlining the government's vision for the future of adult social care (http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4106477).

- *Our health, our care, our say* (Department of Health 2006). An adult social care White Paper, confirming the vision outlined in *Independence, well-being and choice* (http://www.dh.gov.uk/en/Healthcare/Ourhealthourcareoursay/index.htm).

- *Strong and prosperous communities* (Department for Communities and Local Government 2006). A local government White Paper (http://www.communities.gov.uk/publications/localgovernment/strongprosperous).

- *Building on progress: public services* (Prime Minister's Strategy Unit 2007). A vision for public sector reform (http://www.cabinetoffice.gov.uk/media/cabinetoffice/strategy/assets/building.pdf).

- *Independent living: a cross government strategy about independent living for disabled people* (Office for Disability Issues 2008). A cross-

government strategy to improve the experiences and life chances of disabled people (http://www.officefordisability.gov.uk/working/independentlivingstrategy.asp).

- LinkAge Plus (Department of Work and Pensions 2005). An initiative to provide older people with access to a range of more integrated, joined-up services (http://www.dwp.gov.uk/opportunity_age/linkage/).

- *Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own* (Her Majesty's Government 2008). A 10-year plan to deliver more integrated and personalised support services for carers (http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_085345).

- *Valuing people now: a new three-year strategy for people with learning disabilities* (Her Majesty's Government 2009). Identifies the next steps in the 'valuing people' policy and its delivery (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093377).

- *Living well with dementia: a national dementia strategy* (Department of Health 2009). A strategy to deliver improved support for people with dementia (http://www.dh.gov.uk/en/socialcare/deliveringadultsocialcare/olderpeople/nationaldementiastrategy/index.htm).

- *Putting people first, working to make it happen: adult social care workforce strategy* (forthcoming) (Department of Health 2008b). A strategy to develop the workforce to support the delivery of *Putting people first* (http://www.dh.gov.uk/en/SocialCare/workforce/DH_084575).

- *Care, support, independence.* A forthcoming Green Paper (http://www.careandsupport.direct.gov.uk/).

As well as reflecting a shared vision for public services, these various documents and strategies also highlight the ways in which these goals can be achieved. Making available direct payments and individual budgets are the most obvious of these, and provide a clear way for individuals to take control of their care and support. There is also frequent reference to the importance of prevention, joined-up services, and good quality advice and information. In addition, leadership, partnership working with residents to develop and deliver high-quality public services, and building stronger, more supportive communities are seen as key to achieving the required changes.

For a more detailed discussion of the origins of this vision for social care, see Carr (2008) (http://www.scie.org.uk/publications/reports/report20.asp).

2 Leadership for change and improvement

2.1 Introduction

' . . . effective leadership . . . was central to successful implementation of change' (KR16: 72).

Leadership that propels change and improvement is crucial to successful and lasting change in social care, and achieving personalised services will be no different. This chapter introduces some of the key steps you can take in your leadership role to change and develop your service successfully. The examples and quotations are taken from a range of case studies conducted with organisations that were undergoing or had undergone significant adaptations and changes to the way they worked.

2.2 What needs to be done?

i Establish a clear sense of purpose and ideology

' . . . in all cases, the agreed sense of underlying purpose came first and mechanisms that enabled necessary changes . . . were subsequent' (Fauth and Mahdon 2007: 75).

- Be clear about where the organisation is now, where it needs to get to and why that is the right direction.

WB is now an organisation that is controlled by people with disabilities and works with and for people with disabilities. WB sees a person with a disability as someone with a 'solution', providing they are encouraged, enabled and empowered to articulate what they want and need to help overcome barriers (KR16: 73).

DW adopted and embedded the social model of disability to become an organisation for disabled people. Its aim was to achieve rights, equality and choice for disabled people and adopting the social model of disability allowed DW to express the values it aspired to – of empowering disabled people to become equal citizens. A representative of one of its 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' (KR16: 73).

- Understand how any proposed change fits with the purpose behind it.
- Plan how to communicate this purpose to the workforce.

How we know this:

- Research shows that those in leadership positions need to take responsibility for making sense of the change, including establishing starting points, managing the change journey and communicating the guiding principles. This was the aspect most strongly associated with successful implementation of change or improvement (Higgs and Rowland 2005) and therefore requires particular attention.
- Team leaders and managers are responsible for bridging the gap between the vision at the top and the work at the front line (Tenkasi and Chesmore 2003), and therefore have a key role to play in making sense of the change and communicating plans to the workforce.

ii Create the right conditions

- Work out what actions are needed to achieve the identified purpose.

> 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. Beyond clarifying the purpose and ideology of the organisation, the director created the conditions that allowed the organisation to shift in the desired direction. Specifically she engaged in the following activities:
> - giving front-line staff more responsibility to allow them to affect the outcome of their day-to-day jobs
> - creating a senior management team
> - creating cross-team committees for information and management exchange
> - engaging staff
> - engaging resistance
> - engaging external key stakeholders
> - reviewing processes
> - being accessible.
>
> (from Age Concern Sheffield case study: 22)

- Some types of action (from case studies) include:

> 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) (KR16: 76).

'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 they 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) (KR16: 77).

- o being accessible

'To me CEOs 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' (KR16: 78).

How we know this

- Research shows that leaders need to both model and communicate their support for change. They must actively listen to the workforce and *facilitate*, and not necessarily *direct* change (Fauth and Mahdon 2007).
- Factors crucial for managers to implement change include:

  - o clarifying the reallocation of tasks
  - o allowing sufficient time for individuals to work out 'who does what'
  - o ensuring that new tasks motivate staff
  - o keeping watch over the interpersonal ramifications of task reallocation
  - o working with the team to develop performance goals (Reay *et al.*2003).

iii Be responsive, without compromising on direction

'Leadership is key. You need to work with people but do not appear weak. Do not be afraid to say "this is my vision"' (director, ACS, KR16: 78).

- 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' (director, ACS, KR16: 79).

- It will sometimes be necessary to challenge other bodies, to maintain the direction of the organisation.
- Use stakeholders to help explore and solve challenges.

How we know this

- Research shows that 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 (Fauth and Mahdon 2007). Accepting that they don't have all the answers will enable them to listen to resistance and seek the involvement of others to overcome challenges.
- 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 (Almio-Metcalfe and Alban-Metcalfe 2005; Boal and Hooijberg 2000; Fernandez and Rainey 2006).

iv Communicate

- Make sure everyone is aware of and understands the underlying purpose and ideology, and what needs to be done to achieve it.
- Methods of communication include:

    o meetings with individual workers
    o group consultations with the workforce, including brainstorming exercises
    o newsletters in the pay packets of the workforce
    o emails and text messages
    o roadshows
    o personal telephone conversations
    o group meetings and consultations
    o away-days (KR16: 80).

- The most appropriate method of communication will depend on the circumstances and people involved, so it is important to know and understand the position of all stakeholders.
- Communication may be easier and more effective if large organisations are broken down into smaller groups.
- Be clear about your message, as some people will find it difficult to understand.

> In DW, the criteria for 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 persons 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'. It has had to learn to tailor its 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' (director, DW, KR16: 82).

How we know this

- Leaders foster trust by maintaining transparency via extensive communication. This includes:

  o communicating a clear rationale for the change
  o identifying new roles and risks
  o clarifying the end points
  o exhibiting an ability to listen and learn from others
  o removing barriers to the transmission of ideas
  o addressing individuals' actual concerns (Almio-Metcalfe and Alban-Metcalfe 2005; Fernandez and Rainey 2006).

v Engage all stakeholders

- Stakeholders can include people who use services, carers, staff, board members, inspectors, regulators, community members and suppliers.
- For any change, know who the stakeholders are, what their position is and how this might impact on what you need to achieve.
- Help people to see the benefits and opportunities offered by engagement. Developing personalised services offers the people who use these services a real chance to influence how the organisation develops and changes – make sure the people using your service are aware of this.
- People can be effectively engaged in a variety of ways, including:

o establishing a core nucleus of staff and stakeholders who are enthusiastic about the changes and who can help persuade their colleagues
o working directly with staff and stakeholders through consultation, brainstorming and one-to-one discussions
o making it clear that inappropriate behaviour or a lack of engagement is not acceptable (Fauth and Mahdon 2007).

The subject of engaging stakeholders is explored further in later sections of this guide.

How we know this

- Effective leaders have the 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 might affect the performance of the organisation (Almio-Metcalfe and Alban-Metcalfe 2005; Boal and Hooijberg 2000; Fernandez and Rainey 2006).
- Effective leaders are able to bridge gaps between stakeholders, minimise individuals' fears, effectively build social capital and peer networks, and act and react effectively to different audiences (Almio-Metcalfe and Alban-Metcalfe 2005; Boal and Hooijberg 2000; Fernandez and Rainey 2006).

vi Evaluation

'The activities undergone 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' (KR16: 72).

- Monitor performance and improvements as a way of assessing progress so far and identifying the next steps to take.
- Ways of doing this include:

o creating an environment that encourages feedback and reflection

Staff at ACS commented on the importance of having a trusting and open environment where frank discussions could take place with peers and managers: 'I think it is about working in a safe environment where you feel you can approach your line manager . . . and say if you don't feel confident in an area' (KR16: 97).

- o having a central role for stakeholders
- o using a variety of different methods.

The case study organisations use a range of methods to monitor what they are doing:

- All organisations regularly review organisational plans to see what has been achieved , what has not, and why.

- WB uses a skills map to appraise the skills of staff and board members. This measures the needs of the organisation against the current skills of staff and is a good way of staying focused on what skills and knowledge need to be developed instead of becoming overly reliant on one or two people. ACS uses 'critical audit events' to explore situations where services are not delivered as planned.

- ACS asks 'external critical friends' for feedback, which means asking someone the organisation trusts to give honest feedback.

- CAFCASS has built mini self-evaluations into its pilot projects which ask practitioners to consider how their performance was influenced by new changes or ways of working, and what impact this has had on the lives of the children they work with.

- Initiating user-led reviews is a popular method among the case study organisations. CAFCASS has a computer feedback programme and WB asks its users to conduct annual reviews (KR16: 105–107).

How we know this

- Evaluation is particularly important to consider as research indicates that there may be a need for more frequent feedback during times of transition (Fauth and Mahdon 2007).
- Using a multi-method approach, combining targets with surveys and qualitative work is most effective (Pettigrew *et al.* 2001).
- Effective evaluation incorporates the full range of stakeholders, including front-line staff and people who use services (Fauth and Mahdon 2007).
- One possible approach that may be appropriate for social care is community-based participatory research, which:

  - o incorporates 'community' into research by joining partners with diverse skills, knowledge and sensitivities to address complex problems
  - o combines research with new interventions

o 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
o encourages collaborative, equal involvement of all community members
o promotes co-learning and empowerment within and across different groups with an emphasis on sharing information and decision-making power
o increases civic engagement by traditionally excluded groups
o disseminates findings and knowledge to all partners (London *et al.* 2003; Naylor *et al.* 2002; Nelson *et al.* 2006a, 2006b; O'Fallon and Dearry 2002; Turner and Beresford 2005).

2.3 How are you doing?

- Do you have a clear sense of where your organisation is trying to get to? How easily can you explain this to someone else?
- Are you clear about the purpose (or ideology) underpinning any planned change or improvements? Why is this purpose right for your organisation?
- What steps have you taken to identify the actions needed to successfully achieve the change? Who have you involved in developing this plan?
- What have you done to communicate clearly to everyone the rationale and purpose for change? What checks have you made to ensure everyone has understood your message?
- How are you dealing with concerns about and resistance to the planned changes? Is progress towards the underlying purpose being affected?
- How consistent are your actions with the rationale for and purpose of this change? What can you do to maintain greater consistency?
- What steps have you taken to make sure all stakeholders understand and have engaged with the purpose of this improvement?
-

2.4 Checklists (from research)

Factors defining effective leaders (Almio-Metcalfe and Alban-Metcalfe 2005; Boal and Hooijberg 2000; Fernadez and Rainey 2006)

- Leaders foster trust by maintaining transparency via extensive communication.
- Leaders demonstrate high levels of cognitive complexity.
- Leaders exhibit behavioural and social intelligence.
- Leaders celebrate victories and successes as the change programme emerges.

Communication methods (from KR16: 80)

- Meeting 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.

Effective engagement methods (Fauth and Mahdon 2007)

- Board member appointments.
- Local forums and events.
- Workshops and action groups.
- Provider and user networks.
- Inspector/evaluator appointments.
- Staff hiring committee appointments.

Links to case studies

- ACS
- CAFCASS
- DW
- WB

3 Workforce involvement and participation

3.1 Introduction

' . . . 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' (KR16: 25).

Workforce involvement and participation is crucial to successful and lasting change in social care, and achieving personalised services will be no different. This chapter introduces some of the key steps that will ensure individuals in the workforce have the opportunity to become genuinely involved in developing the service. The examples and quotations are taken from a range of case studies conducted with organisations that were undergoing or had undergone significant adaptations and changes to the way they worked.

3.2 What needs to be done?

i Engage the workforce

- Involve the workforce in developing both the overall direction of change and the specific actions needed to achieve it. This involvement will help create a sense of ownership.
- Make sharing the responsibility more than just rhetoric – it needs to involve relinquishing control, trusting individuals and providing support.

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, and to decide how to manage their workloads and their days. 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 while empowering them' (WB board member). 'The attitude of the
director is adamantly one of "can-do"' (WB staff and board member) (KR16: 87).

How we know this

- There are a variety of methods for sharing responsibility with the workforce. These include:

    o self-managed work teams
    o planning committees or task forces
    o participative decision-making and delegation
    o problem-solving groups (Lines 2004; Styhre 2004).

- Participating in change initiatives is associated with positive outcomes for individuals within the workforce, including job satisfaction, trust, retention and customer satisfaction (Daly and Geyer 1994; Lines *et al.*, 2005; Lord *et al.* 1998; Nurick 1982).
- Involving the workforce in developing the whole framework for change tends to result in higher levels of commitment and achievement, and less resistance (Lines 2004).

ii Establish a structure that encourages engagement

- Consider how the current structure might help or hinder the planned changes.

'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' (KR16: 91).

- Make sure that whatever structure is in place genuinely supports two-way communication.

' . . . even in my induction they asked me what my impression was: what did I think about it, how did I think it was, did I think things had improved. Even at that stage I was being asked to contribute. I got the impression that if I said, "I wonder if it could work," it would have been noted. So it's being asked for your ideas' (member of staff, ACS) (KR16: 90).

- Real participation of both the workforce and the wider stakeholder group, including people who use services, is best achieved through a more 'horizontal' or 'circular' structure.

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 staff roles 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 (e.g. financial), but these skill sets do not mean exclusive ownership of financial tasks and nor do they represent 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 (KR16: 90).

How we know this

- Involvement at all stages increases individuals' sense of control, and may be particularly crucial for people at lower levels in an organisation (Fauth and Mahdon 2007; Lines 2004).
- Involvement of all members of the workforce at all stages of change will increase the view that the organisation is based on a sense of fairness – both in terms of the decisions that are made and the reasons for change (Daly and Geyer 1994).
- Organisations with structures enabling open communication, cross-functional teams and flexible management structures maintain better performance and individual satisfaction levels through times of significant change. The presence of a 'team champion' to support change also helps (Guha *et al*. 1997; Shortell et al. 2004).

iii Get the communication channels right

- Make sure that all members of the workforce have the ability and opportunity to access and use the chosen communication methods.
- Be aware of the range of ways to communicate, and tailor your choice according to the message and audience. For example:

  o meetings with each individual
  o group consultations with the workforce, including brainstorming exercises
  o newsletters for the whole workforce, including volunteers
  o emails and text messages
  o roadshows
  o personal telephone conversations
  o group meetings and consultations
  o away-days (Fauth and Mahdon 2007).

Flexibility in communication was 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 she needed to be flexible in her approach. She employed a variety of techniques based on the lessons learned from the first couple of attempts at 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 appear to be in any way castigating. Finally, the 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 that employees feel thoroughly involved in the process and that they can contribute to and learn from the outcomes. Each time the organisation held a CEA it learned from it and used employee feedback to improve it (KR16: 91–92).

- Check whether the message has been understood, and repeat if necessary.

How we know this

- The involvement of those in leadership positions in communicating important messages about change initiatives is vital in maintaining trust. Communication via peers or union representatives is not so successful (Morgan and Zeffane 2003).
- Using a variety of communication methods is likely to result in more people hearing and understanding the messages.

iv Work with resistance

- Resistance can be helpful in the process of change and improvement.
- It can be used and handled in the following ways:

  o to give people who disagree a platform to air their views
  o as a useful process to identify potential barriers and key flaws in improvement initiatives
  o as part of the process of giving people time and support to come on board
  o as an opportunity to discourage inappropriate behaviour – for example, making no attempt to become involved in the changes, or offering no reason for dissent (KR16: 93).

- Be clear that resisting the underlying purpose of the organisation is not acceptable.

'Sometimes changes have been bought about because people who are often seen as "difficult" 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' (director, ACS, KR16: 93).

How we know this

- Resistors usually have a valid message, which should be heard (Fauth and Mahdon 2007).
- Resistance is a natural response to large-scale change. Possible reasons for resistance include:

  o personal disposition (Watters *et al.* 2004)
  o fear of the unknown (Trader-Leigh 2002; Watters *et al.* 2004; Woodward and Hendry 2004)
  o fear of loss of status or job insecurity (Trader-Leigh 2002; Watters *et al.* 2004; Woodward and Hendry 2004)
  o disruption of routines or relationships (Goltz and Hietapelto 2002; Trader-Leigh 2002; Woodward and Hendry 2004)
  o poor timing of change (Watters *et al.*, 2004)
  o reward systems that do not reinforce adoption (Goltz and Hietapelto 2002; Woodward and Hendry 2004).

- Individuals need to believe in the change *and* have their anxieties addressed before their resistance will dissipate (Piderit 2000).
- Resistance can be minimised in a number of ways, including:

  o being clear up front how responsibilities will change
  o assigning new targets and linking rewards to them
  o identifying whether changes will affect resource allocation
  o redistributing power without reducing control over consequences in the organisation
  o bearing in mind keepers of indirect power – those with networks and resources to most effectively implement change
  o choosing change agents (or champions) with the potential to effectively influence behaviour (Goltz and Hietapelto 2002).

v Give people support to adjust and adapt

- Work out what the planned changes mean for individual roles – can current skills be adapted or is there a need for significant development?
- Possible methods of support include:

  o personal coaching
  o role play (to try out new roles)
  o self-assessment and reflection
  o training courses

- o shadowing
- o briefings – verbal or written
- o one-to-one discussions (Fauth and Mahdon 2007).

- Ensure individuals receive general support, as well as that specific to their role. Examples of this from the case studies include:

  - o listening to concerns
  - o attending staff meetings
  - o being approachable – an 'open door' policy
  - o compromising when appropriate
  - o explaining the reasoning behind decisions (KR16: 97).

- Support individuals to make time for development activities.

'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 about getting people to shift their perspectives' (director, ACS, KR16: 97).

- Make it acceptable for individuals to admit they do not feel confident with new roles and responsibilities.

'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' (KR16: 98).

- Appreciative inquiry (AI) workshops can be useful to encourage communication about change.

Case example – supplied by The Work Foundation

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 AI workshops across the organisation. AI is a method that encourages workgroups to think about 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, both specific to each local business group, and cross-functional. 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 barriers to change?
• What can we do here, locally, to start the journey?
• What do we need senior managers to hear and then do? (KR16: 36)

How we know this

- It is necessary to go beyond developing basic skills for day-to-day use in the workplace and develop broader competencies and knowledge in the staff team (Fauth and Mahdon 2007).
- It may be necessary to offer different types of support at different stages in the process:

    o early on, the workforce should be provided with 'awareness' training to make them contemplate and understand the need for change
    o next, individuals should be able to question the implications for improvement and identify their skill gaps
    o In the 'action' phase, individuals should test out new ways of working and assess advanced training needs for their own professional development (Horwath, 2001).

- Managers also need support and development (Burnes 2003; Zaccaro and Banks 2004)

> **Case example – supplied by The Work Foundation**
>
> **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. 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 in terms 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 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.
> *Goal:* 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 the views of staff in relation to the impact of these tools and shifts in people management skills.

- Development initiatives need to be sustained after the changes have been introduced, to give individuals the opportunity to transfer learned knowledge and skills into the real world. The organisation also needs to be committed to new ways of working prior to any development activities, to avoid a clash with individuals' learning (Zaccaro and Banks 2004).
- Adequate work time and resources (including remuneration) are vital to ensure individuals successfully engage in development activities (Gable and Halliburton, 2003).

3.3 How are you doing?

- How are you making sure that the whole workforce is fully involved in every stage of the changes and improvements being made?
- What methods are you using to help workforce participation and communication? How confident are you that your chosen methods are right for everyone?
- In what ways can you share responsibility and decision-making with others? What support might they need to fully participate?
- How effective is the organisation's structure? Have you thought about how it might help or hinder the proposed changes?

- What efforts have you made to understand the concerns of those resisting the changes and improvements? How can you use this concern and resistance positively?
- What have you done to develop a support plan for the changes? Have you considered the impact of change on individual roles and responsibilities?

3.4 Checklists (from research)

Workforce involvement and participation methods (Lines 2004; Styhre 2004)

- Self-managed work teams.
- Planning committees or task forces.
- Participative decision-making and delegation.
- Problem-solving groups.

Types of training initiatives during a programme of change (Horwarth 2001)

- Early on, the workforce should be provided with 'awareness' training to help them contemplate and understand the need for change.
- Next, individuals should be able to question the implications for improvement and identify any gaps in their skills.
- In the 'action' phase, individuals should test out new ways of working and assess advanced training needs for their own professional development.

Reasons for resistance (Goltz and Hietapelto 2002; Piderit 2000; Trader-Leigh 2002; Watters et al. 2004; Woodward and Hendry 2004)

- Personal disposition.
- Fear of the unknown.
- Fear of loss of status or job insecurity.
- Disruption of routines or relationships.
- Poor timing of change.
- Reward systems that do not reinforce adoption.

Minimising resistance (Goltz and Hietapelto 2002)

- 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.
- Chose change agents (or champions) with the potential to effectively influence behaviour.

Links to case studies

- ACS
- CAFCASS
- DW
- WB

4 Stakeholder participation

4.1 Introduction

'This is a challenging agenda, which cannot be delivered by social care alone….it will mean working across the sector with partners from independent, voluntary and community organisations…' (Department of Health 2008a: 2) (http://www.dh.gov.uk/en/publicationsandstatistics/lettersandcirculars/localaut horitycirculars/dh_081934).

Stakeholder involvement and participation is crucial to successful and lasting change in social care, and will be particularly important in achieving personalised services. All successful change engages a wide network of stakeholders, including other health and social care organisations. For providers operating in the private sector, thinking about involving customers might be more familiar.

This chapter introduces some of the key steps that will help your stakeholders become genuinely involved in developing the service, and looks at involvement of the wider community and key partners in the delivery of care and support. The people who use services are undoubtedly part of this stakeholder group and the messages here are relevant to their involvement, but they are also discussed in much greater detail in the final chapter. The examples and quotations are taken from a range of case studies conducted with organisations that were undergoing or had undergone significant adaptations and changes to the way they worked.

4.2 What needs to be done?

i Facilitate involvement in all aspects of change

- Ensure involvement is more than a one-off consultation. Although this is a valuable start, genuine involvement is a continuous process rather than a separate event.
- Invite and enable involvement at all stages of change, including planning and decision-making.

- Offer support, information and training to stakeholders, to enable them to become more effective participants.
- Recognise that different people have different types of expertise and think about how the organisation can make use of and value this diversity.
- Acknowledge that different stakeholders may have different priorities and opinions, and be prepared to work with any conflict.

Using an appreciative approach

The appreciative inquiry (AI) framework has been found to be helpful in situations where individuals feel stuck with a particular challenge and unable to move forward. It encourages participants to think of what 'works' and what they do well, generating positive energy and confidence to tackle difficult issues. It can be a powerful way to change attitudes and mindsets, which is key to culture change in social care.

For an example of applying the AI framework see page 20

AI is based on a five-step approach as follows:
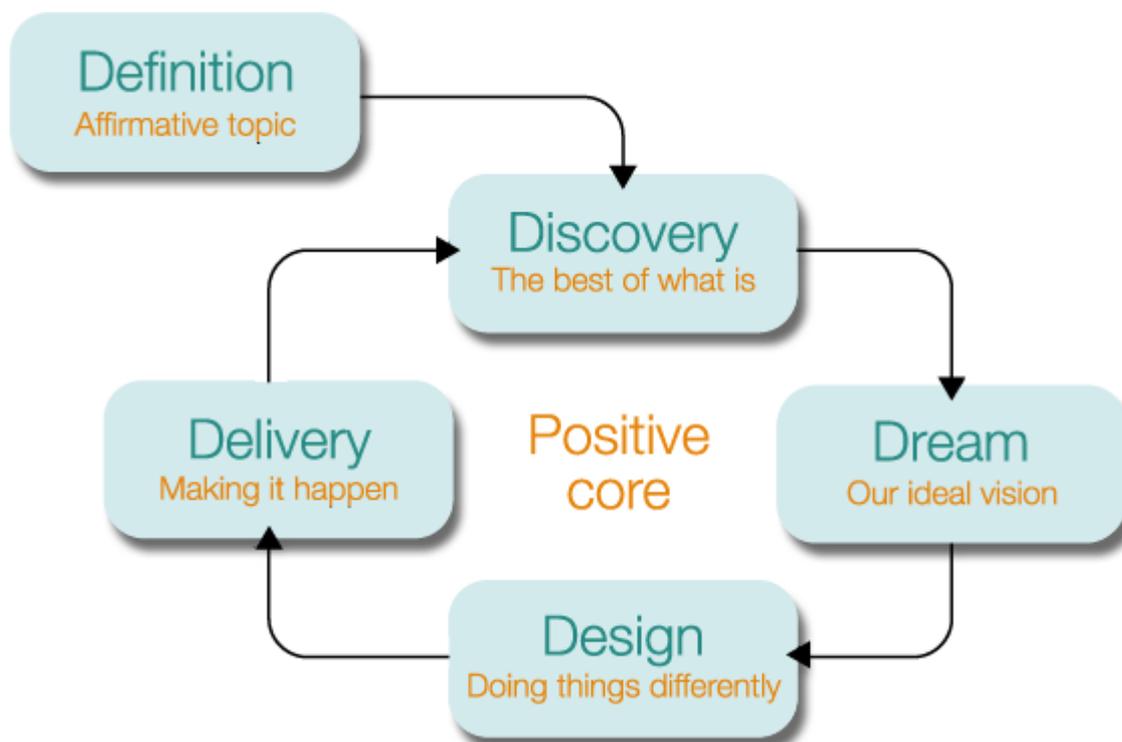
- Definition – specifying an issue, problem or opportunity to work on

- Discover – identifying what works well in an organisation

- Dream – envisioning an ideal future

- Design – planning and prioritising different ways of doing things

- Delivery – implementing the proposed design and making it happen

For more information click here: http://www.ai-consulting.co.uk/ai/

How we know this

- One-off consultations often make people who use services feel that the consultation is part of a requirement, rather than a genuine wish to utilise their expertise (Carr 2004).
- More effective processes include:
  - continuous participation
  - offering training and feedback
  - recognising and validating different types of expertise
  - allowing conflict
  - encouraging partnerships between user-led organisations and providers (Elder-Woodward 2002; Evans and Banton 2001).

ii Map your wider stakeholder group

- Think about who your stakeholders (or customers) are, and consider how they might assist or hinder change.
- Be aware of the different ways in which external stakeholders can be engaged. These include:

  - board member appointments
  - holding local forums and events
  - organising workshops and action groups
  - developing networks of users and providers
  - appointing them as evaluators or inspectors
  - appointing them as part of staff hiring committees
  - developing partnerships between user-led organisations and providers.

Two studies of health and social care providers in the UK and Canada show how public forums were used during organisational restructuring. These forums allowed for a mixed representation of stakeholders who set the agenda and were given equal time on the floor. Follow-up sessions were held to keep the momentum going and care was taken not to over-professionalise – i.e. to avoid using bureaucratic jargon or other behaviour which can make people feel excluded (Lord *et al.* 1998; White 2000)

- Consider who (people who use services, leaders and/or workers) might be best placed to engage stakeholders. Identify a 'champion' who is particularly enthusiastic about partnership working.
- Communicate your plans for change clearly and at an early stage.
- Consider inviting stakeholders to identify any expertise or experience they have that could help with the change.

How we know this

- Research suggests a number of ways of formally engaging with stakeholders, including:

  - board member appointments (e.g. service user-led organisations)
  - local forums and events
  - workshops and action groups
  - provider and user networks
  - inspector/evaluator appointments
  - staff hiring committee appointments (Elder-Woodward 2002; Evans and Banton 2001; Lord *et al.* 1998; White 2000).

- Dedicated stakeholder involvement and funding will help organisations to feel more confident about facilitating meaningful involvement (Naylor *et al.* 2002).
- Organisations who value diversity should have the following in place, which can support stakeholder involvement:

  - 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 (Chahal and Ullah 2004; Evans and Banton 2001; Vernon 2002).

iii Identify the right approach for your local community

- Remember that there is no 'one size fits all' approach to stakeholder involvement.
- Be clear about the process by, and extent to which, stakeholders will be involved in shaping improvements.
- Be creative when planning stakeholder involvement and work together to identify the most appropriate method.
- Make sure you understand and communicate clearly the benefits of involving stakeholders. This requires time and effort, but can help to ensure the success of any improvement

How we know this

- Different types of engagement may be both necessary and more effective for different groups of stakeholders (Lord *et al.* 1998; Mullender and Hague 2005; White 2000).
- Involvement can be a particularly valuable experience when it includes mixed groups of stakeholders, with:

  - influence over setting the agenda
  - influence over participation levels
  - equal input
  - access to follow-up sessions (Lord *et al*. 1998; White 2000).

4.3 How are you doing?

- How well do you feel you understand the benefits of involving all stakeholders and the steps necessary to facilitate genuine participation?

Resources to support improved participation

SCIE has published a range of guides to support the development of participation. You may find the following particularly helpful.

1   SCIE guide 17: *The participation of adult service users, including older people, in developing social care*

2   SCIE guide 20: *Participation – finding out what difference it makes*

3   SCIE position paper 10: Seldom heard – developing inclusive participation in social care

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- What steps have you taken to identify your stakeholders?
- How clearly do you understand the relevance of each group to the planned improvements?
- How have the method, timing and extent of participation been agreed with individual stakeholders?
- How have you made sure that everyone is clear about the extent to which the planned improvements can be influenced by stakeholders?
- What systems are in place to ensure the organisation hears, responds to and acts upon feedback from stakeholders?
- What training and support is in place for staff to help them with the process of engaging with wider stakeholders?
- What information, support and training is available for stakeholders to maximise the value of their participation?

Links to case studies

- ACS
- CAFCASS
- DW
- WB

5 People who use services driving culture change

5.1 Introduction

'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' (Fauth and Mahdon 2007: 99).

'In social care total organisational and cultural change will need to take place so that people, rather than systems and procedures, come first' (Carr 2008: 43).

This is the ultimate goal for adult social care – change and improvement driven by the people who use the services. *Service user driven culture change* (www.scie.org.uk/publications/knowledgereviews/kr17.pdf) gathered examples where people using services had tried to bring about change, and looked at both successes and failures. *Improving social and health care services* also found that such involvement was crucial:
'Improving the practice around user involvement at all levels – which is a cultural change in itself – is the key to improving change in all other aspects of service provision' (KR17: 78).

5.2 What needs to be done?

i Work in partnership

- Understand and use the social model of disability (http://en.wikipedia.org/wiki/Social_model_of_disability) to begin to establish a more equal relationship with the people who use services.
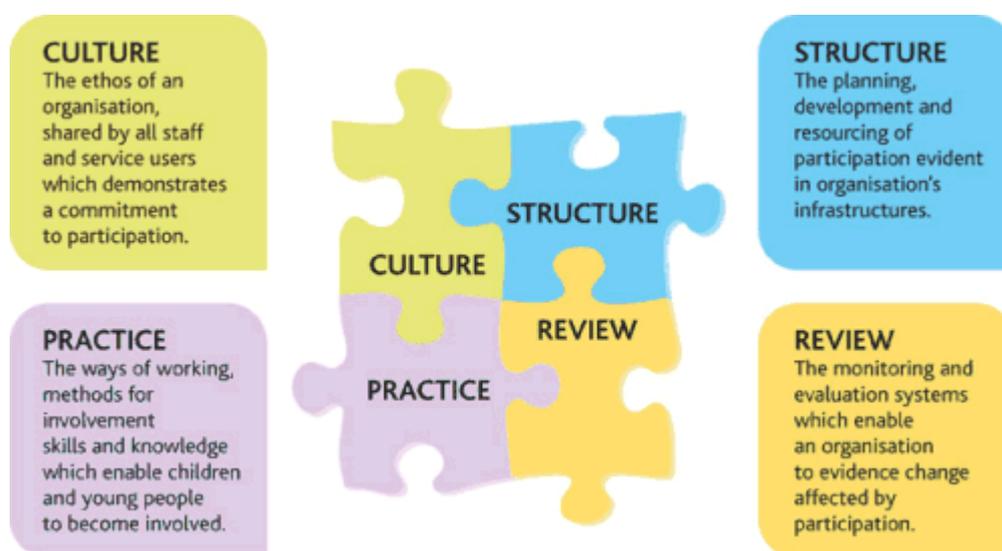
WB is now an organisation that is controlled by people with disabilities that works with and for people with disabilities. WB sees a person with a disability as a person with a 'solution' if they are encouraged, enabled and empowered to articulate what they want and need to help overcome the barriers (KR16: 73)

- Recognise the importance of effective leadership and management across the organisation. It is essential in supporting the workforce to take a partnership approach in meeting the needs and wishes of those who use services.

Some people, particularly those in leadership positions, and especially user leaders, play a central role in supporting the development of change. One mental health day centre user group said the manager of the resource centre was seen as having played a key role in the way the centre had developed (KR17: 58).

- Be aware of the tendency to see participation as an add-on. Adopting a whole systems approach means that you will need to think about what changes might need to be made to:

    o culture
    o practice
    o structure
    o systems of review

    to achieve genuine involvement. See below for more details.

CULTURE
The ethos of an organisation, shared by all staff and service users which demonstrates a commitment to participation.

STRUCTURE
The planning, development and resourcing of participation evident in organisation's infrastructures.

PRACTICE
The ways of working, methods for involvement skills and knowledge which enable children and young people to become involved.

REVIEW
The monitoring and evaluation systems which enable an organisation to evidence change affected by participation.

How we know this

- User participation initiatives require an awareness of the context of power relations in which they are being conducted. Structures, institutional practices and professional attitudes will always affect the extent to which people who use services can influence change. Power sharing can be difficult in established mainstream structures, formal consultation mechanisms and traditional ideologies (Carr 2004).

- Carr (2004) notes that the priorities of people who use services and professionals may be different. Power relationships are unbalanced and people who use services may not be taken seriously.
- Other barriers to participation that reflect an unequal balance of power include the timing of meetings to suit providers rather than people who use services, the use of jargon, the structure of meetings and other interpersonal processes (Hodge 2005).
- The idea of champions to support involvement and change was seen as important by both people who use services and professionals in the practice survey. In one area the user group said that the continuation of change was the result of the support of particular staff (Robson *et al.* 2003).

ii Plan carefully and consider the practicalities

- Consider how to enable participation at all stages of change, including planning, decision-making and implementation.
- Make sure that people who use services are involved at the beginning of any process of change, *before* plans are drawn up and any decisions made.
- Communicate your thoughts and ideas clearly, avoiding jargon, and present any materials in a reader-friendly and accessible format.
- Make sure that practical arrangements enable involvement, including:

  o accessible venues
  o timings to suit users
  o financial help if users need money for transport to attend meetings, or to meet the cost of personal assistants to support their involvement
  o other forms of help users might need (e.g. carers may need replacement assistance so that they can attend meetings).

A group of mental health service users believed that change had come about through regular and thorough consultation with people who use services: 'It is important to hold meetings regularly so that people are more confident when giving their views – breaking down barriers and boundaries and sharing a two-way open relationship – recognising that everyone is human' (KR17: 57).

- Acknowledge that it takes time for changes to have any effect, and that this may be frustrating.

How we know this

- Participation has been seen as the key to change in services (Shaping Our Lives *et al.* 2007) and 7 per cent of users participate on an occasional or regular basis (Birchall and Simmons, 2004).
- User involvement needs to be effectively planned and managed, and services need to be responsive to users. Good practice guides

emphasise that people at all organisational levels need to be committed to the process. 'Champions' are needed to make the consequences of involvement stick and it takes time to change people's thinking (Robson *et al.* 2003).

- Other aspects of good practice have to do with practical arrangements. People who use services are increasingly involved in meetings where decisions   are made and those involved have pointed out the need for accessible venues, timing, materials and documents, all of which have been frequently problematic. Consideration needs to be given to particular requirements, such as replacement assistance, materials presented in particular formats and so on. Informal processes are also important in that people who use services need to be made to feel welcome and that their input is valuable (Shaping Our Lives *et al.* 2007).

- A number of problems have been repeatedly described. Influence may be limited because people who use services are often consulted on plans and priorities that have already been devised rather than being involved in drawing these up in the first place (Shaping Our Lives *et al.* 2007).

- New services are frequently developed by people other than those who use them, and departmental fragmentation may not reflect the reality of service users' lives (Joseph Rowntree Foundation 2005). Rummery (2006) points out that proposed mergers between health and social care organisations may not be successful due to the omission of service users' perspectives: partnership working is not automatically supportive of service user participation, and may deflect attention away from it.

- Some of the professionals interviewed for the practice survey also questioned the effectiveness of meetings as a way of involving users and suggested that this needed to be investigated in order to find ways to improve (Shaping Our Lives *et al.* 2007).

iii Make involvement genuine

- Agree the process for and scope of involvement at the start of any planned change.
- Be clear about what can and cannot be expected from involvement on both sides, and acknowledge the potential benefits to individuals.

SCIE's practice survey showed that user involvement, particularly where change is led by user organisations, can have a major impact on the lives of service users . People report that having more of a say in services leads to:

- better quality of life, and better services (e.g. through increased take-up of direct payments)
- more confidence, independence, and a feeling of empowerment and control (KR17: 44).

- If decisions have already been made, be open about this.
- Consider identifying champions within the organisation to encourage genuine involvement, but make sure they share their knowledge and expertise.
- Identify roles which could be undertaken by people who use services. These might include attending meetings and developing agendas, through to monitoring and evaluating performance.

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 (Fauth and Mahdon 2007).

- Make sure everyone is clear about their role. If people who use services are leading the development of participation, be particularly clear about the role of any involved professionals.
- Ensure everyone who has been involved is kept informed about the outcome. People often say that they never hear of the outcome of their involvement or any difference made as a result.
- Recognise that participation encompasses a wide spectrum and be honest about where your organisation is currently. Achieving the vision for social care means that we need to aim for a partnership, where services are shaped by customer wishes and experience, and people are supported to control their own lives.

Arnstein's ladder of participation (Arnstein 1969)

Eight rungs on the ladder of citizen participation

(http://lithgow-schmidt.dk/sherry-arnstein/ladder-of-citizen-participation.html)
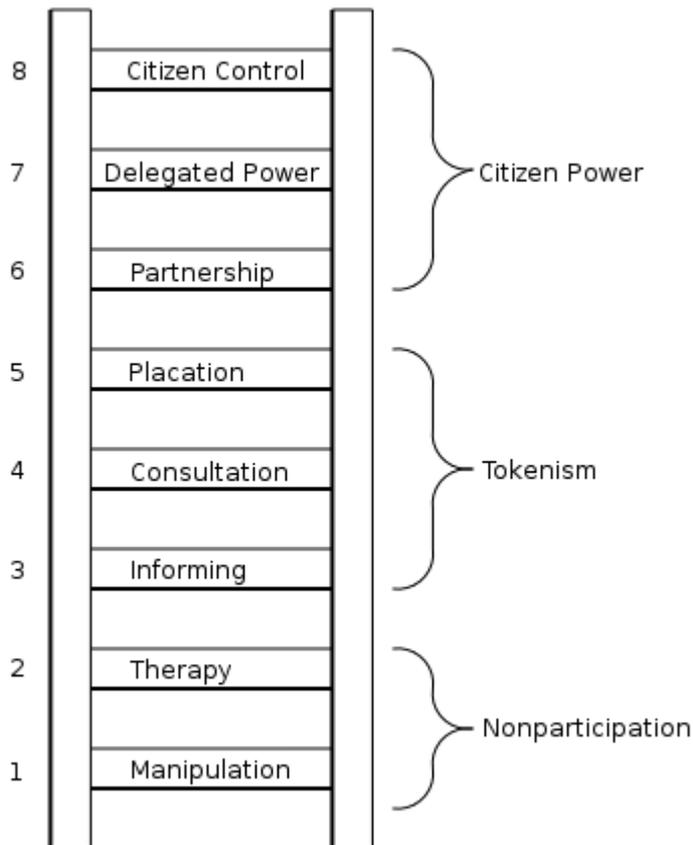
- Explore the possibilities for co-production. Frequently mentioned in connection with personalisation and self-directed support, co-production falls within the 'citizen power' range of participation. Achieving co-production, the ultimate aim within adult social care, requires a number of fundamental changes including:

  o seeing the people who use services as experts
  o recognising that they have assets which can help improve services, including skills, expertise and social capital
  o promoting and facilitating mutual support among those using services
  o supporting front-line practitioners to understand and value this approach

  o recognising that this will change relationships between the individual, the provider and the state, with the people using services at the centre of an equal partnership.

1 For more detail and discussion on co-production, see *Co-production: an emerging evidence base for adult social care transformation* (Needham *et al.* 2009),

http://www.scie.org.uk/publications/briefings/briefing31/index.asp.

- Support and enable people to use personal budgets. These help people to shape their own services in the most direct way. Changing your service to meet individual choices and needs is indicative of a strong commitment to supporting the transfer of power and control to the people who use the service.

In control

The In Control website
(www.in-control.org.uk/site/INCO/Templates/GeneralChild.aspx?pageid=429&cc=GB) has stories from a range of people who have taken control of their own care and support. These examples demonstrate the very significant difference that having this choice makes to individuals' lives.

How we know this

- The main goal of participation is to give people a sense of ownership and empowerment over the services that are being delivered. Research shows that users appreciate 'user-centred user involvement' – i.e. where they are the drivers of change and improvement, rather than 'management-centred user involvement' where they take part in existing structures which decide how they should participate (Robson *et al.* 2003).
- The Audit Commission offers some useful guidance on consultation and connecting with users of services – see http://www.audit-commission.gov.uk/reports/NATIONAL-REPORT.asp?CategoryID=&ProdID=F1B75570-9AA7-469E-8BA6-3354AA457D61.
- Co-production is an emerging, evolving concept that is one of the ultimate aims of the transformation agenda. Acknowledged as both particularly appropriate and particularly challenging for adult social care, it has a simple definition – people who use services contributing to the production of services – but the interpretation varies widely.

SCIE's recent research briefing (Needham *et al.* 2009) discusses co-production in more detail and identifies the following key features from the literature:

- o people who use services are recognised as experts
- o people who use services playing an active role in meeting their own needs
- o the facilitation of mutual aid and support
- o the involvement of the broader community.

- Personal budgets are part of the wider movement to empower people. The report from the individual budgets pilot found that people using individual budgets were significantly more likely to report feeling in control of their daily lives and the support that they accessed. For further detail see SCIE research briefing 20: *The implementation of individual budget schemes in adult social care* (Carr and Robbins, 2009)

iv Reward people for sharing their expertise

- Acknowledge individuals as experts by rewarding them for their time and contribution, as well as meeting their expenses.
- Be aware, and make your participants aware, that any payment made will impact on state benefits.

Milton Keynes citizens' advice bureau

http://www.mkweb.co.uk/Citizens_Advice/documents/The%5FInvolvement%5FHelpline1%2Epdf

Organisations are invited to subscribe to the 'Involvement Helpline' at the Milton Keynes bureau. This is a free telephone advice service providing expert, individual and confidential guidance to people who use services and their carers about whether involvement activities and any related payments will have an impact on their welfare benefits. The service was commissioned by SCIE, CSCI, Skills for Care and GSCC.

- Include budgeting for payments in the planning stage of any change. Guidance about payment is available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4126863.

How we know this

- Finances are often a particular consideration for people who use services and the costs of participation should be met for individuals and carers (Turner and Beresford, 2004).
- There are many tensions in user involvement. One of these is the payment distinction between service users and service providers, which is coming under question. For example, Turner and Beresford (2004) argue that involvement work should be paid and recommend changes to the benefit system, a relaxation of the rules surrounding 'permitted work' and education for Job Centre staff as a means of dealing with barriers to this.

v Be aware of under-representation

- Identify those who are rarely involved and whose voices are rarely heard.
- Be flexible and creative, and find out who can find solutions to participatory barriers.
- Steps to improve representation include:

  - diversity training, including information on family life
  - forming partnerships with local organisations that work with diverse and marginalised groups
  - ensuring that service users who participate represent a wider constituency
  - remembering to include groups that are often not asked or left out, such as black and minority ethnic service users, and carers in same-sex relationships.

Exploring the participation of service users who are seldom heard

SCIE has published *Seldom heard – developing inclusive participation in social care* (http://www.scie.org.uk/publications/positionpapers/pp10.pdf) (Robson *et al.* 2008), which identifies what is meant by the participation of services users who are seldom heard and with whom agencies find it difficult to engage. The document examines barriers to participation for this group and presents a framework for facilitating that participation.

How we know this

- Representation is a frequently recurring theme, and the argument that service users who participate are not representative of a wider constituency has been used to discount contributions. There is an onus on the organisation to find constructive ways to involve the widest spectrum of user and carer voices.(Shaping Our Lives *et al.* 2007).
- Studies show some people are more likely to be left out, or are much less likely to have opportunities to participate. These include people

from black and minority ethnic groups, and individuals and their carers who are in same-sex relationships (Robson *et al.*, 2008, Turner *et al.*, 2003)

vi Offer training

One group of young people were trained to interview staff and present their views to a selection panel. Others developed training and induction materials for new recruits (KR17: 44)

- Be aware that information, support and training will be valuable for all those involved in change. This could be arranged by contacting a local user-led organisation, putting the people who use your service in touch with each other, or commissioning training on a specific topic.

- Providing training is particularly important in enabling users to participate more effectively and take on more responsible roles such as becoming board members. This might include training on assertiveness, negotiation, meeting and committee procedures, and legal rights.

Practical examples of training to support effective participation can be found in '*Involving service users and carers in Social Work Education*' [link] and the practice examples section of '*The participation of adult service users, including older people, in developing social care*'

How we know this

- Training for service users is a practical element of good practice. Staff training is also necessary, particularly in such things as disability equality. Further discussion on this subject can be found at http://www.scie.org.uk/publications/reports/report05.asp (Hasler, 2003).
- Most good practice guides emphasise that cultural change should be the outcome of participation. Robson *et al.* (2003) distinguish between 'management-centred user involvement', where service users take part in existing structures and organisations determine the content of the meetings, and 'user-centred user involvement', where service users' objectives and priorities became the organisation's objectives and priorities. The findings suggest that users only really value 'user-centred user involvement'.

vii Develop local relationships

- Consider what steps can be taken to develop positive relationships between providers and the people who use services.
- Understand and acknowledge the value of user-controlled organisations, which should increasingly develop in each locality.

Willowbank Community Resource Centre is a user-led organisation, and their case study provides a powerful example of what can be achieved. *full case study is at the end of this document*

- Agree lines of communication and ways to encourage discussion, consultation and accountability.
- Build on the experience of people who use services, who are practical experts, and use their involvement to help change attitudes.

People who use services have helped organisations to develop user involvement by:
- o helping to obtain funding for more staff
- o taking on new roles such as advocacy in mental health units
- o forming user participation groups
- o carrying out research on participation
- o acting as spokespeople for the organisation
- o training other users in involvement.

How we know this

- Direct payments are more widespread in areas where there are user-led organisations and particularly so where local authorities support development (Hasler and Stewart 2004; Priestly *et al.* 2006).
- Where contracting authorities and user-led organisations work together, services are more effective (Robson *et al.* 2003; d'Aboville, 2006).
- The Joseph Rowntree Foundation also states that research shows 'services cannot enable people to achieve their aims and aspirations without the full involvement of service users' (Joseph Rowntree Foundation 2005).
- The Association of Directors of Social Services and the National Centre for Independent Living (NCIL) have issued a joint protocol recommending local authorities to support the development of user-led organisations, including Centres for Independent Living, noting that 7 out of 10 of the top performing local authorities on direct payments

contract with user-led organisations (Association of Directors of Social Services and National Centre for Independent Living 2006).

- Birchall and Simmons (2004) note that while many service provider respondents told them that they had involved service users because they were directed to do so by national government, they also reported benefits to their organisations and service provision as a result.

5.3 How are you doing?

Work in partnership

- What are you doing to listen to and value the contribution service users make to the delivery of better services?
- How do you know users of services feel heard?
- What systems do you have in place to ensure managers promote service user driven cultural change? How do you know these systems are effective?
- How can you involve service users with a whole systems approach?
- What steps have you taken as an organisation to work in partnership with people who use services?

Planning and practicalities

- What arrangements are in place to facilitate involvement and contributions from others (accessible venue, format, interpreters, signers, sufficient time, advocacy and personal support)?
- What processes do you have in place to regularly review these arrangements to ensure they are working and are appropriate to the needs of service users?

Make involvement genuine

- Is service user involvement embedded in all levels of decision-making that affect the lives of service users? How do you know?
- How do you work with service users to ensure the type and extent of their involvement is agreed at the start of the process?
- What steps have you taken to measure how service users have been involved, how processes have changed to encourage user participation and how much support is provided for user involvement?

Reward people for their expertise

- What financial arrangements are being made, i.e. to pay personal assistants, cover for carers, enable people to attend consultations, meetings etc? Do you have a written policy available?

- What arrangements are in place for paying for people's time, contributions and expertise? Do you offer independent advice to people about how much they can be paid before it affects their benefits?

Be aware of under-representation

- What steps have you taken to identify those who are rarely involved?
- What efforts have been made to develop relationships with local community/citizenship/faith groups?
- Do you have dedicated staff or staff time to create and sustain these relationships?

Offer training and develop local relationships

- Do you have training for staff concerning service user involvement and is it organised or at least co-facilitated by service users themselves?
- What steps have you taken to find out about local user-led organisations? What sort of relationship do you have with them?
- How can you ensure staff are better informed about service users' experience?
- What are you doing locally to take advantage of the expertise found within user-led groups?

5.4 Checklist (adapted from *Participation – finding out what difference it makes)*

1 PURPOSE: are you clear about the purpose? Why is service user and carer participation important? How will this contribute to improving services and sustaining change as part of the personalisation agenda?

2 CHANGE: what kinds of change might you expect service user and carer participation to make and at what levels is it expected to make a difference – individual experiences, staff attitudes, agency policies, local or national strategies?

3 SUPPORT and SUPPORTERS: what kinds of support might be needed to make participation effective? What can you put in place to ensure that planning and practical arrangements reflect the needs of those wanting to participate in change?

4 SKILLS: What skills are needed in your workforce to make participation and personalisation a reality?

5 TRAINING: what kinds of training are needed to help people become more familiar and confident about participation and personalisation and change how they traditionally work? Is this training available?

6 RESOURCES: what resources are needed to ensure participation can take place effectively? How will you ensure that all strategic and operational decision-making reflects the need to involve people who use services? Are resources such as budgets available (e.g. for payments to service users and carers involved) and, if not, how might they be found or creatively substituted?

7 ORGANISATIONAL CULTURE: how open to personalisation is the organisation or group? Does the climate or culture support this way of working? Do the management and leadership of the organisation encourage personalisation of services? Many examples can probably be found within your organisation. Perhaps a mapping exercise would be helpful in identifying existing practice.

8 PRACTICE: how participative is practice in the organisation or group? How are service users and carers involved?

9 STRUCTURE: is participation a regular feature of the organisation or group? Is it part of the structure? How might it become part of that structure?

10 POWER: what differences in power are there between the people involved (service users, carers, professionals, managers etc.)? What can you do to change these differences? How will you involve people who are seldom heard?

11 TOKENISM: how will you avoid tokenism? In other words, how will you know whether the participation has been real and meaningful? How will you sustain this change?

12 FEEDBACK: how do you measure change? How do you inform people about decisions that have been made, especially when they have been part of the consultation?

13 IMPLEMENTATION: how do you implement change as a result of feedback? Who will implement the recommendations?

6 Useful resources

This list offers alternative avenues of information, advice and resources that may be of use when planning change, developing participation and thinking about personalisation. Many more references can be found in the original knowledge reviews:
http://www.scie.org.uk/publications/knowledgereviews/kr16.asp
http://www.scie.org.uk/publications/knowledgereviews/kr17.asp

Department of Health

Bringing together a range of resources to support changes in social care, the Department of Health website has a section devoted to social care reform at http://www.dh.gov.uk/en/SocialCare/Socialcarereform/index.htm.
This includes access to the personalisation toolkit developed by the Care Services Improvement Partnership (CSIP).

The adult social care workforce strategy identifies the key issues for the workforce as set out in *Putting People First* and goes on to develop these into broader, strategic priorities. It is intended to provide all stakeholders, whether public service or private and voluntary sector, with a high-level overview of strategy development prior to finalisation of the full strategy:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085642.

Integrated Care Network

The Learning and Improvement Network for Leadership and Teamwork Development (LIN4LTD) provides a resource for people involved in leadership and teamwork both as developers of improvement initiatives and as interested consumers:
http://www.integratedcarenetwork.gov.uk/LeadershipAndWorkforceDevelopment/Leadership/.

Improvement Network

Helping to lay the foundations for successful partnership working in local areas, the Improvement Network builds capacity for public sector managers and practitioners:
http://www.improvementnetwork.gov.uk/imp/core/page.do?pageId=1068392.

Improvement and Development Agency

2   Change management toolkits address project, programme and change

     management. The content aims to help local authorities and other public

     sector organisations to establish a culture of strong project and

     programme management skills to increase an organisation's overall

capacity to deliver change. Information includes guidance, case studies

and methodologies, which are all available to download:

http://www.idea.gov.uk/idk/core/page.do?pageId=5817020.

3   There are also a range of workforce resources available to download at:

http://www.idea.gov.uk/idk/core/page.do?pageId=9110444

Integrated Service Improvement Programme

The road map for transformational change is a framework that enables health and social care organisations to design, plan and deliver integrated and transformational change that is both successful and sustainable: it is relevant to both commissioners and providers and can be used across a local health community (LHC), a clinical network or an individual trust or organisation: http://www.isip.nhs.uk/roadmap.

Social Care Institute for Excellence

SCIE has produced several guides on participation, all of which can be accessed through the link below: http://www.scie.org.uk/adults/participation.asp.

For some examples of toolkits that might be useful in helping you develop participation within your organisation, you can look at 'Participation – finding out what difference it makes':
 http://www.scie.org.uk/publications/resourceguides/rg07/toolkits.asp.

SCIE's people management website offers a range of easy to use people management audit tools to assist with issues such as workforce development and participation:
http://www.scie-peoplemanagement.org.uk/audits/.

The self-assessment resource pack 'Learning Organisations' enables individuals, teams and organisations to consider their position as learning organisations and how they might develop and improve aspects of practice: http://www.scie.org.uk/publications/learningorgs/index.asp.

Leading practice is a development programme for first-line managers: http://www.scie.org.uk/publications/guides/guide27/index.asp.

Skills for Care

The section on 'new types of worker' explores what this means for workers across social care. It offers a range of information on completed and current projects that might be of use for your organisational development: http://www.newtypesofworker.co.uk/pages/home.

Skills for Care also provide a wide range of information on developing the skills of the social care workforce, and on the qualifications and training available:
http://www.skillsforcare.org.uk/home/home.aspx.

Your feedback

SCIE welcomes comments on any aspect of the guide, which will inform future updates.

In particular we are interested in:
- The content of this guide – how relevant and useful is it?
- The format and accessibility of this guide – is it easy to follow?
- How you have used the guide in practice
- Any recommendations for future updates
- Any further examples of good practice.

You can send feedback via our website feedback form, by email to info@scie.org.uk or by post to SCIE, Goldings House, 2 Hay's Lane, London SE1 2HB.

Appendix: Case studies

Case 1: Willowbank

The organisation

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

WB 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.

The improvement

WB was originally set up based on a 'benevolence model' of social care, which sees social care services as necessary to meet needs caused by medical conditions and thus views service users as people in need of care. In the 1980s, following the appointment of a new director, the organisation shifted from the benevolence model to an offshoot of the social model of disability. In this new framework, the barriers put up by society's response or lack of response to people's impairments were viewed as the causes of disability.

The adoption of a social model of disability moved WB away from the charitable, goodwill approach to social care 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.

The following sections review the information gleaned from our director interviews and the staff and service user focus groups with WB, focusing on our three key themes: (1) leadership and purpose; (2) employee involvement; and (3) stakeholder involvement. Each theme comprises a series of sub-themes and we provide relevant examples from WB as illustrations. Refer to the knowledge review, practice review and analytical report, *Improving social and health care services,* for a full review of the themes.

1 Leadership and purpose

A key theme that emerged from our knowledge review was that effective leadership – namely an inspiring and resourceful executive director – was central to successful implementation of change. This leader must be able to harness the support of employees by empowering them and spreading the passion of their vision. 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 ideology to guide actions was crucial to all of our case study organisations. WB hired a new director in the 1980s and this new recruit inspired a shift from the organisation working under the belief that disabled people need to be 'cared for' to one based on empowerment. WB is now an organisation 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 they face. WB is a small organisation, but argues that a larger organisation could also adopt its model. As a board member commented:

> 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 away to make it work in bigger organisations.

The director of WB instigated change subsequent to her arrival. She was chosen due to her previous experiences leading organisations and her viewpoints on key issues (e.g. 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 its ensuing activities supported its purpose. She consulted staff to tap their expertise as well to identify their needs in the change process. Decisions were then made about how to specifically implement those changes. The agreed sense of underlying purpose came first and mechanisms that enabled necessary changes such as funding were subsequent.

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 she had enabled the change. That is, beyond driving the new purpose or ideology for the organisation, the director also created conditions that allowed it to shift in the desired direction. Staff members were very clear about the incredible impact that the director had in enabling the changes to happen.

In WB, the director's underlying ideology was that of empowerment. According to a staff member, '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.' 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).

Another way the director of WB helped the organisation align with its purpose was to open up leadership and management and make it more transparent. For example, access for disabled persons is not purely about *physical* access to a building (though 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 (e.g. at 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 that 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 board rooms 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.

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 WB's basic ideology rather than the ease with which tasks could be accomplished. The enthusiasm and passion of the director drove this attitude throughout the organisation.

Respond to issues, but do not compromise on direction

WB's position of not comprising on the basic ideology of service user empowerment meant sometimes having to challenge things imposed upon 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 they was not capable of making their own decisions. WB therefore challenged the authority, asking them to certify that the person was no longer able to make decisions for themselves. 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 they wanted.

Communicate underlying purpose and ensure actions are consistent with this purpose

WB is 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 its approach – that of breaking things down into smaller units and seeing where it can intervene at this more micro-level. A WB board member 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]'. 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 people who use services and staff, not only to see people with disabilities as an essential part in the design and creation of the service, but also embracing a 'can-do' attitude and eradicating the word 'can't'. 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 addition, the speaking packages used by people with visual

impairments were often a distraction to other people who use services. 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.

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 its vision and ideology to those with a basic underlying understanding or sensitivity to user empowerment. However, WB believes 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.

Stakeholders need to be on board with the underlying purpose

The director of WB worked with the enthusiasm of the staff that already existed to build a central nucleus of supporters. She worked directly with the staff, people who use services and other wider stakeholders.

WB also had a clear policy of not accepting behaviour that was inappropriate and incongruent with the underlying purpose of the organisation. This strategy was particularly evident from the examples cited by both staff and board members. A main component of this ideology was mutual respect for others. Where people who use services were not respectful of each other or of 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 a 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 is not allowed here.

WB was clear that sometimes it may be necessary to remove people who do not feel able or are not willing to get on board with the underlying purpose.

WB acknowledged a limit to the director's abilities to ensure that the values were spread throughout the organisation. Even where staff, people who use services and other stakeholders had been specifically encouraged to shape the underlying purpose, there was recognition that not everyone would be comfortable working in that environment. The director had to be flexible and in some cases devote more attention to one or two individuals.

2 Employee involvement

After establishing the new purpose and ideology for the organisation, the director had to set up a method of practice change that was aligned with the purpose and ideology and engaged its staff members. The director recognised that employees were the key deliverers of WB's services, and thus real improvements could not happen without them. The director also recognised that good practice in involving employees in change and improvement programmes builds on staff expertise and how they do their job. Effective involvement meant ensuring that employees had ownership of the changes and improvements. The employees were encouraged to view 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

In WB, giving employees responsibility was seen as way of empowering staff and people who use services. 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, decide how to manage their workloads and manage their days. Moreover, people who use services 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 people who use services and staff overlapped considerably. At the start of the 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 board member commented, '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 while empowering them.'

Establish a structure that allows engagement

The organisational structure of WB was described by staff as 'circular' and the feeling of empowerment, embodied by WB staff and people who use services, stemmed in part from the structure and overlapping job roles.

Directors, people who use services 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 people who use services, workers and board members also contributes to this structure. In WB there is one team, and the fluidity of the roles of staff ensures that they are all engaged in the workplace. According to a WB staff member, 'We all mix around and help each other out.' For example, anyone can answer the phone, anyone can contribute to budget planning and anyone can make the dinner. There are, of course, individuals who have particular skills (e.g. 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.

The structure is open and encourages 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'.

The structure of WB is not superior to others, 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.

Get communication channels right

For WB the most appropriate communication method depended on the type of information being communicated: letters, e-mails, talking to people and notice boards were all used. Due to the size of the organisation, in-person communication was often the most effective and efficient method to use. The director ensured first that all staff and people who use services had the ability to use and access the chosen communication methods.

Work with resistance

The term 'resistance' is often viewed as destructive and unhelpful to improvements. However, as with all our case study organisations, the following points emerged through our content analysis of WB to ensure resistance is used to the benefit of the improvement process:

- give people who dissent a platform to air their views
- give people time and support to come on board
- provide training for people to get the skills they need
- lead by example
- discourage inappropriate behaviour (examples include people who dissent but make no attempt to become involved in the changes, offer alternate solutions or provide reasons for their dissent).

Give staff support to adjust and adapt to improvements

In WB, the fluid job boundaries 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.

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

3 Stakeholder involvement

In this context we refer to stakeholders as governing boards and people who use services or member organisations. In WB, as with all of our case study organisations, people who use services and high-quality service delivery were at the heart of the improvements. This section will review some of our findings on effective stakeholder involvement from WB.

People who use services should be at the heart of change and improvements

WB was perhaps the most progressive of the organisations in this area: the involvement of people who use services 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 people who use services 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 chance 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, the involvement of people who use services 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 user, 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.'

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 about 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 move 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 front-line staff establish relationships with their users that then enables simple back and forth communication to occur.

However, WB recognised that just as staff members will not necessarily be able to come on board with improvements, so also 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. As a staff member pointed out:

> 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 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.

Organisations need to work in and with the communities they serve

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 its 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 it to benefit from diversity within the community.

Evaluating improvement

The improvements at WB are ongoing and therefore the evaluations are not simply one-off in nature. In WB, evaluation engages board members, staff and people who use services, 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 wish to achieve, activities they plan to do and clear financial targets. After the board establishes the range of services on offer at WB, subsequent evaluation looks at whether an adequate range has been offered, whether WB has delivered what it set out to deliver, and staff turnover. People who use services 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 the evaluation process. Conscious of the cost and difficulty of recruitment, WB pays close attention to staff development to ensure it retains the right people and benefits 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 its 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 it is searching for. Although interviewing techniques cover some of this ground, WB is seeking ways to assess potential staff members more rigorously. The organisation realises that the careful development of existing staff and hiring the right people is advantageous both in terms of cost and service delivery.

People who use services at WB also conduct their own annual reviews focusing on whatever aspects of their lives they feel to be important. Further, it is up to the discretion of individual users if they wish to share these reviews externally with their social workers.

Case 2: Age Concern Sheffield

The organisation

Age Concern Sheffield (ACS) is an independent organisation dedicated to supporting and improving the quality of life for older people in Sheffield, particularly the vulnerable and isolated. As a local organisation it feels it is best placed to understand and respond to individual vulnerable persons' needs. As part of a national federation of over 400 organisations, ACS can also create an impact on national issues. ACS has a Support People Contract to deliver tailored one-to-one support to older people at risk of losing their homes. ACS services include a home visiting advice service to help older people access their entitled benefits as well as day services to reduce social isolation and facilitate older people's participation in worthwhile and enjoyable social activities.

There are six centres in the Sheffield city region 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.

The improvement

ACS comprised a range of services run by committed staff who had been in their jobs for a long time. The organisation had grown steadily and achieved much, but the staff grew increasingly dissatisfied and wanted more information about what was happening within the service and greater flexibility and skills to provide the best services they could to people who use services. Over the past several years, ACS has explored and trialled different mechanisms of staff feedback, consultation, training and job roles to ensure its structure and mechanisms are adequate and appropriate and enable people who use services to maintain their independence. Changing management structures and internal procedures now ensure that staff are able to target their services to reach more people in less time and provide a more effective and comprehensive service when they do reach people.

The following sections review the information gleaned from our director interview and the staff and service user focus groups with ACS, focusing on three key themes: (1) leadership and purpose; (2) employee involvement; and (3) stakeholder involvement. Each theme comprises a series of sub-themes and we provide relevant examples from ACS as illustrations. Refer to the knowledge review, practice review and analytical report, *Improving social and health care services,* for a full review of the themes.

1 Leadership and purpose

Our knowledge review revealed that the presence of an effective and passionate leader can help to drive service improvement. This section details the role of leadership in ACS's improvement initiatives.

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

In ACS, the purpose had always been to improve the quality of life for older adults, yet the most efficient and effective ways of arranging and managing the organisation to enable staff to reach more people and provide a better and more nuanced set of services were less clear. The previous director was struggling in an increasingly vulnerable organisation. 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 a disconnect between their jobs on the front line and the larger purpose of ACS. There were no meetings or discussions between the different departments, nor were there 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 engaged in extensive consultation with staff members, the board and volunteers, and continues to systematically review each service ACS provides.

The new director was specifically chosen due to her previous experience in leading organisations through change. She was also strongly aligned with the need for people who use services to be at the centre of any service delivery. Having clarified the underlying purpose with staff, she then had to identify what specific components of the organisation needed to change to ensure that its ensuing activities supported its purpose. She carried out consultations with staff to tap them for their expertise as well to identify their needs in the change process. The agreed sense of underlying purpose came first and mechanisms that enabled necessary changes such as funding were subsequent.

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 that change. Beyond clarifying the purpose and ideology of the organisation, the director created the conditions that allowed it to shift in the desired direction. Specifically she engaged in the following activities:

- giving front-line staff more responsibility to allow them to affect the outcome of their day-to-day jobs
- creating a senior management team
- creating cross-team committees for information and management exchange
- engaging staff
- engaging resistance
- engaging external key stakeholders
- reviewing processes
- being accessible.

Respond to issues, but do not compromise on direction

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'. Yet, this certainly does not imply that the current leader is an easy target for opposition. The director was clear that one of her primary roles was to respond to issues raised by staff, people who use services or members of their organisation, but that in doing so she must also not compromise on the direction of travel. 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 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.

Communicate underlying purpose and ensure actions are consistent with this purpose

Communication of the underlying purpose and ideology to others was key to the change process at ACS. Communication involved capturing the values that already existed and ensuring that everyone was aware of them and engaging in observable behaviours that indicated their dedication to the new purpose.

Staff consultation initiated a two-way communication process. Methods used by the director to communicate with staff included the following:

- meetings with each employee
- group consultations with staff, including brainstorming exercises
- newsletters in the pay packets of all employees and volunteers
- e-mails
- 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-to-one interviews. She analysed the responses and fed the results back across the organisation, predominately via e-mail. The resulting documents also included targeted actions based on the staff's suggestions and needs.

However, while ACS reported general success with its chosen methods of communication and consultation, it highlighted that its methods were not foolproof. All methods of communication need to be field-tested and consistently monitored to ensure maximum reach.

Stakeholders need to be on board with the underlying purpose

The director engaged a core nucleus of supporters to move her purpose and vision forward. Part of this engagement involved capitalising on the enthusiasm of the staff to build support and propel the improvements.

As a first strategy, the senior management had extensive consultation sessions with members of staff. The director set up one-to-one sessions between herself and each employee. The feedback and key messages from these meetings were reported back to all employees and plans for the future were developed using the evidence from these staff engagement exercises.

The director acknowledged there were limits to her 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. As the director commented:

> There's lots of opportunity 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.

In these instances she 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.

2 Employee involvement

The director recognised that employees were the key deliverers of their services, and thus real improvements could not happen without them. The ACS director recognised that good practice involving employees in change and improvement programmes builds on staff expertise and how they do their job. Effective involvement meant ensuring that employees had ownership of the changes and improvements. The employees were encouraged to view continual change and improvement as part and parcel of their work and were

readily engaged in the process of clarifying how the purpose should be carried out in day-to-day practice.

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 recognition that if employees were given responsibilities in governing the direction and developing the specific actions that encompassed the improvement programmes, they would be more likely to take ownership of them.

One of the key improvements suggested by staff in the one-to-one consultations 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 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 HR manager wanted to try new processes to redefine job roles (i.e. 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 the director 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. A staff member said, 'I enjoy my job a lot better now. I have always enjoyed my job but it is a lot more interesting having more responsibility.' 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.

Establish a structure that allows engagement

The organisational structure of ACS is hierarchical. This does not mean that staff have no say in organisational improvements, however. Following consultation exercises with employees, the directors circulated documents encompassing the feedback and explaining how it would contribute to the next stage. As a direct consequence, various interdepartmental consultation groups are in the process 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 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 the 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.

Get communication channels right

Communication methods need to be accessible and 'user friendly' for all. 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, it was necessary to ensure that computer access was expanded within the organisation so that all employees could take advantage of electronic communication. 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 (CEA) 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 who were willing to share their experiences on the front line for audience critique. To do this, it was essential for the 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 for her to be flexible in her approach. She thus employed a variety of techniques based on the lessons learned from the first couple of attempts at conducting CEAs. First, one-to-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 can contribute to and learn from the outcomes to help the organisation deliver better services. Each time the organisation held a CEA, it learned from it and used employee feedback to improve it.

Work with resistance

Resistance to change and improvement is often framed in a negative light. The director of ACS was adamant that resistance could be beneficial to the improvement process. As part of the consultation process, the director organised away-days for staff to get involved with planning the improvements. Ensuring those with dissenting opinions 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 brought 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.

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 its 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 suggest is not heeded. The director argued that 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.

Give staff support to adjust and adapt to improvements

The improvement initiative at ACS resulted in changes to existing staff roles and the creation of new posts. ACS used personal coaching to help some members of 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.

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 universally rolled out so that all members of staff now 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 said:

> 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 time constrained them from doing everything they would ideally like to. The director explained her response when staff questioned how they were supposed to find time to make improvements:

> 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.

The staff at ACS also commented that it is 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 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.

The director of ACS highlighted that while improvements and alterations can be rewarding, they can also be frightening and challenging. Supporting staff through improvement 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 the right direction.

3 Stakeholder involvement

In this context we refer to stakeholders as governing boards, people who use services or member organisations. In ACS, as with all of our case study organisations, the people who use services and high quality service delivery were central to the improvement initiatives. This section will review some of our findings on effective stakeholder involvement from ACS.

People who use services should be at the heart of change and improvements

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 people who use services generally said 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 systematically capture feedback did not work. 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 its 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 for users in research when it engages the
users and they can see a means to an end.

Organisations need to work in and with the communities they serve

In addition to people who use services, the director of ACS was keen to ensure the engagement of other key stakeholders from the wider community. She works hard to engage with board members and other local community organisations to ensure the necessary support is available for ACS but also that ACS is aware of community-wide changes. Negotiating the intricate web of stakeholder involvement requires a great deal of effort and persistence but the director of ACS is convinced of its importance for service delivery.

Evaluating improvement

ACS was involved in several forms of evaluation, both formal and informal. As the improvements were ongoing, the evaluations were not simply one-off in nature.

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 service 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.

Case 3: Disability Wales

The organisation

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

A voluntary board of directors manages DW. They are elected and drawn from disabled people 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.

DW 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 regarding policy work. DW also runs projects funded from various sources and in partnership with other organisations that help to deliver its aims and objectives.

The improvement

DW was originally set up by people based in health and social care, in line with a medical model of disability, whereby impairments are seen as physical conditions intrinsic to the individual. In 2003 there was a vote to adopt the social model of disability, an ethos recognising that disability is a social and political issue about barrier removal, not about specific conditions or impairments. The decision was taken that the DW board should subsequently consist of 100 per cent disabled people. In addition, to qualify for full membership, organisations must now comprise a majority of disabled people – the decision was taken that a majority should be 51 per cent. The 51 per cent requirement was phased in over time. The changes meant that DW moved from being an organisation *for* disabled people to an organisation *of* disabled people as well as evolving to reach out to more people than it was previously able to. The following sections organise the information we collected according to our three themes: (1) leadership and purpose; (2) employee involvement; and (3) stakeholder involvement. Each theme is then divided into several sub-themes. Refer to the knowledge review and analytical report, *Improving social and health care services,* for a full review of the themes.

1 Leadership and purpose

DW's embodiment of the social model of disability coincided with the entry of a new leader who organised her thinking and practice around this progressive model. In many ways, the change in purpose and leadership were very much intertwined.

Leaders need to establish a clear sense of purpose and ideology 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, leaders also created conditions that allowed it to shift in the desired direction. The staff were very clear about the incredible impact that the leaders had in enabling the changes to happen. DW adopted and embedded the social model of disability to become an organisation for disabled people. The aim was to achieve rights, equality and choice for disabled people and adopting the social model of disability allowed DW to express the values it aspired to – of empowering disabled people to become equal citizens. A representative of one of the 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.

Leaders create the conditions to enable change and improvement

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 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 model 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.

One of the ways the director enabled change was by simply being accessible. At DW one of the staff members claimed:

> To me CEOs 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 conveys the pride the staff member has in her director and showcases the balanced blend of leadership necessary for this organisation.

Respond to issues, but do not compromise on direction

The director of DW knew that one of her primary roles was to respond to issues raised by her staff, people who use services and members of DW, but that in doing so she must not compromise on the direction of travel. In some cases organisations and members were very much against the changes, particularly where they would no longer be allowed membership. The director encouraged staff to spend time with people to help explain and discuss the decisions but made it clear that DW would not be compromising on its decisions.

Communicate underlying purpose and ensure actions are consistent with this purpose

Communication by the director of the underlying purpose and ideology across to others was a key feature in DW. The director used consultations to initiate a two-way communication process between staff and members. The methods the director used to establish or communicate the underlying messages included:

- group consultations with staff, including brainstorming exercises
- e-mails
- roadshows
- personal telephone conversations
- group meetings and consultations.

In DW, the criteria for 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 a majority of disabled persons 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 its message to these groups and, as the director says, 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.'

Directors and staff acknowledged that education and information-sharing may be necessary to show people a new way of looking at things. DW explained that its 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,' as a DW staff member pointed out. Thus, educational initiatives were sometimes necessary to communicate the purpose. However, DW recognised that it was not possible for everyone to come on board with the social model of disability.

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 in terms 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 it with an answer as to whether it should expand in a particular area of the country, which might subsequently negate the need for other organisations to exist there.

Stakeholders need to be on board with the underlying purpose

The director argued that all the stakeholders, the board, employees and users, must be on board and engaged with the underlying purpose of the organisation. In DW 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. Yet other members of staff and some of their member organisations were a bit more ambivalent about the shift to the social model. Enabling the core group of 'believers' to get their colleagues on board was a necessary approach, as the central team as a whole had the responsibility of persuading their member organisations that the improvements were necessary. In some cases this involved repeated conversations with specific individuals to help them to understand why membership needed to be restricted to specific organisations (i.e. those with majority disabled board members) if DW was going to promote the social model of disability. The director and staff had to be flexible and in some cases devote more attention to one or two individuals and organisations.

2 Employee involvement

Once the director had established the new ideology for the organisation, she had to set up a method of practice that was aligned with the purpose and ideology and engaged staff members. As previously mentioned, the director recognised that employees were the key deliverers of their services and were central in persuading members to get on board.

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 recognition that if employees were given responsibilities in governing the direction and developing the specific actions that encompassed the improvement programmes, they would be more likely to take ownership of them.

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. Examples given by DW staff highlighted how important it is for leaders not to undermine their words with contrary actions. In DW, one staff member said:

> I think [the new director] trusts 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.

Establish a structure that allows engagement

The organisational structure of DW is hierarchical. With a more traditional hierarchy (i.e. directors, senior management, line managers, front-line staff), 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 work together with different teams.

Get communication channels right

Staff at DW commented on the necessity to repeat and reinforce messages to communicate effectively. As previously mentioned, as part of its movement to the social model of disability, DW began requiring that the boards of its member organisations comprise disabled people as a majority of their membership (51 per cent). Despite various attempts and methods (e.g. newsletters, e-mails, phone conversations, roadshows) to communicate this information to their member organisations, staff reported having to deal with constant calls and queries from members who believed 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.

Work with resistance

The term 'resistance' is often viewed as destructive and unhelpful to improvements. Several key messages emerged from the content analysis of all our case study organisations, including DW, 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 (examples include people who dissent but make no attempt to become involved in the changes, offer alternate solutions or provide reasons for their dissent).

Staff at DW devoted substantial amounts of time to talk through issues with member organisations and individuals who were having difficulty adopting or understanding the need for the changes.

Give staff support to adjust and adapt to improvements

The organisational improvements resulted in changes to staff roles. Beyond supporting the training and development needs of staff and board members to enable them to deliver the changes, staff members reiterated the need for general staff support on behalf of their director. In DW the staff were clear about several ways they felt their director showed 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.

3 Stakeholder involvement

In this context we refer to stakeholders as governing boards and people who use services or member organisations. This section will review some of our findings on effective stakeholder involvement from DW.

People who use services should be at the heart of change and improvements

While the involvement of people who use services and member organisations was central to the improvements at DW, there was recognition that you cannot force involvement. At the same time, member organisations needed to recognise that the more involved they were in the improvements, the more the improvements would reflect their aims, purposes and passions. Indeed, one of the representatives of a DW member organisation claimed, 'You get out what you put in.'

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.'

Organisations need to work in and with the communities they serve

Recent accusations from DW's member organisations implying DW is too centrally focused on the Cardiff area highlighted the importance of viewing the 'community' more broadly. DW has recently started initiatives to provide a more inclusive service for organisations situated outside Cardiff. DW now holds 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 its next step needed to be the creation of local offices within each region to further the engagement efforts. While the director spoke of general 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 showcase the importance of external stakeholders and community members in promoting improvements.

Case 4: Children and Family Court Advisory and Support Service

The organisation

The Children and Family Court Advisory and Support Service (CAFCASS) was set up in 2001 under the Criminal Justice and Court Services Act 2000. It brings together services previously provided by the Family Court Welfare Service, the Guardian ad Litem Services 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. CAFCASS is a non-departmental public body for England, accountable to Parliament through the Department for Children, Schools and Families (DCSF). 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 its 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.

The improvement

As with all of our case study organisations, the main aim of the improvement initiative for CAFCASS was to become more service user focused. Also similar to our other case study organisations, the improvements at CAFCASS were not structured so as to have a definite endpoint; rather they were implemented as part of a system of continual adaptation and development. The improvements focused on the organisation as a whole with a special focus on the North-East (NE) region following some general concerns about the quality of front-line practice. Building from the bottom up (i.e. staff initiated), the NE region pioneered a new way of structuring staff to ensure that front-line practitioners had access to better supervision to enable them to best serve the children who are referred to them. As a service for children, CAFCASS is also continually aiming to increase the involvement of children and youth, such as the establishment of a children's board or inviting children to sit on hiring committees.

The following sections review the information gleaned from our director interview with CAFCASS, focusing on our three key themes: (1) leadership and purpose; (2) employee involvement; and (3) stakeholder involvement. Each theme comprises a series of sub-themes and we provide relevant examples from CAFCASS as illustrations. We conclude our case study with a summary of CAFCASS's efforts at evaluating its improvement programme.

Refer to the knowledge review, practice review and analytical report, *Improving social and health care services,* for a full review of the themes.

1 Leadership and purpose

A key theme that emerged from our knowledge review was that effective leadership, namely an inspiring and resourceful executive director, was central to successful implementation of change. This leader must be able to harness the support of employees by empowering them and spreading the passion of their vision. 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

Following some worrying inspection results, CAFCASS wanted to improve front-line practice to enable more child-focused services and ensure their provision was targeted at making a difference in each child's life. At the same time, staff in the NE region felt a major restructuring of their roles could facilitate improved practice. The NE director was keen to spearhead the effort to ensure delivery of the highest quality service for children.

Leaders create the conditions to enable change and improvement

Helping children and youth is at the core of CAFCASS's services. As such, leaders need to ensure that children are not simply passive recipients of services, but rather actively engaged in driving the character and direction of the organisation as a whole. To facilitate this shift in thinking, for example, a children's board was recently created to ensure that the views of young people – the driving force behind the organisation's purpose and ideology – are represented at the highest level. Another rather simpler part of creating the conditions to enable change and improvement focuses on accessibility. To this end, the regional director and the business manager situate themselves in a different regional office on a weekly basis to ensure that all staff receive adequate face time.

Respond to issues, but do not compromise on direction

In CAFCASS NE, a standstill budget made the organisation examine its internal management structures and try to come up with a workable budget that did not comprise the organisation's ultimate purpose. The senior team questioned whether these budgetary constraints were a 'threat or an opportunity'. The organisation used its staff members to help come up with a solution that satisfied the joint needs of cutting costs and making services more 'child-centric'.

Communicate underlying purpose and ensure actions are consistent with this purpose

CAFCASS was one of two of our case study organisations that used staff consultations to initiate a two-way communication process about change and improvement. Some of its methods included:

- group consultations with staff including brainstorming exercises
- circulation of notes and consultation memos for staff comment
- future establishment of an online policy group.

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 its 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 [the 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.'

While CAFCASS NE reported general success with its chosen methods of communication and consultation, these methods were not foolproof. CAFCASS believes that the reason the consultation process was so successful in the NE region is because it was with a small group of 100 to 150 personnel. While its next plan is to move forward on a national scale, CAFCASS feels 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.

Stakeholders need to be on board with the underlying purpose

Across the case study organisations – including CAFCASS – a range of examples were shared about effectively engaging people:

- get a core nucleus and move forward
- work directly with staff
- don't accept inappropriate behaviour
- remove people who do not feel able or are not willing to come on board.

CAFCASS NE had extensive consultation sessions with members of staff and engaged with employees en masse during extensive brainstorming sessions. 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.

2 Employee involvement

As previously mentioned, one of the key changes and improvements – staff restructuring – in the NE region was very much staff initiated. Good practice in involving employees in change and improvement programmes builds on their expertise in terms of how they do their respective jobs. Effective involvement also means ensuring that employees have ownership of the changes and improvements.

Engage employees – give them responsibility

We have already described in depth the consultation process used in the NE region. One additional example from CAFCASS also illustrates how it engaged with its employees. To help facilitate change and advise the NE director, a practice advisory group was created comprised of staff from all functions. The organisation has plans to transfer this advisory group into an online panel where ideas can be 'bounced around'. CAFCASS plans to dedicate some money to pilot these initiatives in the NE region.

Establish a structure that allows engagement

The key element of an organisation's structure that enables engagement is two-way communication. In some organisations, such as CAFCASS, 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 are blurred.

Although there was hierarchy in its structure, CAFCASS NE ensured that all staff had a voice and engaged in actions that demonstrated that they listened to what the staff said. Following the 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 CAFCASS 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.

Further, in CAFCASS NE, the improvement initiatives actually *added* a layer of hierarchy to the management structure, but both staff and directors felt it was imperative to them realising their purpose. Above the regional service managers, new heads 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 front-line 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.

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. 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 ten 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 was key to the success of engaging the majority of employees. The corporate director commented: 'One of the significant things I have to do in order to keep the 80 per cent of supportive staff on board is confront those engaged in unacceptable practice.'

Give staff support to adjust and adapt to improvements

Organisational improvement initiatives often result in a reshaping or reclassification of staff duties and roles. In CAFCASS 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.

3 Stakeholder involvement

In CAFCASS, as with all of our case study organisations, the people who use services and high-quality service delivery were at the heart of the improvements. This section will review some of our findings on effective stakeholder involvement from CAFCASS.

People who use services should be at the heart of change and improvements

CAFCASS is beginning to be more progressive in terms of its user involvement. Most recently it initiated a children's board of 12 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 having a young person on its 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 region. These new posts required expansion of the current skills set in direct work with children and thus required CAFCASS to look beyond its regular skill set when hiring (e.g. one new staff member has a degree in play and drama). Thus, CAFCASS is practicing significant user involvement through its approaches to the participation of young people in the delivery of services.

Organisations need to work in and with the communities they serve

In addition to people who use services, our 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 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 region 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': 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 its area and, according to the CAFCASS regional director, it was necessary to 'know you're right and just keep at it'.

Evaluating improvement

Due to the importance of evaluation for social care organisations (e.g. as a result of funding requirements), we believed it was important to document the different types of evaluative methods used in our case study organisations. The improvements within CAFCASS were ongoing and therefore the evaluations were not simply one-off in nature. According to the CAFCASS corporate director, 'This isn't just an exercise that begins and ends. It is a constant dynamic.'

In CAFCASS NE, the approach is to evaluate everything and to triangulate with other measurables including finances and budgets. The organisation hopes to demonstrate that its new programme of work leads to no more than 1:12 manager to front-line staff ratios, sufficient front-line supervision and improved service quality. CAFCASS NE suggests 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 region

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 its evaluation to include comment and feedback from partner agencies. It believes this information will go a long way in demonstrating to staff the high value that others place on their work with children and families.

CAFCASS also put in place user-directed feedback. It has a computer-based feedback programme that children are invited to use at the end of their service. In the NE region, practitioners now come equipped with laptops to facilitate the completion of this user feedback. The organisation's use of the programme is higher than anywhere else in the country.

Case 5: TerraBlu

The organisation

TerraBlu Ltd (TB) is a private sector provider of domiciliary care founded in 2000 by director Richard Gould to provide care for children with disabilities. Since then TB has extended its services and now provides care at home to older people, adults and children with disabilities in the South East of England, west Kent and East Sussex. TB is an approved provider to Kent County Council.

TB employs 80 people and provides around 2,000 visit a week to clients in their homes 365 days a year. Understanding what clients want and getting their feedback and input to services is seen as central to ensuring the best quality of support. TB has a focus on providing high quality care to help clients retain their independence.

In addition to providing care at home TB also organises social events and signposts clients to other services such as gardeners or technical equipment support. Seventy five per cent of TB's clients are older people. Funding for their services comes directly from clients either from their own money or via Kent County Council as part of Individual Budgets or Direct Payments.

In March 2008 TB was awarded three-star status (highest level, representing excellent quality) following an unannounced assessment by The Commission for Social Care Inspection.

The improvement

In 2007 TB changed its organisational structure with three aims: to improve as an employer; to further improve the quality of the care provided; and to enable the business to continue to grow without compromising on the quality of service offered. The drive to improve as an employer came predominantly from staff turnover levels of over 70 per cent. The other two objectives came from a realisation that the company had essentially worked on a crisis driven agenda, where key management responded to the latest particular client 'crisis'.

The next sections review the information gleaned from our interview with TB's director, focusing on our three key themes: (1) leadership and purpose; (2) employee involvement; and (3) stakeholder involvement. Each theme comprises a series of sub-themes and we provide relevant examples from TB as illustrations. We conclude our case study with a summary of TB's efforts at evaluating its improvement programme.

1 Leadership and purpose

The changes that began in TB in 2007 were as a result of a clear recognition by the director of a need to adjust the business model and improve the employee experience while keeping client service at the centre of all the work. The following section details the role of the leadership in the change process.

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

TB was originally set up with the ambition of providing care for children with disabilities. The business was set up on traditional models of domestic care with a small informally structured and managed team. The company had now outgrown this structure in which management didn't have time to think about the broader issues of employee well-being or new ways of working, since it was caught up constantly in the day-to-day issues of the moment. Employees outside a small inner circle felt neglected; this had resulted in a high turnover rate of staff.

The director set a new direction for the company with a change of business model and a shift to making TB an employer of choice. The desire to provide high quality care for clients had always been central to TB and remained so. However, the director also realised that achieving high quality care required engaged and motivated employees who felt their employer cared about them. To establish what was fundamental to a good employee experience the director turned to the staff to understand what they needed.

With guidance from his mentor, the director set about establishing how to make the changes and engage staff. The shift in direction of the organisation required new skills for staff and an internal restructuring to allow for formal growth:

> Good leadership is about listening and building a consensus and then setting a direction, and to support people to move towards this direction, but you need that interaction, engagement of the employees . . . you build that by creating a structure that you can listen to each other . . . leadership needs to energise people and bring them along towards a common goal. In TB it's informal and fast changing. You need to talk to people to do it.

However, the director felt that the underlying purpose of delivering excellent service is not one that always energises people. He believed that all staff accept delivering high quality service as the right thing to do. Yet, because delivering high quality care can be unrelenting on the support worker, it often exhausts rather than engages them (and their families). In consultation with the staff he established that what energised employees was being clear about goals, using terms such as 'I want us to be . . . ' or 'let's be . . . '. The message for change that met staff needs was 'we want this to be the best place you can work in homecare'.

Leaders create the conditions to enable change and improvement

To grow effectively while achieving a high quality of care in a larger organisation, TB had to move away from an informal structure and management style. The director used his experience from working previously in the army and business to build smaller teams and push responsibility and accountability down the organisation. These methods were uncomfortable for some employees but the director believed these processes were essential to ensure a profitable business, high quality of care and employee engagement.

First, the director established a senior management team that could take responsibility and control for delivery and standards of care as well as pastoral supervision for staff. Several models of hierarchy were tried with managers responsible for different groups before a final structure was agreed, focusing on responsibility for geographical regions. The purpose was to cascade leadership throughout the organisation. Core to the success of the model is empowerment of employees from the management team through to the frontline staff. Instead of a traditional model of having responsibility solely for the administration of care delivery in an area (e.g. developing a staff rota, undertaking client assessments and completing associated paperwork and follow up), care coordinators now have responsibility for leadership of their teams. This additional responsibility involves leading, motivating, developing and mentoring staff in their teams and is a big challenge:

> Social care is generally about delivering statutory objectives, delivering wider social objectives, but I've realised that we need good social care skills and something more, which is this ability to motivate others and to take responsibility for delivery throughout the organisation.

The director reskilled and recruited staff where necessary to fit the new focus of the organisation to deliver good social care and to support and motivate employees at the same time.

Respond to issues, but do not compromise on direction

For some employees the changes were uncomfortable as they were in contrast to many traditional models of social care with small informal businesses and workers almost working their own client franchises. The director worked with staff where possible to address concerns but ultimately retained and recruited staff that were fit to deliver the new business:

> Sometimes you work it out and you meet at the common ground and engage that person. But sometimes you don't and if you don't then I'm afraid it's not the right environment for them and you part ways, sensitively and supportively, but you part ways.

Part of TB's new direction is empowerment of its employees and holding people accountable for their actions. However, doing this means managers

have to be tough and not accept behaviour that does not fit with the desired organisational approach:

> We've bought in this fabric of empowerment and accountability, but there is a flipside, which is that you are accountable. Some people don't like this and leave. As an employer you have to accept this, even though traditionally it has been a struggle to recruit sufficient support workers to cope with demand.

Sometimes TB meets resistance to its approach from those in the wider community. The director is very clear that as a leader you need to set a direction and be ready to go ahead with or without support:

> You can listen and you might get support but you won't always. You need to be sensitive to listen to others who say you might possibly be off course. One to one meetings can even add to your momentum, but you don't stop in your tracks because of lack of support. Change only happens if you stand up and change.

Communicate underlying purpose and ensure actions are consistent with this purpose

Communication within TB is done through a variety of mechanisms recognising the need for fluid communication across the whole organisation and with clients.
Newsletters are produced throughout the year, separately to clients and employees, communicating themes and the direction of the organisation. Team meetings are also used as a weekly form of communication so that messages from the director and management are cascaded down. Communication is not simply top down from the director and management team – team meetings are also used as a way to feedback to the senior team. The director also accompanies staff on home visits to receive feedback from clients but also as an informal way of understanding staff concerns and ideas. Acting on feedback and ensuring actions are consistent with communicated intentions has been a central part of the improvements in TB. One of the central pieces of the change was to ensure staff felt valued and cared for as feedback from staff indicated this was poor prior to 2007. Ensuring staff feel cared for by their care coordinator and the organisation meant the director had to communicate the standards expected and that actions reinforced the communications to staff that TB was valuing them. For example, weekly team meetings had to be held, cancellation was not an appropriate option and mentoring needed to be a priority for managers:

> The comment we got from employees was often, 'I don't want to call my care coordinator because he's/she's so busy, calling around, dealing with this or that important issue. I've felt that my issue wasn't important enough', and not because their care coordinator has said they felt their issues were not important enough but just because when they call the care coordinator, he/she was stressed, you know in a rush

and whatever, and so we've still got to work on that, trying to get care coordinators to make time for your staff and make time to listen. Reinforcing the mentoring and making sure the care coordinators have time for their employees has been fundamental.

Not having time to care for employees was not an acceptable option for the director. For him it was essential that employees were looked after and therefore managers had to find time to do so:

It's just my style, some people will like it some will not. In this environment people who say 'I can't do A because I'm already doing B' don't survive, they get upset. People who say 'I can't do A, because I'm doing B at the moment, but if I do B different I can do A or listen I'm not sure if I should be doing A or B can you give me some direction' – those people thrive.

Stakeholders need to be on board with the underlying purpose

The director worked with employees and clients on the reason for the changes and how to go about effectively making transitions. It was important that everyone understood and was working towards toward the same goals. This meant stepping up to new responsibilities and new ways of working. The director also recognised that for others there needs to be a 'calm backwater' for those who have good care skills and are happy for the organisation to change but do not want to take on extra responsibility or upskill:

You need to keep people energised and engaged. You also need to make sure you develop calm backwaters for people who are happy to do a good job but they don't want to lead or develop their career, that's absolutely fine. They still need to be on board with the changes but they might not want to stretch themselves further.

The director also believed that to ensure improvements are continuous and do not stagnate the message to staff and communication of the common goal needs to be continually refreshed. To that end each year TB gets staff ideas on how best to communicate and take action to make TB the best place to work. The director also inputs his ideas on what is needed to ensure this happens.

2 Employee involvement

Engage employees – give them responsibility

One of the important transformations within TB to restructure the business was to increase the personal responsibility of employees for outcomes throughout all levels of the organisation. The aim was to empower employees to be able to take action wherever they felt it was necessary to do so in order to achieve high quality care for their clients:

> I want to move from a sort of cottage industry type organisation to being a more professional scale company in which you can objectively measure quality assurance, you need to cascade down that leadership within the organisation and it means actually letting go of something, still measuring them and holding people to account, but letting those responsibilities cascade down, that has been a brilliant thing.

Initially the director was concerned that relaxing control of the day-to-day at the top would mean standards of client care would fall but he has found the opposite to be true:

> I had been worried about it that we were going to lose a level of quality but it was the right advice to push control of some things down to the care coordinators. And by doing that and reinforcing their standards it's been great, it started a real group of engaged people at different levels in the organisation.

Establish a structure that allows engagement

TB has a variety of structures to engage staff in the process of improvements:

- weekly team meetings that discuss client and company issues
- yearly week away at a 'care academy' for members of staff from different levels to undertake training and to work on ideas for new initiatives to make TB a better place to work and deliver excellent care to clients
- newsletters
- staff forums
- social events with clients
- unplanned contact where director 'drops in' on home visits with staff
- new initiatives proposed and enacted by individual employees.

Engaging staff also means ensuring managers are encouraged and held accountable for supporting teams so that engagement is more than words and is actually done in reality. For example, the director asks his senior care manager about staff mentoring and welfare issues in their weekly meetings and requires updates on progress being made on actions.

Not all the ideas happened easily. For example, the staff forums took time to get people engaged and willing to take part but the director believes these have been a valuable way of hearing opinions from vocal and quieter employees.

TB also set up informal social events with employees to help people interact and engage with each other across teams. This helps people to get to know each other and exchange feedback.

TB does not have time to undergo large formal consultations with staff, but does need to consult and engage staff.

Get communication channels right

TB has a series of regular meetings that enable communication to go throughout the organisation. Given the disparate nature of homecare, structured small meetings had to be developed to allow information to work throughout the organisation in small groups. Both client and company issues are discussed in these meetings and the director personally holds managers to account on actioning issues that are raised:

> In weekly team meetings we talk about all the stuff going on in the company. I hope we have a good dialogue, it's a demanding job and a demanding environment, but I hope it's fun. Meetings allow us to support each other and feel part of the same organisation.

Work with resistance

'I think people often resist because you haven't enthused them in the direction you're going.'

Smaller forms of resistance were encountered on specific new measures. For example, the director wanted to set up an 'employee of the month' scheme but not everyone agreed, feeling it was against the team spirit of social care. Now the scheme is in place it has been a great success with over 80 per cent positive feedback from employees.

Some employees were also negative about taking staff away for a training week due to the time involved and the cost of going off site. However, since these schemes have been put in place they have delivered on making staff feel valued and involved in the business:

> What I find is often the case with resistance is actually you haven't taken time to listen to the person. And so you do that, you talk it through in a very open way. I think openness is very important, openness and transparency, and giving people personal confidence. If people are not confident and empowered they don't feel open, but if you do support them and you do give them responsibility and you're open with them, it helps to unlock what's at the heart of people's resistance.

Give staff support to adjust and adapt to improvements

Making the improvements involved lots of changes to the organisational structure, to the jobs that nearly all employees were doing, to the composition of the client base and to the culture of the organisation. To ensure high quality

service it was important that the staff were engaged and motivated. Taking people through such major improvements meant the director and management team needed to communicate with employees and allow new, fresh ideas to flourish. The new responsibilities for many employees required a different skill set to those they had acquired through their technical social care training.

The director set up training days for the care coordinators for them to learn how to lead their teams. The training days he devised look at models outside social care to see what leadership works and what can be applied to social care work. Looking outside stretches employee thinking and helps them to be creative. The course is one mechanism to help to build the personal confidence of TB leaders as a key part of successful leadership. Traditional training for social care workers focuses on technical skills and expertise which are essential elements but it does not provide leadership training. The training course developed by the director is designed to cascade leadership skills throughout the organisation.

Ensuring both clients and staff have what they need to do an excellent job is an ongoing process and the director takes a hands-on approach. For example, he regularly attends home visits with frontline employees. This provides him with an opportunity to get direct feedback from the clients but also allows him to spend time with the employees and learn about large and small things that are affecting their opportunities and abilities to deliver high quality care for their clients:

> I go out on care rounds. I do nothing in particular on these rounds; I put gloves on and get in the way a bit but it's valuable for two things. One is that clients will tell me at seven in the morning what they really feel about our services, and this is great feedback to me. The second is that in between calls I'm getting feedback from a number of staff about whether they feel supported or not, and if they are not I will come back and tell the care coordinators.

3 Stakeholder involvement

People who use services should be at the heart of change and improvements

TB refers to clients and not 'people who use services'. The director acknowledged that this is in contrast to the normal social care terminology. For TB, 'people who use services' suggests passive recipients. 'Client' in contrast reflects the important active and central status of those for whom the care is provided.

Ensuring clients are involved in the delivery of their care is important. The director's home visits on a regular basis provide him with the best form of feedback from clients. Staff also organise social events for the clients which provide an opportunity for informal feedback and engagement with clients.

Clients can also nominate any employee for 'employee of the month' as a way of incorporating their responses to positive activities or actions employees are taking:

> Consultation with clients is fundamental. You need to be confident enough to be open, to listen and respond where you can to key messages. Sometimes you need to change direction in response to these comments. You need to involve clients in a variety of settings. Listen to what would materially improve their quality of life.

TB also runs client forums. These are a more formal way of getting feedback from clients but the director has found them very useful. Clients who wish to are invited to join these forums that are held quarterly for one hour. Clients who are particularly vocal and have strong opinions are encouraged to attend. The forums are held in a central location and taxis, if required, are sent to clients' houses to collect them. Opinions from less vocal clients are encouraged but are often gathered from home visits or social events instead.

Organisations need to work in and with the communities they serve

TB as a business sometimes find itself kept at arms length by social services and the voluntary sector because it is a private sector company, despite the fact that independent providers supply some 70+ per cent of homecare in England. TB works at engaging with other organisations delivering similar care in order to try to provide a joined up service to their clients, but positive feedback from clients suggests they are managing to deliver a good service at present without joining up.

TB considers its most important community to be its clients, employees and their families. The director believes that one of the best ways to deliver a better service to clients has been to think of them as part of the TB community so that they are an extension of the goal of being an employer of choice. Some great examples of the success have been clients and staff volunteering to help out in initiatives such as social events, and relatives of clients then joining the company as employees.

Evaluating improvement

'I wanted the company to keep caring at its heart, but evolve away from informal networking to be a professional company that had measurable processes.'

Evaluation has been planned into the improvements to ensure that the organisation can see what changes are being made. Evaluation measures used by TB include:

- regular staff supervisions
- client and staff forums meeting quarterly

- retention rates
- client annual survey (run in the past by Age Concern as an independent third party)
- anecdotal feedback from employees at regular social events.

Case 6: BrendonCare – Alton

The organisation

BrendonCare is a charity with 10 care centres across the South of England. The Alton complex (BCA) was opened in 1997 and provides residential and nursing care for 75 people. It also has day care facilities for the physically and mentally frail. Short-term respite care is available as well as specialist care for those with severe mental frailty. In addition, a smaller complex offers 46 domiciliary flats for older people to live independently with access to nursing and personal support.

The improvement

In 2006 BCA took part in a pilot project for the Resident Centred Care (RCC) audit tool. The audit was initiated by management as part of a strategy to improve resident centred care. The aim was to assess and help guide the home towards putting a true emphasis on the individual and the outcomes an individual wants for their care. In contrast, at the time, the emphasis was on the process of care. Residents, their relatives and staff were all involved in the RCC audit including being interviewed by the authors of the audit as part of the process. The recommendations from the audit comprised practical suggestions for how to shift the culture and practices of the home to ensure the resident was at the centre of the care. The home continues to look at ways of building on the audit and improving the care they provide.

The next sections review the information gleaned from an interview with the Head of Care focusing on our three key themes: (1) leadership and purpose, (2) employee involvement and (3) stakeholder involvement. Each theme comprises a series of subthemes and we provide relevant examples from BCA as illustrations. Refer to the knowledge review, practice review and analytical reports, *Improving Social and Health Care Services,* for a full review of the themes. We conclude our case study with a summary of BCA's efforts at evaluating their improvement programme.

The audit process and subsequent improvements made within BCA were started when the Head of Care's recognised that the home's business planning and operations were driven by the process of care and not the resident. Her wish to make changes, together with the support offered by the audit toolkit which acted as a guide to the way forward, drove the improvements. The following section details the role of leadership in the process.

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

The current Head of Care had started working at the home as a senior team leader and became more involved in the annual business planning, especially with care goals and objectives of the home. She realised that the focus at the time was on putting care plans together, with an emphasis on process not outcome for the residents. The care plans were good but often showed little evidence of involvement by the resident. At the time she took over as Head of Care, the National Minimum Standards were emphasising the individual and what individuals wanted from their

care. Yet, evidence from the residents care plans seldom demonstrated resident participation in their care plans or choosing what they would like. The Head of Care therefore decided that the whole process needed to change, and she needed to ensure the process and culture recognised and involved the residents as individuals in creating their individual care plans.

However, at the time the Head of Care felt unsure as to how to make the change. She was very clear on what she wanted to achieve but unsure as to how to do it: '*I was thinking about it for a long time but quite honestly didn't know which way to go. I knew what I wanted to do but not how to go about doing it'.*

Leaders create the conditions to enable change and improvement

The Head of Care has become increasingly aware of the need to change throughout her time at BCA and when she took over as Head of Care found herself in a position to be able to instigate the changes. Her lack of a sense of which steps to take first was addressed when she was approached by the authors of the RCC. The authors asked her whether they could use BCA as a pilot for the audit tool. The Head of Care took the opportunity and allowed the RCC access to staff, residents and their relatives to undertake the audit over a period of six months.

A great deal of administrative time was devoted to setting up the audit, for example, gaining consent from residents, their relatives and staff to the interviews taking place and fixing times for the interviews. Crucially, the Head of Care was so convinced of the need and benefit of the audit that she made sure the time was given to doing it properly. On a personal level, the Head of Care spent time one-to-one time with team leaders and residents and in resident and relative group meetings to explain what was happening. Where relatives and residents did not regularly attend the bi-monthly group meetings flyers were given to residents and posted to relatives. Staff were encouraged to spend time with residents and relatives talking about the audit and answering questions. The Head of Care also spent time on the floors of the home to ensure she was accessible to residents and their relatives.

Respond to issues, but do not compromise on direction

The feedback from staff revealed that they felt under resourced in terms of staff numbers and perceived this as a barrier to delivering resident-centred care. The existing dependency tool did not always consistently reflect the number of staff needed to deliver care. Senior management were made aware of this problem and at present the tool is under review. The tool is now being remodelled as it did not adequately reflect the true levels of staff needed to deliver care. However, developing an assessment tool is not a quick or simple process, and the Head of Care was firm that delivering resident-centred care could not be delayed until the tool had been remodelled. Equally, she was clear that in a business with finite resources you need to have a balance and cannot always provide more staff. As such it was important to find ways to help staff deliver resident centred care beyond increasing staff numbers.

Communicate underlying purpose and ensure actions are consistent with this Purpose

The purpose of the audit was to help the home to make their aim of resident-centred care a reality and this vision was communicated to staff. The Head of Care made her opinion clear that whilst the home talked a lot about resident-centred care, it was not happening in practice. There was a need to change the mindset of staff and the Head of Care recognised that this was a long-term challenge:

'The centre and the focus of all our care must be the residents and I think it's a change of minds that you have to bring about. It doesn't just happen overnight. It takes a long time. I spoke to the staff and said by doing this audit we would be able to see how we could improve our skills and how we could develop our role within this home – caring – not just focusing on the care plans. Saying yes, I'll have a chat with the resident every month and signing off that they are being reviewed isn't enough.'

Stakeholders need to be onboard with the underlying purpose

'You do not see the residents in isolation, you need to look at them holistically and form relationships with their relatives whenever you can' (Head of Care). On the mental health side of the home's care, communication with residents with severe dementia can be difficult. However, BCA has found many aspect of their care they can engage them in and achieve a person centred approach to care. The Head of Care also believes working with residents' relatives is a great way forward.

Placing residents at the centre of care means ensuring residents express their true thoughts on the situation of their care. However, it can be difficult to elicit their true feelings: *'understanding what residents really believe can be difficult because the residents can often say they don't want to disturb staff because they are busy or they don't want to make trouble'* (Head of Care). Bringing in an independent body to conduct the audit ensured residents were more likely to express their opinions and enable the team to build a true picture of what needed to change.

Engage employees – give them responsibility

The changes required all staff to deliver resident centred care and each member of staff had to be responsible for ensuring their practices were resident centred. In particular, staff are responsible for drawing up and delivering the care plans. The Head of Care did not believe it was enough that the top management were engaged with residents and relatives at different points the year. Individual care staff and registered nurses all needed to understand and act on the differences involved in delivering resident centred care and deliver it every day.

Establish a structure that allows engagement

Throughout the audit the Head of Care maintained an ongoing dialogue with the auditors. This open dialogue meant the Head of Care was able to feedback findings to staff throughout the process. The auditors also met with staff at the start of the

process, through their individual interviews and presented the findings formally to staff at the end of the process. The endorsement of the review at the outset by the Head of Care and the independence of the auditors meant that staff were open and honest in their opinions and engaged in the process. There was some initial cynicism that the process would not be worthwhile, but that appeared to be short lived. The Head of Care also encouraged staff to be part of involving residents and their relatives in the process so that they were ambassadors of it.

Get communication channels right

The Head of Care makes herself visible so residents, staff and relatives are able to approach her. She goes onto the wings every morning, and once a week in the afternoons as well, in order to maintain a visible presence and build up relationships with relatives.

'If you're not visible and not communicating with them on an informal basis they don't know who to approach and you don't build up any sort of relationship with them either. I also rely on both my senior team leaders and the registered nurses on each wing to build up good therapeutic relationships' (Head of Care).

The Head of Care has also set up regular monthly group meetings with residents and their relatives. However, on one unit residents do not frequently turn up to these meetings. Instead, to inform them about the audit, the Head of Care asked staff to talk to the residents personally, and delivered flyers to their rooms in special containers so they would be easily visible. She also posted information out to relatives' homes.

The Head of Care maintained a continual dialogue with the auditors throughout the process to obtain feedback and passed this onto staff in their monthly meetings and through the team leaders. At the end of the process the auditors presented their results and recommendations to the Care Centre Manager and Head of Care and team leaders and also to the staff group.

Work with resistance

The Head of Care did not perceive resistance among staff, residents or relatives to the audit or the change of practice in principle. The difficulties emerged mainly from a lack of knowledge of how to incorporate resident centred care into an already busy schedule. The Head of Care worked with staff to identify new ways of managing their tasks to ensure the methods of care changed. She often worked on a one-to-one basis, coaching staff on where they could reduce the time spent on tasks and on how to incorporate resident centred care into the tasks they were doing already.

'I think you have to have a balance and say, if you have to care for fifteen residents and most are highly dependent, you're going to busy in the morning. You're not going to have time to sit down and you have to 'work smart' (to work as a team with good planning of the day and be efficient). You have to have some sort of routine and balance in the morning. You will have time later on in the day to sit down. It's about finding a balance. Yes, we promote personal-centred care, but you can't spend half an hour sitting down with somebody talking about their past during a busy

time. But you have to have to sit down and talk about these things and reinforce that the resident is the centre. The last thing you want is for your residents to feel rushed. You have to 'work smartly' and quickly but not to extent where the resident feels that she's just a can of baked beans that can be put on the shelf and dusted. You need to be thinking about her needs at that time, talk to her while you're working'.
(Head of Care)

The Head of Care also felt it was important to discuss the issues of staffing levels with care staff on a regular basis and maintain an open dialogue:

'If you keep communication with your staff open they do have a level of understanding. They might not like it but they do understand. I have always found that if they complain then we sit down and talk about it and see how we can alleviate their burden and make it a little easier for them. Maybe it means instead of doing two baths on Tuesday we ask Mrs Soandso if we might bath her in the afternoon, then you're not so busy in the mornings. It's just really communication with your staff. It's not simple but it's really important.' (Head of Care)

Give staff support to adjust and adapt to improvements

The Head of Care felt that the issues raised in the audit showed that staff were mostly working efficiently but they needed to improve their communication skills. The issues were addressed through supervision meetings with staff and through head office training. Where issues arise, the Head of Care looks at what opportunities exist to coach the employee through the situation either through one to one support or wider training. One particular area that was identified as requiring ongoing training for staff concerned communication around dying.

'They get lots of training and support. They know from day one that they are not expected to deal with problems on their own; they are part of a team. If they are upset or have a problem they are reminded they should go straight to their line manager or the senior on duty. So at all times they are supported. But resident-centred care also means employees need support - not only for themselves, but as they need the skills to support the person who is dying as well as the family. It's a two-way street. It's not only giving them the support for death, dying and bereavement but they need the skills to deal with the resident and the attitude to support somebody who's losing somebody they love.' (Head of Care)

Staff also have patient-centred mentors to support their development. As part of an initiative from head office, 50 per cent of registered nurses are trained in coaching for resident centred care and the home is working to cascade the resident centred care approach to other categories of staff. The Head of Care is adamant that better education and equipping the employees with the skills they need to be a more professional workforce is essential to having a good approach to delivering resident centred care. Staff are entitled to 36 hours training and six session of supervision per year, so she believes it is relatively easy to fit in the training required. Senior management in head office also provide support, helping to draw up an annual training programme according to training needs.

Service users should be at the heart of change and improvements

One of the key recommendations of the audit concerned communication with residents. Each aspect of the audit brought communication up as an issue in a different way, for example, from the residents' points of view they felt staff were often rushed. The residents did not feel they wanted to voice their opinions because they felt the care was good but staff were rushed and working too quickly. As such, the Head of Care worked with the audit team and the staff to work out how to address these issues. Ensuring that residents' perceptions of care were addressed as well as the care itself was central to putting the resident at the centre of care. The Head of Care also extended and developed the role of Activities Coordinator to deliver more one-to-one sessions to take into account individual residents' likes and dislikes.

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

The community of the home comprises not only the staff and residents but also the families of residents. All stakeholders needed to be on board with the audit and the shift to resident-centred care for the change to take place. In addition the home needs to work with other professionals who provide services to the residents and ensure that all care is resident -centred.

'It's a huge multidisciplinary approach which I think is really good for the home and for any home. When I first came into care in 2003 I don't think we had that multidisciplinary approach. We've got a very good relationship with the two local doctors and you have hospital visits, you review medication and look at patient's care on a weekly basis. The Gold Standards Framework will also help us collaborate better with the GPs and district nurses so we're all aiming in the same direction.'
(Head of Care)

Evaluating improvement

The audit tool provided the Head of Care with a way to understand where the service was providing resident-centred care and where improvements were needed. In the first year following the audit the actions for change focused on delivering resident centred care. However, the process was not simply from A to B, instead the home is now on a continual path of improvement. Subsequently, the home is now registered to include the Liverpool Care Pathways in their end of life care. The next stage will be implementing the Gold Standards Framework.

To evaluate their progress and ensure that improvements are ongoing, the Head of Care and the team leaders conduct audits on a regular basis to ensure new standards are met and that resident-centred care is a reality. Before the audit, on admission, care plans would be drawn up with minimal input from residents or relatives. There was little evidence in the plans that any discussion had taken place. Now, when the care plans are drawn up evidence must be documented that the staff have sat down with the resident and relatives to discuss the care plan. For example, reports will now have comments written in such as *'I sat down with Mrs Soandso and discussed her likes and dislikes, she says…'.* Wherever possible the relative is involved in discussions too. Each care plan is reviewed monthly between staff, residents and relatives. Audits are then conducted by team leaders twice a year for

each resident using a patient- centredness structured audit tool. In addition, the Head of Care meets twice a year with residents as part of a structured programme of reviews, though they can always meet on a one-to-one basis with her at any time to discuss issues. Initially these structured reviews were held three times a year but the response was not as good and so meetings were reduced to twice a year to check that residents are happy. In addition, the Head of Care meets twice a year with relatives.

However, irrespective of regular reviews and audits, care plans are reviewed at any point there is a major change in the resident's situation. The Head of Care also uses the requirement to complete the Care Quality Commission self-assessment each year as an opportunity to review what the service is doing well and what could be done better. She finds the particular emphasis on patient centred care is a good driver to continue finding ways to improve.

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Social Care Institute for Excellence
Goldings House
2 Hay's Lane
London SE1 2HB
tel 020 7089 6840
fax 020 7089 6841
textphone 020 7089 6893
www.scie.org.uk

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