



HOW CAN INDIVIDUALS MAKE A DIFFERENCE?

**Partnerships between people who use
health services and people who work
in services**

**Report from the Partners in Change workshop:
North Queensferry, Fife, 25 September 2001**



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'The future belongs to those who believe in their dreams.'

Eleanor Roosevelt

*'Few will have the greatness to bend history itself;
but each of us can work to change a small portion of events,
and in the total of all those acts will
be written the history of this generation.'*

Robert F. Kennedy

BACKGROUND

Partners in Change is a programme of national and local projects designed to promote the involvement of patients throughout the NHS in Scotland. It was outlined in the Health Plan, which was launched in December 2000.

By early 2002, there will be at least one Partners in Change project in each Health Board area in Scotland.

During 2001 a development project will help people in local areas plan for their projects. The development project includes:

- getting to know what is already happening in the NHS and related settings to involve people in planning and providing services
- identifying the areas that people are finding difficult
- sharing experiences and ideas
- practical materials and tools to help people get more involved in local and national health care planning
- working with local people across Scotland to involve patients in issues that affect many parts of the country, such as cancer screening
- partnership work with other organisations which want to extend or promote opportunities for participation
- making links with innovative ways to involve people that are being developed in other areas.

The workshop on 25 September 2001 was the second in a series. It brought together people who have experience of services as patients or relatives and people who work in the NHS and related services. It included people from a wide range of patient and community networks, from Health Board, NHS Trust and Local Health Care Co-operative settings, from voluntary organisations, local authorities, universities and other bodies with an interest in ensuring good quality services. Participants came from many parts of Scotland.

MICHAEL KENDRICK is a leading thinker and reformer who has worked in human services and with individual reformers in the USA, Canada, Europe and South East Asia.

JILL MURIE was awarded the Doctor Vision Award for Public Involvement 2000 and the Royal College of General Practitioners (RCGP) Patient Participation Award.

HEATHER SIMMONS is a trainer with Scottish Human Services Trust.

WHAT HAPPENS NEXT

This report is being circulated widely, to inform and stimulate discussion about the ways people who use health services in Scotland can have a greater influence over services and the ways in which we perceive good health and what benefits this might bring. The ideas will also be part of the ongoing development of the Partners in Change project and related work as part of the implementation of Patient Focus and Public Involvement.

Ways you may want to use this report may include:

- sharing the report and discussing the ideas in local groups or networks
- thinking about how the ideas can apply or be adapted to your local settings
- considering how the ideas and suggestions here might help any services or issues in your area where there are difficulties or where a partnership approach might be a useful alternative or addition to what is already there
- following up on the contacts and references: reading the reports and books, making contact with people from other areas
- using the ideas to help start discussions about what projects would be useful as Partners in Change projects in your Health Board area
- exploring the ideas in local joint planning discussions, organisational development plans, your local Health Plan, Performance Assessment Framework, Community Planning.

*'Life has taught us that love does not consist in gazing
at each other but in looking outward together
in the same direction.'*

Antoine de Saint-Exupery

THE BACKGROUND TO PARTNERS IN CHANGE

Hector MacKenzie, Scottish Executive

Partners in Change was introduced in the Health Plan issued in December 2000. Partners in Change has drawn on the experience of Allies in Change and Partners in Policymaking.

A few years ago the Scottish Executive invested in Allies in Change. The idea behind that programme was to put people who used mental health services and people who work in services together at the heart of looking for change.

The first Allies in Change course finished last summer. I came to the last session, and heard people talk about the changes that had happened for them. The same things are said by participants on the sister course - Partners in Policymaking. The common themes are:

- people get a different view of themselves - people who have the confidence and the skills to create real changes
- people realise they have the capacity within themselves
- one of the long-term consequences is a different relationship between people who were staff and people who used services
- we don't make enough use of the experience of people who have used services. The only people who see the whole journey are the patient and their family - not staff, who only see a small bit of the journey through services and of that person's life.

The Scottish Executive hopes that the local Partners in Change projects will take on the ideas and approaches that have developed through these programmes, and see them applied to other health care settings - cardiac care, cancer care, services for people who have diabetes.

By 2002, every NHS Board will have at least one Partners in Change project. Whatever the setting for those projects, we hope that these are pilots for that area, and that in time the ideas will spread to other parts of the health service. The projects should result in people who use health services and staff who work in them having the skills and the confidence to work together in new ways.

Staff, patients and families are learning how to put people's experience at the heart of the NHS. Today's workshop is looking at some of the skills that will help this to happen. I hope that you find the discussions today helpful, and that you can then go back and spread the ideas to other people.

*'We live in a moment of history where change is
so speeded up that we begin to see the present
only when it is already disappearing.'*

Ronald David Laing

*'Dreams have but one owner at a time.
That is why dreamers are lonely.'*

Erma Bombeck

THE WAYS IN WHICH INDIVIDUALS CAN MAKE A DIFFERENCE

Michael Kendrick, Ph.D.

We live in a time in history when we are asked to believe that what is material, external, empirical, cognitive, rational and measurable constitutes the parameters of our universe. We know how the world is going to work. Then the world doesn't work the way we think it should. We make assumptions: what is dependable/not dependable, what is safe/not safe, and what we would do/would not do.

The seeds of change are inside people, not outside. A force is present that emits from within people outward. Individuals matter to the formation of human history, no life is lived without some consequence for others. On September 11, we saw that what individuals believe, think and place value on, what they are like as people, can result in momentous acts that make a difference to the world. The destruction of the Twin Towers of the World Trade Centre and the attack on the Pentagon illustrated what one person does really makes a difference. It demonstrates that it's not power, authority nor money that make the difference but what's going on inside of people. That people have the capacity to act, to change their world. Human beings can change their world because they have within them the will to so do and thus personal potency. The atrocity of September the 11th is an example of the fruits of negative thinking and its potency.

The world is not as fixed as we think or believe it to be. There is an assumption that the NHS will never change. It is therefore important to not give up on change in the face of continuing opposition based on the belief that it is hopeless. It is rather common to encounter in many people a sense of resignation about what they cannot do in human services and perhaps even some futility about trying in the first place. It is very hard to argue with them as they have inevitably had experiences that have left them discouraged and fearful.

Many people feel misunderstood, that they can't make a difference anyway. Most people struggle to some degree or other of self defeating assumptions and behaviour. The discouragements that come from within can very much restrict our human, and to some extent our societal, potential. People think: 'I could never be an x, y or z'. Yet life is full of evidence to the contrary. Many of us are living lives we never thought possible. We have to consider that the thought that we cannot make a difference may not be true. If you're useless you don't have too much to worry about: some people even get paid well to be useless. Maybe, just maybe, there is personal potency in all of us: who we are, what we care about, what we think should be important will matter. It is useful to see personal potency as an intrinsic catalyst of personal gifts that might otherwise lie dormant and thus unavailable for useful service to others.

It is also the case that the battle is lost when we let ourselves become convinced that our efforts and vision do not matter. Movements for social change are easily defeated when they lack the

resolve that lets them be tough minded in the face of adversity and failure. It is most certainly true that one can never gain the conviction and commitment of others if one has already given in to a sense of depression and defeat. If the convictions of the deeply unconvinced are to yield, it will necessarily be to those people whose faith and confidence remains more certain. In this we struggle not only with the convictions of others, but perhaps more with our own. If we crumble under the pressure of adversity, perhaps others will follow our example. Even in the small ways of our small lives it still matters what and whom we decide that the world and we are, and can someday become.

It may well be that there is no reason for the kind of optimism assured by favourable probabilities, but this does not mean that one is having no effect. Often, we do shift the world, one person at a time, and none of this will occur if we start with the premise that these small shifts are pointless because they do not quickly or inexorably lead to triumph.

Perhaps if we saw our goal more as changing the world by degree and increments, rather than as winning, we could take more solace in the fruitfulness of what we do achieve, rather than lament the changes that have yet to succumb to our efforts. One never really knows when the tides will change in the hearts and minds of people, and it may well be that a crucial corner may be turned even when we least expect it. It may also be true that the personal commitments, of even one person, may be just enough to make the difference.

The variety of gifts and callings that people may show can vary widely, as will the places these are needed and the ways they might express themselves. In many people the satisfactions they gain from finding where their gifts and personal potency is most needed and fruitful is unlike any other satisfactions in life. This is because the exercise of these gifts and personal potency goes deep to the heart of who they are and the meaning of their lives. It does matter what individual people think and do - the world that each of us makes. It touches other people's lives in ways we may not appreciate. We should all reflect what were we meant to do? To be? What gifts does my life bring to the world? What could your life be? There is good in all of us: what good are you going to do with this? Each person has some capacity, what people decide to do with the good.

Remember people who touched your life twenty to thirty years ago, the way their acts live on in our lives now and will to eternity. Everyday, mundane lives are pregnant with the sense of moral possibility. The interconnectedness and interdependence of things sometimes seems a bit mysterious but has been appreciated by peoples and cultures for eons. Our own western culture has created a world view that sees people as much more separate and individualised than interrelated and this has tended to diminish our insight into how we interact to influence each other. We should ask ourselves how do things lead to one another and recognise that they do. Reserve the right to think for yourself and not to let bureaucracies do it for you.

Collectivities of sincere people who mutually embrace and strive for a worthy goal can collectively help entrench a shared "manner of being" or ethos. This is true of the NHS or any other part of

Partnerships between people who use health services and people who work in services

existence! You need to ask what would set things right? We need to consider the critical question of what is the right thing I should do if I could do it? Did I live up to my potential to do the right thing? What could, should, ought to be done? What might I still do? From these basic questions you will feel and see what it is that is needed.

It is always instructive to reflect on how much it matters that a particular person was present in a situation in terms of what flowed from those moments. The kinds of qualities they bring may be priceless in their own way in terms of the good that occurs. Think about Ghandi. What direction will George Bush and Tony Blair take the world in?

The cynical won't do much. Be open-minded to the possibility of change, progress, individual contribution and personal potency.

*'The real voyage of discovery
consists in not seeing new landscapes,
but in having new eyes.'*

Mike Lancelot

Some strategies for bringing about change ~ Michael Kendrick ~

- The seeds of change are inside people, not outside. Human beings can change their world because they have within them the will to so do.
- The world is not as fixed as we think or believe it to be. There is an assumption that the NHS will never change. It is therefore important to not give up on change just because some other people think it is hopeless.
- People think: 'I could never be an x, y or z'. Yet life is full of evidence to the contrary. Many of us are living lives we never thought possible.
- The battle is lost when we let ourselves become convinced that our efforts and vision do not matter.
- We can't gain the conviction and commitment of other people if we do not believe that change is possible.
- Start small and don't expect change to be fast. Often, we do shift the world, one person at a time.
- Change can happen in the hearts and minds of people when we least expect it.
- The personal commitments, of even one person, may be just enough to make the difference.
- People have a great variety of gifts and personal potency, and we get great satisfaction in learning what they are and finding ways to use them. There is good in all of us, and the decision for each of us is what to do with the good.
- You need to ask what would set things right? What is the right thing I should do if I could do it? Did I live up to my potential to do the right thing?

WHAT EVERYONE WANTS: HOW THE PRINCIPLES OF EQUITY, SOCIAL JUSTICE AND PATIENT AUTONOMY HAVE UNDERPINNED THE MODERNISATION OF THE PROVISION OF CARE IN CLYDESDALE

Dr. Jill Murie, MB, ChB, MPH, MRCP, DRCOG, DFM

Why we are here; 'Empower the individual with hope, self-esteem and knowledge, therefore knowledge is truly shared to ease the bearing of ill health' C.B. Handy, Understanding Organisations.

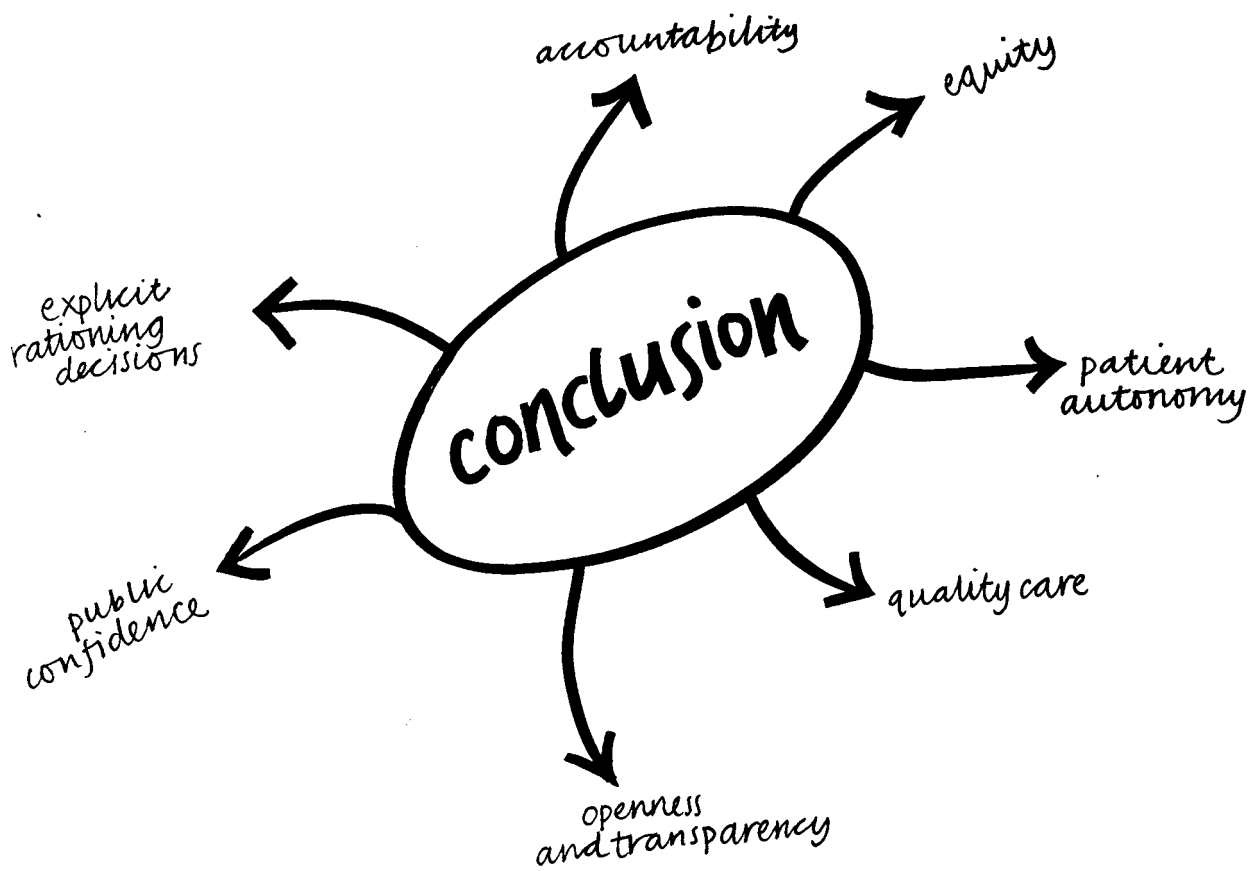
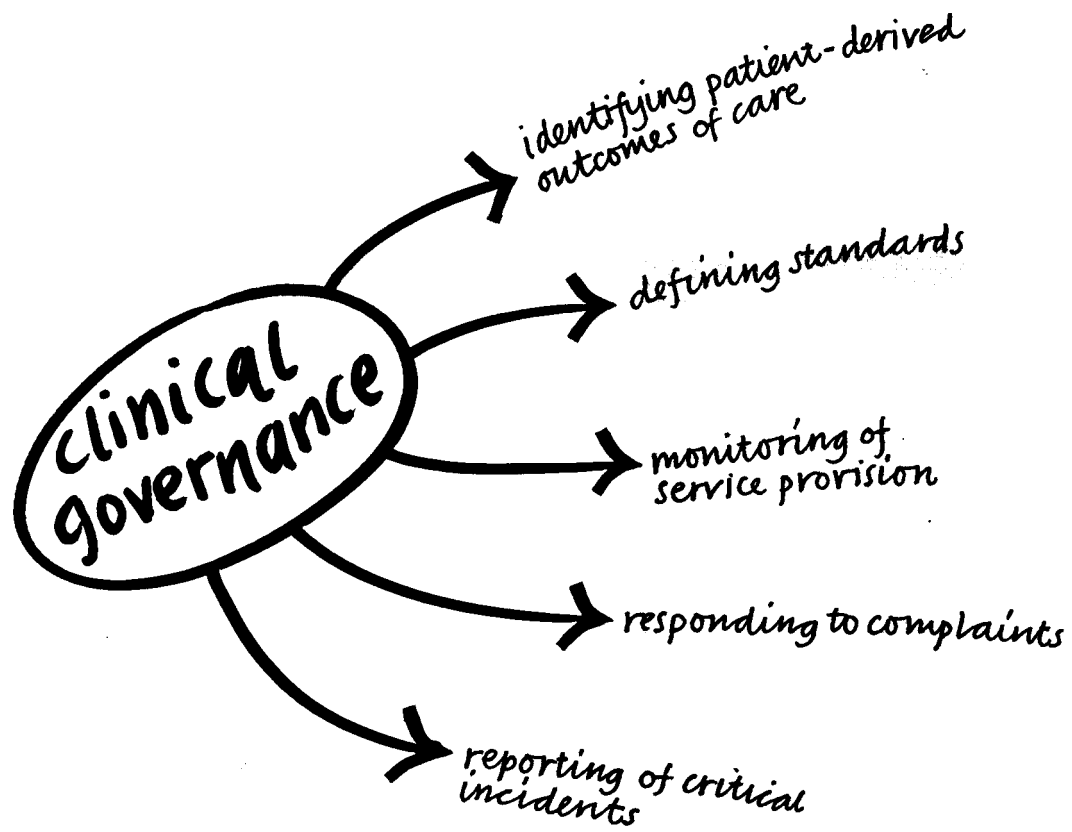
Clydesdale Local Health Care Co-operative (LHCC) in Lanarkshire serves a population of 58,000, covers an area of 510 square miles and is a predominantly rural area with three market towns, a variety of villages and small hamlets. Employment is mainly in farming, service industries, local authority, NHS, small businesses and opencast mining.

The LHCC comprises 10 GP practices (38 GPs and staff) and three community hospitals. The LHCC aims to integrate the views of patients and the public into every level of the LHCC's operations, to establish effective dialogue between patients and the public, to align LHCC structures within a framework for patient and public involvement and to build capacity by providing support resources, education and training.

There are a number of pressing concerns for the area:

- heart disease (33.7% more than the average for Scotland)
- maternal smoking (+4.8%)
- waiting for hospital treatment (+12.1%)
- accident rate per 1000 (+66.6%)
- unemployment (+36%)
- numbers with no GCE qualifications (25% less than the average for Scotland)
- people who have had full-time further education (-40.3%).

Consultation in the LHCC has involved 'hard to reach groups' such as: isolated communities, teenagers and drug-misusers and has used the Internet, participation of voluntary groups, carers, public and patient groups, doctors.



Partnerships between people who use health services and people who work in services

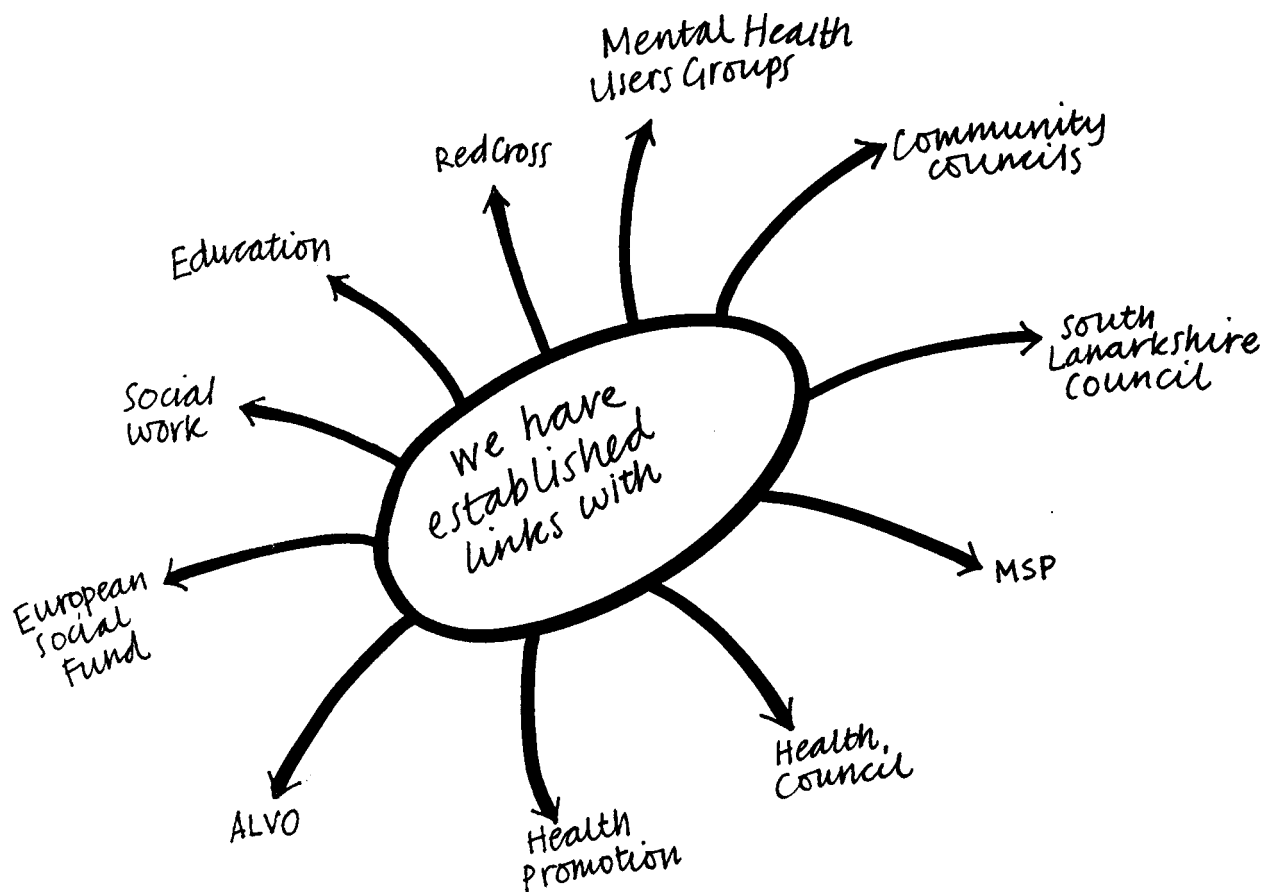
Since its inception in 1999, public involvement in Clydesdale has taken off. To date we have held the following events:

3
annual
health
walks

2
cycle
events

1
Celebrity
youth question
time and
Think Positive
interactive
website

THE ISSUES WE
HAVE ADDRESSED
©
New hospital
Transport
Youth involvement



Public involvement in primary care: time to turn good intentions into practice

Public Involvement in Primary Care has been recognised as a good idea for over 25 years. It is a vital component of needs assessment, health promotion and clinical governance, where patients can add value to audit, risk management and quality assurance. Public consultation is of vital importance when developing and improving services for 'hard to reach' groups, such as teenagers. Participation is in itself health promoting and can enable communities to tackle their own problems.

And yet, training in public involvement is wholly foreign to most GPs, who consider consumer opinion unhelpful because of 'unrealistic patient expectation, invalid methodologies, and the bias of those with vested interests'. Of the 20,000 accredited meetings run in the West of Scotland, for example, since 1990, none have focused on the training of GPs in public involvement.

An editorial in the British Journal of General Practice describes how a combination of 'burgeoning consumerism, rapidly escalating patient expectations [and] relentlessly increasing accountability' is putting GPs in the 'hot seat'. 'Pressure from local champions or special interest groups for their particular pet causes' is referred to in the context of the need for restraint when planning educational programmes.

Partnerships between people who use health services and people who work in services

How can GPs reconcile the difference between their ethical obligations to the key stakeholders in the NHS and their own professional values, which are too often tainted with prejudice or altruistic paternalism? Hard pressed GPs find difficulty in allocating equal value to the patient perspective however honourable their intent. How do GPs address the unconscious and learn to value the expertise and unique information provided by volunteers, voluntary organisations and single issue groups?

Education and training is the key. Training in public involvement is omitted from most GPs undergraduate and postgraduate education. GPs need to be convinced of the benefits of patient participation, given practical support, and advised of pitfalls.

The devolution of power and delegation of responsibility to Primary Care Groups and Local Health Care Co-operatives requires that educational activities be extended to the primary care team and the populations within their remit. After all, uninformed people make uninformed decisions. The result in terms of public involvement will be to build capacity, not only into the community but also into the NHS as a whole.

Currently, despite considerable political rhetoric, there is no financial or serious educational provision for such training. National strategic plans emphasise the 'what' but not the 'how' of public involvement. The 'how' requires some basic knowledge, such as sampling techniques and an understanding of the concepts of community development, empowerment and equity. While quantitative methods of data collection can be given to advise health planning, qualitative information (from interviews, focus group discussion and other forms of interaction) allows us to go from macro to micro, identifying existing community resources, harnessing the enthusiasm and expertise of voluntary groups. But GPs need the relevant training and such training needs to be funded adequately.

There is considerable literature on public involvement, several useful websites and resource packs for primary care teams available from the Health Education Board for Scotland. For the enthusiast there are postgraduate degrees.

To formulate judgments and make informed choices the public requires education about different treatments, services, clinical effectiveness, and the need for explicit rationing decisions. It is through education and training that we can develop a constructive relationship out of apathy and adversity and change the culture of medicine in our society.

*'Those who believe that they are exclusively in the right
are generally those who achieve something.'*

Aldous Huxley

CAPACITIES, CONTRIBUTIONS AND ASPIRATIONS THAT WILL STRENGTHEN PARTNERSHIP BETWEEN PEOPLE WHO USE HEALTH SERVICES AND PEOPLE WHO WORK IN THEM

Heather Simmons, Scottish Human Services Trust

This part of the day is where we marshal the evidence, and recognise the capacity and contributions that people make to human services.

I am struck by Michael's discussion of personal potency - and how rarely I get a sense of this. This raises many challenging questions for us about the realisation that we could be powerful and how we can best channel our personal potency.

It seems clear that our task is to keep thinking. The leadership of the NHS in Scotland is supporting us to be good, decent, honest and this journey is not over for us just yet.

What struck me about Jill's presentation is about the response of people in Clydesdale: that they have their views and issues and are longing for an opportunity to participate and make a difference. Also the thought that we are simply not asking the right questions to connect with people and support their contribution and involvement.

Hector talked about the real changes that have come about through Allies in Change and Partners in Policymaking. It seems to me that through these initiatives we've brought people together: users, carers, professionals - and that sometimes there's a feeling that it's like the lion's den. That there is a culture of an oppressor and the oppressed and that this combination is potentially explosive. However it is through bringing people together, providing a framework for sharing learning and change, that attitudes are changed to the benefit of all.

I'm going to talk about dreaming, gifts and capacity: not the stuff that professionals do. Some people don't like the language because talking about feelings personalises things and challenges people's comfort zones. Here are my suggestions for what can make a difference in the NHS:

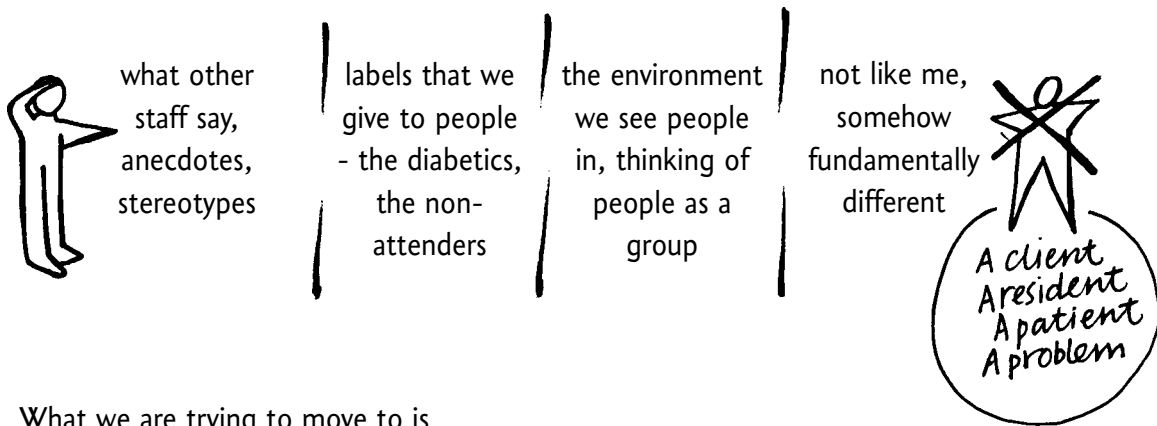
- We need to hang on to thoughts that have been expressed here today and to remember that things aren't as bad as they used to be and are getting better.
- Staff at all levels are working hard with good hearts but there is always room for improvement.
- We need to reinvent reputations and look at negative reputations that get in the way of being person-centred and delivering services that support individuals.
- We need to look more to how the NHS will acknowledge individual and community capacity.
- There needs to be a fundamental shift away from the focus on needs and negative reputations to a more positive perspective of people and communities that acknowledge gifts.

How we see other people

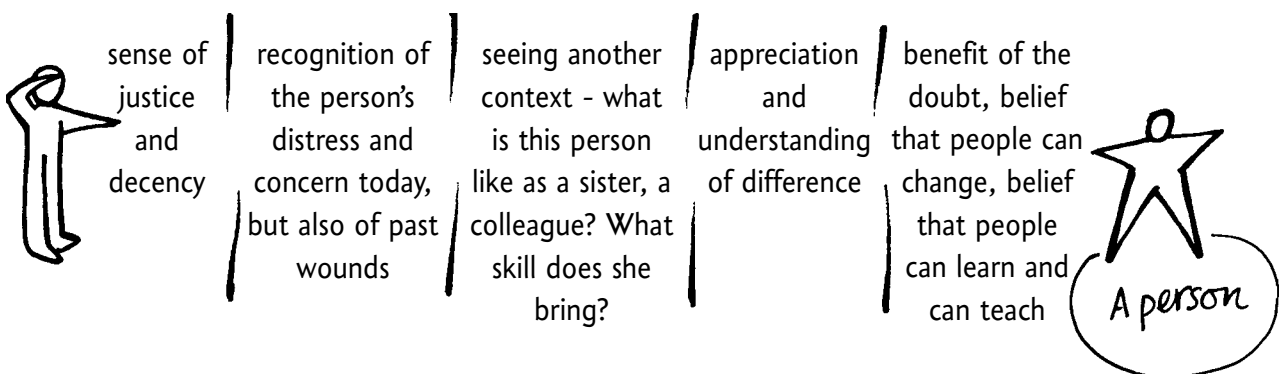
Part of the difficulty facing us is that we have often come to see people who use services as somehow different from the rest of us. When people who use services behave in a certain way, staff can then explain that away - 'patients are always like that' - rather than reflect on whether the way they have behaved, or the way the system is organised, makes the other person's behaviour quite reasonable and understandable.

One way to think about how we regard other people is that we are looking through a series of lenses. Those of us who have been to an optician know that when the optician puts in different lenses what we see changes, until it all comes into focus. Part of the work we are doing - today and in our everyday work and lives - is about changing some of the lenses that are commonly used.

For example, the way we often see people now is:



What we are trying to move to is



What this can mean for the people who work in health services

The NHS was founded on aspirations, dreams and a vision. The thought that predicated the NHS is the common good. Beveridge and his contemporaries had a vision of 'a land fit for heroes' and a society founded on equality and social justice. That dream is woven all the way through the NHS. The aspiration is still there but we need to uncover it, remind ourselves of it and make sure we access it to support our personal potency.

I say this because I believe that most people who work in the NHS go into it thinking, 'I want to make a difference' and that there is an aspirational quality to this; that it's fantastic to be a physiotherapist, a nurse, an occupational therapist, a doctor, a hospital porter, a health centre receptionist, a housekeeper, a cook.

We need to keep striving and stretching - often we feel that we're toiling day to day and a bit of the dreaming is being knocked out of us? We begin to think 'why did we start this, it's so difficult to keep going.' We need to remember an Aboriginal proverb; 'Those who lose dreaming are lost'.

John McKnight asks the question, 'does everybody have capacities?' We have so many names for emptiness and 'incapacity'. Every living person has some gift or capacity. A gift is a unique attribute that draws you towards another person and in our culture we find it very difficult to acknowledge these gifts, we think that they sound 'big-headed'. We find it difficult to say what our own gifts are, even though they're obvious.

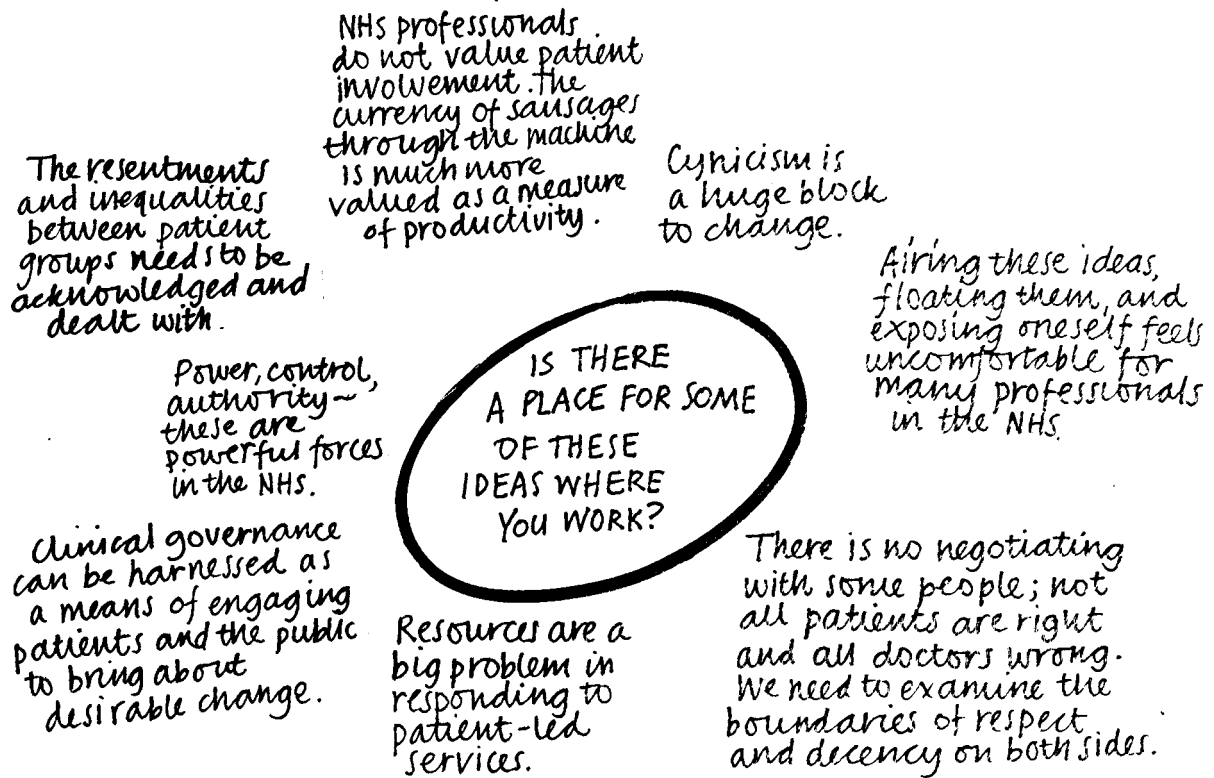
Let's think about reinterpreting reputations and the gifts we all bring.

*' It is not only for what we do
that we are held responsible,
but also for what we don't do.'*

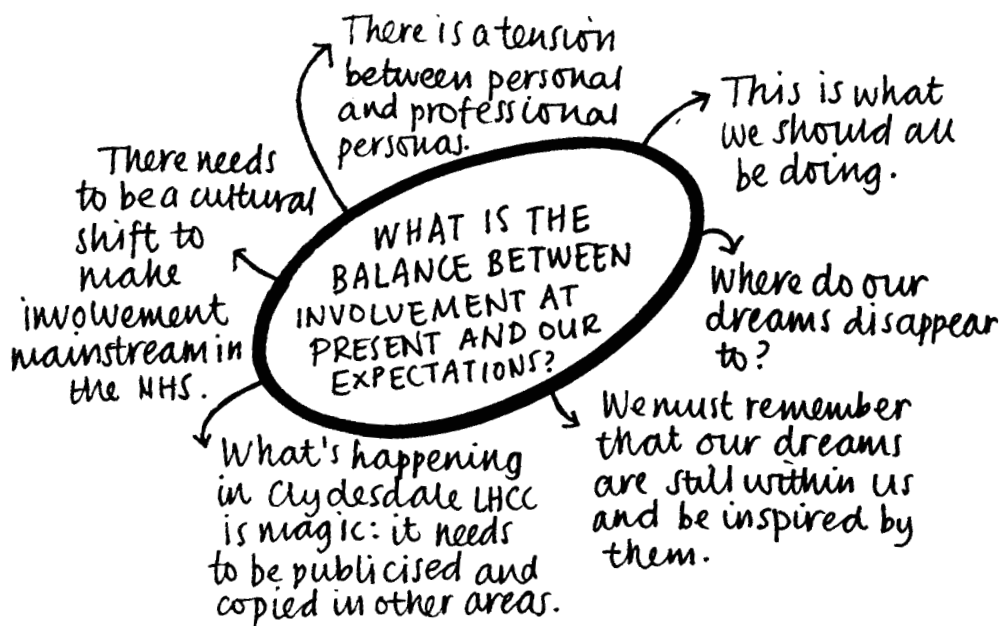
Moliere

IDEAS FROM THE DISCUSSION AMONG PEOPLE AT THE WORKSHOP

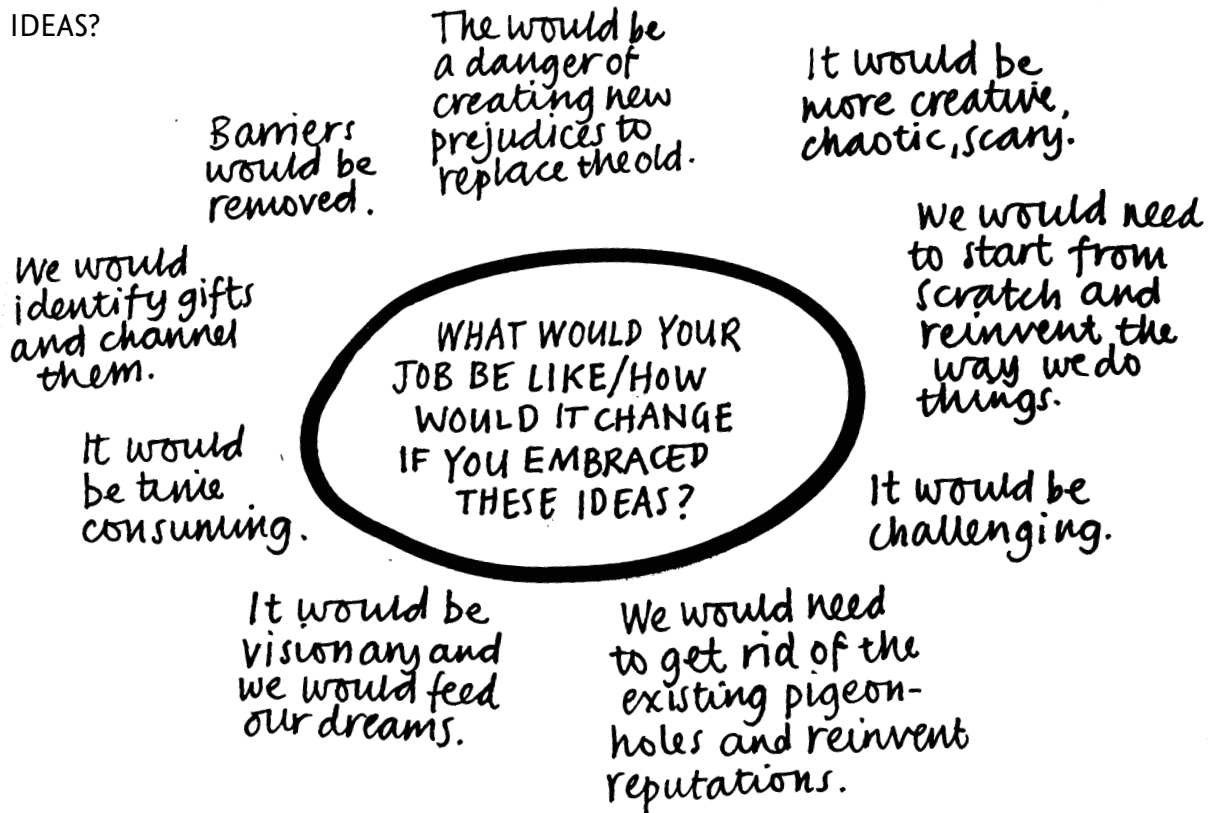
IS THERE A PLACE FOR SOME OF THESE IDEAS WHERE YOU WORK?



WHAT IS THE BALANCE BETWEEN INVOLVEMENT AT PRESENT AND OUR EXPECTATIONS?



WHAT WOULD YOUR JOB BE LIKE/HOW WOULD IT CHANGE IF YOU EMBRACED THESE IDEAS?



*'The reward for work well done
is the opportunity to do more.'*

Jonas Salk

*'Trust yourself,
then you will know how to live.'*

Johann Wolfgang Von Goethe

WORKSHOP 1 ~ REFLECTING UPON POWER AND STATUS IN HEALTH

What skills, processes and structures do people who use health services and people who work in them need to get from where they are now to where we want to be in tackling health inequalities?

Facilitated by Niall Darroch and Susan Smith from Stirling Health and Wellbeing Alliance

Ideas from the presentation and discussions

The skills that we need to include:

- sensitivity to individual and cultural differences
- communication skills
- and empathy

Processes that help:

- acknowledge the issues of professionals' power and authority and deal with them
- build confidence
- knowledge, information and skills for patients
- advocacy
- involvement in evaluation
- capitalise on existing groups, imaginative ways of reaching people where they are e.g. pubs, supermarkets, schools
- joint training
- resources (including time)
- communities making their own decisions on allocation of resources
- valuing people
- following-up when people participate

Structures that help:

- reduce monopolies
- create more choice
- a forum for feedback
- shared learning and reflection

WORKSHOP 2 ~ STRATEGIES FOR MAKING A REAL AND ENDURING CHANGE

How do we build human capacity that will result in the greater well-being of our communities? What strategies support individuals who want to make a difference?

Facilitated by Heather Simmons, Scottish Human Services Trust and Helena Buckley, Partners in Change

Ideas and experience from the discussion

Ideas and experience from the discussion

- Concentrate on people, their capacities, gifts and what they can give/share.
- Remember that every great innovation looks like a disaster in the middle.
- Provide opportunities that people want.
- Encourage people and take the fear out of new challenges.
- Link to current experiences and capacities, make sure we share our learning, make connections.
- Don't start with the gaps and the deficiencies, start with gifts and potential.
- Show people what's possible and build on this.
- Allow mistakes and time to reflect.
- Make sure that the plan includes an exit strategy, sustainability and succession planning.
- Acknowledge that the longer-term nature of this is not compatible with short-term political goals.
- Be in it for the long haul.
- Create opportunities for growth and change (but this is difficult for big organisations).
- Make connections.

SOME STRATEGIES FOR BRINGING ABOUT CHANGE

Michael Kendrick

Every person is a philosopher, a theorist. Everyone has theories about change. Sometimes they're not very good ideas, though, which is why sessions like today are good for revisiting theories. I want to try to bring together the ideas and theories that I have found over the years help people to make changes in the culture and practice of human services, and to reflect on some of the ideas we have discussed today.

We all make choices. There is a choice about which changes we want to see happen - which aspects of the world as it is today we think should be different. There is also the choice about whether we are going to do something about it.

Change happens because individual people decide to take action to make something different

One of the theories that is unhelpful is that change comes from organisational structures, that it is impersonal. My belief is that it is what happens within people that is the root.

The assumptions that people make often make life more difficult for us: for example, feeling that everyone is against you, so you don't see the friends you have. Or that change happens through groups of people or organisations and structures. We are not used to seeing the potential individuals have to make a difference. This is about what an individual can do. Good people can be helped to do good things, and these are some images that generally help.

Human services systems have strengths, but they also have imperfections. People find they have to get good at change to get the system to work the way they want. When people find change difficult, they get discouraged.

So the issue then becomes how to unlock the people and free them up to what might be possible.

Start with something you can achieve

Change happens because people personally want it to.

Technocratic ideas equate to organisations, systems and money: they are important but don't trump individuals getting in and making things happen. We can feel a bit overwhelmed by the big systems, though - which is why most of us don't try to change everything all at once.

A good starting point is to find some piece that you can work with, and get started on that. There are extraordinary examples of people being effective on small pieces of the problem - one relationship, in one place - that have in time lead to lots of people working differently.

Any great change requires consciousness raising

Most of us drift through changes without being conscious of what is happening or of our role in it. We may have been in the middle of a big change but not noticed it. Would we recognise a revolution?

The first thing we often have to do is get people conscious, get them mindful of what they are doing. Think about one of the points Heather made - that systems look at people in a way that makes them less than people, without realising it. Once you are conscious of that mindset, it becomes harder to ignore it.

We also need to be conscious of our role as the change agent.

It helps to think about all our experiences of being effective and ineffective. William Blake said 'I've been a fool long enough to become wise'. Sounds like my life, more the latter. There is a huge personal element in making change happen. So we need to think about what we do and how we do it.

Changes always involve consciousness raising - all change movements are involved in changing the way people see the world. Get the conscious and the mindful people around you. Being unconscious is generally not very helpful for guiding, making change. But pay attention to the issue and things will happen. Consciousness is a huge asset.

Having a vision, theory, a set of assumptions is very important

All worlds are based upon ideas. Part of being an agent of change is starting from a different premise, a different way of seeing the world, and sharing that new vision with other people.

So being open to new ideas, and realising that they will be new to other people too, is an integral part of making changes.

Part of the problem is that when we work in a profession, that professional world is based on certain premises that are often so ingrained we no longer think about them. The roles assigned to professionals are based upon the assumption that professionals know something and have relative authority, not transcendental knowledge and authority. Professionals are flesh and blood too. People who are in a professional role who are going to be part of leading the changes will find themselves drawing on the people part of themselves. They are likely to find themselves working from a different premise - at least until the others catch up.

Partnerships between people who use health services and people who work in services

Nobody creates change all by themselves

Change always requires alliances and some strange bedfellows. We need to accept that we are going to have to get into bed. Change requires many constituencies.

The art of alliance making is a constant art and challenge. You need to get people with you, and you need to get people not to oppose you. People need to consent to your initiative and leadership.

Look for affirmation as confirmation of your effectiveness. This might come from outside the system rather than within it. Look for the signs you know yourself. Remember that when you look at a big programme that now has lots of people or organisations involved, that at the start there were one or two people who had the idea or did something that led to it happening.

Don't dive alone. People coming together does help. But it can be a small group of friends; it isn't all mass movements.

Your strategy here could be:

- How do you get people on side with you?
- How do you motivate the individuals?

Plan around the resistance; don't let it overwhelm you.

You also have to think about the defences people have against change:

- It can't be done (even when there is evidence that it has been done).
- Incuriosity - don't look elsewhere, don't wonder about how the world could be different.
- No-one can ever change - or the people here won't change.
- It doesn't happen in places like this or to people like us - but smaller cities are often good locations to try things. People don't get noticed, or are not so worried about what other people think, or don't know it is supposed to be impossible.

You only need to get one white crow to show that not all crows are black

People need to turn a corner. The need to see an example, even of a tiny change.

It doesn't matter what the change is, as long as they can understand it and see that it relates to the real world as well as to the abstract.

When the Wright brothers flew for the first time, it only lasted eight seconds. But that showed that powered flight was possible. It was that first example that changed forever people's assumption that flight was not possible. The next stage was to extend the new phenomenon - to ten seconds, then to sixteen seconds, then to thirty two, and one day to jet aeroplanes.

Aim to start small, to turn a corner, establish small beachheads. Then you - or other people - can extend from there and a whole new universe will unfold.

Get people interested in the example - feeling it is something they have helped to create.

It helps if the example makes a real difference to them. So find their world, find a place in that to make the example work and do it there. For some people it will be better if it is the centre, their biggest worry or most important issue. But often it is easier for them and you if it happens on the fringes, as it is safer to try new things where there is less attention.

Then make sure you tell people what you have done in a way that helps the change along

Once they see it, the meaning of the example has to be clear to them. So you have to create the example and give the interpretation of the example.

It's important to make explicit what works, visit examples and work out why. What happened? We need to challenge our own and other people's assumption that our society is unchangeable.

'Become a possibilitarian. No matter how dark things seem to be or actually are, raise your sights and see possibilities... always see them, for they're always there.'

Norman Vincent Peale

People who create change are the people who stick with it

We need to think about long-term results when we are dealing with a long-term problem. Changes often happen when people have persevered in a strategic sense. Build up momentum. History is full of people who dabbled, who put in a lot of effort but didn't achieve anything that lasted. A brick wall will fall down with a bit of banging. Stick with it, change strategies will bubble up.

Change also needs competency, and there can be a strategy to this too. There needs to be competency in the new ways of doing things. We want the new things we do to be the best they can be. And we also want other people to respect and to emulate them.

We also need to develop competency in the change agents, to hone their craft. Getting the ideas and the vision is part of it - doing what you are doing today. Look out for other opportunities to develop your craft - the training and learning that is available to people who work in the system, the training for the community activists, and the learning we get from each other.

Can you stand being in the world while you change it?

Some people burn out because they can't stand the failings of the world, or the system, that are still around them. The approach that I've found that works is to accept, not necessarily agree, but let go. You will have to find your way to make it work. But don't spend your energy on things that won't help make the changes.

Effective change agents save their energies for the battles, and in their fighting there is an element of compassion and forgiveness. They don't carry the huge weight of grudge. They let go their own failings, don't be burdened by profound inadequacy.

Take the long view:

- Accept you have to put up with people resisting and being difficult - for all the reasons we know and try to understand.
- Don't take it personally.
- Don't let it tie up so much energy that you can't do the positive things.

Change requires investment

Change requires catalysts, and we need to invest in the catalysts. This involves finding and nurturing the people and the opportunities that will help move things on.

It also includes investing in yourself. Sometimes people get stuck when they can't make the changes in themselves. Think about what will help you to grow: take stock, learn open-mindedness and flexibility.

Getting change to happen involves getting consent

Once you have convinced people that change is necessary, and your idea is a good way to go about it, you need to then get them to do what you want them to.

Bringing people to this decision will require formal and informal processes.

The formal processes are the policies, working with the managers, the bureaucrats and the formal procedures.

The informal side is people making personal decisions: what happens in the culture of the organisation, what people feel. Most of the time we give our attention to the formal processes. But it is the informal changes that usually happen first.

So when you think about getting change to happen, think about bringing people to a decision, and then get them to make that decision.

Change begins inside people

Institutions are changed fundamentally from the inside out. Change begins inside people, and then gets reflected in the structures and the procedures. Many people focus just on the external strategies. Do this, but also ask people to make their internal changes - speak to their spiritual and moral values.

I mentioned that I'd been thinking about Ghandi earlier. Ghandi had the capacity to get Hindus and Muslims to work together and to trust each other. He spoke about qualities and values such as trust, credibility, truth, justice and decency.

I hope that there is a new Ghandi real soon, that we can recover some understanding of each other.

- Find a vocabulary that is inclusive.
- Don't be afraid to talk about values.
- Keep learning.
- Keep listening.
- People will teach you.

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The ways in which individuals
can make a difference
~ Michael Kendrick ~

- Change happens because individual people decide to take action to make something different.
- Start with something you can achieve.
- Any great change requires consciousness raising.
- Having a vision, theory, a set of assumptions is very important.
- Nobody creates change all by themselves.
- You only need to get one white crow to show that not all crows are black.
- People who create change are the people who stick with it.
- Can you stand being in the world while you change it?
- Change requires investment.
- Getting change to happen involves getting consent.
- Change begins inside people.

'Angels can fly because they take themselves lightly.'

G K Chesterton



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