



living leadership

“It’s all in the mix”

AN EVALUATION OF THE LoTHIAN LIVING LEADERSHIP PROGRAMME 2013-14

**Cathy Sharp
November 2014**

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Living Leadership: a collaboration between Animate Consulting and Research for Real.
Funded by City of Edinburgh Council, NHS Lothian, NHS Education for Scotland, the Joint Improvement Team and the Thistle Foundation.
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acknowledgements and thanks

As the Living Leadership Learning Partner I have been privileged to have taken an active role in the Living Leadership programme, contributing my own experience and knowledge and helping the group in their collaborative learning and sense making.

The degree of sharing and honesty evident within the group was impressive and important. The willingness to work with both successes and difficulties has helped to generate new insights and shown how talking about the more intangible or unspoken aspects of how we collaborate in the course of that endeavour is helpful and improves the quality of our working together.

The analysis reported here has been both formative and collaborative; as the author of the report, this gives me confidence that the findings reported here are firmly grounded in the experience of the participants. I trust this report does justice to your learning and enables it to be shared to stimulate wider thinking and action.

At the end of the day any errors, omissions or misinterpretations remain my responsibility.

Cathy Sharp, Edinburgh November 2014

executive summary

Living Leadership Lothian was a shared workforce development programme designed to enable leaders across sectors to work together more effectively, by creating a community of dialogue and learning. It addressed the challenges of implementing person-centred and asset-based approaches, as part of public service reform. The programme relied upon inter-agency participation and collaboration from across national agencies, the NHS, local government, the voluntary and independent sectors.

The participants' experience of the issues they were currently facing, sometimes directly with each other, was the core material for 'learning by doing', applying theoretical frameworks to analyse and illuminate that experience, as the work progressed. The core curriculum drew on current organisational development theory and combined systemic, psychodynamic and action research content and approaches.

This report provides an account of collaborative learning and sense making and evaluation of the experience of a pilot programme in Lothian during 2013-14, which was funded by the Joint Improvement Team, NHS Education for Scotland, City of Edinburgh Council, NHS Lothian and the Thistle Foundation.

"Living leadership has turned-up the volume. Relationships are the things that really matter."

"Living Leadership has been a magnifying glass, but it's counter-cultural. We're doers - but when it's really complex we need to think differently."

context

Living Leadership has taken place in the context of the need for public service reform and the forthcoming integration of health and social care. The recommendations of the Christie Commission on the Future Delivery of Public Services called for a radical, new and collaborative culture. Many commentaries in Scotland and the wider UK have made the case for prevention and early intervention; a focus on 'assets' rather than deficits; and for new collaborative relationships to enhance outcomes for people and build resilience.

A more relational approach to policy and practice requires greater attention to relationships in the everyday work of staff at all levels, recognising the place of values and emotions in driving action to improve services.

Living Leadership was a response to the need for this kind of personal and professional change in thinking and practice. It aimed to provide a reflective space and the stimulus for collaborative learning-in-action. It recognised the key role of leadership in articulating the vision and fostering an environment in which creativity and new ways of approaching difficult issues can flourish.

key findings

1. *The majority of respondents report that the programme has enabled them to adopt a more appreciative, collaborative and relational way of working more of the time, at times in a context of competition and commissioning of services. This has had an impact on their own motivation and the motivation of their teams. They have a better understanding of a holistic and relational approach to leadership for themselves, and how to use that understanding to support the wider health and social care workforce to be positive about their role in improving the care and treatment they provide.*

“As a partnership our responses to each other record the positives much more. This is excellent for the team. Working from these positives moving forward seems a happier process than when we moved forward from what was wrong.”

2. *The focus on ‘learning by doing’ in relationship with peers from across the sectors has been a powerful influence on learning and change.*

“I found the programme hugely empowering and supportive. Working with people from a range of organisations has been enlightening, hugely beneficial and helpful in my role, which is a fairly isolated role..... I always knew I was ‘institutionalised’ but couldn’t always tell in what ways this influenced me.”

3. *Reconnecting with their values and those that they share with others has also been an important element of the programme. Being able to work with your own and others values and speak authentically are key to ‘living leadership’.*

“It has helped me realise that we have so much more in common than I had previously realised and that there is a real commitment to support change. I think I now have a greater understanding of and compassion for those working in the statutory sector to bring about transformational change.”

4. *There are positive signs of change, particularly in those ways of working that open up the possibilities for more effective use of resources across services. Participants take and enable more risks; they have taken practical steps to embed integrated approaches and are working collectively to improve*

their offers. There is a greater willingness to negotiate across different professional boundaries to deliver personal and organisational outcomes.

“The impact of the programme on my leadership style has been quite radical and yet very subtle ... It has certainly strengthened my practice and enabled me to be more confident with my own intuition, thus allowing me to make bolder decisions or take risks more easily (but not lightly).”

5. The programme has provided specific ideas and useful tools and concepts; in particular, the Three Horizons, theories about uncertainty and complexity, adaptive and technical change, and strengths-based work. The context in which these have been delivered – with active collaborators – has made these ideas of very practical and immediate relevance.

“I have valued the idea of negative capability. It is helping me cope as I move to up-skill and empower our teams.”

6. Individual participants have felt able to model the desired changes themselves and have a better understanding of how to make a relational approach to leadership development work within their own settings and with their immediate partners.

“I thought I’d just scuppered our chances of securing a contract! The discussion was initially uncomfortable and yet what started to emerge was a realisation that the change we’re hoping to see in the service requires significant culture change which ... won’t be achieved by putting all the staff through a brief training course.”

7. Insights about others in their roles have been valuable. The investment of time of people from diverse backgrounds in working together in a different way has been worthwhile.

“I am leading my organisations’ colleagues to approach our work with local authorities quite differently by identifying our allies - seeing what is there for LAs or LA colleagues in what we suggest or in the direction we try to influence? ... being quietly confident rather than adversarial.”

8. The chance to talk about their work provided insight into similarities and differences, deeper explorations, better

understanding of how decisions are made and challenges to established ways of working, which in turn has led to more opportunities to collaborate.

“Our organisation is now much more knitted-in to work with the NHS in ways which would have been unthinkable beforehand. I think we are seen much more as a valued partner and less as an agency to be contracted with now and again.”

9. Participants gave examples of specific actions and behaviours influenced by the programme. These include some new activities, as well as more intangible changes such as a new attitude or approaches. Many show how their learning helps them to be more resilient in their leadership as well as in influencing immediate teams or other colleagues.

“I worked with staff on a hospital site - we listened to patients and through practice development and raising staff awareness we have reduced complaints.”

“...they [now] offer a monthly (health and well-being support) drop- in at my surgery. This is completely new for us. It means that the first introductions for the patients are made in a more familiar setting. It also raises the profile of their service with the whole primary health care team...”

10. Participants have developed a better understanding of the complexities of the power dynamics of relationships with people using services and how to shift power from professionals to others in a way that enables people to shape and influence services.

“I’m making efforts to create opportunities for the voice of people with lived experience to feature in all decisions we make at work which will affect those people’s lives.”

11. There is a shared pragmatic recognition of the wider challenges of sustaining the momentum and influencing system change. Amongst some there is still hope, albeit cautious, about the possibilities of matching a better understanding of power imbalances and the challenges of genuine co-production with people that use services to the policy rhetoric of public service reform.

12. *There are a number of specific initiatives arising from the programme; these include greater service user involvement; new research involving service users; cross-sector collaboration in the House of Care; new partnerships between the NHS and the third sector; greater use of existing data at local level to develop insights and momentum amongst practitioners to adopt social prescribing.*

accountability for learning and change

The programme evolved a shared, grounded theory of collaborative change that placed each individual leader at the centre and identified a series of personal, consequent and further outcomes. These findings show the beginnings of such a wider ripple-effect based on their confidence that finding time to ‘make authentic relationships’ with key collaborators is what leadership in conditions of uncertainty and complexity is ultimately about.

Many participants suggest that personally they feel themselves to be in a good position to move forward with collaboration, recognising that it is both necessary for culture change and difficult. Some are in formal roles that have influence at a national level and some have valuable insights about how to progress with local plans and projects.

learning together: the foundations of collaborative practice

Many of the participants have valued Living Leadership as a significant personal and professional development opportunity. It has been a form of social and experiential learning that has enabled deeper reflection and experimentation with collaboration.

“I’m moving forward with an appreciation that cultural change cannot happen without collaboration AND collaboration is hard, testing and messy. For me it’s about getting comfortable being uncomfortable and practice staying with it instead of wanting to run away AND also knowing when to discern when it’s right to leave collaboration.”

The value of the programme was in the mix of all kinds of expertise (including clinical) in a 'learning lab' where people were immersed in both the separate and shared work of collaboration. New theory or leadership concepts have been integrated with the experience and expertise of participants. This mix itself has been a very powerful and important part of the programme design; stereotypes have been challenged in a way that has allowed more opportunities for dialogue, rather than defensive responses.

The learning environment, programme content and action inquiry approach enabled exploration, sharing and deepening of insight. Learning together in this way provided supportive challenge and a shared commitment and enthusiasm to explore things that are messy and difficult. This has given many participants affirmation and greater confidence, competence and connection.

Using small group 'sets' as a way of organising the inquiry did not work as well as other elements of the programme. However, the practice of action inquiry has been useful; in particular, offering peer support, a chance to 'slow-down' and an arena for testing-out the potential value of some of the theories and concepts offered during the programme. This has helped some of the participants be better at noticing their own assumptions and habits, and through bringing that into their awareness, given them more confidence to proceed.

the art and science of improvement and change

Throughout the programme, the participants tested the art and science of improvement using appreciative, collaborative and relational lenses. The result was an affirmation of the necessity of acting to test ideas out, and a commitment to addressing the cultural, relational, emotional and community challenges of co-production of models of change and implementation. For instance it was recognised that developing a shared understanding of outcomes between different parties is not always a simple process.

There was greater interest in gathering stories as evidence of change. And at the same time an awareness of the scepticism that this approach to demonstrating learning and change is

sometimes faced with. In the context of the policy agenda for personal outcomes in health and social care, it is hard to imagine how personal outcomes for the workforce or community could be gauged without personal feedback of this nature. This remains a challenge for leaders as they engage in health and social care integration and wider public service reform.

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1. introduction and background

1.1 Living Leadership is a shared workforce development programme designed to meet the challenges of public service reform for leaders from across health and social care working in the public, third and independent sectors. It offers new ways of approaching and addressing the challenges of working to implement person-centred and asset-based approaches and the forthcoming integration of health and social care. This report provides an account of account of collaborative learning and sense making and evaluation of the experience of a pilot programme in Lothian during 2013-14, funded by the Joint Improvement Team, NHS Education for Scotland, City of Edinburgh Council, NHS Lothian and the Thistle Foundation.

policy context and the implications for leadership

1.2 Discussion of public service reform has made the case for a focus on prevention and early intervention; a focus on 'assets' rather than deficits; and for new collaborative relationships to enhance outcomes for people and build resilience. The recommendations of the Commission on the Future Delivery of Public Services called for a radical, new and collaborative culture (Christie Commission, 2011).

1.3 Evidence to the Christie Commission highlighted serious shortcomings in the capacity of public services to deliver better outcomes. It suggested that joint working between services is often hampered by fragmentation, complexity and lack of transparency. Services can be 'top down' and unresponsive to the needs of individuals and communities, lacking in accountability and often characterised by a short-termism that makes it difficult to prioritise preventative approaches. The changing demographics and the widening health inequalities currently being experienced in Scotland bring these challenges into sharper focus.

1.4 The Commission suggested that addressing systemic defects will require a fundamental overhaul of the relationships within and between those institutions and agencies - public, third sector and private - responsible for designing and delivering public services. More optimistically, it suggested that there are

some isolated examples of new, more collaborative approaches that provide a positive way forward.

1.5 *Key elements of these more collaborative approaches include recognition of the fundamental importance of engaging people as widely as possible, including the staff in organisations as well as people who use services and in communities. The focus on prevention, keeping people well (as well as treating them) and the recognition that formal and informal support at home and in communities are also important in maintaining the wellbeing, resilience and general health of people, means that both workforce development and community development have a key role in addressing these challenges.¹*

1.6 *There are challenges for staff and communities presented by the shift towards prevention that ‘turn the spotlight on the manner in which many professions conduct themselves and requires of them a major shift in the way that they have traditionally worked’.² Other commentators on public service reform have referred to these challenges as a need to develop a more ‘relational state’ that embeds ‘attention to relationships in the everyday work of everyone from national departments to frontline staff’.³ Relationships are too often overlooked by policy-makers, yet they can be thought of as a ‘policy tool’ to improve services:*

“[yet] In the real world, emotions expressed through relationships to people and to things drive action in a way which often accounts for the failure of rational policy or for the reappearance of problems thought previously solved in new guises.”⁴

1.7 *In responding to the Christie Commission report the Scottish Government called for leaders of Community Planning Partnerships to ‘disrespect boundaries’ between public services and focus on the achievement of shared outcomes and cross-sectoral workforce development strategies.⁵ The response emphasised both the importance of building on the assets of people and communities and making best use of all resources:*

“We will empower local communities and local service providers to work together to develop practical solutions that make best use of all the resources available. The focus of public spending and action must build on the assets and potential

of the individual, the family and the community rather than being dictated by organisational structures and boundaries. Public services must work harder to involve people everywhere in the redesign and reshaping of their activities – and we will develop workforce capabilities to deliver that aim.”

- 1.8** *In 2012, the Scottish Leaders Forum suggested that public service leaders need to create the right environment for discussion and for change; to act as positive role models, create the space to try (and fail); engage and empower and become ‘comfortable with messy’.⁶*
- 1.9** *The implications for leaders in public services are both challenging and potentially rewarding. Maximising the potential of assets within communities, and partnering them with the assets in voluntary and statutory agencies will require new ways of thinking and working. A relational approach in practice will redefine public policy goals, not just different ways and means of achieving a goal and therefore offer the potential for culture change and breaking with ways of doing things that no longer work.*
- 1.10** *These are huge challenges and despite the recognition of the need for a cultural shift there is little clarity about how to bring such personal and professional change about. Whilst good leadership cannot make the difference on its own, it plays a key role in articulating the vision and fostering an environment in which creativity and new ways of approaching difficult issues can flourish.*
- 1.11** *The premise of the Living Leadership programme is that this will require leaders to:*
- *‘Unlearn’ of some of the habits and skills from the past that are deeply embedded including: solving people’s problems for them, having ‘the answers’, dealing with one issue at a time and maintaining tight boundaries and control.*
 - *Understand the dynamics of power and authority, and how they can work with power differences in a way that releases the energy of all.*
 - *Engage with the big picture, think and work systemically and across traditional service boundaries.*

- *Understand and appreciate the potential contribution of each individual or organisation in transforming the whole.*
- *Motivate and inspire diverse groups of people, bring more of themselves and their passion to make a difference into their work.*
- *Know themselves well and honestly examine their own prejudices and assumptions in order to be able to authentically challenge and partner with others.*

an outline of living leadership lothian

1.12 Living Leadership is a tailored and practical shared workforce development partnership, rooted in the work that the programme participants are already engaged in. The Lothian programme originated in exploratory meetings hosted by the Joint Improvement Team, bringing together partners charged with delivery of the personalisation, person-centred health and social care and personal outcome change agendas. This resulted in a jointly created proposal for leadership development; the programme has been developed and delivered by Animate with action research and learning partner support from Research for Real.

programme participants

1.13 Twenty people were invited to join the programme by the sponsor group, drawn from across the statutory, voluntary and independent sectors. These are listed in Appendix 1. Organisations represented were:

- *City of Edinburgh Council*
- *Joint Improvement Team*
- *Local Government Improvement Service*
- *Lothian Centre for Inclusive Living*
- *NHS Education for Scotland*
- *NHS Lothian*
- *Scottish Care*
- *Thistle Foundation*
- *VOCAL*
- *Waverley Care*

1.14 *The individuals invited were largely selected because they had a remit to progress the personalisation, person-centred health and social care and personal outcomes agendas in Edinburgh. Many of these individuals took part in a seminar on Building Valuable Collaborations in April 2013, hosted by the Thistle Foundation. The formal Living Leadership programme commenced in November 2013; at that time most participants had met each other before, but did not necessarily have established working relationships or know much about each other's roles. Members of the sponsor group were themselves participants in the programme.*

2. programme theory, curriculum and delivery

- 2.1 *The programme was designed for the express purpose of enabling leaders across sectors to work together through creating a community of learning and dialogue. It was constructed around, and relied upon, inter-agency participation and collaboration from across national agencies, the NHS, local government sector, the voluntary and independent sectors.*
- 2.2 *The focus of the programme was on ‘learning by doing’ and the application of knowledge into practice in the complex environments in which the participants were working, sometimes directly with each other. The participants’ experience of the issues they were currently facing was the core material for the programme to work with, applying theoretical frameworks to analyse and illuminate that experience as the work progressed.*

the learning theory of living leadership

- 2.3 *The core curriculum drew on current organisational development theory and combined systemic, psychodynamic and action research content and approaches. It provided a flexible structure to build on the existing practical and theoretical understandings of participants. As a form of social and experiential learning, it was also grounded in theories of representational, relational and reflective knowledge.⁷*
- 2.4 *Representational knowledge (or the power of competence), for example, knowing about theories of leadership, provides the cognitive basis for building competence. Through relational knowledge (or the power of connection) people come to feel that they are not alone, but are part of a larger whole; “Relational knowledge comes from connecting and leads to further connecting. It is reciprocal, not only in that the parties involved know each other, but also in that it grows from interaction. Forms of interaction may include..... hugging, telling stories or communicating through other means, sharing things and engaging in activities together..... What makes conversation and other forms of interaction that lead to relational knowledge possible are respect, caring, sincerity, authenticity and trust”.⁸*

- 2.5 *Reflective knowledge ‘upholds the dignity of human beings as free and autonomous agents who can act effectively and responsibly on their own behalf in the context of their interdependent relationships’. Reflective knowledge (or the power of confidence) helps people to understand what they themselves can do in order to help improve their situation. It is social, dialogical and emancipatory by providing value standards and self-confidence to engage in change.*
- 2.6 *These theories of knowledge, learning and change are the foundations of collaborative leadership practice. They are sometimes more simply expressed by the idea of ‘co-production’ that suggests that public services are better able to meet people’s needs when they are involved in an ‘equal and reciprocal’ relationship with professionals and others. It recognises and aims to combine and strengthen different kinds of knowledge and experience, and seeks to ‘work with people rather than processing them’.⁹*

facilitation and co-design

- 2.7 *The programme was led by two main facilitators, with action research and learning partner support.¹⁰ The programme assumed that participants would gradually take on a more active role in the planning and facilitation of the programme as it progressed. Some participants already had substantial training in leadership and organisational development; a number of them made formal contributions of this expertise throughout the programme. Module planning meetings were also attended by small numbers of participants. Further contributions were provide by:*
- *Sandra Schruijer, Professor of Organisational Psychology at TIAS and Eindhoven University of Technology*
 - *Katie Banham, Learning to Flourish, HCPC Registered Psychologist*
 - *Derek Raffaelli, organisational consultant and psychoanalytical psychotherapist*
 - *Sharon Miller, National Leadership Unit, NHS Education for Scotland*

- *Dot McLaughlin, Local Government Improvement Service*
- *Emma McKendrick, Lothian Centre for Inclusive Living Champion*
- *Debbie Bayne, SDS Development Officer, Lothian Centre for Inclusive Living*
- *Clare Crombie, Constellations Facilitator.*

2.8 *The original Living Leadership core curriculum comprised 6 modules; module 7 was added in response to the emerging needs and interests of the participants and to respond to difficulties about the original length of the days in the early modules. The core curriculum is outlined in Figure 2.1 below and in more detail in Appendix 2.*

Figure 2.1: An outline of the living leadership curriculum

Module 1 – Systemic thinking, exploring individual, organisation and context
Module 2 – Multi-party collaboration - a simulation
Module 3 – Purpose, strategy, outcomes
Module 4 – Change and Transformation - resourcing ourselves and our organisations
Module 5 – Power, authority and using ourselves
Module 6 – Sustaining the learning
Module 7 – What next for collaboration?

feedback about programme design and delivery

2.9 *Formative feedback after each module and through a check-in at the beginning of the next meeting encouraged an open dialogue about how the programme was working and provided useful immediate feedback. This often led to adaptations of the planned forward programme or detail of delivery on the day. Summative feedback about the features of the programme design and delivery is detailed in Appendix 3.*

2.10 *The main positive features have been about the way the programme has been run:*

- *The creation of a positive learning environment; the mix of large and small group work; the chances to give feed-*

back; flexibility to meet the needs of participants; variation in use of learning methods; the use of the diversity of the group; the engaged involvement of the participants and the style of the main programme facilitators.

2.11 *Broadly positive feedback with some reservations, was around:*

- *The mix of guest facilitators, in particular the strengths-based work was highly valued; appropriate and stimulating content; the ability to influence content; learning from each other; a good pace; the venue and basic information about the programme.*

2.12 *The summative feedback suggests that features that did not work well for everyone were the action inquiry sets; the dialogue exercise in Module 5 and the simulation in Module 2.*

2.13 *Before the simulation in Module 2, a number of people had been uncertain about how it would work preferring to work in real-time on a local issue that everyone could connect with:*

“Would working with ‘live’ teams help or be too risky? How can I work with leaders to create the trust and safe space needed for people to have a more sticky conversation that leads to inquiry about their relationships as well as the task, particularly around health and care integration?”

2.14 *Despite these open reservations, reaction to the simulation at the end of Module 2 was largely positive. In practice, most participants found that it generated rich and useful shared experience and learning: ‘the power of the simulation provoked all sorts of reactions in myself and everyone else which created fertile learning opportunities.’ In particular, it illuminated the difference between collusion and collaboration. Later feedback from the survey suggests that in hindsight, the simulation had been ‘extraordinarily useful in exploring roles and behaviours - again my own and other peoples’.*

2.15 *The dialogue exercise in Module 5 explored issues of power and authority with facilitation and participation from staff and a service user champion from Lothian Centre for Inclusive Living. This explored the question of how leaders know that they are hearing and acting on what is most important to people*

that use services. Again, whilst this did not work as consistently well as other elements of the programme, it proved to be a useful, if unexpected, exploration of power dynamics:

“I think there were issues with this exercise in terms of the balance of power and the amount of power that the Group gave to the champion. Having said that, I think this is really important learning about the challenges of collaborating meaningfully and equally with people who use public services.”

“I thought what did work well was that it highlighted that professional’s need support to have a voice when a person with lived experience is in the room having their voice!”

- 2.16** *Feedback at the start of the following module suggested that participants had been quite affected by the exercise and there is no doubt that it influenced how they thought about power and authority:*

“Module 5 challenged us and led us to think differently. It works on me but I am not so sure how – it’s subtle!”

- 2.17** *The constellations input in Module 6 was not well received by most participants; nevertheless the group found it useful to discuss their reactions, rationale and shared responsibility in response to something that ‘did not work’ for them at that time.*

- 2.18** *Other feedback has affirmed the value of much of the approach adopted and highlighted useful pointers about the design, content and delivery of future programmes. A number of recommendations are made in section 5 and this feedback has been useful in shaping a revised programme for future cohorts.*

3. accountability for learning and change

action inquiry process

3.1 *Living leadership developed ‘action inquiry’ as an ongoing, active, emergent process of testing of ideas and actions to create new knowledge and actions. This approach is in part, a self and peer-study process which is both an integral educational practice for the programme and an approach to evaluation.*

“Action inquiry offers a way of asking questions, reflecting and acting ...it places you the person at the very centre of questions about the quality and effectiveness of your actions and the actions of others. Encouraging individuals to engage in constructive inquiry, awareness stretching and self-initiated behaviour changes in the midst of ongoing work is ultimately the key to personal and organisational improvement.”¹¹

3.2 *In this context, it brings together theory and practice by drawing on substantive theories of leadership, organisational behaviour and systems change and tests these out in collaboration with others through action research. In this way, participants develop their own understandings of the relevance and application of this learning in the very context in which they are immersed.*

3.3 *Action inquiry offers an adaptive rather than technical approach to learning and change. It aims to:*

- *Increase each individual’s awareness of a shared mission.*
- *Increase mutuality and internal commitment amongst those working towards prioritised outcomes and to the continuing process of aligning action and inquiry.*
- *Increase dialogue about any lack of alignment and questioning of the validity of individual, group, organisational or social assumptions.*
- *Increase action towards alignment between personal aims and actions and the organisational mission and operations.*

3.4 *Action inquiry is both an individual and collaborative process, that begins to embed new ways of thinking and acting within*

practice settings for individuals, wider teams and ultimately across wider systems. The expectations of the action inquiry approach in Living Leadership were that:

- *Participants should devise an initial personal ‘action inquiry’ – a question or issue that is central their work and set both personal and organisational outcomes and quality criteria by which to judge their inquiry.*
- *Individual action inquiries amongst the group could be connected from the start or might become so, as themes emerge and deepen, forming an emergent networked collaborative inquiry.*
- *Small group ‘set’ meetings of peers would provide support, a chance to test and share learning and a space for reflection on how individual learning has influenced actions within each person’s field of practice.¹²*
- *The ‘action inquiry’ is a form of self-evaluation which is an embedded part of the programme. The inquiry process both feeds off and generates evidence of the personal outcomes achieved as it proceeds. Claims made are subjected to self and peer reflection and scrutiny.*

3.5 Through action inquiry, the programme sought to promote an accountability for learning and change, in which programme participants hold themselves and each other to account for the quality of their inquiry and their learning rather than to specific, substantive outcomes agreed in advance.

3.6 To promote this accountability basic quality criteria were proposed, as shown in Figure 3.1. These are based on Lincoln and Guba’s proposed authenticity criteria for constructivist research and enable participants to hold themselves and each other to account for the quality of their inquiry and their learning rather than to specific, pre-agreed outcomes.¹³

3.7 This basic accountability framework mirrors the programme theory of living leadership that wider system change starts with the individual. It has informed the discussions of learning throughout the programme, in both informal and structured ways, including the evolving discussion of theories of (collaborative) change (see below). It has also been used to structure the collation and reporting of evidence of outcomes.

Figure 3.1: Accountability for learning and change

QUALITY CRITERIA	PROGRAMME OUTCOMES
<i>Do participants gain new insights into their own situation?</i>	<i>Participants show changes in their awareness of their own views/opinions and actions</i>
<i>Do participants better understand the position of others?</i>	<i>Participants show changes in their awareness of their own views/opinions and actions.</i>
<i>Does the programme stimulate or identify areas for change?</i>	<i>Participants are able to stimulate and identify new actions and behaviours to produce change.</i>
<i>Does the programme facilitate, enable or empower change?</i>	<i>Participants are able to facilitate, enable or empower change in themselves and others, with positive outcomes in communities.</i>
<i>Are the voices of all the participants heard?</i>	<i>Participants fully participate, speak up and acknowledge that their opinions have influenced the direction of the programme.</i>

learning about how to support improvement and change and measuring outcomes

3.9 *As part of the developing learning throughout the programme, participants played an active part in developing their thinking about how to support improvement and change and how to think about outcomes in ways that both demonstrate their achievement and enable them to be sustained. This section is based on their evolving understandings and integration of theory and practice of the ‘science and art of improvement’.*

a learning journey

3.10 *Through these evolving discussions, participants played an active role in devising a framework to assess the substantive outcomes for the programme as a whole; these were discussed initially in Module 1 and refined further in Module 3 by drawing on a recent literature review on health and social care integration.¹⁴ Figure 3.2 shows the high-level outcomes; by Module 4 the framework had a set of agreed indicators which is included in Appendix 3. These were generally qualitative indicators, the evidence for which would come through the action inquiry undertaken by the programme participants, both individually and collectively.*

Figure 3.2: Living Leadership Initial Outcomes Framework – as agreed by Module 4

<i>IMPACT: The desired overall ambition of the programme is for:</i>
<i>Active Collaboration and Integration: health and social care services in Lothian’s work together creatively and respectfully to deliver individual, organisational and national outcomes</i>
<i>Outcomes of living leadership</i>
<i>Positive experiences and outcomes: People have positive experiences of health, social care and support services as service users or carers, which help to maintain or improve their quality of life and choices to be healthier, more independent and safe.</i>
<i>Shared understanding: There is a widespread adoption of a holistic and relational approach to leadership embracing health, social care, and housing outcomes</i>
<i>Engaged workforce: People who work in health and social care services are positive about their role and supported to improve the care and treatment they provide</i>
<i>Effective resource use: The most effective use is made of information and resources across health and social care services, avoiding waste, duplication and unnecessary variation</i>

3.11 *In Module 5, the group undertook an exercise to gather interim data against these outcomes, which is drawn on in the account of outcomes in Section 4. This led to discussion about their theories of change and to a further revision of the outcomes framework in Module 6. This latter revision didn’t alter the specific outcomes or indicators but provided a shared, grounded account of a more complex theory of collaborative change. This account describes measurement of change as an art not a science and sets out to establish evidence of a direction of travel towards outcomes:*¹⁵

- *The ripple starts with us – as we start to understand how to shift power from professionals to others in a way that enables people using those services to actively shape and influence services. In order to spread, it relies on others as together we understand how to develop a relational approach to leadership within our own settings and with our immediate teams and partners.*
- *The impacts from our work build over time, reaching deeper into our organisations and communities, so that people have more positive experiences of health, social care and support services and people who work in those services are positive about their role and supported to improve the care they provide.*
- *Through expanding active collaboration, people from diverse backgrounds can work together creatively and respectfully to design and make change happen, create more shared responsibility and greater whole system learning.*

Over time, we are confident that these changes result in more resilient individuals, organisations and communities.

- *In stating this ambition, we don't seek to measure everything nor trace all the impacts of our work over time. Above all, we see measurement of change as an art not a science. By monitoring what we can influence and routinely ensuring that we listen and learn, we can gather evidence that our work is setting each of us as individuals, organisations and communities on the right path. Ultimately, their lives, as individuals and groups, will be affected by many other complex factors and experiences.*

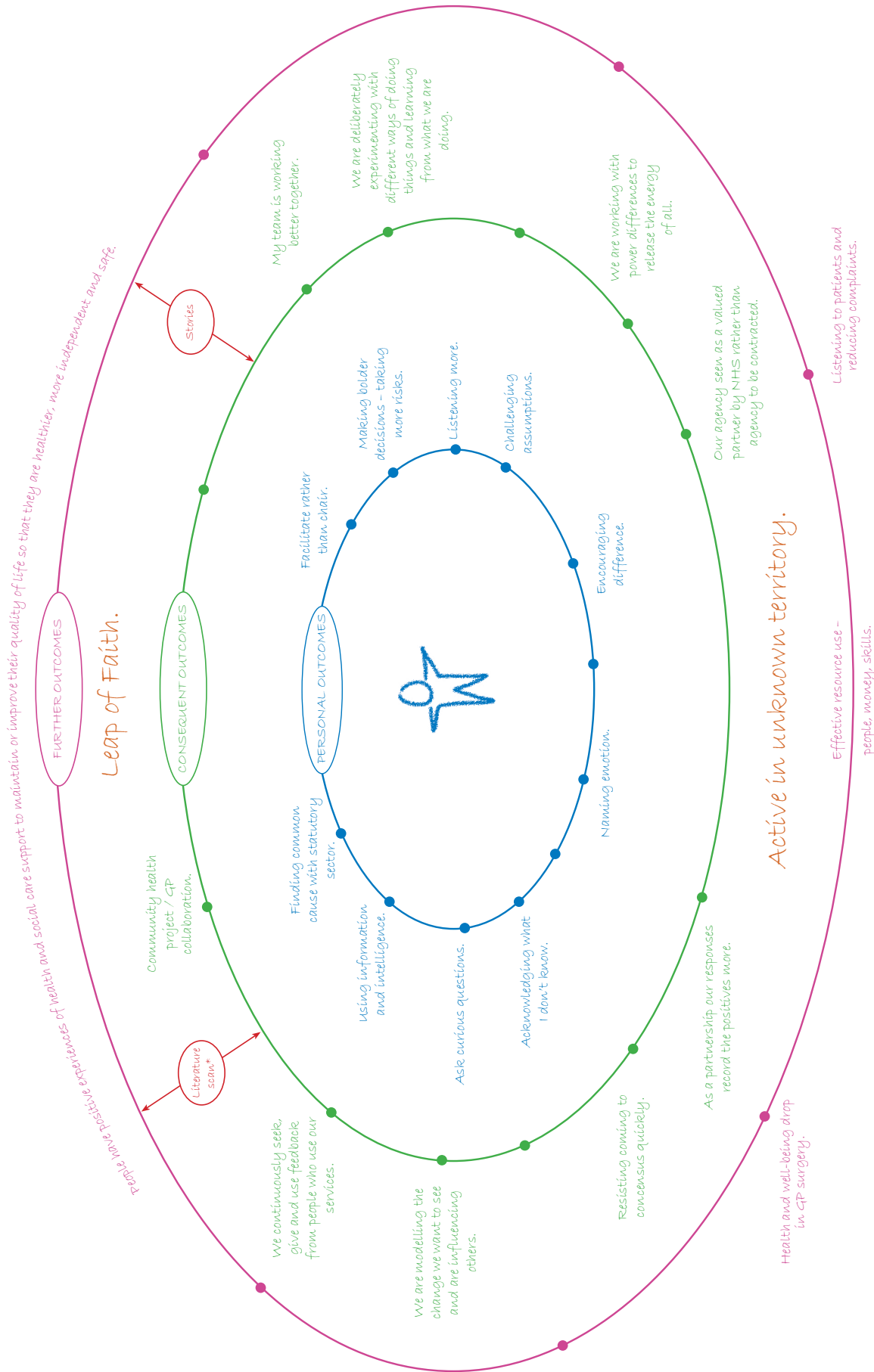
3.12 In these discussions, there was dissatisfaction amongst the group with conventional attempts to create 'elegant' logic models or diagrams based on theories of change that show the links between activities, outputs, local outcomes and national outcomes and assume linear cause and effect. Whilst articulating a vision, these models present a world without the inherent uncertain, complexity and ambiguity of real-world 'wicked' issues.¹⁶

3.13 The participants wanted to find a way to express their thinking about leadership in these conditions, working with the idea of 'negative capability'¹⁷ (or sufficient comfort with not knowing) and with a future consciousness that new ways of doing things will arise from changing conditions, new knowledge and new social priorities and values.¹⁸

3.14 The programme facilitators attempted to devise a better pictorial representation of these Living Leadership theories of collaborative change. This placed each individual leader at the centre and identified a series of outcomes:¹⁹

- *Personal outcomes that they could influence for themselves and in their actions with others.*
- *Consequent outcomes in an orbit beyond, that might be seen in collaborations with colleagues and others where they have a direct relationship or influence.*
- *Further outcomes in the wider system rely on many other factors and contributions; claims to be able to attribute these to the individual leader may largely rest on a 'leap of faith' even if at times, this might be a reasonably confident one.*

3.15 Figure 3.3 – Accountability for Learning and Change



* E.g. Organising for equality, Bates/Mendel/Robert, (2008)

3.16 This was a useful device for conversations about influence; where and how it can be expected to see change and what other contributions are necessary to secure the changes needed. It highlighted the role of the literature in offering theory and informing understandings of the context, of potentially effective interventions and the effectiveness of collaboration. It also illustrated the importance of gathering qualitative data in the form of stories and narrative accounts to capture the adaptive and emergent signs of change. Such stories provide on-going feedback and support dialogue about effectiveness of change strategies and personal impact.

the art and science of improvement and change

3.17 The concepts of improvement and change are connected. Change will not always result in improvement, but improvement requires change. This has implications for how we think about whether improvement is needed at all and if so, the best ways to bring it about. In Module 7, the group examined these issues more closely through the theoretical lenses of improvement science, knowledge into action, community development and action science.²⁰ The group explored:

- What are we learning about the outcomes of Living Leadership – the way we think about them and how we might demonstrate and sustain them?*
- What does our experience tell us about how to support improvement and change?*
- What does our experience add to our understanding of the art and science of improvement?*

3.18 Research based in medical settings in Europe and the USA has identified six inter-related core challenges inherent in quality improvement that provide an agenda for organisations interested in using knowledge of all kinds to improve the quality of services:²¹

- the structural challenge: structuring, planning and co-ordinating quality and service improvement efforts and embedding them within the organisational fabric;*

- *the political challenge: negotiating the politics of change associated with starting and sustaining the improvement process; securing agreement to common goals; dealing with conflict and opposition; building new relationships to enable improvements to spread rapidly and effectively through the organisation;*
- *the cultural challenge: building shared understanding and commitment around the improvement process; developing a culture that makes quality the overriding concern and that values innovation, learning and collaboration;*
- *the educational challenge: encouraging a continuous learning process in relation to quality and service improvement; developing formal and informal learning and mentorship; enabling staff to acquire relevant knowledge, skills and expertise to underpin service improvement;*
- *the emotional challenge: inspiring and motivating staff to want to join and sustain the improvement effort; developing individual and collective enthusiasm and momentum around service improvement; using clinical champions and informal networks of professional and social affiliations;*
- *the physical and technological challenge: developing a physical and technological infrastructure that enables service improvement and improves patients' experience; using information to enable service improvement.*

3.19 *Given the policy emphasis on asset based development, co-production and new forms of partnership, the 'community challenge' might be added to this list. This raises issues about power, democracy and the role of expertise and questions about how models of change based on 'expert driven' improvement science can be applied.*

"We will only realise those ambitions if there is a concerted and integrated approach that embraces inter-professional and community partnership and establishes an open and honest culture of collaborative evaluation that facilitates joint learning and innovative practice." ²²

3.20 *People that use services and communities offer a different kind of expertise. The ideas of participatory democracy,*

community empowerment and co-production beg questions about what the role of communities is in improvement and change; whether they are co-producers of models of change or simply resources for their implementation? ²³

3.21 *These were the debates that ran throughout Living Leadership. In coming to a provisional synthesis about how to enact quality improvement, the group developed a more appreciative, collaborative and relational account of the art and science of improvement. Figure 3.4 summarises the expansion of the core elements of improvement models that were thought to be valuable to maximise the results of improvement efforts.*

Figure 3.4: Quality improvement through Living Leadership

CORE IDEAS	OUR EXPANSION
<i>You need to know whether and why you need to improve.</i>	<i>Communities can be co-producers of models of change.</i>
<i>Then develop effective ideas for change that will result in improvement.</i>	<i>This is best done in collaboration – drawing on expertise and evidence of all kinds - about good practice, practitioner experience and the perspectives of people that use services and communities.</i>
<i>Have a feedback mechanism to tell you if improvements are occurring,</i>	<i>This entails a shift in thinking about measurement and feedback; it is less about accuracy, precision and proof and more about usefulness for action and improvement. Measurement creates feedback (learning) loops to gauge the impact of changes over time as conditions vary and change.</i>
<i>Testing and adapting changes before ‘attempting to implement’</i>	<i>Developing, testing and implementing change happens in the course of continuous implementation in the ‘real-life’ context. Testing, learning, tailoring, reinvention, customisation are all important.</i>
<i>Knowing when and how to make changes sustainable through effective implementation to integrate the changes in the system of interest.</i>	<i>Not about the imposition/roll-out of a magic bullet. Sustainability comes from deliberate collaborative testing in action in the system of interest with the active collaboration of practitioners and people that use services.</i>

3.22 *These ideas affirm the need for a commitment to action – the necessity of acting to test ideas out, yet do not neglect the cultural, relational, emotional and community challenges of implementation. In essence, the qualities of ‘living leadership’ help to build a shared understanding and commitment through collaboration and inspire and motivate staff by authentic engagement with their values through an appreciative, relational stance.*

3.23 *An important element of developing this approach was expressed by the participants as they developed greater clarity about the importance of stories in enabling values to be conveyed and shared in an authentic way and creating a form of relational knowledge.*

*“Argument and intellectual assent are not enough to move people to action. Information and argument ask us to agree with them. Stories offer us vicarious experiences that invite sympathy and understanding”.*²⁴

3.24 *There was greater interest and confidence in gathering stories, yet awareness that these ideas face considerable embedded cultural and political challenges as stories are viewed with deep suspicion:*

“How do you get the capacity of all the wee stories? Stories get dismissed as shroud waving; ‘we get that but we didn’t need to see it, thank you very much!’ You get a defensive reaction.”

“It depends how the story is told. And who tells it. If it’s told in a deficit way it will switch people off. If you tell it from an asset-based approach people are more like to engage and learn.”

“We need to think about how we manage anxiety that will be invoked. This is not about stories as performance or more ammunition, but stories as learning. We may need to spend time with staff to prepare them to hear the stories – and to tell their own.”

3.25 *The sharing of stories as a presentation of personal and subjective experience and source of potential learning is the very point of stories. They are uniquely human and subjective. In the context of personal outcomes in health and social care, it is hard to imagine how personal outcomes could be gauged without personal feedback of this nature.*

3.26 *This is the shared conceptual basis for the understanding and reporting of the process and outcomes of the Living Leadership programme in this report. It is used to set out the evidence available to demonstrate the claims to quality of learning and change.*

4. the impact of living leadership

4.1 *This section reports on the learning about process and outcomes from the programme. It is based on a data from discussions about learning and change throughout the programme, submitted evidence from individual action inquiry work, an on-line survey completed after module 6 and collaborative discussions of the findings at the final module in September 2014.²⁵ Charts based on the survey data are included in Appendix 5.*

an overview of action inquiry

4.2 *Initial action inquiry questions focused on specific questions that broadly were concerned with how to:*

- *integrate the work of different teams or functions;*
- *adopt new ways of working amongst a wider team;*
- *support shifts to greater personalisation and personal outcomes;*
- *broaden understanding how 'private troubles' are public health and wellbeing issues;*
- *break through 'collaborative inertia';*
- *build trusting and effective relationships with other more powerful organisations;*
- *work in partnership in a competitive environment;*
- *motivate and facilitate innovation and different ways of working;*
- *create space for reflection and learning;*
- *improve service providers or service users' involvement in training;*
- *lead differently to create an impact on others to work more collaboratively;*

- *model the values espoused by the policy approach being proposed (eg. personal outcomes; collaboration);*
- *use collaboration to improve the experience of people that use services;*
- *share learning;*
- *support and sustain 'disruptive' change.*

4.3 *Feedback gathered during the programme and in the final on-line survey suggests that the practice of action inquiry has been useful; in particular, offering peer support, a chance to 'slow-down' and an arena for testing-out the potential value of some of the theories and concepts offered during the programme.*

"I gained a lot of support from my colleagues around my action inquiry This for me was a break-through as I had felt a bit distant from the others because [of my role]"

"I use these [reflection] sessions to 'slow down' my thinking and to pay attention to the leadership challenges we are experiencing. A recent reflection session focused on an avoidance of the team to implement a change ... recognition and understanding of concepts [technical v. adaptive change, avoidance of conflict] is allowing me to adopt a more relational and less reactive approach to my leadership."

4.4 *The inquiry approach has helped some of the participants be better at noticing their own assumptions, habitual ways of thinking and behaviours and through bringing that into their awareness, given them more confidence to proceed amidst uncertainty;*

"I know that I have a tendency to; collude when it does not feel safe to challenge; avoid conflict and try to keep everything polite and pick-off people afterwards to see if there is another way. The voice in my head is asking – Am I right to challenge? What will people think of me! However I know that I can and will make a stand if I feel things are getting nowhere or if the behaviour of others is getting in the way of work progressing. I have to 'gird my loins' but I can do it."

"... people assume rules that aren't necessarily in play ..."

"I am setting the agenda and paceIt's hard to be confident about my approach, [yet] I hear and see the agenda elsewhere (good) [but I am] less sure about the pace. People prefer to come up with and adopt their own ideas, so I need to be prepared to forgo my approach and support others with their approach."

- 4.5** *There were also some linkages between individual's 'inquiries' and efforts made to extend the inquiry process with colleague's outwith the programme.*

"... it has been helpful for me to know that we are working from a shared value base. We have not made an assumption that we are, but we have explicitly discussed it, and for me, it continues to form the foundation on which the partnership will be built."

- 4.6** *Some participants did struggle with the idea of 'action inquiry' initially at least thinking that it was a distraction from 'doing':*

"I am deep into learning about collaboration by trying to do it. Some of the things that I am noticing about it are to do with the richness and unexpectedness of how people from outwith your immediate sphere think and act."

- 4.7** *In general terms, final feedback suggests that participants have valued this approach:*

"The inquiry strand has been helpful in terms of developing a more conscious way of working and allowing me to explore a particular issue in a consistent way."

"Having an action research focus ... allows practical application of the learning as well as the opportunity to move work forward as part of the course."

"Taking an action research approach - I find this extremely helpful as it allows you to articulate and apply your learning in a constructive way, so it is not about 'getting it wrong' or 'doing it better' but rather learning and developing."

4.8 *Using small group ‘sets’ as a way of organising the inquiry did not work as consistently well as other elements of the programme; there was not always sufficient time within the programme, the groups were not formalised sufficiently well at the start and needed closer facilitation to enable the group to resist the pressures to ‘give advice’ to each other and remain more inquiring.*

4.9 *The principles of ‘reflective learning-in-action’ do seem to have been valuable, particularly in enabling a closer watch on the development of personal outcomes: rather it seems this is an issue of how best to use this approach to drive and extend the learning element of the programme so that action inquiry is more embedded into the whole programme:*

“Although the action learning was useful, I wonder if next time, we could use action learning principles but invite participants to group around a common theme to test and drive forward leading together?”

“... the action learning support around my project is good, yet I feel we could do more to focus on the potential of our working relationships and networks to extend the reach of our leadership. By raising awareness of what we are gaining individually and together, I believe we can invite others to look at their leadership as well.”

the leadership journey: what are leaders doing differently?

4.10 *In general terms the appraisal of the achievement of outcomes from the programme for the direct participants is very positive. Survey data suggests that for all the indicators, the majority of respondents report a positive direction of travel – that the programme has enabled them to adopt a more collaborative and relational way of working more of the time and this endorses the on-going discussions throughout the programme about the emerging learning.*

developing a shared understanding across the workforce

4.11 This shift is particularly strong in relation to developing a better understanding of a holistic and relational approach to leadership for themselves, and extending that understanding to be able to support the wider health and social care workforce to be positive about their role in improving the care and treatment they provide.

4.12 The most notable outcomes for all or the vast majority of survey respondents are that:

- The investment of time in working together in a different way has led to creative outcomes and supported sharing and greater whole system learning.*
- As people from diverse backgrounds they have been able to work together creatively and respectfully and recognise how each impact on the system.*
- They have been able to model the change they want to see and influence those they work most closely with within their own organisations and partnerships.*
- They have felt more consistently empowered and know they can make change happen.*
- They are more prepared to say 'I don't know' and welcome similar honesty amongst others.*
- They have a better understanding of how to make a relational approach to leadership development work within their own settings and with their immediate partners.*
- They have ways to bring people together and continue learning outwith the programme from the work they are engaged in.*
- They have a better understanding of how to shift power from professionals to others in a way that enables people using services to shape and influence services.*

insights about themselves in role

4.13 *The programme has had a significant impact on the awareness of themselves in their roles as leaders. The focus on 'learning by doing' in relationship with a mix of peers from across the sectors has been a powerful influence on learning and change.*

"I have undertaken a fair amount of leadership development type of activity previously but not with those who also have a leadership role within the same geographic area or field of activity- so this really was learning by doing."

"The most important learning for me is how relationships are key to working effectively. Having a better understanding of the effect I have on people I work with through undertaking the course with both colleagues and others who did not work with me beforehand."

4.14 *Many participants were able to articulate personal insights about themselves in their role, largely arising from the mix of people within the room, with practical implications for themselves and others:*

"Others have helped me understand that I was in a culture where I thought I was listening. Now I think before I say something. I make a more considered choice about how I say it."

"I'm discovering the secret that everyone is not confident and doesn't know the answers. That's fantastic."

"It's been about recognising how others see you. That you have power -that you may not feel you have. I've moved from patronage to partnership to collaboration".

"I did not find becoming more self-aware easy. I have become mindful of my strengths and weaknesses and I am now more able to ask for help when I need it. I have become more attuned to the emotions of others. Feedback from my team is that they have noticed a difference in how to work more effectively with others."

4.15 Reconnecting with values has also been an important element of the programme:

"...allowing me to focus on what feels right, rather than just what is expected."

"It has helped me realise that we have so much more in common than I had previously realised and that there is a real commitment to support change. I think I now have a greater understanding of and compassion for those working in the statutory sector to bring about transformational change."

4.16 The programme has provided specific ideas and useful tools and concepts; in particular, participants noted the value of the Three Horizons, theories about uncertainty and complexity, adaptive and technical change, and strengths-based work. The context in which these have been delivered – with active collaborators – has made these ideas of very practical and immediate relevance:

"I have moved from thinking about it in the abstract to being knee deep in the mess of collaborative, messy and complex partnerships!"

"I have developed insight into how systems theory shows up in practice".

"The thing that sticks with me most was that simulation where I had to be in the role as the banker. Others were invisible to me. How do you get into the mind of the banker or the government?"

4.17 For some it has been a useful affirmation of their knowledge:

"I have gained more insight into what I know and how I might work with teams and a range of contexts to bring about change. It has reaffirmed areas of strength and the approach to living leadership leaves space for me to sit with new insights and explore them with others".

"I used to believe in the power of the conversations with people that use services - this has taught me the power of conversations full stop - not just with people that use services."

"... the things I knew are now even more important. The stories - the need to involve real people."

insights about others

4.18 The programme has helped participants to gain insights about others in their roles. Learning together in this way has offered 'insight into other peoples' worlds' and enabled participants to gain individual and collective learning. Hearing others talk about their work provided insight into similarities and differences, shared values, a fuller 'exploration of reality', better understanding of how decisions are made and challenges to established ways of working:

"I am more understanding and appreciative of why others and others organisations have different values which they focus on and therefore behave in different ways. I can work with this difference through appreciation, advocacy and inquiry."

"This has been subtle but still powerful. Going through the programme with people from different organisations has been eye opening and challenged some of my assumptions and beliefs. Future collaborative work will feel much more natural and non-wilderness like due to my experiences on living leadership."

"... [this put] a spot light on my own limitations - defining power and reassuring me in my own approach to it".

"A particularly stark example was the Performance Logic Model, which got such a strong negative reaction – this helped me to see that perhaps the edifice (typified by NHS HEAT) can crumble and be replaced with something more organic."

4.19 The programme provided a reflective space that has enabled exploration, sharing and deepening of insight. This provided a space for 'very supportive challenge and a shared commitment to explore things that are messy and difficult'. Many participants suggest that this has given them greater confidence and enthusiasm, sometimes as affirmation and at others, providing the confidence to make use of their knowledge and insight - to act:

"It has helped me realise that I feel quite comfortable with uncertainty and complexity."

"It is difficult to separate out what are things that were already in my path/reflection and what came from this

programme. However as well as contributing to my reflection it also gave greater confidence to act on these ideas.”

“It has also helped me gain much more confidence in what and how I contribute, and that what I contribute can be really valuable!”

4.20 *There’s also an element of it being valuable to step back and take a wider view of the context:*

“It’s given me clearer insights and understandings about my own role and organisation and sector as well as deepen my understanding of the health and social care sector as a whole.”

“It’s helped me view myself and my role from a wider perspective - increased appreciation of how the wider social, political, cultural context is continuously changing.”

4.21 *In feedback, the participants talk about how the time and space helps them to give and receive supportive challenge, to recognise basic assumptions, manage expectations and the limitations of themselves and others, to think about their influence on others, to deal with difficulties and conflict; above all, this underscores the importance of relationships. This has all supported the development of a relational and reflective practice-in-action as well as wider perspective on the system and context.*

actions and behaviours influenced by the programme

4.22 *The majority of participants suggest that the programme has enabled them to take and enable more risks; they have taken practical steps to embed integrated approaches and are working collectively to improve their offers. They suggest that they have a greater willingness to negotiate across different professional boundaries to deliver personal and organisational outcomes.*

4.23 *Participants gave examples of any specific actions or behaviours that they felt were influenced to some degree by the programme. These were not necessarily about new activities, but frequently about a new discipline, attitude or new questions.*

“Sitting with uncertainty, chaos, messiness - it’s not doing nothing! It’s being engaged with the difficulty, yet part of you practises patience and stays attentive to indications of insights

and new ideas emerging. There's a discipline around not rushing to fix with a technical solution."

"I can now recognise when people are protecting something that is valuable to them rather than labelling their behaviour as stubborn or obstructive. I am more open to people that are not in my silo."

4.24 *Figure 4.1 illustrates a range of actions and behaviours, many of which show the learning helps them to cope better and be more resilient in their leadership as well as the beginnings of influencing immediate teams or other colleagues.*

Figure 4.1: Examples of Living 'Living Leadership'

<i>I did a piece of personal reflection in front of a group during training which felt quite exposing but feedback revealed it was a very powerful for others to experience working respectfully with others from diverse backgrounds.</i>
<i>Our organisation is now much more knitted-in to work with the NHS in ways which would have been unthinkable beforehand. I think we are seen much more as a valued partner and less as an agency to be contracted with now and again.</i>
<i>I think the programme has directly influenced my thinking about how leadership development needs to be done and it has given me the opportunity to bring that learning directly into the national work.</i>
<i>I have recently used appreciative inquiry as a means of finding common ground with staff involved in leading change for which I am a champion around a particular issue where I felt we were in danger of getting into entrenched positions based on previous history.</i>
<i>I am more prepared to challenge, say no or negotiate. I am less fearful of disagreeing with others and more confident of the value of my own contribution. I also am more prepared to listen to others and to give consideration to views I may instinctively or initially disagree with. and also prepared to say –'I don't know, let me think about that.'</i>
<i>I'm making efforts to create opportunities for the voice of people with lived experience to feature in all decisions we make at work which will affect those people's lives.</i>
<i>Leading my organisations' colleague to approach our work with local authorities quite differently by identifying our allies - seeing what is there for LAs or LA colleagues in what we suggest or in the direction we try to influence? Being quietly confident rather than adversarial.</i>
<i>I have acknowledged difference in the room and by bringing it to the fore, it has enabled movement into a direction for change. I have learned that I try to sort things on my own and have become much better at linking and reaching out to others for help, advice and their input, in some ways being less independent.</i>
<i>Being comfortable with uncertainty and saying things are uncertain when everyone else wants 'the plan' and the answers now - taking a few more 'personal' risks in my work environment.</i>
<i>Accepting my power and sitting with my abilities rather than being hard on myself.</i>
<i>Checking assumptions, so spelling things out quite explicitly or checking my understanding of what I believe has been said.</i>
<i>It has influenced my management and leadership style and I have used some of the programme learning with others. I've encouraged and supported the staff team to become more outcome-focused and to gather evidence that demonstrates the impact that our services are making.</i>
<i>I have valued the idea of negative capability. It is helping me cope as I move to up-skill and empower our teams.</i>

4.25 There is also a positive shift amongst most participants in the indicators that are concerned with influencing other colleagues and those in the wider system. For most there is improved and common understanding of the impact of shifting the balance of care and of the 'whole system' at a high level.

4.26 Stereotypes have been challenged in a way that has allowed more dialogical and valuable new ways of relating to each other, rather than defensive responses:

"What you think is easy or obvious isn't necessarily so for others - that's been huge! Smallest things we do [in the NHS] can make a big impact for others."

"The door is open. The network I'm part of – we're here to work with you. We push the door, but we need you to come to us too. [As the third sector] we're not interested in being seen as the idealists. We're a bridge, to facilitate things so that the whole agenda can change."

"We're better together to try to work out the mess. It's not an easy ride. I have loved visiting and secondments and getting to know other people's worlds more than I had."

"Living leadership has turned-up the volume. Relationships are the things that really matter."

4.27 In relation to more effective resource use there are also positive signs of change, particularly in those ways of working that open up the possibilities for more effective use of resources across services, avoiding waste, duplication and unnecessary variation. The majority of survey respondents note that they are doing things differently; for example, they suggest:

- there is greater willingness to negotiate across different professional priorities to deliver personal and organisational outcomes.*
- they feel more able to work collectively to improve their offers and are able to promote greater consistency and more person-centred services and management.*

- *most have taken practical steps to embed integrated approaches in their organisations.*
- *they also suggest that they are able to make greater use of existing information and intelligence for service development and delivery and reduce barriers to sharing appropriately.*

4.28 *Figure 4.2 illustrates examples of more explicit influence on others.*

Figure 4.2: Examples of Leading Living Leadership with others

<i>I used Three Horizons thinking at the start of training course to introduce culture change and helped practitioners feel OK.</i>
<i>I am currently involved in trying to prevent something that has been very positive and collaborative ending in negative recriminations. This involves trying to get senior managers to see things from another perspective and other partners to work to achieve a positive outcome. I think that having been part of Living Leadership has led me to manage this situation in a more confident and honest way.</i>
<i>One of the great opportunities the course gave me was to really try and understand more about the role of [my post] and the challenges and dilemmas the job has. Thinking about this has enabled me to rethink how we take forward our self management work in the future with much more thought and intention to be more embedded - so you can be right under their noses and those of their patients.</i>
<i>I think I have been better able to support my direct reports and to work with peers. I'm still working on how I influence up as that is where some of the most embedded behaviours and thinking seems to lie!</i>
<i>When I have felt confident to suggest that we; work harder to bring the voice of lived experience into the room - in person; spend time looking at how we are doing things as well as what we are doing; seek to drop targets and promote self-assessment in Performance Management - then people have listened actively. There are signs of change in all three of these areas.</i>
<i>I am more listened to and I am invited as a valuable person on a number of working groups/projects etc. which themselves shape decisions, actions or policies.</i>
<i>I thought for a long time that this is just how things are and I now realise that it is helpful for others to be more explicit about paying attention to the relationship and how we communicate with others to reach decisions that improve patient care.</i>
<i>The time was ripe for change for all sorts of reasons – I have been able to support others develop a group to progress something from an idea to a real proposal worthy of feasibility testing.</i>
<i>I have influenced peers in other public services about the shape of some national leadership developments.</i>
<i>I worked with staff on a hospital site - we listened to patients and through practice development and raising staffs awareness we have reduced complaints.</i>
<i>Within the development of personal outcomes I have tried to apply an action learning approach and use the evidence we have to shape the next steps.</i>
<i>I've been more comfortable about supporting others in the organisation to take the initiative and lead on specific areas of change. It has helped me work constructively in cross-sectoral collaborations and in tricky negotiations with statutory funders.</i>

As a partnership our responses to each other record the positives much more. This is excellent for the team. Working from these positives moving forward seems a happier process than when we moved forward from what was wrong.

Encouraging the team to explore uncertainties around the best approach to palliative care and to have the confidence to understand there are no certainties and that we have to feel our way - developing the teams' negative capability.

I have been part of a new partnership/collaboration over the last year. The partnership has come together around a perceived common purpose and I then made assumptions about how the partnership would develop. The first assumption I made was that we actually had a common purpose. Initially we used the same language but as discussions progressed and frustrations grew it became apparent that it was the same language but used to mask different interpretations and different experiences. We are now in the process of being much more explicit about what we mean when we use certain terms.

4.29 *These examples show the beginnings of a wider ripple-effect. It is not expected that there should be a measureable impact at this stage for those that use services. Nevertheless, there are concrete examples of better collaborations between agencies that are already producing different service systems and new professional relationships.*

4.30 *Many of the programme participants are involved in supporting practitioners who deliver services. They have noted a strong resonance between Living Leadership and the types of thinking and skills for practitioners to become more person-centred and facilitative and have found this idea to be compelling. There are examples of using the models and approaches of living leadership to help others make sense of their situations.*

4.31 *Some have recognised that better collaboration between agencies is a necessary pre-condition for changes for people that use services. Some feel more able to advocate strongly for person-centred approaches and are talking a more 'activist' stance in relation to the centrality of the 'service user' perspective in 'setting the tone of the model of care' away from traditionally professionally led models and towards services that truly put clients at the centre.*

4.32 *There are some concrete examples of specific change or initiatives arising from the programme; these include greater service user involvement in a number of places; new research involving service users; cross-sector collaboration in the House of Care; new partnerships between the NHS and the third*

sector; greater use of existing data at local level to develop insights and momentum amongst practitioners to adopt social prescribing.

4.33 *Figure 4.3 shows two stories of change rooted in inquiry.*

Figure 4.3: Stories of change

Blowing Our Chances?

“I remember the fear, and trepidation I felt the first time I offered an inquiry during a contracting conversation with a council worker responsible for getting his workers to take on SDS and personal outcomes approaches. Time pressures and scheduling meant that he required his 150 staff to be trained in the approach by the end of the year. Instead of accepting the work and churning out the training, I was braver and said ‘we can certainly do this and we’ve been noticing with similar contracts we’ve delivered on recently that we’re not seeing the impact we’d hoped to see our training have. We’d certainly be willing to explore further with you exactly what you want the training to do and explore other more effective approaches to achieving this.’

I thought I’d just scuppered our chances of securing a contract! The discussion was initially uncomfortable and yet what started to emerge was a realisation that the change we’re hoping to see in the service requires significant culture change which will take time and certainly won’t be achieved by putting all the staff through a brief training course.

What we ended up agreeing to do was put out the training, initially as an invitation to attract the “early adopters” and for our training consultancy team to support the emergence of practitioners as leaders capable of sharing and embedding the learning across the service over time.”

My new professional friends

At a House of Care meeting my “friends” were not from my GP silo but were from across Health Social Care and the 3rd sector. I told my friends from the Thistle Foundation about our struggle to bridge the gap between the GP surgery and the services offered by their own organisation. So they suggested that they offer a monthly drop-in at my surgery. This is completely new for us. It means that the first introductions for the patients are made in a more familiar setting. It also raises the profile of their service with the whole primary health care team because they get to know them when they’re here. I hear they are now exploring the possibility of running some of their one to one work and also some of the courses within surgery buildings.

how do we know we are on the right track?

4.34 *Within the evidence presented here there is a very strong and shared sense that they are on the right track. Many struggled to find time to attend the programme, yet 80% of those that started the programme finished it and completed the final feedback questionnaire.*

4.35 *The participants are very aware that many of the impacts of the programme are intangible; some do have useful feedback from colleagues about the difference in them or their approach. This is expressed as a confidence that finding time to 'make authentic relationships' with key collaborators is what leadership in conditions of uncertainty and complexity is ultimately about.*

"The evidence is not very tangible, it is based on a sense of calmness when things get difficult that I feel evolves from the learning on Living Leadership. I think that I am on the right track because although I personally struggled at times during the programme for various reasons, I cannot imagine me being the me that I am today without the experience."

"The impact of the programme on my leadership style has been quite radical and yet very subtle. It is difficult at this stage to present evidence for that. It has certainly strengthened my practice and enabled me to be more confident with my own intuition, thus allowing me to make bolder decisions or take risks more easily (but not lightly)."

"I found the programme hugely empowering and supportive. Working with people from a range of organisations has been enlightening, hugely beneficial and helpful in my role, which is a fairly isolated role. I wasn't sure I was on the right track before the course, however the knowledge and practice gained has given me the confidence to try things, get feedback and learn in a faster way than would have been possible. I always knew I was 'institutionalised' in [the organisation] but couldn't always tell in what ways this influenced me."

4.36 *It is in this context that a number of the participants were very focused on how to bring service users and carers into policy development and decision-making. In reflecting on the overall programme, whilst they were generally positive, they were*

conscious that some perspectives were missing or less prominent and less confident about how the importance of these perspectives was more widely understood and how this can be progressed.

4.37 There had been some discussion about whether people who use public services should have been part of the programme, as participants, from the beginning. This option was discussed by the sponsor group and not taken forward during the pilot programme. Module 5 illustrated how challenging this would be and how it would influence the group dynamics, not necessarily in a safe and positive direction. On many occasions, the participants and facilitators themselves raised the issue of how to include and really listen to the voices and perspectives of people that use services, so the lack of formal participation in the programme did not mean that the issue was ignored. Furthermore, whilst none of the participants were attending in the capacity of a representative of people that use services, their knowledge as people who do use services themselves was not discounted. Whilst there seems to be a broad sense that this was probably the right decision, nevertheless there remains a challenge for future programmes to consider how to enable the full and authentic participation of people who use public services.

sustaining the ripples: what next?

4.38 Participants were able to identify how they were already doing so, or planning to use opportunities to build on the learning from Living Leadership, from both the substantive content of the programme and from the design and style of delivery.

4.39 Many expressed a strong positive confidence in the importance of their own learning and relevance to the challenges of their work in a spirit of continuing inquiry:

“... the learning has provided me with a foundation to help move forward with integration.”

“the impact of the programme in my own practice and thinking will continue to nourish the way I lead in my own organisation and how as an organisation we can lead on certain aspects of health and social care in the Lothian or even Scotland.”

“I’m moving forward with an appreciation that cultural change cannot happen without collaboration AND collaboration is hard, testing and messy. For me it’s about getting comfortable being uncomfortable and practice staying with it instead of wanting to run away AND also knowing when to discern when it’s right to leave collaboration. So, next steps for me are more internal reflections, learning, and thinking.”

“I think that what I’ve learned from how this programme has been delivered is influencing how I see leadership development moving forward ... I’m wondering how to more explicitly embed learning in new ways of working and how to encourage and influence learning and reflection in real time through the use of inquiry.”

- 4.40** *Many participants suggest that personally these feel themselves to be in a good position to move forward with collaboration, recognising that it is both necessary for culture change and difficult.*

“Living leadership has been a magnifying glass, but it’s counter-cultural. We’re doers - but when it’s really complex we need to think differently.”

- 4.41** *Depending on their formal roles, some are in a position to influence at a national level and some have valuable insights about how to progress with local plans and projects.*

- 4.42** *Some also identified wider system challenges and opportunities:*

“There is a clear need for some of our most senior leaders to develop their awareness of the impact their own actions and behaviours/ styles are having and the extent to which they inhibit the capacity of integration to deliver better outcomes for people who use services.”

“...this moment of unfreezing that should be capitalised on!”

- 4.43** *There is a pragmatic recognition of the wider challenges of sustaining the momentum and influencing system change.*

“It takes a while to really change behaviour and under pressure I still revert to my traditional preferred styles - and then

realise I should inquire more, advocate less - so ongoing support and reflection needed to make these changes sustainable”

“I feel my main challenge is influencing our person-centred collaborative work. I remain frustrated at our local approach and ache for a change in direction.”

“I am not sure whether colleagues from LAs or NHS Lothian either fully understood the impact of power imbalance and disablement process on a genuine co-production process and person-centred approach or towards enabling independent living. I am even less sure about how they would feel confident to challenge their own organisations to ensure that their message out there matches the practice.”

4.44 *Some participants would welcome more formal opportunities to sustain their personal learning and collaborative practice, although there is not necessarily an obvious or agreed way to take that forward. There are concerns about the pressures on time and existing workloads. Some are in quite isolated roles whilst others have new ideas about how they wish to work in the future and may seek new roles.*

5. learning together: the foundations of collaborative practice

Overview

- 5.1 *Many of the participants have valued living leadership as a significant personal and professional development opportunity. It has been a form of social and experiential rather than didactic learning that has enabled deeper reflection and questioning of taken-for-granted aspects of collaboration.*
- 5.2 *There are concrete examples of new actions and behaviours, many of which show how learning helps participants to cope better and be more resilient in their leadership. The investment of time in working together in a different way has led to creative outcomes and supported sharing and greater whole system learning. Building on the diversity of the group, they have been able to work together creatively and respectfully and recognise how each impact on the system. Stereotypes have been challenged in a way that has allowed more dialogical and valuable new ways of relating to each other, rather than defensive responses.*
- 5.3 *There is a greater sense of their own individual empowerment as leaders that supports them to actively model the change they want to see and influence those they work most closely with within their own organisations and partnerships. This may be manifest in a greater preparedness to admit their own uncertainty and welcome similar honesty amongst others. They take and enable more risks. They report that they have a better understanding of how to make a relational approach to leadership development work within their own settings and with their immediate partners and how to bring people together and continue learning outwith the programme from the work they are engaged in.*
- 5.4 *Importantly, participants have a better understanding of how to shift power from professionals to others in a way that enables people using services to shape and influence services.*
- 5.5 *In relation to more effective resource use there are also positive signs of change, particularly in those ways of working that*

open up the possibilities for more effective use of resources across services, avoiding waste, duplication and unnecessary variation. The majority are doing things differently; for example being more willing to negotiate across different professional priorities to deliver personal and organisational outcomes; feeling more able to work collectively to improve their offers and promote greater consistency and more person-centred services and management. Most have taken practical steps to embed integrated approaches in their organisations.

- 5.6 *There are a small number of specific initiatives arising from the programme; these include greater service user involvement in a number of places; new research involving service users; cross-sector collaboration in the House of Care; new partnerships between the NHS and the third sector with immediate impacts for people that use services; greater use of existing data at local level to develop insights and momentum amongst practitioners to adopt social prescribing.*

learning together: conclusions and implications

- 5.7 *The value seems to come from the combination of all kinds of expertise into a 'learning lab' where people are immersed in both separate and shared work of collaboration. Rather than a reliance on updating participants with new theory or leadership concepts, these have been offered alongside the expertise of the mixed group with a range of professional backgrounds (including clinicians). This mix itself has been a very powerful and important part of the programme design; some of the most useful exercises have involved addressing assumptions that the sectors make (or are feared to) of one another.*

- 5.8 *Living Leadership has been significantly different in the way that it has worked; the direct and indirect questioning of assumptions that arises from immersion in a collaborative learning experience encourages a focus on problem-setting as well as problem solving. It has engaged the participants actively in developing their understanding of improvement and change and how it should be measured. This has resulted in an evolving development of new theories integrating elements of improvement science, community development and understandings of the role of appreciative inquiry and relational practice in collaborative change.*

5.9 The demands of public service reform as set out clearly by the Christie Commission and others imply a need for significant shift in leadership behaviours to that of enabling and facilitating, in order to build capacity for people and organisations to help themselves and each other. Living Leadership shows that this shift in thinking about power, authority and accountability for outcomes applies as much to people in organisations as to people who use services. Real transformative change comes from combining all kinds of expertise; that of people who use services; people who work directly with the public in health, social care and support services and strategic and operational managers.

Implications for future programmes

5.10 There is interest in replicating this style of collaborative experiential learning elsewhere. The key elements seem to be the blend of;

- valuing of the mix and range of expertise including that of people that use services*
- an experimental ethos of testing out the application of learning*
- valuing rather than privileging theory*
- learning by doing through action inquiry*
- sharing stories to build new forms of knowledge, relationships and evidence of impact*
- embedding evaluation as an adaptive learning approach to provide evidence of personal outcomes and consequent and further outcomes in the wider system.*

5.11 It is clear that the first steps are fateful. This cohort has benefited from the strong commitment and personal engagement of the original sponsor group. In other settings it will be important to invest sufficient time to develop this kind of commitment. The creation of a 'container' for learning or the opening of communicative space supports the positive development of the group and is a key skill of facilitation.²⁶

5.12 Key lessons are:

- *Spend time 'before' the formal start of the programme to identify suitable 'cohorts of people' who are engaged in enacting a change process and to 'build the will' for learning together from 'real-time' change. This may take several months as a lead-in period and the commitment of key champions to build initial engagement and to ensure that everyone knows what they are signing up for.*
- *Work with the cohort to identify a 'calling' or generative question – something that people really care about around which participants feel they can commit to the process of learning.*
- *Be serious about action inquiry. Treat the whole programme as a 'learning lab' with the action inquiry element as the driver for individual and collaborative learning throughout.*
- *Think about the set-up in each place, maybe creating some external input to highlight the local context for example, 'Health & Social Care Integration - the real story' to create a greater shared experience and focus from the start.*
- *Consider whether to include service users as participants from the start. If they are to be included, ensure that they can be supported in their role to ensure they can participate as equal in all aspects of the programme.*
- *Retain an element of co-production of content and delivery, using the expertise of participants.*
- *Using the main facilitation team to deliver most of the content, rather than relying on too many external facilitators; this makes best use of their knowledge of the group's experience, interests and challenges and enables participants to challenge more readily.*
- *Make greater use of DVDs and film and other visual stimuli.*
- *Retain the shorter days and consider whether it is possible extend the duration of the programme to allow greater spacing between modules.*

appendix 1: living leadership 2013-14 participants

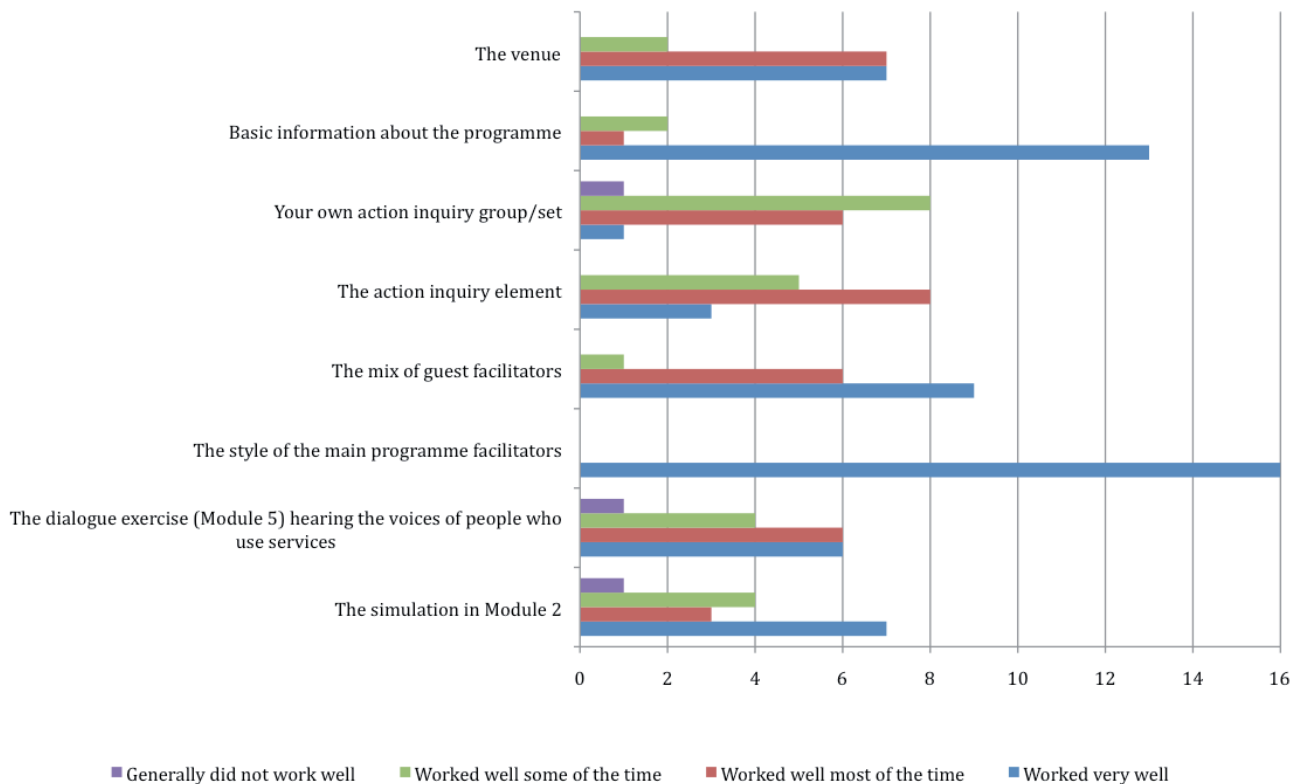
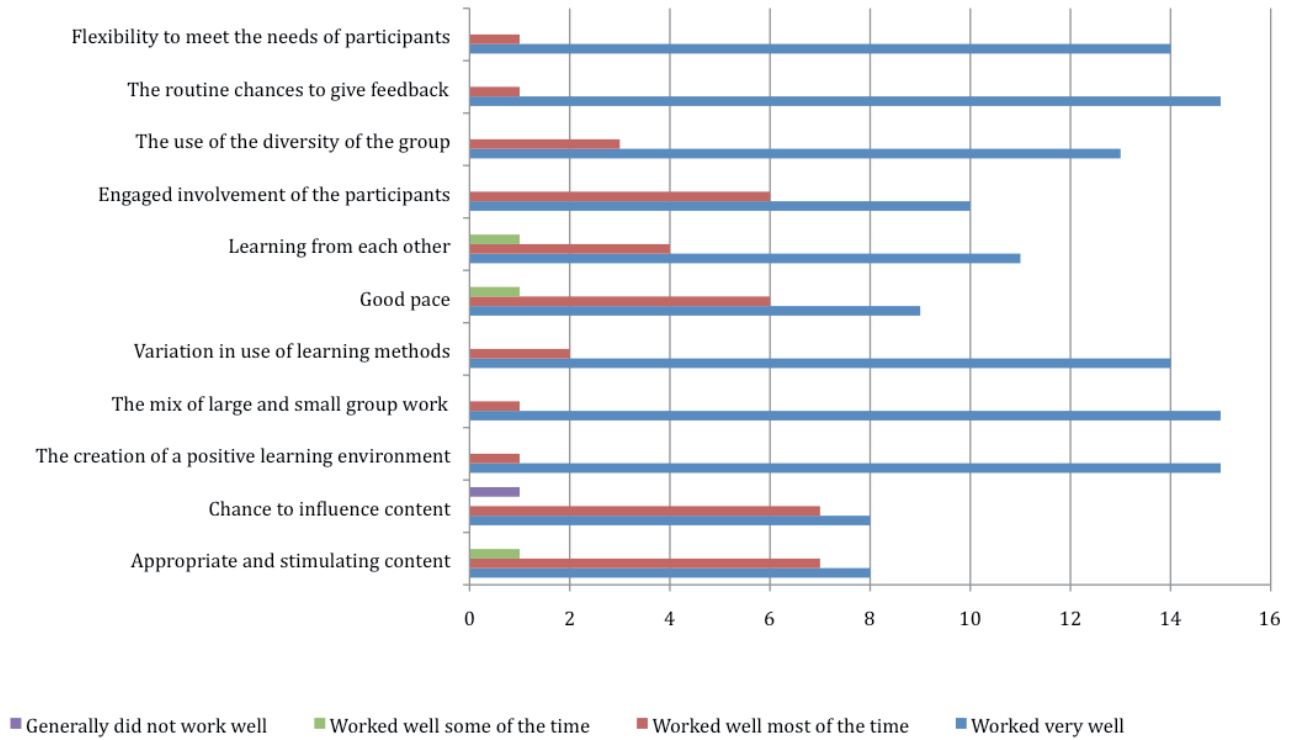
<i>Rene Rigby</i>	<i>Independent Sector Development Officer</i>	<i>Scottish Care</i>
<i>Diana Noel Paton</i>	<i>Chief Executive</i>	<i>Thistle Foundation</i>
<i>Ross Grieve</i>	<i>Lead Training Consultant</i>	<i>Thistle Foundation</i>
<i>Julie Gardner</i>	<i>Assistant Director</i>	<i>VOCAL</i>
<i>Florence Garabedian</i>	<i>Chief Executive</i>	<i>Lothian Centre for Inclusive Living</i>
<i>Grant Sugden</i>	<i>Chief Executive</i>	<i>Waverley Care</i>
<i>Fiona Stratton</i>	<i>Intermediate Care Service Manager</i>	<i>NHS Lothian/City of Edinburgh Council</i>
<i>Amanda Langsley</i>	<i>Leading Programme Manager for Safety and Compliance, Education and Training</i>	<i>NHS Lothian</i>
<i>Jeannette Morrison</i>	<i>Programme Manager - Person Centred Health & Care</i>	<i>NHS Lothian</i>
<i>Gillian Wilson</i>	<i>Lead Practitioner Directorate of Nursing DBC Hub</i>	<i>NHS Lothian</i>
<i>Janet Corcoran</i>	<i>Education and Employee Development</i>	<i>NHS Lothian</i>
<i>Sandy Young</i>	<i>Head of Spiritual and Bereavement Care</i>	<i>NHS Lothian</i>
<i>Alex Connan</i>	<i>General Practitioner, Portobello</i>	<i>NHS Lothian</i>
<i>Wendy Dale</i>	<i>Strategic Commissioning Manager</i>	<i>Health and Social Care Department City of Edinburgh Council</i>
<i>Mark Hoolahan</i>	<i>Learning and Development Manager, Workforce Planning and Development</i>	<i>Health and Social Care Department, City of Edinburgh Council</i>
<i>Susanne Harrison</i>	<i>Integration Programme Manager</i>	<i>City of Edinburgh Council</i>
<i>Ali Black</i>	<i>Project Lead, Total Place</i>	<i>City of Edinburgh Council</i>
<i>Sharon Millar</i>	<i>Leadership Consultant National Leadership Unit</i>	<i>NHS Education for Scotland</i>
<i>Chris Bruce</i>	<i>Lead on Outcomes</i>	<i>Joint Improvement Team Scottish Government</i>
<i>Dot McLaughlin</i>	<i>OD Programme Manager</i>	<i>Improvement Service</i>

appendix 2: living leadership core curriculum

<i>Module</i>	<i>Module Aim</i>	<i>Key content</i>
<i>Module 1 – systemic, exploring individual , organisation and context</i>	<i>To enable participants to take up their roles as members of the learning community and to begin our exploration and creation of fresh approaches to leadership, across sectors and communities.</i>	<i>Devising a group agreement What difference do we hope to make here? Exploring the Concept of Role Organisation in the Mind: exploring the systems we work in Transforming experience framework What is systemic thinking? Starting action research</i>
<i>Module 2 – Multi-party collaboration</i>	<i>To explore the dynamics of multi-party collaboration and leadership</i>	<i>A simulation of multi-party collaboration Discussion of accountability for learning and change</i>
<i>Module 3 – Purpose, strategy, outcomes</i>	<i>To deepen our understanding of the ‘unconscious life’ of groups – how to bring awareness to it and how to address it To use our values and psychological strengths - and developing awareness of these in others. To develop our Action Inquiry as the core of Living Leadership</i>	<i>Theories of Positive Psychology at Work Conflict and Collusion in Groups</i>
<i>Module 4 – Change and Transformation</i>	<i>Resourcing Ourselves and Our Organisations For Continuous Transformation</i>	<i>Leading Change Ladder of Inference/Making Assumptions Technical vs Adaptive Change – Heifetz Theory of Change Three Horizons/ Theory U (Otto Schwärmer) Immunity to Change Learning Pathways</i>
<i>Module 5 – Power, authority and using ourselves</i>	<i>To examine the distinction between power and authority To learn more about how we and others use our personal and organisational power To establish indicators which enable us to know that we are hearing the voices of people who use services at every level in our organisations To review our outcomes in the light of progress on our action inquiries</i>	<i>Balancing Advocacy and Inquiry Dialogue Exercise: hearing the voices of those who use services at every level Developing our understanding of the impact of Living Leadership</i>

<p>Module 6 – sustaining the learning</p>	<p><i>To learn how to use constellations as a way of exploring and addressing dynamics within our teams, our in our collaborative working</i></p> <p><i>To explore a new model for understanding our assumptions in relation to outcomes and indicators of change</i></p> <p><i>To develop our action inquiries</i></p>	<p>Introduction to Constellations</p> <p><i>More on understanding the impact of living leadership</i></p> <p><i>Developing a pitch for living leadership</i></p>
<p>Module 7 – What next for collaboration?</p>	<p><i>To review our journey of collaboration together</i></p> <p><i>To plan how we continue to collaborate</i></p> <p><i>To learn more about using our strengths together</i></p>	<p>Review of themes</p> <p><i>Where are we now?</i></p> <p><i>How do we understand different cultures?</i></p> <p>Using Strengths to Build Resilience</p> <p><i>Action inquiries</i></p>

appendix 3 feedback about the design and delivery of the programme



appendix 4 how we understand the impact of living leadership

This document sets out the desired outcomes for living leadership in an evaluation framework.

The Lothian's Living Leadership Programme will be accountable for promoting active collaboration and Integration so that health and social care and support services across all sectors in Lothian's work together creatively and respectfully to deliver individual, organisational and national outcomes.

By working together and with colleagues and individuals and communities locally, the Living Leadership Programme will support the direction of travel towards the achievement of these outcomes.

We think of it all as a ripple effect. The impacts from our work build over time, reaching deeper into our organisations and communities, so that people have more positive experiences of health, social care and support services and people who work in those services are positive about their role and supported to improve the care they provide.

In Living Leadership, the ripple starts with us – as we start to understand how to shift power from professionals to others in a way that enables people using those services to actively shape and influence services. In order to spread, it relies on others as together we understand how to develop a relational approach to leadership within our own settings and with our immediate teams and partners.

Through expanding active collaboration, people from diverse backgrounds can work together creatively and respectfully to design and make change happen, create more shared responsibility and greater whole system learning. Over time, we are confident that these changes result in more resilient individuals, organisations and communities.

In stating this ambition, we accept that we can't measure everything nor trace all the impacts of our work over time. Above all, we see measurement of change as an art not a science. We trust that, by monitoring what we can influence and routinely ensuring that we listen and learn, we can gather evidence that our work is setting each of us as individuals, organisations and communities on the right path. Ultimately, their lives, as individuals and groups, will be affected by many other complex factors and experiences.

**We acknowledge the inspiration and example of Space Unlimited, Taking Account of Change, drawn from their work on collaborative change. www.spaceunlimited.org*

Impact

The Lothians Living Leadership Programme will be accountable for promoting active collaboration and Integration so that health and social care and support services across all sectors in Lothians work together creatively and respectfully to deliver individual, organisational and national outcomes.

Outcomes and Indicators

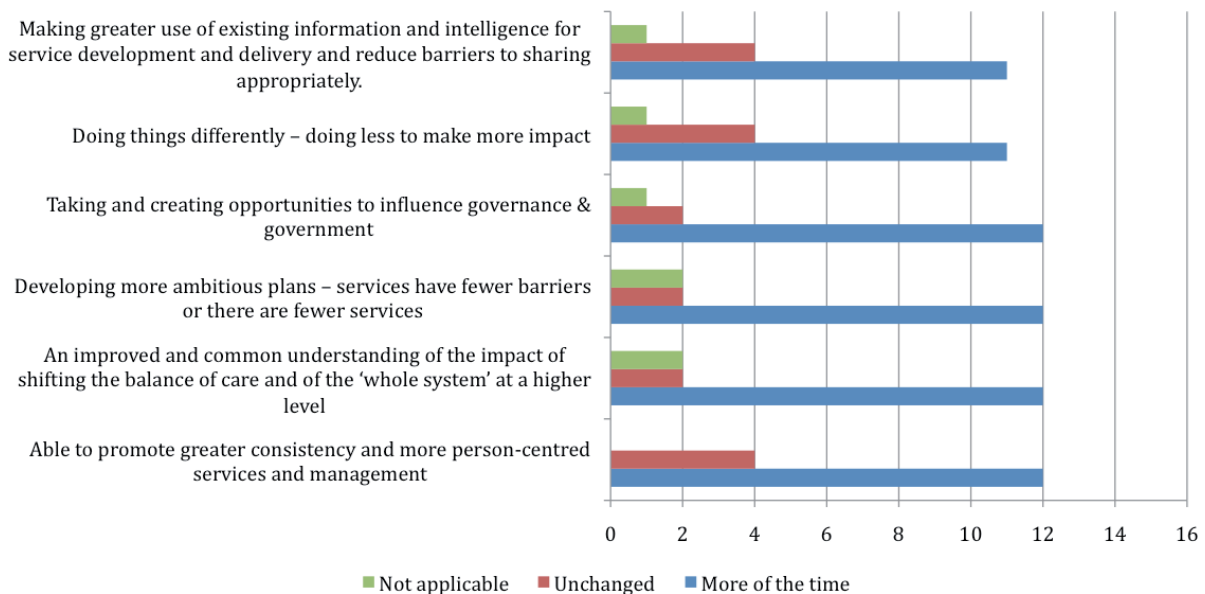
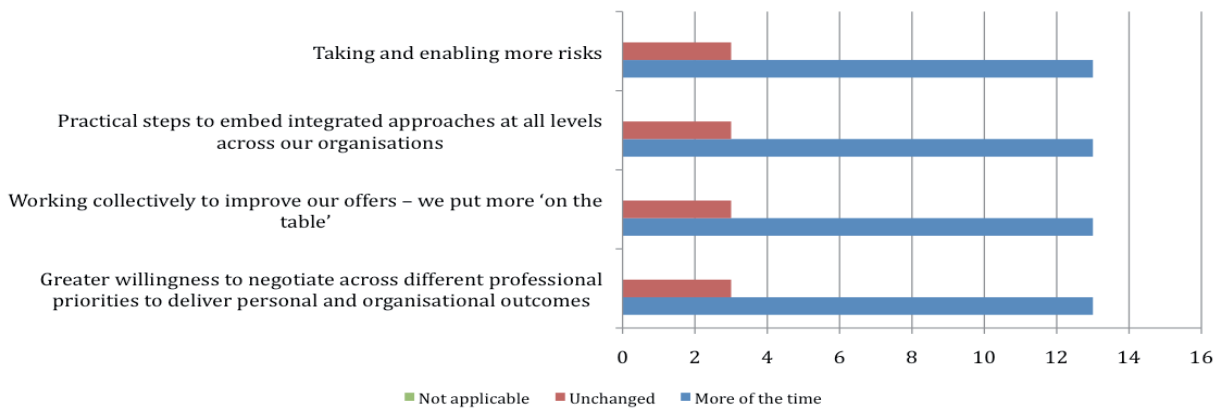
The outcomes are adapted from recent literature on health and social care integration. The indicators are largely those suggested in Module 1 and 3. These are generally qualitative indicators the evidence for which will come from the action inquiry undertaken by the programme participants, both individually and collectively.

By working together and with colleagues and individuals and communities locally, the Living Leadership Programme will support the direction of travel towards the achievement of these outcomes.

OUTCOMES OF LIVING LEADERSHIP	INDICATIVE INDICATORS
<i>Positive experiences and outcomes: We have positive experiences of health, social care and support services as service users or carers, which help to maintain or improve our quality of life and choices to be healthier, more independent and safe.</i>	<i>Those of us using health, social care and support services are:</i> <ol style="list-style-type: none"><i>1. more skilled to participate in shaping our own care and support, ask questions of services and choose valued outcomes for ourselves.</i><i>2. more resilient, confident in our capacities and strengths and believe we can make change happen</i><i>3. Able to tell stories of getting our lives back on track without mentioning services.</i> <i>As people working in health, social care and support services:</i> <ol style="list-style-type: none"><i>4. We understand how to shift power from professionals to others in a way that enables people using those services to shape and influence services.</i>

<p><i>Shared understanding: Those of us who work in health and social care services have adopted a holistic and relational approach to leadership embracing health, social care, and housing outcomes.</i></p>	<p><i>As people working in health, social care and support services:</i></p> <p>5. We have developed a relational approach to leadership development – we understand how to make this work within our own settings and with our immediate partners</p> <p>6. Our investment of time in working together in a different way has led to creative outcomes and support sharing and whole system learning.</p> <p>7. We each have taken practical steps to embed integrated approaches at all levels across our organisations</p> <p>8. We have more ambitious plans – services have fewer barriers or there are fewer services</p> <p>9. We take and enable more risks</p> <p>10. We take and create opportunities to influence governance/ government</p> <p>11. At a high level, there is an improved and common understanding of the impact of shifting the balance of care and of the ‘whole system’.</p>
<p><i>Engaged workforce: People who work in health and social care services are positive about their role and supported to improve the care and treatment they provide</i></p>	<p><i>As people working in health, social care and support services:</i></p> <p>12. We are more willing to negotiate across different professional priorities to deliver personal and organisational outcomes</p> <p>13. We model the change we want to see and influence those we work most closely with within our own organisations and partnerships</p> <p>14. We are more consistently empowered and know we can make change happen</p> <p>15. We are prepared to say ‘I don’t know’ and welcome similar honesty amongst others</p> <p>16. As people from diverse backgrounds we work together creatively and respectfully and recognise how each of us impacts on the system</p> <p>17. We have ways to bring people together and continue learning outwith the programme from the work we are engaged in</p>
<p><i>Effective resource use: The most effective use is made of information and resources across health and social care services, avoiding waste, duplication and unnecessary variation</i></p>	<p><i>As people working in health, social care and support services:</i></p> <p>18. We are able to promote greater consistency and more person-centred services and management</p> <p>19. We work collectively to improve our offers – we put more ‘on the table’</p> <p>20. We are doing things differently – doing less to make more impact</p> <p>21. We make greater use of existing information and intelligence for service development and delivery and reduce barriers to sharing appropriately.</p>

appendix 5: key outcomes



notes

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25. *16 of the on-line survey responses were received from a possible total of 17. The programme started with 19 participants; two people dropped out due to pressures of work and changes in priorities.*
26. Gayá Wicks and Peter Reason (2009) *Initiating Action Research: Challenges and Paradoxes of opening communicative space* <http://www.peterreason.eu/Papers/Communicative%20Space.pdf>