

# DEVELOPING EVIDENCE-ENRICHED PRACTICE IN HEALTH AND SOCIAL CARE WITH OLDER PEOPLE

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This **one-year** study is part of the Joseph Rowntree Foundation (JRF) programme called A Better Life. It summarises the lessons learned from an appreciative and collaborative approach to using a range of evidence in service and workforce development to promote a better life for older people, carers and the staff who support them.

The report outlines:

- key features of a collaborative action-research project involving older people, carers, researchers and staff from social care and health organisations, both statutory and voluntary
- how participants at six project sites in Wales and Scotland combined research from A Better Life and local, contextual evidence to make improvements in service and workforce development
- the key elements that support and inhibit the use of evidence in service and workforce development
- well-being and learning outcomes for project participants
- a consideration of the costs associated with the approach taken, and the resources needed to run and sustain similar projects.

# CONTENTS

	Executive summary	04
1	Introduction	09
	Background	09
	The Developing Evidence-enriched Practice project	10
	Evaluation methods	12
2	What participants did at the six project sites	13
	Exploring and framing A Better Life and the Seven	
	Challenges within the local context	13
	Involving older people and carers in developing practice	13
	Carmarthenshire	14
	Carmarthenshire and Swansea	15
	Neath and Port Talbot	16
	Bridgend	17
	Monmouthshire	18
	North Lanarkshire	19
3	How service and workforce developments were achieved	20
	Element 1: Valuing and including a range of evidence	20
	Element 2: Securing senior management buy-in and valuing and empowering project participants	21
	Element 3: Capturing and presenting relevant evidence in accessible and engaging formats	23
	Element 4: Facilitating the exploration and purposeful use of evidence	26
	Element 5: Recognising and addressing national and local organisational circumstances and obstacles	29
4	Outcomes for participants	34
	Well-being outcomes	34
	Additional 'senses' identified by participants	36
	Learning and development outcomes	36
	Using evidence and the development of individual and collective 'mindlines'	39
5	Project costs and development beyond the life of the project	42
	Costs associated with the project and sustainability	42
	Practical steps to encourage learning and development beyond the life of the project	43

6	Conclusions: putting A Better Life into practice	44
	Key points	45
	Practical ways of promoting a better life	45
	Talking, learning and doing together, using evidence about 'things that matter'	46
	Sustainability of the evidence-enriched practice approach	48
	Notes	50
	References	51
	Acknowledgements	54
	About the author	55

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# EXECUTIVE SUMMARY

The project reported on here, titled Developing Evidence-enriched Practice in Health and Social Care with Older People, was a one-year study that followed the Joseph Rowntree Foundation (JRF) programme called A Better Life. The project aims were to:

- use research and relevant evidence from A Better Life and elsewhere in service and workforce development across one Scottish and five Welsh project sites
- achieve that development through a collaborative action-research project involving older people, carers, researchers and staff from social care and health organisations, both statutory and voluntary
- identify and address the key elements that support and inhibit the use of evidence in service and workforce development
- evaluate the well-being and learning outcomes for project participants
- consider the costs and other resources needed to run and sustain this and similar projects.

This report identifies the key features of the approach and evaluates its early outcomes.

The work was undertaken by a team of six people led by Swansea University and funded by JRF, with contributions in kind from the All Wales Academic Social Care Research Collaboration (ASCC) and the Institute for Research and Innovation in Social Services (IRISS).

## Background and project design

The JRF programme A Better Life, which ran from 2009 to 2014, produced a wealth of research evidence on the features and factors that promotes a better quality of life for older people with high support needs (Blood, 2013). Its key findings were summarised in Seven Challenges (see p09). The work attracted the attention of ASCC in Wales and the IRISS in Scotland, since both agencies focus on the use of research in service and workforce development in social care contexts.

In 2014, the three organisations formed a partnership to explore and develop an approach to using evidence in practice, building on ideas developed by ASCC in the previous year under a programme entitled Developing Evidence Enriched Practice (DEEP). This included the development of a number of principles (see p10). Thus, the Seven Challenges of A Better Life and the DEEP principles were together used to underpin the design of the project that is the subject of this report.

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The project followed a simple ‘analyse, plan, do and review’ action-learning cycle. In phase 1, the Seven Challenges were shared and discussed in story format in a series of focus groups with older people and carers at each site, producing emerging stories and experiences of older people and carers. These became a very important source of local evidence.

Each focus group was followed by an all-day learning and planning event, using evidence from A Better Life alongside stories and quotes from the focus groups. Participants were encouraged to add their own experiences as well as evidence from their organisations. An exploration of the various sources of evidence enabled them to identify ideas for service and workforce development.

Phase 2 consisted of a monthly series of six half-day events that enabled participants to implement their ideas using additional evidence and techniques.

The project was evaluated using outcome-focused planning, ethnographic field notes from each event, group exercises at the end of the project and individual telephone interviews.

## What participants did

At each site, a group of between five and 15 people (including older people and carers) focused on different aspects of service and workforce development. The geographical areas covered and what participants did in each are summarised below.

- **Carmarthenshire:** health and social care professionals worked with carers of older people with dementia to explore and develop positive and rights-based approaches to risk management.
- **Carmarthenshire and Swansea:** staff from a third-sector organisation worked with day-service and extra-care service users to explore the development of relationship-centred practice and meaningful activities, including detailed life-story work with two service users.
- **Neath and Port Talbot:** social care professionals and staff from a carers’ service worked as a group with older people and carers to explore how best to support caring relationships, including the development of meaningful short breaks rather than ‘one size fits all’ approaches to respite.
- **Bridgend:** frontline staff and managers from local authority care homes worked with residents and families, My Home Life Cymru and an occupational therapist to explore the development of more person-centred practice and paperwork, including the development of meaningful activities.
- **Monmouthshire:** health and social care professionals and a care-home resident explored ways to address loneliness. In partnership with local people, they also began to develop an integrated community resource centre.
- **North Lanarkshire:** health and social care professionals and families affected by dementia explored ways to challenge negative stereotypes of people with dementia through the development of outcomes-focused practice, and investigated improvements to GP review processes with the aim of enhancing quality of life for service users.

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## Key elements in supporting the use of evidence in service and workforce development

The project identified five important elements in supporting the use of evidence in practice.

### Element 1: Valuing and including a range of evidence

The project identified the importance of bringing together and sharing a range of evidence, including research, practitioner knowledge, the voice of service users and carers, and organisational knowledge.

### Element 2: Securing senior management buy-in and valuing and empowering project participants

Creating the right conditions, including senior management support, for participants to feel valued and confident to learn and experiment was essential. Hence the project focused on:

- appreciation and respect: valuing people and focusing on their strengths and the things that matter to them
- honesty: supporting people to 'say it as it is'
- permission: encouraging people to be creatively humane not just procedurally compliant
- mutual trust: developed through respectful conversations
- celebration: recognising and building on success, including the achievement of 'ordinary', often little, things.

### Element 3: Capturing and presenting relevant evidence in accessible and engaging formats

Participants found research reports and policy documents helpful when they were précised or summarised in plain language. They used key points from A Better Life and other research evidence, and warmed to evidence when it was presented in the form of stories, poetry, pictures and music, including examples from the website of A Better Life. Participants found examples of good practice (for example, those referenced in research from A Better Life) useful. They also found that normative frameworks helped them to conceptualise key issues, and used the Seven Challenges in this way. 'Provocative statements' were also used to stimulate learning and development.

### Element 4: Facilitating the exploration and purposeful use of evidence

The most important element of all was facilitation, which enabled participants to explore and use well-presented evidence. Different techniques were used to support this through the development of effective dialogue, which had three benefits:

- the formation of trusting relationships between participants and people outside the project, which created the right environment for learning and development
- collaborative approaches to decision-making by participants were more balanced, particularly when there were associated relational or physical-safety risks
- thinking *together* helped participants to make sense of the evidence, especially when some of it was conflicting; story-sharing was a central feature of this.

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Skilled facilitation enabled a responsive rather than top-down approach to project development. This required a good understanding of the topics being explored, the emerging context and relational dynamics within the groups. The facilitators' task was both intellectually and emotionally demanding.

### Element 5: Recognising and addressing national and local organisational circumstances and obstacles

The project ran during unprecedented budget cuts and major structural change. While the aspirations of national policy in Wales and Scotland align closely with A Better Life, participants raised concerns about the emphasis on cost savings, which was undermining these aspirations. For example, interpretations of well-being appeared to focus more on independent physical functioning than on a holistic view of a 'better life', including meaningful relationships.

Participants also raised concerns about the imposition of simplistic and inflexible rules and guidance. They developed approaches to decision-making that enabled them to respond more effectively to the wishes and feelings of older people and carers, particularly in lifestyle choices involving relationships and risks to physical safety.

Participants talked about the burden of poorly designed paperwork. They developed their own, more helpful, person-centred and outcome-focused recording methods. At one site, they used JRF research evidence regarding paperwork in care homes (Warmington et al, 2004) to challenge local regulators to see beyond the formal paperwork and recognise more experiential 'quality of life' within the care home.

Progress in learning and development was most effective at project sites where senior managers trusted and empowered participants to be creative, and gave them clear permission to experiment. This required a 'relational and responsive', rather than 'perform or perish' management style (Patterson et al, 2011) on their part.

## Outcomes for project participants

Participants at all the project sites reported enhanced well-being as a result of their involvement, which indicated the development of an 'enriched environment' of learning (Nolan et al, 2006) within which participants felt a sense of security, continuity, belonging, purpose, achievement and significance – that they 'mattered' – and that things could change for the better. Participants at two of the six sites were a little less positive, and said that early changes in group composition or focus had caused confusion. This highlights the importance of working to a well-structured, but flexible, project plan.

The evaluation revealed improved relationships between professionals and also between professionals, older people and carers. Participants had developed lots of ideas, some of which were broad and philosophical, and others more specific and practical. These ideas often led to the development of a range of service and workforce developments across the project sites. Examples were changes in organisational policy based on clear but less rigid notions of professional boundaries, and the recording of 'magic moments', described in more detail below.

Individual telephone interviews at the end of phase 1 identified the importance of stories in the development of participants' thinking about evidence. After phase 2, participants described how they had drawn on

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many sources of evidence, including A Better Life, but it was impossible retrospectively to unpick the sole impact of research on their 'knowledge-in-practice-in-context', as it was now firmly melded with other types of evidence within their collective and individual 'mindlines' (Gabbay & le May, 2011). The interviews indicated that participants had used evidence effectively to develop their ideas and attitudes and put them into practice, as was also demonstrated in other evaluation activities.

### **Project costs and sustainable development beyond the life of the project**

The main costs of the project were associated with the provision of external facilitation, staff time, venue hire and food. Whilst food and external venues were appreciated, what participants valued most was the time to think together, and the affirmation and encouragement from facilitators. Costs could be reduced by the development of internal facilitation led by research-aware practitioners with suitable skills.

Participants claimed that compared with their previous experiences of training or consultancy, the project's investment in supporting staff to develop their practice together was time well spent and had led to more significant improvements in care and morale among staff and service users.

Participants were keen to be involved in continued development of their ideas beyond the life of the project. JRF have provided a small amount of additional funding to support this for another year. As part of this, a series of events in Wales and Scotland is being planned to share the findings of the project and build on them. Many of the resources and techniques developed within the project will be made available to a wider audience through the provision of an interactive online resource supported by ASCC.



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# 1 INTRODUCTION

## Background

The JRF programme A Better Life, which ran between 2009 and 2014, produced a wealth of research evidence regarding the features and factors that promote a better quality of life for older people with high support needs (Blood, 2013). This body of research was of interest to the All Wales Academic Social Care Research Collaboration (ASCC) in Wales and the Institute for Research and Innovation in Social Services (IRISS) in Scotland, since both agencies focus on the use of research in social care service and workforce development.

In 2014, all three organisations formed a partnership to explore and develop an approach to using evidence in practice.

A book bringing together key messages from A Better Life was published towards the end of the programme (Blood, 2013). This identified Seven Challenges, which became a primary focus for learning and development. They can be summarised as follows:

- We need to develop more positive images about old age – no ‘them and us’.
- We need to see the person behind the label or diagnosis.
- We must ensure that all support is founded in and reflects meaningful and rewarding relationships.
- We need to focus on the strengths of older people and create opportunities for them to give as well as receive.
- We must treat older people as equal citizens, with rights and responsibilities.
- We must listen and respond to what older people say.
- We need to develop innovative ways of supporting older people, and also improve existing services which can include addressing ‘ordinary’, often little, things that mean a lot.

One particular statement resonated with a wide range of project participants, embracing older people, carers and staff:

Often it is the simple things that bring the most pleasure (and the lack of them can bring a sense of sadness and loss) and services do not always seem to be very good at delivering ‘the ordinary’.

Blood, 2013:13

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Before the project reported on here, a number of principles were developed in Wales as part of ASCC's Developing Evidence Enriched Practice (DEEP) programme. The principles were generated from a literature review and through consultation with national and international agencies and experts in the fields of evidence-based practice and organisational development. It was agreed from the start that the DEEP principles would underpin the project design, as they were also apparent in A Better Life:

- Focus development on 'things that matter' to participants and proposed beneficiaries (Andrews et al, 2009).
- Value a range of evidence, including research, practitioner knowledge, organisational knowledge and the voice of older people and carers (Gerrish et al, 2011).
- Take an appreciative rather than critical approach to development, which builds on everyone's strengths (Cooperider et al, 2003).
- Use a collaborative, flexible and outcomes-focused approach to project management (Barr & Dailly, 2007; MacMillan, 2008).
- Pay careful attention to how evidence is presented, its context and how its use is facilitated (Rycroft-Malone, 2004).
- Ensure organisational support and buy-in (Nutley et al, 2007).
- Recognise the importance of experiences and emotion in learning and development, including storytelling (Bate & Robert, 2007).
- Recognise the complex way in which people use evidence from a range of sources to develop their thinking and practice (Gabbay & le May, 2011).
- Celebrate experimentation and learning, including learning from mistakes (Ham et al, 2012).

## The Developing Evidence-enriched Practice project

The aims of the project were to:

- use research and relevant evidence from A Better Life and elsewhere in service and workforce development across one Scottish and five Welsh project sites
- achieve that development by applying the DEEP principles in a collaborative action-research project involving older people, carers, researchers and staff from social care and health organisations, both statutory and voluntary
- identify and address the key elements that support and inhibit the use of evidence in service and workforce development
- evaluate the well-being and learning outcomes for project participants
- consider the costs associated with the approach and its sustainability.

The project had two phases, using the Learning Evaluation And Planning (LEAP) action-research framework of 'analyse, plan, do and review' (Barr & Daily, 2007). Phase 1 (analyse and plan) ran from January 2014 to April 2014, and phase 2 (do and review) from May 2014 to November 2014.

### Phase 1

Phase 1 began with a launch event involving two or three representatives from each of the project sites. Participants were introduced to A Better Life, the Seven Challenges and the project design. There followed a series of focus groups with between eight and 10 older people and carers at each

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site, where the Seven Challenges were shared in story/vignette format and participants were asked whether they had any similar or contrasting stories which could be included as evidence for the project. Focus-group participants were also invited, if interested, to become involved in phase 2.

There followed a series of one-day learning and project-planning events with practitioners and managers at each site. Group sizes varied between ten and 15 participants. Group composition also varied; in some sites there were more frontline staff than in others. One group consisted largely of senior managers who were not subsequently directly involved. While their support for the project was important, this resulted in a lack of clarity in phase 2 for the frontline staff involved.

The learning and planning events provided an opportunity to explore the Seven Challenges, along with evidence in the form of stories and quotes from the focus groups. Participants were invited to contribute their own experiences and ideas for service and workforce development using a technique called the 'H-exercise'. This enabled participants to identify, based on what they had discussed, what was working well in service provision, what was not working well, what gaps there were and what ideas they had for improvements. Participants then prioritised their ideas, selecting two or three key developments to take forward in phase 2.

They then identified:

- intended outcomes for older people, carers and staff and how these might be recognised
- potential obstacles and how they might be overcome
- who needed to be involved in phase 2
- what resources might be required.

At the end of these events, each project site had an agreed initial plan of action for phase 2.

## Phase 2

In phase 2, which ran for six months, participants put their plans into practice, supported by monthly half-day action-research learning events. Group sizes again varied from five to 15 participants. The aims of these meetings were to:

- reflect on and learn from the actions of the previous month
- explore additional relevant JRF (and other) research findings and other forms of evidence
- decide on further actions
- assess how the actions were addressing the Seven Challenges.

Representatives from each project site shared their learning and development work at a networking event in Cardiff at the end of phase 2 in November 2014.

Finally, a second series of focus groups was held in February 2015, involving some of the older people and carers who had participated in the focus groups for phase 1. Group size varied from four to 10. These focus groups provided an opportunity to feed back to the groups about the progress made by the project and to explore whether participants felt it had addressed their initial concerns and ideas. This also provided an opportunity to make suggestions about follow-up work.

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## Evaluation methods

Various evaluation methods were used, including:

- using the LEAP process to identify intended outcomes, and reflecting on these throughout the life of the project
- analysis of ethnographic field notes completed by the facilitators after each event
- a designated group evaluation event at each site at the end of phase 2
- 42 telephone interviews after phase 1 and 38 after phase 2.

In the phase 1 telephone interviews, participants were asked how, if at all, they had taken forward any of the planned actions or developed their thinking since the learning and planning event, whether they had been able to talk with other people about the ideas in order to bring them on board, whether they still felt the ideas were doable and whether any of the evidence, including the Seven Challenges, had proved helpful.

In the phase 2 telephone interviews, questions focused on how participants' thinking and practice had developed as a result of the project. Particular attention was paid to identifying the sources of evidence used by participants and how it was used (see Section 3 below).

Within the group evaluation events following phase 2, participants were asked what had worked well and why, what had not worked so well and why, and how well they had been able to address the Seven Challenges and use evidence.

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## 2 WHAT PARTICIPANTS DID AT THE SIX PROJECT SITES

### Exploring and framing A Better Life and the Seven Challenges within the local context

From the outset, there was a strong emphasis on not making assumptions, but starting with what matters to older people with high support needs, which was also the starting point of the programme A Better Life. The Seven Challenges are a robust summary based on the body of research and individual testimony in A Better Life, but the project explored these challenges with older people and carers within their *local* contexts. Many of the themes that emerged became central to the project's subsequent service and workforce developments. Some of them were cross-cutting, for example the development of meaningful relationships and activities, while others were more specific to certain sites, for example the need to develop respite services that do not make carers feel guilty or upset the people they care for.

### Involving older people and carers in developing practice

Older people and carers who participated in the focus groups were also involved to varying degrees in the project work at phase 2. At some sites, this involved a group of older people and carers, whilst in others, just one older person contributed to the work. All participants commented on how important such inclusion was, and described how a strong sense of solidarity had developed between them, regardless of whether they were staff, older people or carers. The evaluation showed that their presence was deeply appreciated by staff participants, who clearly recognised their strengths and contributions, something that might not have come about without their direct involvement:

If you were to give someone some information about X [without meeting them], I don't know if they would be able to imagine how much of X's presence shatters all those preconceptions.

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The following sections outline the development work at each site and what participants did in response to the Seven Challenges and the evidence emerging from the focus groups. The six sites and organisations involved were:

- Carmarthenshire: a local authority and a local health board
- Carmarthenshire and Swansea: a third-sector provider organisation
- Neath and Port Talbot: a local authority and a third-sector carers' service
- Bridgend: a local authority
- Monmouthshire: a local authority and a local health board
- North Lanarkshire: a local authority and a local health board.

The description of local activities in the following sections includes quotes from the initial focus groups with older people and carers that particularly resonated with the project's work and findings.

## Carmarthenshire

### Focus for development work

Participants decided to challenge unhelpful stereotypes of older people with dementia, as well as risk-averse approaches to supporting them, such as encouragement to go into a care home 'to be on the safe side'. Participants said that such attitudes undermined the emotional well-being and autonomy of people with dementia:

We went into a shoe shop and she wanted to try these shoes on – and she thinks of herself as young – and this lady came up to her, the assistant, and spoke to her like, 'Right then dear, what are you looking for?', and my mum said, 'Right, that's it – let's get out of here now! You know,' she said, 'I have never felt so old in my life – do I look old? Do I present as if I am stupid?'

I have got closer to dad... certain barriers, if they were there at all, have just fallen away... I have found that it has allowed me to see a more in-depth person behind what I thought was there, so we have become much closer... I have discovered my dad is an artist.

Yes, there are loads of risks. She does fall, she is deaf and she doesn't realise risks. A couple of weeks ago, she blew up the pressure cooker as she decided to make a stew, but didn't put any liquid in. We are on the third kettle too, as she boils them dry and she can't manage flasks, but these are the risks we said we are willing to take on, because it keeps her there [at home].

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### Who was involved and what they did

A range of professionals, including service managers, an occupational therapist, a social worker, a nurse, a psychologist, a training officer and an experienced carer worked together to develop a rights-based approach to risk management with older people, drawing on JRF and other research (Clarke et al, 2011; Owen & Meyer, 2012; Morgan & Williamson, 2014). As the project progressed, they made links with the rights-based work programme of the Older People's Commissioner for Wales (2013) and drew in additional participants as their relevance became apparent, for example a contracts and commissioning officer and a human rights officer. Together with participants from the third-sector agency project site, they developed Thinking Together sessions involving professionals, commissioning officers, provider staff, older people and carers. They also organised a number of associated conferences and events with a wide range of stakeholders, including carers, service providers, health and social care professionals, regulators, and health and safety professionals.

### Carmarthenshire and Swansea

#### Focus for development work

Participants in this third-sector agency organisation in two localities prioritised meaningful relationships and activities that made people feel they had something to contribute to day services, and tackled a concern that existing rules and regulations were restricting good practice:

Listen, I am nobody, only my name and what I have done... I would like to be involved and I would like to help you all. I can give you advice, but I think it is better not to involve me in this... because of my age and my failure in memory, whatever... because of my uselessness.

If people help the staff, they are told that it is not your job... for example, if I was to take a cup of tea to this lady and I was to spill it, who would be responsible? It is the old health and safety thing again!

We have quite a lot of boundaries that we are guided by... it is drummed into [us] to look at risk and vulnerable people, which is a big issue with people who have dementia... we have got to be careful, but this actually puts up barriers in connecting with people and their families.

#### Who was involved and what they did

A senior manager, day-service and development staff and service users worked together to redefine the boundaries between staff and service users in order to support the development of relationship-centred practice and better decision-making around meaningful activities, drawing on JRF and

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other research (Fyrand, 2010; RSA Action and Research Centre, 2012; Blood, 2013). This required a revision of the organisation's Professional Boundaries Policy, which provides guidance to staff on how they should relate to service users. Participants also developed meaningful activities, including detailed life-story work with service users and collaborative musical activities. They became involved in joint development work with the Carmarthenshire site towards the end of the project, as they shared a common interest in developing positive risk management. This organisation also worked in partnership with Swansea University to secure funding for an ESRC/NISCHR doctorate project on safeguarding in the context of relationship-centred practice.

## Neath and Port Talbot

### Focus for development work

Participants wanted to improve dialogue and relationships within and across local organisations and support caring relationships by helping to ensure that the people being cared for did not feel 'less of a person'. They also focused on the sensitive provision of respite care.

My partner's mother has MS [multiple sclerosis]... when she first had to use a stick, she was really upset and didn't want to use it because she felt like she was really old and didn't want to be walking around with it – it didn't look very nice. So the MS nurse, when she saw her – and she gets very emotional right then and there – the nurse got the computer and Googled 'sticks' and they found one with crystals on it as she is always done up with some sort of bling on and it is very fancy, so she uses the stick all the time now.

He just came out with it – out of the blue, 'I will go into a care home, into respite for one week' – to give me a break and I was so upset about it. He hadn't mentioned anything about it to me, but he felt he was a burden on me. I couldn't answer. I said, 'Why on earth did you say that?' He said, 'Well, you know it is too much for you.' But it's not too much for me and it really upset me... it was awful.

I care for him and he cares for me... yes, it is team work. You are a team.

### Who was involved and what they did

Social workers, care management assistants, staff from the carers' service, a training officer, older people and carers worked together to explore the concept of meaningful and flexible short breaks (not just respite) in the community, drawing on JRF and other research (Ryan et al, 2008; Bowers et al, 2013). They wanted to use methods that could support an informal



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approach to persuading others of the importance of short breaks, which included writing and recording an associated poem/song designed to stimulate further conversations. Participants also developed an interest in digital-story training and development. The project manifestly strengthened relationships between social workers, carers and staff in the carers' service. The site has also been piloting a social care academy, a project providing volunteering opportunities in social-care settings and associated training for unemployed and young people in college. They are planning to build on the project work to explore the use of direct payments to fund bespoke short breaks.

## **Bridgend**

### **Focus for development work**

Participants focused on the meaningful and often spontaneous activities and little acts of kindness that they felt were hindered by procedural and risk-averse rules. They also identified the importance of easy-going relationships and banter between staff and service users, which they hoped could replace the more formal, generalised and emotionally detached interpretation of 'dignity in care'.

The girls, fair play, found skittles... they came outside... they put the skittles up, and in groups – wheelchairs as well – they were all there... we were all outside and we had a lovely few days... they enjoyed something different that was in the open air.

Little things mean a lot to me, when they bathe me and wash my hair and curl it.

I don't like health and safety – they have too much power.

They love a bit of teasing, but people think they are not well, you mustn't tease them, but they do like it, I have always found they enjoy it... oh yes, but you have got to be careful how you banter.

### **Who was involved and what they did**

Frontline staff, managers and a service user from four local authority care homes, an occupational therapist and representatives from My Home Life Cymru worked towards strengthening the voice of residents and family carers and exploring the development of meaningful activities involving both, drawing on JRF and other research (Nolan et al, 2006; Owen & Meyer, 2012; Blood, 2013; Warmington, 2014). There was a strong emphasis on becoming less risk averse and challenging excessive bureaucracy. As a result, they redesigned their paperwork to support a more person-centred approach and enhanced engagement with families and community groups. Participants focused on recognising, capturing and sharing what they referred to as 'magic moments', which do not feature in care plans.

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They intend to develop a 'lived experience' evidence-base to empower their conversations with regulators and inspectors, whom they felt were preoccupied with formal paperwork rather than well-being.

## Monmouthshire

### Focus for development work

Participants spotlighted the importance of 'ordinary' things and 'normality' in the lives of older people, which suggested a need to break down the barriers between professionals and the people they work with in the local community as well as the way services are provided and accessed. They were also concerned about the prevalence of loneliness.

He would carry my shopping bags and I would treat him to a pint... and we would sit in the sunshine chatting and seeing the world go by... I was living in those days, but now I am just existing.

She takes me out of the care home and we talk about everyday things, such as current affairs, like what is going on in Ukraine. It makes me feel normal. This doesn't happen in the care home... she took me to her home and her son did demonstrations of wheelies on his bike for me..... it was so lovely to feel part of family life again.

Everybody is a person not a number, and that is the important thing, and every bit fits not just the bits that fit with the plan.

### Who was involved and what they did

A community connector, social workers, an occupational therapist, a service manager and colleagues in an integrated health and social care service worked together with a nursing-home resident, whose personal stories had a profound effect on the team's thinking. They concentrated on developing approaches to address loneliness and isolation, drawing on JRF research (Robbins & Allen, 2013), as well as building relationships between professionals and local people to establish an integrated community resource centre. This involved lots of conversations and community events such as barbecues and open days, which improved relationships with local community groups and led to a number of local people signing up as volunteers. They also used JRF research (Blood, 2013) to provide a theoretical framework to underpin and promote the development of flexible, relationship-centred home care.

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## North Lanarkshire

### Focus for development work

Participants at this site elected to challenge negative stereotypes of people with dementia and take full account of their needs, strengths and aspirations in supporting them to live an active life. They also talked about the stress and guilt that can be associated with caring for someone with dementia.

It's about teaching them young. In my village, young ones go to old people's homes and do plays and songs. You need to teach them at early age. Get rid of the pigeonholes.

Just recently he started a football memories group – it's men only, eight or 10 of them, they meet on a Tuesday. They start off looking at photos from years ago and that gets them all talking... he is really involved – he loves it.

What you are saying is how everybody feels [guilty] but no one has [the] gumption to say that. But it is how we all feel.

### Who was involved and what they did

Health and social work practitioners and a service manager came together as a group early in 2014 to test the Scottish Government's model of support for people with dementia, known as the 8 Pillars Model (Kinnaird, 2012). Participants at this site decided to link this pilot to the project. Their two key areas for development were the recording of personal outcomes for people with dementia and the role of the 15-month GP review, using JRF and related research (Cook & Miller, 2012; Blood, 2013). Recording the outcomes would not only support a personalised approach to working with individuals with dementia and their families, but provide a means of evaluating the 8 Pillars Model according to participants' priorities. The team began by gathering stories from families affected by dementia, with clear outcomes identified, and used these to promote a shared understanding of the things that mattered to them. For the 15-month review, they explored the perspectives of GPs, and people with dementia and their carers, leading to draft recommendations that include an emphasis on better use of the GP review, ensuring a holistic focus and improved involvement of other professionals.

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# 3 HOW SERVICE AND WORKFORCE DEVELOPMENTS WERE ACHIEVED

Service and workforce development can be notoriously difficult and slow, yet the project demonstrated progress in a relatively short period of time. The rate of progress depended on a combination of five elements, outlined below. While listed sequentially, in reality these elements were interwoven throughout the life of the project. They are not listed in order of importance; the most important and complex success factor was thought to be facilitating the exploration and use of evidence.

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## **Element 1: Valuing and using a range of evidence**

Whilst the use of evidence in health and social care service and workforce development is widely promoted, success in practice is often elusive (Nutley et al, 2007). Earlier approaches were based on a linear model of knowledge transfer from the 'expert' to an audience, for example in the form of a briefing about 'what works'. Over recent decades, a deeper understanding has emerged, recognising that using research in practice is often highly contextualised and socially constructed (Rycroft-Malone, 2004; Gerrish et al, 2011; Gabbay & Le May, 2011). This requires a more conversational approach to the use of research evidence, which is seen as just one source of evidence to be considered alongside others. Using four broad categories

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of evidence (Gerrish et al, 2011) as ingredients, the project used the metaphor of making a cake. These ingredients were:

- research evidence, drawn to a large extent from the JRF programme A Better Life
- practitioner knowledge and experiences
- the voice of older people and carers
- organisational knowledge (policy imperatives, embedded systems and resources).

As with baking a good cake, success is not just about crudely mixing ingredients, but selecting the best products, weighing them out in the right proportions, preparing them and then having the knack of blending and correctly baking them together for the desired result. The project would require a 'good cook', who could facilitate a genuinely co-productive approach to service and workforce development that involved all participants as equal contributors.

## **Element 2: Securing senior management buy-in and valuing and empowering participants**

The support of senior managers was sought and secured at the start. This was a prerequisite for any learning and development. In some sites, senior managers took an ongoing interest in the project, which further enhanced progress.

Whilst the heart of the project was promoting a better quality of life for service users, there emerged an equal emphasis on exploring and developing a better life for staff, as research suggests that service user, carer and staff well-being are interdependent (Nolan et al, 2006; Innes et al, 2007; Blood, 2013).

Media coverage of health and social care tends to dwell on what has gone wrong rather than what has gone right (Kennedy, 2014). Political and organisational responses to such stories of failure have largely emphasised the tightening of organisational policies and regulatory requirements (DoH, 2012). Whilst this is well intentioned, it is questionable as to whether top-down, inflexible and procedural responses are effective in improving services in complex organisations (MacMillan, 2008; Patterson et al, 2011; Ruch, 2014). Indeed, there is evidence to suggest that overly bureaucratic regulation based on compliance with paperwork requirements can actually undermine the quality of frontline practice (Warmington, 2014).

To address these concerns and draw on the DEEP principles, the facilitators stressed appreciation, honesty, permission, mutual respect and celebration, details of which are outlined below.

### **Appreciation and respect: valuing people and focusing on their strengths and the things that matter to them**

At a time when social-care organisations and staff were under increasing pressure due to unprecedented budget cuts, service reorganisation and negative media coverage, the project began by listening to and valuing project participants, discovering 'where they were at' and building from there, working on the principles of Appreciative Inquiry (Cooperider et al, 2003).

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This approach is consistent with the development of an ‘enriched environment of care’ (Nolan et al, 2006), within which service users, carers and staff all feel a sense of:

- **security:** to feel safe and secure, not just physically but also psychologically
- **continuity:** to feel that what we are doing in the present has links with our past
- **belonging:** to feel ‘part of things’, maintaining existing relationships and forming new ones
- **purpose:** to have valued goals to aim for and a feeling of ‘I have a contribution to make’
- **achievement:** to feel able to achieve the above goals and feel satisfied with your efforts
- **significance:** to feel that you matter, that your life has importance, and that other people recognise and value who you are.

This Senses Framework was part of the theoretical underpinning of My Home Life, which was part of A Better Life, and that focused on practice in care homes (Owen & Meyer, 2012). A key part of the project evaluation was to determine how well these senses had been achieved.

### Honesty: supporting people to ‘say it as it is’

Encouraging an honest but not cynical expression of what is working well or not allows a constructive approach to improvement (Sheard, 2007). Throughout the project, participants were encouraged to be honest in expressing their observations, thoughts and feelings about such matters.

Honesty was also sometimes facilitated through the use of emotion and picture cards, which have been used elsewhere in service and workforce improvement projects (Bate & Robert, 2007; Dewar, 2011). For example, at the outset participants were asked to choose an emotion that represented how they were feeling about their work and/or the project. This enabled them to express and explore their concerns and aspirations. At one site, this exercise revealed initial reservations about the motivation of senior management in supporting the project, which the participants felt might be about preparing the care homes to be sold off.

Many participants commented on how refreshing it was to be encouraged to be honest. Older people and carers raised a number of concerns they had previously felt unable to bring up for fear of offending staff or being seen as ungrateful. Staff in a number of the project sites talked about how they had previously felt labelled as ‘difficult and unco-operative’ by senior managers when raising questions about proposed service and workforce project plans.

### Permission: encouraging people to be creatively humane, not just procedurally compliant

Throughout the life of the project, participants were encouraged to be creative and to ‘think afresh’, a process they said they enjoyed very much. Many commented that they were rarely given the opportunity to direct their own learning and make decisions about service and workforce development. Projects flourished best where participants had the greatest freedom to shape their own learning and actions. This was particularly evident in one third-sector site, where senior managers added their support and even provided additional funding for activities. In some local authority sites, good ideas were generated and actions planned, but subsequently blocked or

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impeded by people in other parts of the organisation or by managers who were not supportive.

From listening to staff discuss and share their practice, it became clear that many of the so-called unqualified staff provided examples of highly skilled, empathetic practice and tacit knowledge that they had developed over many years. Unfortunately, all too often, these people described how they were not allowed or encouraged to do things outside the predetermined care plans, policies and procedures.

### Mutual trust: developed through respectful conversations

As the project involved diverse participants exploring and using a varied and possibly conflicting range of evidence, it was important to ensure that conversations held at events were both meaningful and constructive. The initial focus was on facilitating friendly and non-judgemental conversations to build trusting relationships. This was important, because many participants declared this to be an unusual experience in their organisations, where they were more accustomed to being 'told what to do' or 'told off' than being asked to contribute their views. The project increasingly revealed that while good-quality conversations were important in developing relationships, they were also the key to learning. Some of the literature refers to this kind of learning conversation as 'dialogic', but participants preferred the term 'conversational' learning.

### Celebration: recognising and building on success, including the importance of 'ordinary', often little, things

Early on in the project, one of the older participants suggested heeding the words attributed to St David, the patron saint of Wales: '*Gwnewch y pethau bychain*' ('Do the little things'), for in doing and celebrating beneficial 'ordinary', little things, we generate the hopeful beginnings of change for the better. The achievement of 'ordinary', little things features in one of the Seven Challenges and became an important part of the project.

One of the most successful developments was recognising and celebrating what participants called 'magic moments'. Within care homes and day services, these included important and often spontaneous personal interactions and activities that did not feature in formal care plans, for example a care-home resident sharing a nectarine and word of encouragement with another resident, or a member of the night staff being playful and friendly with a resident who couldn't sleep. Some participants said that these moments pass unnoticed by commissioners and inspectors, whose primary focus was on formal paperwork.

The project experimented with the capture and use of 'magic moments' stories in providing encouragement to staff and stimulating thinking. This was effective in provoking ideas for improvement and in marked contrast to what many participants described as 'nit-picking' and 'fault-finding' by some commissioners and regulators, which they found highly demotivating.

## Element 3: Capturing and presenting relevant evidence in accessible and engaging formats

Many of the practices around sharing of research seem stuck in 'information telling' mode: emphasising careful, rational argument to communicate a prior analysis. Yet we know from many other fields that 'changing minds' is an infinitely more subtle process of

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influencing – drawing in experience, emotion, aesthetics and appeals to identity.

Davies & Powell, 2010:1

Given the strong focus on ‘changing minds’ and the conceptual use of evidence, arts-based techniques were used to capture and present evidence as follows.

### Stories, quotes, pictures, music and poetry

Most participants were able to recall and share stories and quotes, and when asked why they thought they remembered them, often spoke of how they related to their own experiences and practice. This is consistent with an understanding that people are ‘storytelling animals’ (Gottschall, 2013), who learn and make sense of the world through narrative (Lyle, 2000; RSA Action and Research Centre, 2012).

The initial focus groups with older people and carers used fictional stories in the form of vignettes that illustrated the Seven Challenges. For example, ‘We need to see the person behind the label or diagnosis’ was transposed into the following story:

Peter was diagnosed with dementia at 67, soon after retiring from his job as a history teacher. Peter was devastated by his diagnosis and began to think life was over. He had not considered himself at all to be an older person and had been living a very active life. Peter’s daughter Jill then became concerned that her dad was ‘entering a black hole’ and was more worried about him becoming depressed than she was about the dementia. Despite her dad’s reluctance to do anything that involved ‘sitting around with old folk,’ Jill persuaded him to accompany her to the local dementia café, where Peter struck up a friendship with Gerry, a history fanatic. Gerry invited Peter to come to his local history club. Jill was delighted. This was the first time she had seen her dad smile since the diagnosis.

Focus-group participants enthusiastically engaged with the Seven Challenges stories and readily shared their own real-life stories and quotes. These were shared with project participants in subsequent learning and planning events, generating much discussion, stimulating yet more stories and inspiring a growing enthusiasm for service and workforce development. The new and life-affirming stories that resulted from the subsequent service developments acted as further catalysts for change.

The capture of personal stories was often facilitated by the emotion cards used in the service improvement technique, Experience Based Co-Design (EBCD) (Bate & Robert, 2007). EBCD suggests that whilst service improvement often stresses the design of care pathways and processes, what really counts is experience. The technique suggests that the experiences of service users, carers and staff usually have high points and low points, termed emotional touchpoints. Capturing and sharing stories among these groups have proved helpful in service development (Bate & Robert, 2007).

Another technique used to generate experiential evidence was the use of emotive pictures rather than words. For example, at one action-learning event in a care home, pictures were used to elicit the feelings of residents, families and frontline staff, which sparked a helpful discussion about the



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impact of emotional labour (Sawbridge & Hewison, 2013) on staff, and how they could be better supported through supervision and team meetings.

Besides stories, the project experimented with other arts-based approaches to presenting evidence, including a poem by Andrew Motion and songs developed as part of the JRF programme A Better Life (Joseph Rowntree Foundation, 2014 [online]). Participants learned about and developed their own digital stories using words, images and song. These resources evinced very warm reactions among project participants, even moving some to tears, and stimulated helpful conversations about how services were currently being delivered and might be improved.

At another project site, a children's book with words and pictures (Fox & Vivas, 1987) was used to present the Challenge 'We need to develop more positive images about old age – no "them and us".' Despite an ultimately unfounded concern that participants might feel patronised, the result was a rich conversation about the way we view and support people with dementia in care homes, and how elements of friendship between staff, residents and families could be encouraged.

The group working on rights-based risk management successfully used a digital story with a wide audience, including local council members, about a care-home resident who was prevented from going into the garden because she might fall; this was a film from the Scottish Human Rights Commission as part of their project Care about Rights? (Scottish Human Rights Commission, undated [online]).

A particularly successful experiment at one site saw older people, carers and staff working together to explore the concept of meaningful short breaks. Having shared stories and explored ideas in previous action-learning sessions, the group was facilitated in one session to express these as a poem, which they entitled See Me, Not My Shell. At the final reading of their poem, which powerfully mirrored and expressed what they had been saying, some described the response as 'electric'. They were later supported to put their poem to music and make a short recording using a smartphone that was also used to take photographs of participants holding hands. These images were later combined with the recording to make a simple and affordable digital story.

### Good practice from elsewhere

As well as warming to the presentation of evidence through stories and arts-based approaches, participants valued hearing examples of good practice from elsewhere that embodied evidence in tune with the Seven Challenges. Several such examples are highlighted in research from A Better Life, such as the Debenham Dementia Project in Suffolk (Bowers et al, 2013). Participants also valued being able to share examples of good practice from across the project sites. This included care-home staff at different sites visiting and learning from each other, and participants from all six sites sharing and learning from each other at the two networking events.

### Normative frameworks

Ideal standards or models of practice can be summarised as normative frameworks, for example the Senses Framework. Participants found such frameworks helpful in developing their thinking and practice.

For example, participants at one project site wanted to explore and develop a rights-based approach to risk management involving people with dementia. However, they were initially very unclear what this meant. Whilst they found the human rights legislation complicated, they warmed to the recently developed Welsh Declaration of Rights for Older People in

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Wales (Welsh Government, 2014). This has six principles that can be readily mapped to the Seven Challenges:

- I have the right to be who I am.
- I have the right to be valued.
- I have free will and the right to make decisions about my life.
- I have the right to decide where I live, how I live and with whom I live.
- I have the right to work, develop, participate and contribute.
- I have a right to safety, security and justice.

The participants used these principles to cultivate a collaborative and conversational approach to risk management. As the project progressed, they established links with the Older People's Commissioner Office and agreed to work jointly to develop this approach. Their understanding of rights-based risk was also strengthened by using evidence from a JRF report about positive risk management (Morgan & Williamson, 2014), which led participants to link up with the authors and become partners in a proposal for a training and research grant on this subject.

### Provocative statements

Evidence was also sometimes presented as 'provocative statements', which sum up the evidence in a way that fires the imagination, engages emotion and stimulates dialogue. There is evidence of their effective use in children's education (Dawes, 2012) and an example was used from another JRF programme entitled Neighbourhood Approaches to Loneliness, which had included a finding that 'Regulation kills kindness and reduces action' (Robbins & Allen, 2013). This statement always stimulated dialogue among participants by provoking a strong reaction, whether of agreement or disagreement. Other provocative statements included: 'We have lots of meetings, but no one ever meets', and: 'Milestones become millstones', both of which stimulated productive discussions.

In summary, participants responded well to the presentation of evidence in varied and engaging formats. The evaluation interviews highlighted how evidence from A Better Life and the Seven Challenges that had been introduced by these means had melded with their thinking about their work and the changes they wanted to make, sometimes as 'lightbulb moments', but more often as the general build-up of a conviction that a given change was appropriate.

## Element 4: Facilitating the exploration and purposeful use of evidence

Whilst the formatting and presentation of evidence were important and often 'moved' participants, this was not enough in itself; they needed to think about it, talk about it, learn from it and do something to put it into practice. The carefully prepared evidential 'ingredients' needed to be mixed together in the right order, at the right time, in the right way and then 'baked'. This was perhaps the most important and complex part of the process.

Within social-care services, there is often a strong reliance on practitioner knowledge and a degree of mistrust about the relevance of research to practice development (Orme & Powell, 2007). Early on in the project, it became apparent that such tensions applied across many other boundaries too. At some sites, frontline practitioners had little

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time for their managers, whom they felt did not understand what really mattered in practice. At others, health practitioners held different views from their social-care counterparts about what good practice looked like, and differences surfaced between some service providers and their commissioners and regulators.

The challenge for the project was to bring together a diverse range of people, experiences, evidence and understanding to develop and support shared decision-making about service and workforce development. This daunting task was helped by the research literatures on participatory democracy (Escobar, 2011) and dialogic learning (Wegerif, 2012), which show how some of the most creative and innovative decision-making happens when widely divergent views are explored in an environment that values all participants and creates open dialogue.

The term 'dialogue' is often misused to describe interactions such as debate, where each side is trying to win the argument, rather than be open to changing their mind. True dialogue involves more than just the flow of information between participants:

As practitioners, we must pay attention not only to what is done through communication (what results are achieved), but also to what is made by it (what contexts and relationships are created), and what is that made of (what communication patterns are enacted). In other words, we should consider not only what communication achieves, but also what communication creates in the process.

Escobar, 2011:10

The suggestion that true dialogue leads to the development of meaningful relationships between participants and the creation of new contexts was strongly demonstrated within the project, where participants often referred to feeling part of a movement for change. How this was achieved depended upon two key factors, outlined below.

### A simple approach to support dialogic learning using evidence as the stimulus

Dialogue among participants was encouraged during phase 1 by working to the LEAP framework. However, it was not until phase 2 that participants began to explore and develop a more refined understanding of 'dialogic learning' through the use of three particular approaches: Thinking Together (Mercer & Littleton, 2007), Community of Enquiry (Lipman, 2003) and Caring Conversations (Dewar, 2011).

Thinking Together provides a classification of three different types of conversation:

- **disputational talk**, characterised by disagreement and individualised decision-making
- **cumulative talk**, in which speakers build positively but uncritically on what others have said, for fear of offending or recrimination
- **exploratory talk**, in which partners engage critically but constructively with each other's ideas.

When explained, this classification commonly raised eyebrows, smiles and laughter. Participants from across the sites instantly recognised disputational and cumulative talk and suggested that these were more often than not the norm in many of the meetings they attend.

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**Community of Enquiry** suggests a somewhat counterintuitive approach to the development of evidence-enriched practice, in that it encourages doubt and the importance of generating good questions rather than answers. It facilitates the development of exploratory talk through a 10-stage inclusive and democratic sequence of enquiry.

**Caring Conversations** is an approach to service and workforce development based on the principles of dialogic learning and Appreciative Inquiry (Cooperider et al, 2003). At the heart of Caring Conversations are the Seven Cs, which encourage participants to be courageous, connect emotionally, curious, consider other perspectives, collaborate, compromise and celebrate. Participants at some sites were shown a short digital story explaining the Seven Cs and were very much encouraged by it.

### Working as a community of practice

Different elements of these approaches became a central feature of the project work and development work beyond the life of the project. They were fostered by the facilitators because they are entirely consonant with the ways in which communities of practice function to help people collectively process practical knowledge (le May, 2009; Wenger et al, 2002). The facilitators recognised that the Seven Challenges can apply equally to the way staff themselves are treated (no 'them and us', see the person behind the professional label, focus on strengths, listen and respond, address the 'ordinary', and so on), an approach that contributed greatly to the functioning of the groups as communities of practice.

### Facilitating serendipity and weaving in evidence as the project developed

Participants were reluctant to use a 'project management' approach, even when invited to take control by completing their own LEAP project plans at the end of phase 1. They were unanimous in wanting to talk, think and be creative without having to formalise this. Consequently, the facilitators took responsibility for project management, working flexibly within the *principles* of LEAP which, with the exception of one site, participants found valuable and useful.

Working to the principles of LEAP required constant vigilance, listening for the emergence of new themes, concerns and ideas, making connections, and introducing new evidence as the project went along. This was particularly evident at one site where, as a result of organisational changes, there was a radical and unexpected change of direction from the design of reablement services to the 8 Pillars Model for dementia service development.

This relational and responsive approach to project management is emotionally and intellectually demanding as it requires extensive practice-related knowledge, access to wide sources of information, and relational skills that enable facilitators to do the right thing, at the right time, with the right people in the right way. The facilitators could identify with the qualities required of a diplomat:

There is nothing dramatic in the success of a diplomatist. His victories are made up of a series of microscopic advantages: of a judicious suggestion here, of an opportune civility there, of a wise concession at one moment and a far sighted persistence at another; of sleepless tact, immovable calmness and patience that no folly, no provocation, no blunder can shake.

Lord Salisbury, cited in Taylor, 2005:132

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Using this approach to facilitation, the project developed a life of its own, as unexpected issues and opportunities emerged and valuable connections were made. For example, at the start of one project, no one could have predicted or set as a milestone the fact that one of the older participants would turn his life story into a book for use as an anti-bullying resource for children, or that a national expert in dialogic learning lived locally and through a chance introduction would contribute to designing a training course and associated handbook about the approach taken in this project.

## **Element 5: Recognising and addressing national and local organisational circumstances and obstacles**

### **National social policy and financial investment in social-care services**

The project ran during a time of very significant financial and policy change in both Wales and Scotland. The impact of increasing budget cuts across all project sites was clear. Many participants felt insecure and uncertain about their future; some services were under threat of closure or transfer to the private sector. In Wales, the changes in social policy included the Social Services and Well-being (Wales) Act 2014, a significant piece of legislation introduced by the Welsh Government. The Act places a general duty on local authorities to promote well-being and has a strong focus on promoting independence and preventing, delaying and reducing the need for care and support.

While the promotion of independence and well-being are to be encouraged, these terms need clarity. Discussions throughout the project questioned how they were being interpreted and applied by local authorities within the context of unprecedented budget cuts.

One of the major social-care service developments associated with the Act's 'minimum necessary principle' is the development of reablement services, which are also a priority in Scotland. Social workers at one site referred to local investment and senior managerial interest in reablement, but contrasted this with an apparent lack of interest in their own team's work with older people with high support needs who could not be 'reabled'. This was viewed in the context of increasing pressure to cut back on such service users' packages of care and support. They also queried the way reablement focused on mere physical functioning rather than more holistic well-being and quality of life. Similar concerns have been raised within gerontological nursing, where practice is in danger of becoming poorly defined, and task-based 'residual care' provided for older people who cannot be cured or rehabilitated (Nolan et al, 2004).

Many participants commented on how the Seven Challenges and associated research provided them with a much richer understanding of what well-being and independence meant for older people with high support needs.

### **National regulatory requirements and local policies and procedures**

Whilst regulatory requirements and organisational policies are often introduced for the right reasons and in response to things going wrong, there is a danger that compliance with simplistic rules can lead to poor practice and neglect of the 'ordinary' in service delivery (Blood, 2013). This was illustrated in this project by a small number of participants towards the start of the project admitting to rarely questioning rules introduced by those in authority, even if they limited quality of life for service users. An example

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was the blanket exclusion of care-home residents from kitchens, even when they were known to enjoy preparing food. During the project, this rule was broken on one site for the first time, in a careful and planned way, to enable a person with dementia to make cup-cakes, which she thoroughly enjoyed. The practice then spread with no ill consequences.

Participants in five of the sites talked about how national and local policies and procedures did not always fit well with their understanding and experience of good practice or the research evidence from A Better Life. This was particularly evident in current approaches to risk management. Participants identified the management of relational and physical-safety risks as two areas of practice dominated by risk aversion and associated inflexible policies and procedures. Consequently, three of the project sites set about revising these policies and procedures.

### Managing relational risk

At one site, the organisation's Professional Boundaries Policy appeared to be in direct conflict with the views of older people, carers, staff and research evidence regarding mental well-being. It stated:

Becoming the friend of a person who uses our services is an inappropriate relationship that focuses on the needs of both people. A professional relationship should focus solely on the needs of the person who uses our service. Becoming a friend of that person is inappropriate.

Discussions soon showed that this statement made staff feel guilty when they demonstrated features of friendship when working with older people. It also undermined the opportunity for older people to reciprocate in caring relationships, which research evidence suggests is an important factor in mental well-being (Fyrand, 2010; Blood, 2013). This rule also resulted in staff hiding some of the kindly things they did for fear of recrimination. For example, a staff member who was off-duty accompanied a service user to a Christmas meal in another organisation, in return for which the service user paid for her meal. This was a successful and enjoyable exchange initiated by the service user, but prohibited under the organisation's policy on professional boundaries. Finally, this rule also assumes that older people are passive recipients of safeguarding practices, rather than active participants capable of deciding how they wish to relate to staff and thereby manage their own relational risks.

As a result of the project work, the organisation is now developing a more relationship-centred, dialogic and open approach to managing professional caring relationships under a revised Sharing Lives and Professional Boundaries Policy, which still retains important safeguarding rules. Participants from this site will also be working with the Care Council for Wales to develop national guidance on the management of professional boundaries.

### Managing risks to physical safety

Many participants referred to health and safety as the main driving force for avoiding risks to physical safety. However, after more detailed discussion and analysis, it became apparent that fear of litigation and the possibility of organisations being uninsured was actually the most serious obstacle to developing a more positive approach to risk.

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Many of the so-called health and safety issues raised by participants turned out to be misunderstandings about regulation. For example, on one project site there was a rule prohibiting older people from pouring tea for each other, which did not take into account their abilities. This was challenged by one of the participants, who insisted she had been pouring tea safely all her life. Similarly, on another site, care-home residents were not allowed to make tea. Another example of misapplied health and safety arose from work that encouraged families to help in a care home's activities. One family visitor baked a cake for the residents, but was told that health and safety rules only allowed their relative, and not the other residents, to eat it. These blanket rules were challenged as a result of the project. For example, an occupational therapy assessment confirmed that the person who wanted to make her own cup of tea was perfectly capable of doing so, and thereafter she did.

A more serious concern for care-home residents emerged through the observation by a facilitator that Protection of Vulnerable Adult (POVA) procedures appeared to target some risks, but not others. For example, a POVA investigation can be triggered by a high incidence of falls in care homes, but not by a high incidence of residents being obliged to remain seated all the time. In recognising and naming such risks as 'silent harms' (Clarke et al, 2011), participants were able to think not only about the risk of doing something, but just as importantly, the risk of *not* doing something. This became a key element in the development of rights-based risk management at two of the sites, which eventually joined forces to consolidate their work.

Participants who were developing a rights-based approach to multi-disciplinary assessment of people with dementia raised concerns that so-called 'best interests' decision-making could sometimes be flawed for three reasons. First, there was a prevailing and patronising culture of paternalism towards older people. Second, decision-making could be dominated by the opinion of one person (invariably not the person with dementia), and third, fear of litigation tended to enhance 'just-in-case' risk aversion. Considerable progress was made in challenging these matters and in order to strengthen the argument for positive risk-taking, participants established links with the Older People's Commissioner Office and work relating to the Welsh Declaration of Rights for Older People; they intend to co-facilitate a workshop on positive and rights-based approaches to risk management at a national event.

### Developing and using recording that enhances the provision of good care and support and quality assurance

Participants identified the burden of poorly designed or irrelevant recording and paperwork as a pressing concern, not only in care homes, but also in social work and nursing practice. They felt it did not support personalised care and support or add value to quality assurance. Participants working in care homes referred to 'good' and 'bad' paperwork; as a result of the project they redesigned their care and support planning paperwork to feature more of the 'good' paperwork, drawing on good-practice examples from elsewhere. Similarly, at the Scottish site, participants used the Talking Points personal outcomes approach (Cook & Miller, 2012) to develop a more meaningful approach to assessment, support planning and review with older people with dementia.

At one site, participants used JRF research evidence (Warmington et al, 2014) to challenge regulators and inspectors to be less preoccupied with written care plans and credit some of the spontaneous 'magic moments' that



were so important to residents, families and staff. Participants learned from good practice at Edinburgh Council, where frontline staff had been asked to identify moments of personalised practice, which were collated, thematically sorted and used to stimulate celebration and further learning. Participants began to capture their own 'magic moments' in their written records, or through photographs and short film clips captured on smartphones. At the end of the project, a number of these 'magic moments' were used to rewrite the lyrics of the well-known song with this title, which was sung at the final evaluation event. Participants found that enjoyable, memorable and encouraging.

### Local organisational management culture

A recent study on organisational development in hospitals (Patterson et al, 2011) identified two contrasting approaches summarised as 'perform or perish' and 'relational and responsive' (see Table 1). Their report suggests that the prevailing culture within the NHS appears to be the former, whereas the latter is more beneficial to service and workforce development. This study was shared with participants at three sites in response to their expression of frustration with organisational management. They related the study to their own experiences, and found it helpful in interpreting them.

**Table 1: Two contrasting approaches to organisational development**

<b>The focus: perform or perish</b>	<b>The focus: relational and responsive</b>
Pace: quick fix, short-term, process-driven, pushing and fixing	Complexity: Longer term, focus on people and perceptions, brokering
External: top-down agenda, local context largely overlooked, off-the shelf, one-size-fits-all approaches applied	Local contextual factors fully acknowledged and addressed, solutions tailored to situation, existing models modified accordingly
Select few determine goals	All groups including users and carers are involved in deciding goals and direction of change
Punitive and transactional leadership style from top, little unit-level leadership	Empowering, inspiring and transformational leadership style at all levels, especially unit level
Metrics matter: superficial, often quantitative targets for success, e.g. patient flow	Meaning matters, relational, dynamic, qualitative 'indicators' of success, people's experiences
Scored	Profiled
Impoverished change environment results and the 'Senses' are reduced	Enriched change environment results and the 'Senses' are enhanced

Source: Patterson et al, 2011 (adapted)

While the project found that participants across the sites became energised when empowered, there were also examples of top-down approaches disempowering and impeding development. For example, participants who worked in a care home in a small village where 'everyone knows everyone else' decided it would be good to involve local people in the life of the home. One participant displayed a poster seeking 'friends for the care home' in the local shop. Despite a positive response, when the organisation's human resource managers found out, she directed that the poster be removed as there was no policy on volunteering. Although initially discouraged,



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their service manager has since taken up the matter and a policy is being produced.

It is important to note that the project sites could not be separated into 'perform or perish' or 'relational and responsive' cultures; there were often elements of both, resulting from different managerial styles within each organisation. However, evidence-enriched practice was best enabled where participants were empowered to work freely in 'relational and responsive' ways in their local context.

### The problem of feeling 'left out'

One of the drawbacks of the project's work with only a small, select group of participants was the impact this had on their colleagues. Some participants talked about how they had been 'given the cold shoulder' by colleagues in their workplace when they tried to talk about the events or the ideas that had been generated. In the final evaluation events, many participants suggested that more care should have been given to addressing this likelihood and to planning follow-up work involving wider participation.

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# 4 OUTCOMES FOR PARTICIPANTS

## Well-being outcomes

As one of the original intentions of the project was to facilitate relationship-centred practice and an enriched environment of care and learning, there was a strong focus on well-being as well as learning outcomes for all participants. Evidence from the evaluation was analysed using the Senses Framework (Nolan et al, 2006) to determine whether the project had helped achieve an enriched environment of care and learning. The results were as follows.

### Sense of security: to feel safe and secure, not just physically but also psychologically

Participants remarked how the project had strengthened their sense of security and confidence. Older people, carers and staff all gave examples of how their involvement had enabled them to speak up and challenge, where in the past they might not have. For older participants, this included being able to have a greater say, for example about activities offered or in the way they related to staff. For staff participants, some felt more able to challenge colleagues, inspectors and regulators. Participants talked about how the credibility and status of the findings of JRF's A Better Life project and the Seven Challenges had given them confidence.

### Sense of continuity: to feel that what we are doing in the present has links with our past

Many staff participants, particularly those working in care homes and day services, claimed the project work had put them back in touch with their initial reasons for choosing this kind of work. Some reflected on how it had enabled them to work as they used to, years ago before regulation and restrictive policies had limited friendly and informal practice. For two older participants, being able to engage in detailed life-story work enabled them to reconnect with and celebrate their own pasts.

### Sense of belonging: to feel 'part of things', maintaining existing relationships and forming new ones

There was a strong indication that the project created a sense of belonging. Feeling part of a team, even a movement, was often mentioned by participants. At some sites this went deeper as a strong sense of solidarity between staff, service users and carers emerged. This was facilitated not only

by talking together, but also by shared meals and creative activities such as singing and crafts.

The project also improved relationships and understanding between health and social care professionals and commissioning and provider agency staff and led to the planning of a number of multidisciplinary activities and events beyond the life of the project.

### Sense of purpose: to have valued goals to aim for and a feeling of 'I have a contribution to make'

As well as feeling part of a movement, many participants talked about how the project had helped clarify their understanding of what mattered to older people and carers, and the implications for the way services were provided and developed. The Seven Challenges and related normative frameworks were seen as particularly helpful. For example, in one site the Seven Challenges provided a theoretical framework for strengthening existing work to develop the provision of flexible, relationship-centred home care. Participants knew this was a good development, but had not quite known how to express why this was so before being involved in the project.

Older people and carers participating in the project valued being able to contribute their stories and ideas and seeing them used to improve services.

### Sense of achievement: being able to achieve the above goals and to feel satisfied with your efforts

Even though phase 2 lasted only six months, participants identified a range of tangible achievements. For staff, this included improved recording and paperwork, the development, recording and sharing of 'magic moments' and personal outcomes, success in facilitating discussions around rights-based risk management, the related revision of policies, and the production of digital stories for use in service development work and training.

One older participant co-authored a book about his life, which will be used as an anti-bullying resource for children. Another was able to achieve a lifelong ambition to record a song, which will be used to promote 'table-top' dementia choirs in care services (see Figure 1).

**Figure 1: Physical outcomes of the project related to personal achievements**



Another developed a strong sense of achievement when her quotes were used to facilitate learning and development across the project sites.

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### Senses of significance: to feel that you matter, that your life has importance, and that other people recognise and value who you are

This was identified as perhaps the most important of all the Senses across all six project sites. Feeling valued, listened to and having their personal contribution welcomed was also the most important catalyst for ensuring participant buy-in to the project. Practitioners in provider services described the ‘buzz’ they got from making a positive difference to the lives of others. For one older service user, this was as simple as receiving a heartfelt thank-you from a fellow resident when she gave them a nectarine. Staff participants often talked about how they got a ‘buzz’ from being appreciated by service users and carers and how this was even more important to them than praise from managers.

## Additional ‘senses’ identified by participants

### Sense of fun and enjoyment

Many participants talked about enjoying the process of the project as much as the learning and development. Whilst having a sense of fun may seem like something ‘nice’ but little else, research in children’s education has shown that so-called ‘off-task time’ is not as frivolous as it may seem and is in fact an important element in effective learning (Wegerif, 2010). The pleasure of sharing meals together was often highlighted as something that rarely happens now on training courses due to budget cuts, yet important professional and personal connections can be made during such events.

### Sense of hope and excitement

Many participants mentioned a growing sense of hope and excitement and their feeling that the project meant things can and will change for the better, and that they can have a role in this. There was a shift towards positive thinking, facilitated by a focus on doing ‘ordinary’, little things that can make a big difference.

### Sense of confusion

At evaluation meetings at two of the sites, a few participants referred to a lack of clarity about the project work at the start of phase 2, which had limited progress. At one of these sites, there was an overt rejection of the LEAP approach during phase 1, when senior managers suggested that they preferred more organic development. In the other site, confusion arose after a change of focus and participants early on in phase 2.

## Learning and development outcomes

As this was a collaborative action-learning and development project, separating the learning from the doing was difficult; both were deeply entwined. However, the evaluation activities at the end of the project provided an opportunity to explore what participants felt they had learned and developed as a result of the project, as well as the range and balance of evidence used.

Learning and development outcomes were explored in relation to four factors, based on a model of participatory research (Hanson et al, 2006):

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- awareness of self
  - awareness of others
  - development of ideas
  - actual changes in practice.

### Awareness of self

Participants throughout the project said they had become more reflective and questioning about what they do. Many talked about realising how much they enjoy working in a relationship-centred way with not only service users and carers, but also other practitioners. They also grew to recognise that personal stories were easy to engage with on an intellectual as well as an emotional level. Participants recognised that they were motivated by seeing service users, carers and colleagues benefit in response to project-led changes in their attitudes, practices and activities.

### Awareness of others

As a result of the project, the majority of participants commented on how they are now much more mindful and appreciative of others and have become better listeners. Examples include:

- better understanding and relationships between different professionals (including managers) who are now more actively working together on a shared agenda
- greater staff sensitivity to older people and carers, including the development of solidarity between older people, carers and staff who have been involved in the project – and talk about ‘no more them and us’
- greater recognition of the importance of focusing on the strengths and contributions of others, rather than their deficits.

### Development of ideas

Participants across all sites said in the evaluation events that they had developed lots of ideas as a result of the project. Some were broad and philosophical, others more specific and practical.

Everything we are doing, I have likened to a carpet... so this is threading through and popping up in different places... and some of the carpet looks quite good and then some is a bit threadbare... and so sometimes I see this work will underpin other things we are doing.

For me, I have really appreciated the pieces of research you have produced, and it has given me the opportunity to go away and read things that perhaps I wouldn't have read... you have presented it to us in a way that is accessible and simple.

It has been important to meet with different people and talk about things, not just jump into an activity. I think that has been nice.

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As well as specific ideas for improvements, participants felt they had developed a deeper understanding about how to go about realising them. They highlighted the following:

- Rigid rules do not allow for the highly contextualised nature of working in health- and social-care services; they should be guided by humane principles and permit thinking and acting creatively without fear of recrimination.
- The development of meaningful dialogue is essential in making things happen, getting people on board and ensuring collective decision-making. Many practitioners noted how collaborative thinking and learning within the context of their practice had proved far more beneficial than detached training events.
- Ordinary, little things can mean a lot for all concerned and focusing on quick wins is encouraging and can set the ball rolling for greater achievements.
- Predetermined, top-down project plans do not motivate or generate the same level of buy-in as emergent, appreciative and relationship-centred development work.
- The project focused on quality of life and relationships, which resonated with participants. Human interest within project work encourages ownership and the development of a sense of shared responsibility. Sharing stories plays a central role in this, as does having choice and control over how the work develops.
- The Seven Challenges and normative frameworks provided really helpful conceptual frameworks for exploring and developing ideas and practice. Likewise, the provocative statements were able to get people talking and thinking together.
- Referring to research evidence can strengthen the voice of practitioners, older people and carers who might otherwise lack confidence to question and challenge current practice.
- Having fun and being creative is not only highly motivating and rewarding but also helps bring about change. Developing ideas and relationships through the use of the creative arts felt energising and led to useful exchange and development of ideas, attitudes and behaviours.

### Actual changes in practice

Participants across all sites identified significant changes in practice as a result of the project. Some were far reaching, for example the revision of a Professional Boundaries Policy; others were small, such as the development of spontaneous activities in a care home. Some participants remarked that even small developments had a catalytic effect in stimulating wider interest in service and workforce development:

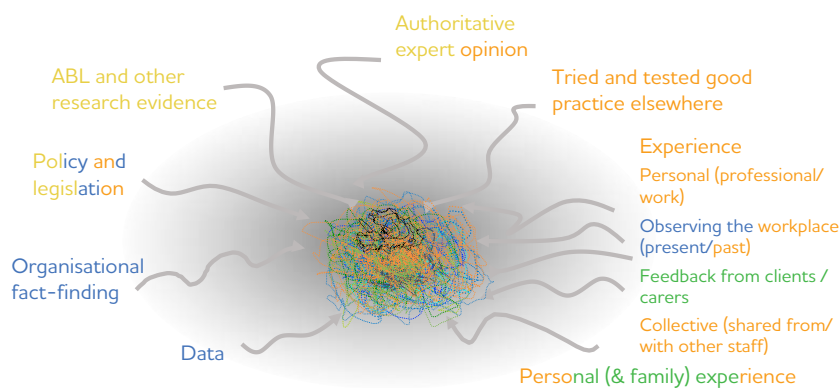
I have seen changes... it's going to take a long time but you know what's happening here is that one area is introducing something and then they are all following.

Finally, there was a palpable rise in the morale of participating staff.

## Using evidence and the development of individual and collective ‘mindlines’

The telephone interviews at the end of phase 2 partly explored how different types of evidence had affected participants’ project work. The interviews identified 12 sources of evidence, loosely assignable to the four categories (Gerrish et al, 2011) of the DEEP principles (Figure 2). Some cut across these categories, illustrating the limitations of simplified categories when dealing with the complexity of the knowledge-in-practice-in-context within people’s ‘mindlines’ (Gabbay & le May, 2011).

**Figure 2: Sources of evidence that informed participants’ ‘mindlines’**



### Matching the sources to the four categories (Gerrish et al 2011) used in DEEP

Research (including research-based policy documents)

Practitioner knowledge and experiences

Organisational knowledge

Lived experience and ‘voice’ of service users and carers

*Mixed colours illustrate sources that fall within more than one category.*

Source: Gabbay & le May 2011 (adapted)

### Research evidence and related sources

- **A Better Life and other research evidence:** At one extreme, one or two respondents knew of no research evidence to support the desired improvements; at the other extreme, one or two spoke reasonably knowledgeably about research papers or journal articles. Many<sup>1</sup>, however, referred to A Better Life, some adding that this was in line with what they already believed, a few that it was in line with authoritative opinion that they trusted and one or two stressing that the approach recommended in A Better Life was validated by experiences of good practice in other places.
- **Authoritative expert opinion:** The majority of respondents mentioned this, which came from various sources including the facilitators or experts that the facilitators had invited or brought to their attention. It is well known that opinion leaders can be very influential in altering practice.

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- **Tried and tested good practice elsewhere:** The majority of respondents volunteered this, mostly from elsewhere, but a few drawing on their own experience of the benefits of different ways of working, or on something they were specifically trying out during the project, for example the development of better paperwork.

### Practitioner knowledge and experiences

This fell into several closely linked subgroups. There was frequent mention of the role of shared experiences through story-telling. Many specifically mentioned stories in conveying much of this type of knowledge, which may partly have reflected the methods used by the facilitators.

- **Personal experiences within work:** Almost all interviewees mentioned this.
- **Observing the workplace (past or present):** Many interviewees mentioned this, some building on positive experiences, some stressing that the experience was of a service needing improvement.
- **Collective experience:** The majority of interviewees mentioned this, which included both shared experiences and feedback from other staff.
- **Personal and family experience:** A few respondents mentioned this.

### The voice of older people and carers

- **Feedback from service users and carers:** The majority of interviewees mentioned this, which included evidence from the focus groups, but this was inevitably bound up with observing the workplace, and the personal and collective experiences of working with clients and fellow staff (see above).

### Organisational knowledge

- **Policy and legislation:** Some interviewees referred to sources such as the Social Services and Well-being (Wales) Act 2014, 8 Pillars Model of Community Support (Scotland) or the Declaration of Rights for Older People in Wales.
- **Data:** A few respondents mentioned sources such as demographic data, monitoring data or informal surveys of clients, carers, staff or the general public.
- **Organisational fact-finding:** Some respondents (all of whom were relatively senior managers trying to achieve the project's desired changes) mentioned finding out about the attitudes, beliefs and practices of other staff within the organisation and other relevant agencies as well as organisational structures and processes that might influence (for good or ill) the intended improvements.

These findings supplemented the ethnographic data from the project events, which showed that all of the above sources influenced participants' thinking and actions.

There were instances where sudden realisations occurred; a few interviewees mentioned a 'lightbulb' moment when an invited expert was explaining the rights-based approach to risk management, or when they visited other centres and saw how things could be done, or when they heard a service user's poignant story; but these were the exception. Generally, through personal reflection and group discussion, the evidence sources had



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tended to coalesce in the minds of participants, who usually therefore found it difficult to pinpoint retrospectively which exact pieces of evidence had informed their decisions.

This is consistent with the 'mindlines' model (Gabbay & le May, 2004), which suggests that practitioners almost always transform knowledge from any given source by melding it, through discussion and reflection, with other ideas, new or existing, relevant to their actual practice. Consequently, research evidence is more likely to be used in practice when it has been transformed into 'knowledge-in-practice-in-context', by which time it is hard to identify in its original form (Gabbay & le May, 2011). For example, although none of the interviewees spontaneously mentioned the wording of the Seven Challenges when describing their propensity to adopt its personalised approach, when directly questioned, many revealed that the approach had become fundamental to their thinking and their practice. Some added that the evidence in *A Better Life* had given them much-needed authority to do what they had already felt was right; it 'went with the grain' of their beliefs and values.

One further conclusion is that, if one can rarely expect to find a simple one-to-one match between any proffered piece of evidence and its ultimate incorporation into practice, then evaluations of the usefulness of research need to go beyond simply checking retrospectively whether a given research finding has or has not been used. One needs to explore more thoroughly, and preferably contemporaneously, how it is being transformed and used through collective dialogue and individual reflection. The ethnographic notes from the learning events did indeed confirm that much of the evidence presented there went through the social processes of internalisation and was then fundamental to the changes wrought through the project. The final interviews confirm that it was embedded in participants' 'mindlines' not as discrete items of identifiable knowledge, but instead was deeply integrated into their 'knowledge-in-practice-in-context'.

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# 5 PROJECT COSTS AND DEVELOPMENTS BEYOND THE LIFE OF THE PROJECT

Participants clearly enjoyed and benefitted from the project, and were keen to continue the work. Many thought they would, but a few expressed concern that momentum might be lost without sustained facilitation. To address these concerns, it is important to consider the costs of maintaining the project and the practical steps that can encourage learning and development to continue.

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## Costs associated with the project and sustainability

Besides the costs of external facilitation, venues and food, the primary cost was participants' 'time out'. Facilitation was crucial, but this role could be managed by a research-aware person within the organisation who has the right skills, especially as one of the features contributing to the successful facilitation was the facilitators' practice experience. An 'inside' facilitator with localised experience could develop links with academics to strengthen their links with and use of research (Wilkinson et al, 2012).

While pleasant external venues and food were valued, what participants appreciated most were being valued by others in the context of relationships, having time to talk and think collectively and a sense renewed autonomy to explore and take forward ideas. The primary cost of that was staff time, which, as many participants suggested, was better spent this way than in what one participant summed up as 'meetings where no one meets', and which leave participants feeling disempowered and discouraged. The high levels of sickness absence at some sites, which come at great cost, suggest

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that investment in the development of meaningful relationships and conversations may be well spent, but this requires further research, as do participants' claims that this project had achieved more change than most training courses or external consultant interventions they had experienced. This project demonstrated that across sectors, practitioners themselves have the ability to plan and deliver change if they are given time, encouragement and permission to do so, and are supported by effective facilitation.

One caveat is the possibility that participants might not have been so engaged with the proffered research evidence from A Better Life had it not resonated with and reinforced their existing (if suppressed) values, interests and motivations. This raises questions about the presentation and use of research less consonant with participants' principles, which may require a different approach.

### **Practical steps to encourage learning and development beyond the life of the project**

Whilst the project activities were funded by JRF, and staff time by the participating organisations, the cost of facilitation was largely met by ASCC and IRISS, two organisations that already support the use of evidence in service and workforce development. Both organisations intend to build on the project, starting with national events in Wales and Scotland for wider audiences, and including national agencies involved in service and workforce development, regulation and inspection. In Wales, the National Institute for Social Care and Health Research (NISCHR), which currently funds ASCC, is committed to including development of the evidence-enriched practice approach in a new School for Social Care Research in Wales.

ASCC is funding the development of an interactive online learning resource to pull together elements of the approach. This will combine research, policy and practice examples with techniques to support the facilitation of dialogic learning and development. A short training course and associated handbook about the approach are also planned, funded by JRF. Each project site will also have access to a small amount of additional JRF funding until 31 March 2016 to maintain their development work.

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## 6 CONCLUSIONS: PUTTING A BETTER LIFE INTO PRACTICE

Whilst the project was relatively short, it showed how the research findings from A Better Life could be used in health and social care service and workforce development, if tackled the right way alongside other sources of evidence. This entailed the facilitated development of a practical approach that took into account the complexities involved in developing evidence-enriched practice – an approach that was simple, but not simplistic.

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The JRF programme A Better Life provided a rich source of evidence for service and workforce development, and not only for older people with high support needs. The Seven Challenges and the values that underpinned the project are readily transferrable to work with other groups subject to discrimination or having their sense of ‘personhood’ undermined (Kitwood, 1997). This project demonstrated that the Seven Challenges are also relevant to the promotion of a better life for staff, who can also feel undervalued, marginalised and disempowered.

Whilst the ways in which evidence is presented are important, one main message from the project is the enormous value of skilled facilitation in collectively exploring evidence using genuine dialogue across all relevant parties. This not only facilitates the sharing of evidence and learning, but also creates relationships and contexts that enable service and workforce developments to happen.

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## Key points

### 'Going with the grain' of humanity in service and workforce development

From start to finish, participants highlighted the importance of values and principles, not only within A Better Life, but also in the project's design. The term 'going with the grain' came about in recognition of this.

'Going with the grain' of what matters to service users was a key element in the success of the project, framed within the local context through the initial focus groups and sustained involvement of older people and carers. The sharing of *personal* stories, thoughts, feelings and desired outcomes brought the project to life. Staff participants were energised and motivated by 'seeing people' and being able to make a positive difference to their lives, often through recognising, valuing and addressing seemingly 'ordinary', little things that mean a lot.

'Going with the grain' of what matters to staff, who often felt undervalued and 'told what to do' rather than appreciated and empowered, was also a key element in the project's success. Participants stressed throughout how much they valued being able to direct their own learning and development, and enjoy seeing its fruits. Like a jazz musician, the staff valued being allowed to improvise, rather than following a score, taking into account the 'mood' of the occasion. This required a change from knowing *what* to do and *how*, towards also knowing *when* to do (Health and Care Professions Council, 2014). This naturally requires support and encouragement from managers, commissioner and regulators.

'Going with the grain' of emerging opportunities and serendipity, not slavishly following project plans was also a success factor. This required intellectually and emotionally vigilant facilitation. Whilst seeming messy at times, this was far from a 'woolly' process, requiring an adaptable and responsive underlying structure, provided by the flexible use of the LEAP framework.

The development of meaningful relationships between everyone concerned, rather than sole reliance on systems and processes, was identified as a prerequisite for all of the above. Without such relationships, there was a danger of creating a mechanistic and impersonal environment that would not bring out the best in staff or achieve good outcomes for service users and carers.

### Practical ways of promoting a better life

The project identified shortfalls in the prevailing understanding of 'care' and how to provide it. Participants readily acknowledged the importance of seeing the person behind the label or diagnosis, but at first struggled to recognise the strengths of older people with high support needs, to identify personal outcomes *with* them, and to create opportunities to achieve these. As the project progressed, their understanding and responses improved, followed by changes in practice that helped achieve this, for example in the development of improved recording and paperwork that accentuate what matters to older people. *Meaningful*, not just historical, life-story work was particularly helpful in supporting this. Paying attention to the 'ordinary', little things that matter, including the creation and celebration of 'magic moments', also helped promote a better life for everyone involved in the project.

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One of the most difficult of the Seven Challenges to understand and address was creating opportunities for older people to give as well as receive. An example was initially failing to recognise how service users could contribute to the well-being of others, through small acts of kindness and 'being there' for them. Through the direct involvement of older people, participants were able to see the importance of enabling 'give and take' within caring relationships, and how damaging a 'one-way street' philosophy of care can be when 'we have something you need, but you have nothing, we want, need or value' (Cahn, 2004:7). A related problem was national and local policy and guidance on professional boundaries that balked at the idea of reciprocity and mutuality within professional caring relationships. There is clearly a power imbalance between staff and service users that needs to be managed to avoid exploitation. However, this can force service users into an 'over-benefited' relationship, within which it is impossible to 'give back', potentially undermining the mental well-being of recipients of care (Fyrand, 2010). Throughout the project there were examples of service users 'giving back' and gaining satisfaction from this.

Not only was there relational risk avoidance in service provision, but also the avoidance of physical risks, often through a misunderstanding of health and safety regulations or a lack of clarity about human rights. There were examples where *organisational* safeguarding may have led to some risk-averse decisions in response to fear of litigation or financial constraints, or where physical safeguarding took precedence over emotional safeguarding. For example, Protection of Vulnerable Adults (POVA) procedures appeared to be triggered by people falling in care homes, but not by 'silent harms' (Clarke et al, 2011), such as being deprived of meaningful activities that involve an element of risk.

Participants addressed these issues using a collaborative and conversational approach to rights-based risk management and decision-making, which included consideration of the risks of older people *not doing* the things they wanted to do, as well as the risks of doing them.

## Talking, learning and doing together, using evidence about 'things that matter'

### Valuing a wide range of evidence

A key finding was the importance of valuing a wide range of evidence, including research. The project demonstrated that participants were interested in working with researchers and using their findings if the research appeared to be relevant and accessible; they also appreciated this being a *mutual* process that valued *their* knowledge and experiences. Participants talked about how the research from A Better Life had given them the confidence to speak up and challenge practices as well as try new things. Research introduced by the project sometimes led to 'lightbulb moments', which resulted in changed thinking and practice. So did the voice of older people and carers, which was a key source of evidence, as were certain elements of organisational knowledge. Examples of good practice from elsewhere that illustrated evidence in practice were also highly regarded, not least because they inspired hope: 'If they can do it, then we can too, and maybe do it even better!'

The final interviews revealed participants drawing upon a complex, nuanced range of evidence, including research from A Better Life, which melded with the development of their thinking and doing. Whilst this made

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it difficult to pinpoint specific pieces of evidence in retrospect, it was clear that participants had used evidence effectively to achieve their goals. This was also demonstrated in the ethnographic field notes and group evaluation exercises.

### Paying attention to the presentation of new evidence

The way new evidence was presented was vital. The project demonstrated the importance of triggering an emotional and imaginative as well as intellectual response, most powerfully through the use of stories, music and pictures. This challenges the prevailing approach to the presentation and implementation of research and policy through emotionally inert documents and presentations, however credible these might appear.

Participants also talked about how simple (but not simplistic) normative frameworks could help them explore evidence, develop their thinking and articulate ideas, the Seven Challenges being one example of this. The most popular and productive frameworks included vernacular or provocative statements that connected with both experience and imagination.

### Exploring evidence together

Without doubt, the most important element in the success of the project was thinking and doing things together, which required the facilitation of dialogue and the careful weaving-in of relevant and accessible evidence as the project unfolded. The development of dialogue went beyond a process of 'information-sharing' and resulted in three particularly important uses of dialogue:

- **Dialogue to develop relationships and emerging contexts:** The use of appreciative conversations to foster good relationships between participants was an important success factor. Such relationships, also with colleagues outside the project, led to the development of new contexts and opportunities to nurture ideas. Good relationships were also key to exploring doing things differently, particularly when people initially held differing views, or when dynamics between participants and others were disrupted or challenged. Ensuring that no one felt excluded or devalued in any way was essential too.
- **Dialogue to facilitate better decision-making:** The project showed how shared decision-making was better decision-making, particularly in terms of managing relational and physical risks. Participants not only felt safer through this process, but also found themselves able to make more informed and nuanced decisions. The importance of such decision-making (in the literature sometimes called 'dialogic'; Mind Expanding, Wegerif, 2010) was demonstrated in many of the sites.
- **Dialogue to facilitate learning:** A key finding was how participants learned most effectively when learning collectively, particularly when this was structured through techniques such as Thinking Together (Mercer & Littleton, 2007), Community of Enquiry (Lipman, 2003) and Caring Conversations (Dewar, 2011). Participants talked about how they had enjoyed this kind of learning, which helped them connect with and make sense of a wide range of evidence. This was a socially rewarding process that engaged their personal experiences and practice. Consequently, they felt that it had a greater and more lasting impact on their practice than many 'off-the-peg' training courses.

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The facilitators' role was vital not only in fostering a 'communities of practice' approach that enabled and encouraged such dialogue (Wenger et al, 2002; le May, 2009), but also in integrating evidence as the project unfolded, which required a relational, responsive and emergent approach to project management. This was both emotionally and intellectually demanding, requiring the use of extensive practice-related knowledge and relational skills to enable them to do the right thing, at the right time, with the right people in the right way.

## Sustainability of the evidence-enriched practice approach

### Balancing the costs and the value of 'ordinary', little things

The approach taken in this project enthused and energised the majority of participants, achieving effective learning and service developments as a result. Participants repeatedly asserted that other costly activities within their organisations did not achieve such good outcomes. The project demonstrated that the important things are not always the most expensive, and that a small outlay on ordinary, little things that mean a lot, can be of great benefit.

Other than staff time, the most costly elements were the provision of an external facilitator, venue hire and meals. Participants appreciated external venues and meals, but it was the attitude and approach of the facilitators that were most important to them. While the facilitators had networks and sources of knowledge outside the organisations, the authors contend that most aspects of their role could be undertaken by an internal, research-aware person with the necessary facilitation skills. However, this would require the group as a whole to use their own networks and other resources to seek out new evidence or examples of good practice, which may be difficult in the fast-paced world of practice. The project clearly demonstrated the value of investing in a carefully planned and funded programme of action learning, which lent energy and momentum to service and workforce development. There is potential for using some elements of the approach in more collective, structured and creative approaches to staff supervision and existing team meetings, as it is the well-facilitated use of time and 'headspace' to explore ideas about practice that matters most.

### Would the approach be as effective using different research evidence?

Undoubtedly, the research from A Better Life and the Seven Challenges were very much in tune with 'what mattered' to participants, so it is not surprising that they warmed to exploring and using this evidence in service and workforce development. This raises the question as to whether the project would have been as successful had the research evidence been counterintuitive or gone 'against the grain'. The project was unable to answer this question. However, if the use of evidence underpins manifest improvements or enrichments of practice, it seems likely that participants will engage with it, so long as it is presented, explored and used in the right way and for the right reasons. With the right kind of support and facilitation, evidence and the learning it brings, it may be able to achieve what the educationalist Paulo Freire suggests is the key purpose of learning; to create 'a world in which it will be easier to love' (Freire, 1972:6).



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## Key conclusions and associated recommendations

People need to feel valued and empowered before they can use evidence, so:

- provide supportive ‘relational and responsive’ (not ‘perform or perish’) management that encourages experimentation
- use appreciative and empowering facilitation methods, which start ‘where people are at’ and build on this. The facilitation should encourage genuine dialogue, openness and collective exploratory discussion of new evidence and ideas, and should be reasonably structured but flexible and responsive to emerging issues.

People meld research evidence alongside other evidence into their existing thinking and practice, so:

- in service and workforce development, explore research evidence alongside contextual evidence, such as the views of service users and carers, and practitioner and organisational knowledge
- facilitators should have the capacity to seek out and proffer relevant evidence, including invited experts and examples of good practice from elsewhere, to inform discussions.

People only use evidence if they think it’s worth doing, so:

- focus the use of evidence on things that matter to people, with a strong emphasis on values and humanity, and use these as the focus for learning and development
- avoid the imposition of top-down briefings or guidance, however well-meaning, without making connections with people’s experiences and existing practice.

People transform evidence, not simply translate it, so:

- pay careful attention to how evidence is presented, using formats that connect emotionally as well as intellectually, for example through the use of stories or art-based formats
- don’t be disappointed when you find it hard to trace *how* a particular piece of evidence has been used in practice – it’s what people think and do that matters.

People tend to transform and absorb evidence collectively, so:

- prioritise and provide opportunities for people to develop practical ideas together
- bring service users, carers, frontline staff, managers and researchers to think and work together in communities of practice.

People need to know how to learn as well as what to learn, so:

- train people in ways to learn, including action learning and methods such as Thinking Together, Community of Enquiry and Caring Conversations.

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# NOTES

- 1 The semi-structured open interviews were not designed to be quantifiable, but the following descriptors indicate the prevalence of findings among the answers: 1–2 = 'one or two'; 3–6 = 'a few'; 7–10 = 'some'; 11–16 = 'many'; 17–24 = 'the majority'; 25+ = 'almost all'.

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