

Our vision is a world where all care homes are great places to live, die, visit and work.

Learning and Impact of the My Home Life Leadership Support Programme

In *My Home Life (MHL)*, we are working to develop a fair and credible story of our ongoing contribution to quality improvement in care homes through the MHL Leadership Support programme. We seek to better understand how change is being enacted and to consider what still needs to happen, in collaboration with others, to create enriched care environments where quality of life can flourish. In this briefing we summarise the learning and impact of the MHL Leadership Support programme to date, using the Learning and Impact Framework described in our last briefing. Consistent with the 'circles of influence' model described in this framework, we have focused our evaluation on the participating managers' perceptions of positive change for themselves and across the care home more broadly.

Approach

Our approach is multi-method and participatory. Qualitative data including those derived from action learning field notes, stories of local experimentation and developments in practice, and evocative photo-elicitation are gathered throughout the lifetime of each local programme or 'cohort'. Quantitative questionnaires, informed by research into culture change in older people's care settings¹, are also completed by the care home managers upon starting and concluding the programme to establish the distribution pattern of their self-report perceptions of change. Following thematic analysis of these data, final reports are then co-created with managers upon programme completion. In Scotland the thematic analysis is done collaboratively with managers.

Last year we took stock, bringing together and analysing the quantitative and qualitative data generated across all programme cohorts (in Scotland), as reported below.

Positive impact on care home managers

Strikingly similar questionnaire results were reported across all cohorts and present an overall picture of positive change.

Table 1: Leadership Capabilities

	Before	After
My leadership & communication skills have increased	46%	92%
The quality of management and leadership I am able to offer has increased	43%	92%
I have developed effective influencing skills	57%	91%
My understanding of how to improve the culture of care has increased	52%	96%

The responses indicate that the programme contributes to managers' self-regard and leadership capabilities, most notably a more relational way of thinking about leadership and culture change.

Table 2: Impact for Care Home Managers

	Before	After
Experience high levels of stress	60%	36%
Positive sense of achievement from my work	70%	89%
Enthusiasm for working in care homes	29%	68%
Feeling valued for the work I do	47%	72%
Job satisfaction	39%	77%
Having a positive quality of life	70%	91%

Perceptions of positive developments in care home culture were also reported, such as staff morale and ability to prioritise resident quality of life over tasks. These developments were reported despite

¹Nolan, Grant, Brown & Nolan (1998) Assessing nurses' work environment: old dilemmas, new solutions. *Clinical Effectiveness in Nursing*, 2, 145-156.



the persistence of more systemic challenges, including concerns about overall working conditions, job security and adequacy of staffing levels.

More nuanced understanding of change

Analysis of the qualitative data gathered throughout the lifetime of the programme offers a more textured understanding of change and recognises the inherent complexities of fostering and sustaining a positive, relationship-centred culture. Key inter-related themes from these data include:

Knowing more about me: Developing a more relational way of thinking begins with the managers' relationship with self, taking the time to critically reflect upon their own attitudes, behaviours and assumptions. This attitude of inquiry also helps managers to think differently about their purpose, and role as leaders of development that empowers others to act.

Knowing more about me and being curious about others: Developing a stronger attitude of inquiry also leads to managers being curious about others and considering their perspectives.

Knowing more about others through Caring Conversations²: Managers highlight that the programme has given them the impetus, practical tools, confidence and support to explore the perspectives of others much more fully and in a compassionate manner.

Valuing emotionality: Managers talked about how they explore emotions more deliberately in their work and the positive outcomes that this has had for themselves and others in the workplace.

Opening up and creating genuine ownership of new ideas: A new shared purpose has grown as managers engage staff in thinking about change and in how to make the work they do more meaningful for themselves, for residents and families.

Taking ideas forward in a collaborative and appreciative way: a range of practice developments are being taken forward in collaboration with a variety of people in the care setting. Feedback to staff is much more appreciative and specific. Its delivery is often informal and integrated into everyday encounters. This is found to be more useful as it enhances more positive relationships.

Conclusions and Next Steps

Programme learning has challenged managers' previous ideas about participation and change. As a result, they more readily encourage staff, relatives and residents to think about their own participation in the life of the care home and have a greater understanding of their pivotal role in supporting change. Ultimately, the managers feel more confident in translating the *My Home Life* evidence based vision into their local contexts in an authentic way that resonates with and gives voice to often overlooked perspectives.

We have focused our evaluation on the participating managers' perceptions of positive change for themselves and across the care home more broadly. We believe this to be an important first step. In future, our inquiry will explore co-creating data with staff, relatives and residents to complement and expand upon the managers' perspectives, in line with the participatory and appreciative ethos of *My Home Life*. The increasing age, frailty and levels of cognitive impairment amongst care home residents poses a number of challenges to their participation and involvement in dialogue, as narrowly understood, and this is an area that will require further work. Nevertheless, the programme has inspired care home managers to think more creatively about the participation of residents and relatives in the everyday life of the home, and has given them a heightened attentiveness to the myriad ways people who are unable to take part in verbal conversation convey their needs, preferences and things that matter to them.

Alongside this is the need to continue to collaborate with wider stakeholders to work through the more persistent systemic challenges confronting the sector and further effect the wider circles of influence.

For now, the early markers of achievement and the understandings of change mechanisms secured in the complex and often undervalued care home setting may offer encouragement and insights for those interested in finding ways to tackle the emotional, educational and cultural dynamics of change in other human service contexts.

²Dewar B and Nolan M (2013) Caring about caring: Developing a model to implement compassionate relationship centred care in an older people care setting, *International Journal of Nursing Studies*, 50(9):1247-58.

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