Workforce redesign theory and thinking

What drives the ‘principles of workforce redesign’ and using them to help implement the Care Act 2014

December 2014
Workforce redesign theory & thinking. What drives the ‘principles of workforce redesign’ and using them to help implement the Care Act 2014

Published by Skills for Care, West Gate, 6 Grace Street, Leeds LS1 2RP
www.skillsforcare.org.uk

© Skills for Care 2014

This work is a revision of and replacement for The Principles of Workforce Redesign: notes and resources (2009). It may be copied for non-commercial use to promote adult social care workforce development.

Skills for Care is the employer-led strategic body for workforce development in adult social care in England. It is part of the Skills for Care and Development sector skills council.

Bibliographic reference data for Harvard-style author/date referencing system: Short reference: Skills for Care [or SfC] 2014

# Contents

## Introduction

<table>
<thead>
<tr>
<th>The principles</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Take a whole systems view of organisational change</td>
<td>10</td>
</tr>
<tr>
<td>2. Recognise the different ways people, organisations and partnerships respond to change</td>
<td>14</td>
</tr>
<tr>
<td>3. Nurture champions, innovators and leaders; encourage and support organisational learning</td>
<td>17</td>
</tr>
<tr>
<td>4. Engage people in the process; acknowledge value and utilise their experience</td>
<td>20</td>
</tr>
<tr>
<td>5. The different ways that people learn should influence how change is introduced and the workforce supported.</td>
<td>22</td>
</tr>
<tr>
<td>6. Encourage and utilise people’s thinking about values, behaviours and practice to shape innovation</td>
<td>24</td>
</tr>
<tr>
<td>7. Actively engage with your community to understand its cultures and strengths; work with the community to develop inclusive and creative workforce planning strategies</td>
<td>26</td>
</tr>
</tbody>
</table>

## Other reading and useful links

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
</tr>
</tbody>
</table>
Introduction

Background

The ‘principles of workforce redesign’ were first produced in 2008, followed by two supporting documents: ‘notes and resources’, and ‘practical guidance’. In 2014 the Principles of workforce integration were also published by Skills for Care. These four documents, used in conjunction with each other provide detailed guidance for employers as they approach their work in implementing the Care Act 2014.

The quality of the care and support offered by social care organisations is dependent upon the expertise, values and attitudes of the people who make up the workforce. The principles of workforce redesign acknowledge the significant role that workers have in transforming services. As the Care Act is implemented, success will depend on both organisational changes and the ways in which individuals change the ways that they think and work.

Incorporating new references to the Care Act, this document, which replaces the original ‘notes and resources’, sets out the key issues that workforce leads and managers in any social care setting need to take account of when implementing new ways of working to meet the challenges of the Care Act. It describes some of the theory behind each principle and provides a range of useful web links. It is designed to be used both as an audit tool, and as a guide to support individuals and organisations in changing the ways they deliver care and support.

The Care Act is an important stepping stone in the wider reform of care and support, and its implementation requires significant changes, both structurally and culturally within care and health provider organisations. It is an opportunity to ensure that the wellbeing of individuals sits firmly at the heart of all decisions about care and support, whether that be commissioning, designing or delivering services.

In particular this guidance will be of help when thinking about:

- ways to support, engage with, and learn from employees
- helping workers to build on their current skills, and feel confident about developing new skills that they may require
- ways to create a positive workplace culture that encourages and supports workers to embrace the changes brought about by the Care Act
- identifying all of the people and systems affected by changes, and bringing them together
- enabling people to learn from each other
- involving people who need care and support in the process of change
- working within local communities to identify local needs and commission resources that meet them.
Workforce development and shaping

Revans’ Law
If an organisation is to survive, its rate of learning must be at least equal to the rate of change in its external environment.

Reg Revans, creator of Action Learning

The Local Government Association wrote that councils that had achieved transformative change shared the following characteristics:

“ Well-developed and embedded cultures of change that positively valued difference and learned from failure, a record of organisational innovation, innovative people management and strategic and transformative approaches to human resource management. ”

(Local Government Association 2005)

Written in 2005, this benchmark of good practice remains relevant today.

In 2007 Skills for Care and Skills for Health jointly published The Common Core Principles to Support Self Care, which stated that:

“ Leaders and managers are responsible to their organisation, their staff and, most importantly, the people who use their services, and the wider community, for ensuring the highest standards of care are achieved. ”

and that:

“ Supporting individual empowerment and self-care may require workers at every level to work in different ways. ”

(Skills for Care and Skills for Health 2007)

The Audit Commission and Social Services Inspectorate jointly concluded that successful organisations were those with good communication systems, training and supervision, and in which frontline staff were supported, listened to and learned from. (AC/SSI 2007)

This set of principles has been developed to support organisations in achieving this through engaging with, supporting, and listening to the workforce, encouraging people to share their experiences, understanding ideas and concerns to continually improve the quality of the care and support that is provided.
Political drivers

In 2011 the Prime Minister, David Cameron, stated that services needed to be:

“…more local, more accountable and more personal, where people are the drivers, not passengers, which call on every part of society….to…make a difference. It really is a complete change in the way our public services are run…to bottom-up innovations.”

Since that date, a number of significant publications have continued to shape thinking around social care and health, including:

The Localism Act (2011) which describes a shift in power away from centralised control, to a model giving a wider and stronger voice to local communities. This Act created opportunities for local people and communities to both influence and provide services and resources.

The Health and Social Care Act (2012) which among its reforms gave local authorities increased responsibility for the health and wellbeing of the local populations, and gave greater emphasis to integrated services shaped around the people who use them.

Transforming Care: A National Response to Winterbourne View Hospital Department of Health Review: Final Report (2012) which highlighted mistakes and inadequacies in the ways people with learning disabilities were supported, and made recommendations about increasingly community-based care and support designed around the needs and choices of individuals.

The Cavendish Review (2013) was undertaken in response to the findings of the Mid-Staffordshire NHS Trust investigation; its focus was on the quality of health care assistants and support workers. It recognised the value of care workers to organisations, refuted the notion that caring was “basic” and drew attention to the divide between social care and health assistants. It recommendations included the creation of a new career structure and the introduction of a Certificate of Fundamental Care, and a move towards outcomes-based commissioning.

The Care Act (2014) is the culmination of the shift towards local, integrated, person-focused care and support. It has been driven by a combination of the need to respond to the exposure of very poor practice, a desire to ensure that individuals are supported in maximising the quality of their lives, and a need to ensure that available resources are put to the best possible use. Its key components are:

- clarity, fairness and equity
- putting people, and their wellbeing, at the heart of everything
- supporting independence, putting people in control of their lives
- recognising, supporting and enabling carers
- partnership and integration, bringing social care, health and other providers together.
The Act states that:

“High-quality, personalised care and support can only be achieved where there is a vibrant, responsive market of service providers. The role of the local authority is critical to achieving this, both through the actions it takes to directly commission services to meet needs, and the broader understanding and interactions it facilitates with the wider market, for the benefit of all local people and communities.”

(p41)

Integration across care and support services (which might include housing, education and others) is fundamental to the Act, which goes on to describe a duty to work with appropriate partners at all levels, from commissioning and provision to assessments, which must be:

“shape(d)... around the person, involving the person and considering their experience” and must involve “work(ing) with other professionals to ensure the person’s health and care services are aligned. This will require flexibility of systems where possible, for example when sharing information. It will also be strengthened by a culture of common values and objectives at frontline level.”

(p91)

Importantly, the Act moves those providing care and support away from a model of “providing services” to one of “meeting needs”. Embedded in this concept is the idea of individual choice and diversity. Local authorities must begin with a care and support planning process that keeps the person at the centre, and adopt flexible and innovative approaches to commissioning.

The principles of workforce redesign

Theoretical connections
These principles draw on a range of different academic disciplines related to individual learning and behaviour, change management, and organisational theory. They are designed to help those engaged in service transformation. The theories referred to in this document have been selected for their practical application, to offer support to people engaged in transforming services. The links (active at the time of going to print, but subject to future changes) provide access further Information, and can be used as signposts for further research if wished.

Underlying assumptions
The principles of workforce redesign are underpinned by assumptions that:

- The quality of care and support delivered by social care organisations is directly linked to the skills, knowledge, expertise, values and attitudes of the people who make up the workforce. To achieve and sustain high quality and well-designed care and support, robust workforce development strategies need to be in place to maximise the skills and contributions of employees.
■ Workers have a positive contribution to make in redesigning services. Their full involvement in developing services depends upon organisations creating environments in which people feel valued, safe, and listened to.

■ It is only by working in partnership with local communities that care and support can properly shaped around the needs and strengths of those people living within them.

■ It is only by bringing organisations together with the shared objective of maximising people’s wellbeing, that truly person-centred care and support can be achieved.

Other principles

A Narrative for Person-Centred Coordinated Care (National Voices), a set of “I” statements about what good care and support means to people in using those services.

The Social Care Commitment is the sector’s promise to provide people who need care and support with safe, high-quality services. In order to make the commitment employers, individual employers, care workers and carers sign up to a series of seven statements that focus on values and behaviours and pledge to complete tasks that support the statements.

The principles of workforce redesign will continue to be reviewed and refined by practice experience.

For more information contact Jim Thomas – jim.thomas@skillsforcare.org.uk

References


Other reading and useful links

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Source</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-------------</td>
</tr>
<tr>
<td>CIPD</td>
<td>Leading Culture Change Employee Engagement and Public Service Transformation (2012) Paper drawing on several case studies and interviews with senior officers to examine the experience of service transformation. <a href="http://www.cipd.co.uk/publicpolicy/policy-reports/leading-culture-change.aspx">http://www.cipd.co.uk/publicpolicy/policy-reports/leading-culture-change.aspx</a></td>
</tr>
<tr>
<td>British Association of Social Workers</td>
<td>Code of Ethics for Social Workers <a href="http://www.basw.co.uk">www.basw.co.uk</a></td>
</tr>
<tr>
<td>National Voices</td>
<td>National Voices is a user-led organisation campaigning for care and support that keeps the wishes of people with care and support needs at the heart of all activities. The Narrative for Person-Centred Coordinated Care is available from the website. <a href="http://www.nationalvoices.org.uk">www.nationalvoices.org.uk</a></td>
</tr>
<tr>
<td>Skills for Care</td>
<td>The Social Care Commitment <a href="http://www.skillsforcare.org.uk/Standards/The-Social-Care-Commitment/The-Social-Care-Commitment.aspx">http://www.skillsforcare.org.uk/Standards/The-Social-Care-Commitment/The-Social-Care-Commitment.aspx</a></td>
</tr>
</tbody>
</table>
PRINCIPLE 1
Take a ‘whole systems’ view of organisational change

The ways that people relate to each other in organisations and across partnerships affects what needs to change and how people are affected.

Workers, people who need care and support, their families and friends are all part of the system and cannot be treated in isolation from it.

A planning and workforce development process that is participatory, inclusive and evolving has more chance of success.

The culture and the character of an organisation or partnership are determined by the people who work for it and who take responsibility for problems and solutions.

Supporting people in different parts of the system through the whole process of change is integral to any strategy and vision.

A system can be described as

“...an organised collection of parts (or subsystems) that are highly integrated to accomplish an overall goal. The system has various inputs, which go through certain processes to produce certain outputs, which together accomplish the overall desired goal of the system... Highly functioning systems continually exchange feedback among various units to ensure they remain closely aligned and focused on achieving the organisation’s goal.”

(Kofman and Senge 1995)

The way each subsystem is divided and understood will depend upon the perspective of the viewer or participant.

Systems are dynamic, continually rethinking how they respond to the complex worlds in which they operate. Effective systems recognise that knowledge is neither static nor exclusively generated by ‘experts’.
Systems models take account of the full range of interactions across an organisation, looking at the interactions between the elements of the system, such as the behaviours and relationships of the people who make up the system. They recognise the complexities within systems, and the impact that wider environments can have upon these, and take the view that to ignore these complexities can create additional, unintended problems, which then must be dealt with. Systems models see individuals as both the cause of and the solution to problems and challenges.

Systems thinking is particularly effective when dealing with highly complex issues, enabling participants to see the ‘bigger picture’. It is a useful model in dealing with recurring problems that have been worsened by earlier attempts to fix them, where the action has an impact on its environment, and with problems where there is no obvious solution.

Regarding problems or challenges in a fragmented way, rather than as part of a whole system, hampers the ability to transform provision. Continued fragmentation results in seeing knowledge and understanding as being made up of accumulated bits of information, and fails to develop the wider view of knowledge and understanding that is needed to transform individuals and organisations. Learning is not just an individual quality, but should be viewed as an element of the wider system or organisation.

For organisations and their partners to become effective environments in which individuals or groups can both learn and share their learning – that is, for a ‘learning organisation’ to be created – it is necessary to take a ‘whole systems’ approach, that recognises both the interdependence of parts of the system, and the value that each has to the other.

Learning organisations:

- thrive on change, and embrace creative tension
- are clear about organisational goals and use learning to achieve them
- encourage experimentation
- communicate success and failure, using failures to contribute to continued learning
- provide continuous learning opportunities, facilitating and rewarding learning
- are clear about their goals
- have clearly articulated purpose, values, culture and patterns of practice
- recognise learning as an integral task of the organisation.

Senge (1990: 3, cited on Infed website) describes learning organisations as:

“…organizations where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole together.”
The Social Care Institute for Excellence (SCIE 2008) breaks the characteristics of learning organisations down into five key features:

- An organisational structure and hierarchy that empowers individuals, enhancing opportunities for employee, carer and service user involvement in the organisation. There is a strong team ethos, with cross-hierarchy and cross-boundary networks which are facilitated.

- There is a strong organisational culture that encourages and promotes openness, creativity, and experimentation. Innovation, knowledge exchange and experimentation are encouraged alongside appropriate risk-taking. There is freedom to try new things, to risk and learn from failure.

- Information systems that improve and support practice are in place. Information is shared quickly and effectively.

- Human resource practices reflect the principle that people are the creators and users of organisational learning. HR management supports this by focusing on provision and support of individual learning.

- Leadership styles model the openness, risk-taking and reflection necessary for learning. Leaders’ actions demonstrate their commitment to organisational learning.

References

Kofman & Senge 1995  

SCIE 2008  

Senge 1990  
http://infed.org/mobi/peter-senge-and-the-learning-organization/
### Other reading and useful links

| **www.infed.org** | The theory and rhetoric of the learning society  
|-------------------|-------------------------------------------------------------------------------------------------|
| McNamara          | McNamara C, Systems Thinking, Systems Tools & Chaos Theory  
[www.managementhelp.org/systems/systems.htm](http://www.managementhelp.org/systems/systems.htm) |
| **www.solonline.org** | Lots of useful articles, including Peter Senge Systems Thinking,  
Peter Senge Personal Transformation, and Nevis DiBella and Gould Understanding Organisations as Learning Systems |
| **www.thinking.net** | Lots of useful articles, including Daniel Aronson D (1996-8) Introduction to Systems Thinking,  
Daniel Aronson Overview of Systems Thinking |
| Skills for Care   | Workforce capacity planning tools and resources  
[www.skillsforcare.org.uk/wcp](http://www.skillsforcare.org.uk/wcp)  
The principles of workforce integration  
To manage organisational change in ways that make people feel safe and included, the Team Technology website lists five key factors that need to be borne in mind:

1. Different people react differently to change
2. everyone has fundamental needs that have to be met
3. change often involves loss, and people will go through a loss (transition) curve
4. expectations need to be managed realistically
5. fears have to be dealt with.

People’s responses to change vary, but most people will experience a degree of loss, going through some of the stages of loss and transition. Applying theories of loss and transition to organisational transformation keeps the human dimension of organisational change to the fore.

Anxieties arise for a number of reasons, including people’s concerns for their own safety or position, a perceived lack of autonomy or control, or feeling de-skilled. Some people are competitive; this can also have a negative impact on learning and responses to change, reducing collaboration and increasing the likelihood of covering up mistakes and failures.

People may resist acknowledging that there are things that they do not know, and will cover up perceived weaknesses in public. Some employees will develop what Argyris (1999) calls “skilled incompetence”, adopting behaviours that mask any learning needs or skills deficits. This resistance to change, learning new skills or personal development militates against both individual and organisational learning. It is important to focus on positive outcomes for individuals, communicating clearly and sensitively across the organisation.

Whatever the change, outcomes will be improved if people are well informed and understand why something is happening. Schweiger and DeNisi (1991) state that:

“Even (if) people… are unhappy about the outcome of a process (they) will have less dissatisfaction and fewer dysfunctions than they might otherwise have if they understand the process through open communications and see that it was fair.”
Not everyone will have the same perception of the value of particular changes. Smale (1998) suggests that managers should identify key players in any change, and think about:

- What are the gains and losses?
- Who experiences what as a loss?
- Wow can you ensure that people are able to mourn those losses?
- What can you do to help people recognise gains and build commitment to the changes?

People engage with change at different rates, and need to feel safe to express their reservations. In the context of the impact of change on people being supported by services, it has been noted how anxiety-provoking this can be, particularly for those who have become accustomed to being dependent. Training needs analyses are valuable in supporting people during transitions.

Fisher (2000/3) adapted theories of loss and bereavement to how people respond when there are workplace changes. His model (developed further here) shows how the two are connected.

- Anxiety: Can I cope? I don’t like change. I don’t have the skills they are looking for now.
- Happiness: At last something is going to change, I will get more job satisfaction, people will get better care and support. Someone will listen to my experiences.
- Fear: What will the impact be? How will it affect me? Will I be able to what is needed of me? Can I cope?
- Threat: This is bigger/harder than I thought, what’s wrong with the way we always did it?
- Guilt: Did I really do that? Could I have been more supportive?
- Depression: Who am I? what is my role? Why is no one interested in my ideas and experiences?
- Hostility: Why should I change what I do? I’m not doing that.
- Gradual acceptance: This could be good, I can see how I can do this, I see how I fit with these changes.
- Moving forward: This can work, it will improve the care and support we provide, I will have the chance to develop my skills and make a contribution.

Bringing about change is a process, not a one-off event. Not only do people need time; organisations are in a constant state of flux, so environments change too.

Transformation is a continuous process that needs be managed effectively by both the individual and the organisation. Change does not end when a new system is introduced. It can take up to two years for people to adjust to changes, and during this phase they need to be supported, nurtured and listened to. This is best achieved by creating a learning organisation in which they feel safe. (Senge)
Organisational change often occurs as a reaction to outside forces. The need for change may then be seen as a problem, and the main driver is to get rid of the problem. This approach (which is sometimes viewed as managing) lacks creativity and does not promote learning. One consequence of approaching change in this way to deal with it as crisis management, introducing change but not promoting transformation driven by the needs of the people who need care and support.

**References**

Argyris 1999  

Schweiger & DeNisi 1991  

Smale (1998)  

Fisher 2000/3  

**Other reading & useful links**

<table>
<thead>
<tr>
<th><strong><a href="http://www.businessballs.com">www.businessballs.com</a></strong></th>
<th>Management articles and tools</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong><a href="http://www.infed.org">www.infed.org</a></strong></td>
<td>Lots of information about informal learning, including The learning organisation</td>
</tr>
<tr>
<td><strong><a href="http://www.solonline.org">www.solonline.org</a></strong></td>
<td>Website of the Society for Organisational Learning, lots of useful articles, including Peter Senge, Personal Transformation</td>
</tr>
<tr>
<td><strong><a href="http://www.teamtechnology.co.uk">www.teamtechnology.co.uk</a></strong></td>
<td>Includes articles on leadership and management</td>
</tr>
</tbody>
</table>
PRINCIPLE

3

Nurture champions, innovators and leaders; encourage and support organisational learning

Environments in which managed risk is encouraged help people feel safe to express concerns, discuss ideas and experiment.

Appropriate and supported delegation of tasks and responsibilities encourage creativity at the local level.

Champions, innovators and leaders are key to successful organisational transformation. They should be identified, supported, sustained and encouraged to share their learning, including learning that arises from failure.

High quality supervision will empower people to be innovative, dynamic, adaptable and flexible. Organisations with a non-hierarchical view of knowledge, experience and expertise encourage individuals to feel valued and able to contribute to learning and the development of new and innovative services.

We are used to thinking of chief executives and senior officers as being the key decision makers, the most visible and powerful people in organisations. However, it is not individual decisions that change cultures, nor their individual actions that create dynamic, learning environments.

Organisations that operate on the presumption that experts are always higher up the hierarchy and that people operating at the senior level are the ones that know best are weak organisations, and poor learning environments.

Successful organisations understand that all members of the workforce have a role to play in the continued learning and improvement of the organisation. Individual contributions are valued and acknowledged in a non-hierarchical way.

Effective learning environments are created when individuals are encouraged to experiment and take appropriate risks, contributing to organisational development by asking questions and sharing experiences.

In these environments, power is vested in individuals, encouraging them to participate in the learning and development of the organisation. These organisations become learning organisations, continually reflecting on what they are delivering, to fundamentally improve the quality of their services, not simply being satisfied with “doing the same better.”
The Department of Health (DH 2008) states that one of the jobs of any leader is to “…work to develop a culture in the workforce that is risk aware and not risk averse.”

To create a learning organisation three different kinds of leaders are needed:

1. **Managers, or local line leaders.**
   These create good learning environments, and constantly review the impact of learning upon practice. They are happy to be different from the mainstream, and to challenge the status quo. They have a strong role in supporting people to take risks and develop practice.

2. **Executive leaders**
   These support line managers, develop the learning infrastructure, and lead by example. They can be champions, protectors and thinking partners for local leaders.

3. **Internal networkers, or community builders.**
   These are the people who move around the organisation, taking new ideas with them. They seek out others who are predisposed to learning, and work with them. Internal networkers tend not have positional authority, making people less defensive around them. They usually have a good knowledge of how the informal networks operate in the organisation. They can come from any part of the organisation (but are often frontline workers) and can be hard to identify. It is important to seek them out, and ensure that they are viewed as credible and knowledgeable. Their commitment needs to be acknowledged.

Rogers (1995) identified four groups of people, showing how people engage differently with innovation and transformation:

1. Innovators are the people who have the ideas, and “invent” new practices.
2. Early adopters are also often innovators. They seek out new ideas, using communication systems and in particular contact with innovators and use these in practice,
3. Late adopters are less proactive, and more likely to be influenced by local experience and interpersonal contacts. They will follow others’ leads.
4. Laggards tend to compare things with how they used to be and are the last group to absorb the changes.

Smale’s research (1998) demonstrates that people who take on the role of innovator are very exposed in their organisation, often being viewed as deviant. Innovators need support if they are to survive in the role. If they continually feel under threat they may alter their behaviour and adopt current organisational norms in order to be re-absorbed into the mainstream. Support may come via supervision, from working in a learning organisation, or from effective social networks where innovators can share their ideas and experiences.

European Commission research (PJB 2007) found that to support organisational and individual learning human resource professionals needed to move from training-based development policies to policies that foster new ways of learning. This included developing competence, learning networks, and self-assessment. The role of HR in a learning organisation is to:

- support the business
- support (in)formal learning
Workforce redesign theory & thinking

- support knowledge sharing
- develop and co-ordinate training
- change HR practices.

References

Department of Health 2008  Department of Health *Putting People First - working to make it happen: adult social care workforce strategy - interim statement*  


PJB 2007  EU supported research on lifelong learning, pulls together a wide range of articles and research materials including Lifelong learning: the role of human resource development within organisations  
www.pjb.co.uk/npl/bp22.htm

Other reading & useful links

| Miroslav Chodak | The call for learning organizations  Explains redesigning training organisations in the 21st century  
http://archive.rec.org/REC/Programs/EMTC/Insight/vol12/learning.html |
|-----------------|---------------------------------------------------------------------------------|
| Department of Health | A Vision for Adult Social Care: capable communities and active citizens, Nov 2010  
| Larsen, McInery, Nyquist, Santos and Silsbee | Learning organisations article  
http://leeds-faculty.colorado.edu/larsenk/learnorg/ |
| SCIE | Learning organisations: A self-assessment resource pack  
| Skills for Care | Capable, Confident, Skilled - A Workforce Development Strategy, 2011  
| Skills for Care et al | The principles of workforce integration jointly published by Skills for Care, Think Personal Act Local, the Association of Directors of Adult Services, the Local government Association, Skills for Health, the Centre for Workforce Intelligence and NHS Employers  
www.skillsforcare.org.uk/powi |
Identifying and sharing the experiences, ideas and concerns of people within the organisation, gives a strong and positive message about the way in which individuals are valued.

Sharing learning and experience across organisations, partnerships and communities provides a strong foundation for service transformation and supports the creation of effective networks and relationships.

Encouraging the use of life experience in the workplace, and seeking out the learning from people’s work, enriches and improves the quality of care and support.

What works in practice is best learned from those people directly involved in it. Systems and processes that encourage the sharing of learning across organisations and partnerships are the infrastructure that makes this possible.

Everyone should be encouraged to contribute to the creation of an environment that is a good place to work.

“Knowledge is experience, everything else is just information.”

(Einstein)

We learn through experience. This applies in all aspects of our lives. The experiences of employees and people receiving care and support are crucial in considering the role of workforce development in service transformation. Good workforce development encourages and supports people to participate, share and learn.

Individuals are dynamic, adaptable and flexible. Learning and knowledge are enhanced by interactions that occur between people, and are essential to the success and adaptability of organisations.

Knowledge is

“…a key determining factor in organisational and economical success or failure. The most effective organisations…will be those which recognise and best harness the crucial role that knowledge plays both inside and outside their organisation.”

(From knowledge Enhanced Government: A strategy for the UK Office of the e-Envoy, July 2002)
To make a real contribution to organisational learning, people need to have “personal power”, a term coined by Peter Senge to describe those who are able to act creatively and intuitively, seeing what needs to be done to achieve organisational goals. This is different from the power that is vested in managers, which can in fact prevent the development of personal power in others. Individuals with personal power are needed at all levels of the organisation.

Rogers (1995) examined the successful introduction of innovation and emphasised the importance of diffusion of information about innovative ideas and practice across whole organisations.

Chodak’s focus (1996) is on the importance of planning as a participatory process, in which individuals are encouraged to question, refine and modify ideas, using the insights that they gain through their own experiences.

For people to make a positive contribution to the organisation’s goals they need to feel that they are valued and belong. In hierarchical organisations individuals often feel that they do not matter, and that their experiences and understanding are of less significance than those further up the hierarchy. Individuals will only feel (and be) able to contribute to the learning of their organisation when their experience demonstrates that they are valued and listened to. Telling people is not enough. Creating an environment in which individuals are encouraged to share their experiences and learning will have a positive impact on the transformation of care and support.

References

Other reading & useful links

| beingasunbeam.com | http://www.beingasunbeam.com/my-beliefs-about-coaching/ This is a blog, but includes “Clare’s coaching manifesto” which gives a useful reminder of ways in which supervision can be used to empower people. |
| phil-race.co.uk | http://phil-race.co.uk Website containing useful PowerPoint presentation about models of learning, including the ripples model of learning. |
| Smale G | Managing Change Through Innovation, 1998 The Stationer’s Office |
The different ways that people learn should influence how change is introduced and the workforce is supported.

Adults tend to be goal-oriented and motivated by seeing the benefits of any learning they undertake. Adults are keen to learn where they see a practical application and can use their learning to help them solve problems.

Learning is reinforced when it is used in everyday practice.

People learn in different ways, and at different paces. Previous learning and educational experiences have an impact on confidence and attitude towards present learning; this can be positive or negative.

The way in which learning takes place can be as important as the content.

Learning occurs in many different settings, including daily activities, observing others, and supervision. Good learning environments blend these with opportunities for training and qualifications.

For adults to engage in learning they need to:

- Know why they need to learn something, to see why something is relevant. Adults are well motivated to learn things that help them with aspects of their lives—learning is a means to an end.
- be responsible for their own decisions, and able to be self-directing.
- see practical applications for what they are learning, and how learning contributes to goals.
- be given hands-on opportunities as part of their learning. Adults learn well when they learn experientially. Experience, including mistakes, is the basis for learning.
- use their previous experiences.
- adults bring a wealth of life experience with them to their learning.
- New ideas and understanding arise in part from current and past knowledge and experience.
- be treated with respect.
Adults have different learning styles, understanding these will help in the planning and delivery of learning and development opportunities.

Honey and Mumford, for example, describe four main styles, summarised below.

- **Activists** like “hands on” learning, at their best when doing, happy to have a go.
- **Reflectors** like to look at what they are doing from different perspectives, to think before coming to a conclusion. They are quite cautious, and tend to keep quite a low profile.
- **Theorists** want to understand underlying concepts or theories in order to be convinced; they analyse and synthesise.
- **Pragmatists** like to try things out to see if they work, they seek out new ideas. They like to get on with things, and have a practical, problem solving approach.

To sustain and benefit from new learning, including making a difference in practice, the following four key aspects need to be embedded in the learning and its application.

- **Motivation**: people need to know why the learning matters, and to be interested.
- **Reinforcement**: learners need opportunities to use their learning in practice—both tasks and attitudes.
- **Retention**: this occurs when people have repeated opportunities to use their learning, so that it becomes embedded.
- **Transference**: this is most likely to happen when learners have had the opportunity to understand the underlying thinking behind changes, to be clear about goals. This enables

---

**Kolb’s Experiential Learning Cycle**

Concrete experience: doing

Reflection: thinking about it

Active experimentation: planning how to do it next time

Abstract experimentation: learning from what happened

Schön (1983), applying the process of learning to the workplace developed the idea of the ‘reflective practitioner’, describing how practice is refined and improved via the process of active reflection.
Encourage and utilise people’s thinking about values, behaviours and practice to shape innovation

Working with people’s attitudes, beliefs and understanding has a greater impact on cultural change and service transformation than focusing on behavioural changes.

Individuals with a personal commitment to the organisation’s values and goals make a positive contribution to transformation and ongoing improvement.

Listening to people, encouraging questioning, valuing experiences and supporting new ideas all make people more confident and proactive in contributing to service transformation.

“Doing the same better” limits any vision of high quality care and support. Focusing on the preferences and identified needs and wishes of people receiving care and support encourages imaginative and innovative ways of working with people.

People can be highly skilled at adapting to a new workplace environment while maintaining the same behaviour patterns they used before. Changing job titles and job descriptions will not necessarily alter perceptions or behaviours. So it is critically important that, when looking at transformation of services, time and attention is given to working with people to facilitate changes in thinking and ideas. Top-down imposition of changes might alter behaviour, but has less impact on thinking and culture, and on how people engage with others.

Rather than just being told what must be done differently, workers need to see why the changes are being made, what the aims are and how this can improve care and support. “Selling” change to people does not work. The best way to guarantee success is to make sure that people understand why change is happening, and are able to cope effectively with it.

People will make an external commitment to new ways of working that are imposed, and will follow rules, but they may at the same time develop what Argyris calls “creative compliance” (in Senge 2006), in which behaviours not attitudes are altered. In the same work, Senge talks about “organisational learning disability”, in which people filter the information around them to reinforce their attachment to their established role or position in the organisation.
To achieve lasting change, people’s mental models and attitudes need to be changed, and
to do this a workplace culture that values individual and organisational learning needs to be
created. Ways to achieve this include:

- Ensure that managers at all levels behave in ways that demonstrate a commitment to
  being a learning organisation, including their own desire to learn from others.
- Place the learning, and sharing of learning, at the heart of organisational goals.
- Support calculated risk-taking, share learning from these risks, both the successes and
  the failures.
- Demonstrate by action that plans, changes, and improvements are driven by input from
  both workers and people supported by the service.
- Create supervision systems that encourage individual learning, and value individual
  experience.
- Make sure that there are shared goals across the organisation or partnership, so that
  values and ways of working are continually reinforced, evaluated and developed.
- Take a non-hierarchical approach to teaching and learning, recognising that each person
  can learn and teach.
- Delegate responsibility and encouraging autonomy, showing that people are valued and
  trusted.

References

Other reading & useful links

<table>
<thead>
<tr>
<th>Demos</th>
<th><a href="http://www.demos.co.uk">www.demos.co.uk</a></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Think Tank with several pieces of research online, including The Leadership Imperative which has a useful executive summary outlining ‘do’s and ‘don’ts’ in implementing transformative change. Based on research that examined the implementation of Every Child Matters.</td>
</tr>
</tbody>
</table>

| Society for Organisational Learning | www.solonline.org | lots of useful articles, including Peter Senge, Leading learning organisations |

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Helpful toolkit to support organisations as they develop learning cultures</td>
</tr>
</tbody>
</table>
PRINCIPLE 7  
Encourage and utilise people’s thinking about values, behaviours and practice to shape innovation

Social care and support takes place within local communities, and is itself part of those communities.

Local communities are made up of people with diverse skills and talents. Lifestyles vary according to culture and other circumstances.

Involving the whole community in discussions and decision making about transformation ensures local need is identified and encourages people in the local area to contribute to its delivery.

Approaches to recruitment, volunteering and employment should reflect the local picture, encouraging talented people from all backgrounds into social care and support roles.

People living in the local community needing care and support should have their needs met in ways that fit with their individual lifestyle and preferences. The more diverse the workforce, the better this will be achieved.

Many people find themselves both in need of, and giving care and support. The dividing line between “cared for” and “carer” can be blurred, changing over time. To maximise community resources, and to enable individuals to contribute as they wish, it is important to know both what people need, and what they have to offer.

Transformed services need to incorporate sufficient flexibility to allow individuals to move between the different roles.

Organisational boundaries do not serve communities effectively. Relationships and networks that have the community and people at their heart enable services to work together with a stronger community and person-centred focus.
The voluntary sector, including smaller, informal or grassroots organisations, has a significant contribution to make to the provision of care and support. Workforce commissioning strategies and market position statements should reflect this.

Encouraged by the localism agenda and the drive to engage and support local communities, the last few years have seen an increased focus on community skills development. Since 2010, when it published *Only a footstep away*, Skills for Care has been working with community-based organisations across England to develop models that facilitate both individual skills and community workforce planning. This work is still taking place, but work with the early adopter sites has already been reported.

Skills for Care defines community skills development as:

“A process by which people in a self-defined locality are empowered in a variety of ways to broaden and enhance their skills.”

Skills for Care is currently working closely with a number of early adopter sites to develop ‘community skills development’ (CSD) and ‘skills around the person’ (SATP) approaches to community-based activity.

The work is testing the notion that by beginning with a conversation with individuals it is possible to tease out both the skills and expertise that they bring with them, and identify their support needs. The model is being applied both to people who need care and support services (a different way of looking at assessment) and people “providing” support, paid and unpaid (a different way of looking at skills development). This approach questions the traditionally rigid divide between “giver” and “receiver”.

Thomas (in Henderson & Thomas 2013) talked about community development as having five main strands.

- Community action engaging with people adversely affected by decisions made by others; its purpose is to engage with and empower people and groups.
- Community organisation, which is collaboration between agencies, promoting joint initiatives.
- Community development which emphasises self-help, mutual support, to enable local problem solving and self-representation, with the aim of ensuring community voices are listened to by decision makers.
- Social planning, which is the assessment of community needs and issues and the creation and delivery of strategies in response to these.
- Service extension, the reshaping of provision to make services and resources more accessible to people in the local community.

The Gulbenkian Report (1968) talked of community work as helping local people to decide, plan and take action to meet their own needs, with support from outside resources, making local services accessible and appropriate, making connections between different services, and forward planning to take account of changing needs.
The more recent emphasis on community involvement at the national and government level demonstrates the relevance of this earlier work today. The Coalition Government, in its strategic vision for volunteering (DH 2011), talks about social action as being an important aspect of citizenship. Social action is described as “individual or group activity that involves interaction with others, especially where this action is organised towards social reform.” (p9) The last few years have seen the emergence of a number of models and approaches to community development. These are helpful when thinking about workforce planning strategies that incorporate the skills, assets and needs of local communities

**Co-production**

- The people supported by services have skills and abilities, they are not passive recipients. Co-production is based on collaborative relationships in which everyone has the status of citizen, and in which power is shared.
- Supports managed risk-taking and experimentation, looking for new ways of working.
- Can be used as a tool for transformation, challenging traditional relationships and power bases.

**User-led Organisations (ULOs)**

- Run and controlled by people who use care and support services.
- Promote choice and control over how needs are met.

The Department of Health, promoting the development of ULOs, drew up 21 “design criteria”, describing governance, the kinds of services they may provide, and a values base of personalisation and empowerment.

There are significant benefits in working more closely with local communities in developing and providing care and support. It can:

- Empower individuals who use care and support, creating relationships where everyone has a contribution to make
- promote a more integrated approach to care and support, allowing the person to stay at the centre of all activity
- promote wellbeing by creating new relationships, offering new activities and supporting people to develop new skills
- help to create and sustain local support networks
- offer individuals the opportunity to build skills and boost confidence
- enable learning in an informal setting
- help build a picture of the local community, identifying cultural and demographic factors
- assist in recruitment and retention by understanding the kinds of work patterns that encourage local people to work in care and support settings
- be cost effective, with low level, flexible support provided at an early stage preventing deterioration and increased need.
King’s Fund research (2013) describes volunteers as playing a “crucial and often under-appreciated role in health and social care” and shows that they play a significant part in:

- Improving patient experience
- building closer relationships between services and communities
- tackling health inequalities and promoting health in hard to reach groups
- supporting integrated care for people with multiple needs.

The research identified that some of the most successful volunteering schemes were able to:

- Build connections between volunteers and professionals and voluntary and public sectors
- identify how volunteers can add value, and target the volunteer recruitment accordingly
- define the boundaries between volunteer and professional roles, and include induction programmes for both
- provide adequate funding for co-ordination and management
- involve volunteers in service delivery and organisational governance
- quality assure services and measure outcomes.

References

Department of Health 2011

King’s Fund 2013

Henderson & Thomas 2013

Gulbenkian 1968
Study Group on Training for Community Work, Community work and social change: the report of a study group on training set up by the Calouste Gulbenkian Foundation, (London, Longmans, 1968)
Other reading & useful links

<table>
<thead>
<tr>
<th>Department of Health</th>
<th>Strategic vision for volunteering, as at DH 2011 above. This includes useful checklists for organisations wanting to support volunteering and social action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infed.org</td>
<td><a href="http://www.Infed.org/community">www.Infed.org/community</a> Two articles by Mark Smith about community work and community development</td>
</tr>
<tr>
<td>King’s Fund</td>
<td><a href="http://www.thekingsfund.org.uk">www.thekingsfund.org.uk</a> for downloadable copy of “Volunteering in health and care”</td>
</tr>
<tr>
<td>Skills for Care</td>
<td>Only a footstep away (2010) Making use of “Only a footstep away” (2011) Empowering Communities: Community skills development and neighbourhood workforce planning early adopters programme evaluation (2012) <a href="http://www.skillsforcare.org.uk/communityskills">www.skillsforcare.org.uk/communityskills</a> The community skills section of the Skills for Care website features reports, up to date information about evolving models, and case studies on skills around the person.</td>
</tr>
</tbody>
</table>