

# Managing Organisational Change



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# Organisational Change



## Welcome to the compendium of organisational change

In the field of adult social care, organisational change is almost inevitable and usually a challenge. As a leader of organisational change, you're the one who has to decide how to effect it. This compendium aims to provide you with some useful resources, tools and ideas that will support you in your task.

### How the compendium works

The compendium has several components:

#### Directory and resources

The A-Z of change approaches and change management tools are located in the right hand column. You can access it by clicking on the icon located on the Resources panel to the right, or you can have a look at it now by clicking [here](#). The Resources panel provides an easily accessible collection of all the other resources referred to in the compendium.

#### Planned Cycle of Social Care Change (PCSCC)

This is the framework for the key approaches featured in these modules. You can access it by clicking on the icon located on the Resources panel, or you can have a look at it now by clicking [here](#).

#### Case studies

Each of the four case studies features a social care professional managing organizational change. You're recommended to visit all four, but you may identify more than one. So select each professional to find out about them, then click on the one you want to follow first. Begin by clicking on "Meet the managers" tab on the dropdown menu at the top.

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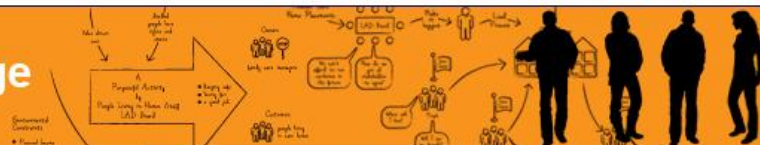
Alex

Bharat

Carl

Deepak

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Alex

Alex has just been appointed as manager of Acorns Care Home for Older People.

To follow Alex, click on her tab at the top of this screen.

You can then read her story by clicking through the numbers underneath the tab



Bharat

Bharat has just been appointed team manager of a newly formed generic adult team. He's been promoted to this post from his previous job as manager of the older people's care management team.

Click here to see more about Bharat



Carl

Carl has been working as manager of a community mental health team. Now his team is to form the core of a recovery hub for people with long term mental health problems, and he will be responsible for managing it.

Click here to see more about Carl



Denise

Denise is the manager of Local Action for the Disabled (LAD) which runs residential care homes and other services for people with learning disabilities. LAD now has to close the residential homes, and Denise will oversee this process.

Click here to see more about Denise

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### The story so far...

- **Acorns** was established 20 years ago by a local couple, who ran it as a family business.
- It's now been bought by a Housing Association which runs a number of care homes in the area.
- It's a bit run down, as the previous owners were not keen to invest more, partly because it's losing money (there are a number of vacancies).
- All of the staff members in the home have been transferred to the Housing Association, except for Alex's predecessor, who decided to retire.
- Influenced by the previous manager, the staff are caring but outdated in their approach.

### Alex's brief

- Update care practices in the home.
- Provide a modern living environment that draws upon relevant technologies.
- Fill the current vacancies.

If you'd like to follow Alex, click [here](#).

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Alex is proposing to use the PCSCC to inform her change process, so she reviews the **Start stage**



OK so the brief covers focus, outcomes, authority and responsibility and change infrastructure.

So I need to concentrate on :

- Putting people and their families at the centre
- Mapping and engaging stakeholders



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For Alex, putting people and their families at the centre is a given. So she's focusing on the stakeholders.

She makes a list and thinks about how she'll approach each group.



Spend a day in the home talking to the residents and seeing how they and the staff get on.

Spend a Sunday afternoon in the home (when many of the families visit). Talk to relatives then stay on to talk to night staff.

Attend a staff meeting.

Talk regularly with my line manager (in the Housing Association)

Alex's  
Ideas

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My brief is to update procedures at the home. Not easy. Most of the families are happy with things the way they are. The staff believe they're doing a good job (and they're right). They feel undervalued. They're demoralised by the prospect of change.

Help!

I think I need to focus on the positives. While approaches A and B might be useful, I'm going to go with **Appreciative Inquiry**

Alex has decided that **Appreciative Inquiry (AI)** is the most useful broad approach.

To find out more about AI, click on the **A-Z of change approaches**

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So we penalize less engaged families? Anyone asking why they're less engaged? Anyone trying to engage them?

But these are important! But of course, because they work at night, they don't get involved in the discussions.

High Power	Housing association	Care staff working in the day
	Care management team	Engaged families
Low Power	Less engaged families	Care staff working at night
		People living in the home
		Friends of Acorns
	Low Interest	High Interest

PCSCC - "people and families at the centre". That means they have to have a voice. They don't with this model.

Have valuable insights. Also might not be as inclined to fund raise for us if we don't consult them about the change.

Do you agree with her? If not, why not?

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After all this thinking, Alex has decided on (and confirmed with her line manager) the composition of the Acorns Change Team (ACT).



Now she's ready to move on to the second stage of PCSCC – **Understand the Change.**

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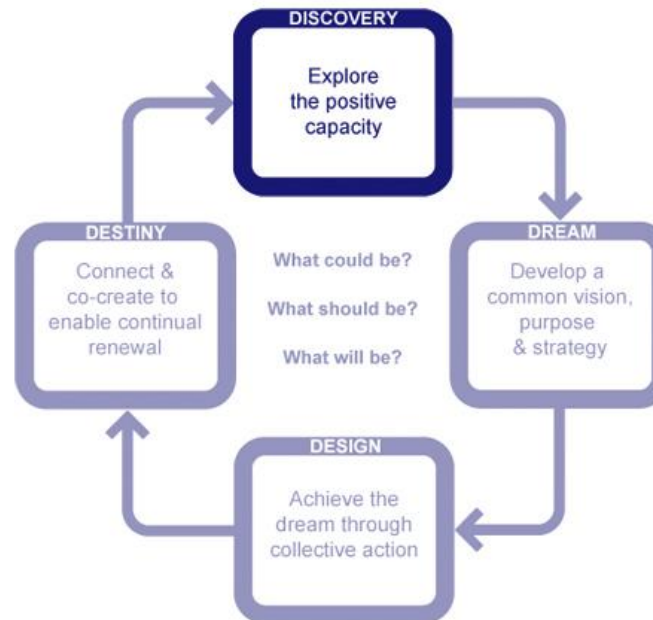
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This stage of the PCSCC entails gathering data, ensuring that all perspectives are covered.



Looking at the Appreciative (AI) process, Alex sees that means Discovery.



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Alex is chairing the first ACT meeting.


She's refined the AI objective for this stage to

**“Stakeholders share what is positive about the service.”**


She suggests that they set up a meeting for representatives of all the different stakeholder groups.

She wants to bring them all together so they can understand each other's points of view.

The ACT members are generally supportive about the AI approach, but a couple of them have comments.



In theory, I think it's a great idea for the stakeholder groups to talk to each other. But in practice, I don't see it happening. For example, the staff have a lot to say, but they're probably not going to say it to the new management.



I know we're meant to be focusing on the positives. And I agree with that. But surely we have to find out what isn't working? Because that's what we have to fix.



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After some discussion, this is what the Change Team come up with.

In the Discovery phase, stakeholder groups will be dealt with separately. In later stages, perhaps they can be brought together.

To keep the inquiry consistent, each group will be asked the same three questions:

- What is good about Acorns?
- What is not good about Acorns?
- What resources do we have that could help make things better in Acorns?

But the questions won't be presented in the same way. The team recognises that different groups require different approaches.

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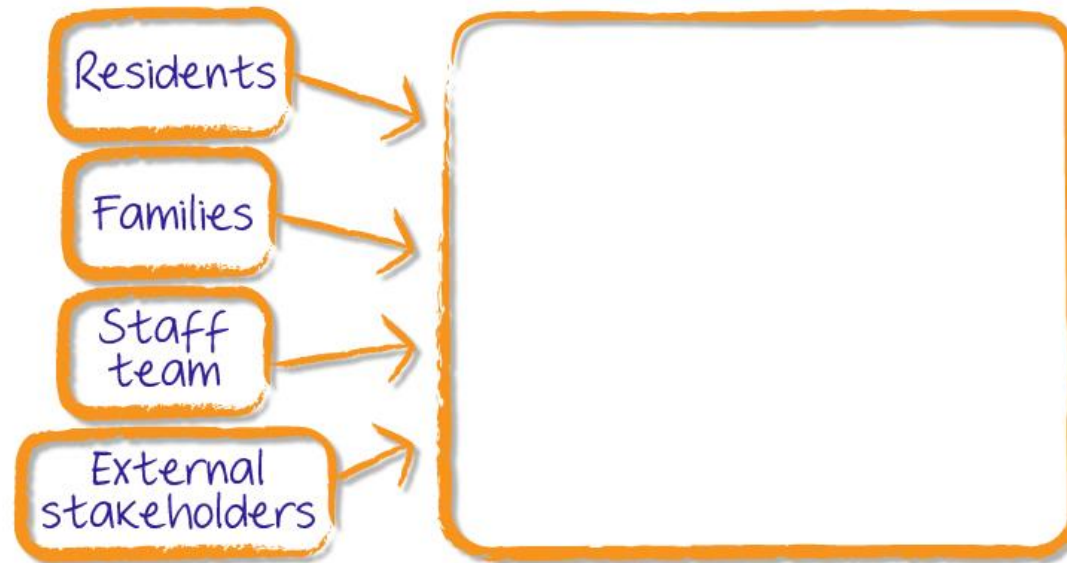
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How should they approach  
each stakeholder group?

Click on the labels to find out.



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The stakeholder groups write their answers on postcards – each group has its own colour.

The team spends half a day going through the feedback.

Click each postcard to see what they found out.

What's good? The people who live here can trust the staff to take care of them. What's not good? All this discussion and change for change's sake. I'm a bit tired of being asked to fill in questionnaires and find things wrong with the home.

I'll say that what is good is the caring culture, and we certainly don't want to change that.  
But we do want to give the people who live in the home a bit more independence.

There's no getting away from the fact that we need to fix the resources, and systemic problems. We'll have to do very careful work preparing these changes, and we do need to make people feel involved.



Feedback regarding the practice in the home had been mixed, with many people supporting the current approach and being wary of any change. There's quite a lot of concern that the housing association might change the home's caring culture.

What's good? The people who live here can trust the staff to take care of them. What's not good? All this discussion and change for change's sake. I'm a bit tired of being asked to fill in questionnaires and find things wrong with the home.

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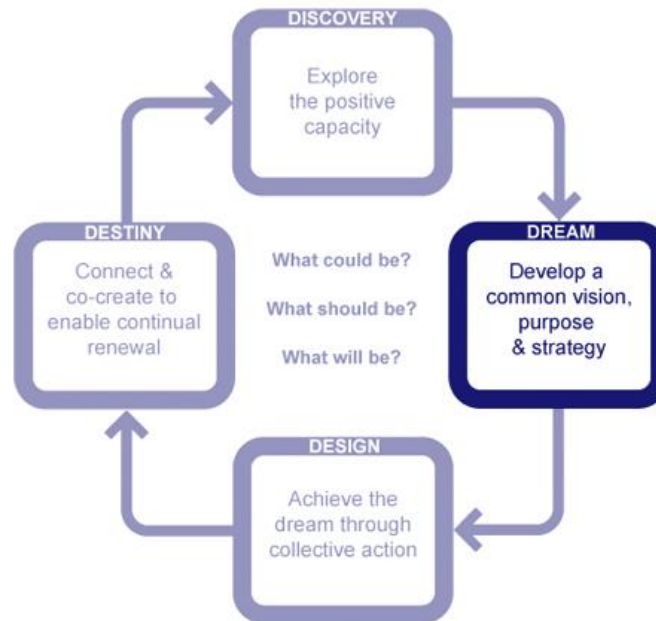
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They've gathered their data. Now the team is moving on to the **Decide** stage.



In AI terms, this is the **Dream** phase – developing a vision of how the service can be improved.



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So this is what the  
ACT decide to do.

### 'Dream' Workshop

- Participants: Sample of staff, relatives and Friends of Acorns, ACT
- Aim: Develop a 'Dream' which can be shared with wider range of stakeholders
- Method: Share findings of Discovery stage. Ask participants how we could build on what's good and improve what's less good.

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Here are the outcomes  
of the workshop.

Things to improve:

- Environment within the home
- Selection of food
- Range of activities

(Other improvements not possible  
without funding for increased staffing)

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What do you think?

Alex phones Karim, her line manager. Click the phone to see their conversation.



Is that all we could come up with? Where's the vision?

Alex ...

Better food. Great. I've really handled this well. What a waste of time.

No it's not a waste of time. It was a first try, and it's disappointing. Especially for you. I'm sorry. I should have been more involved. But now I have an idea.



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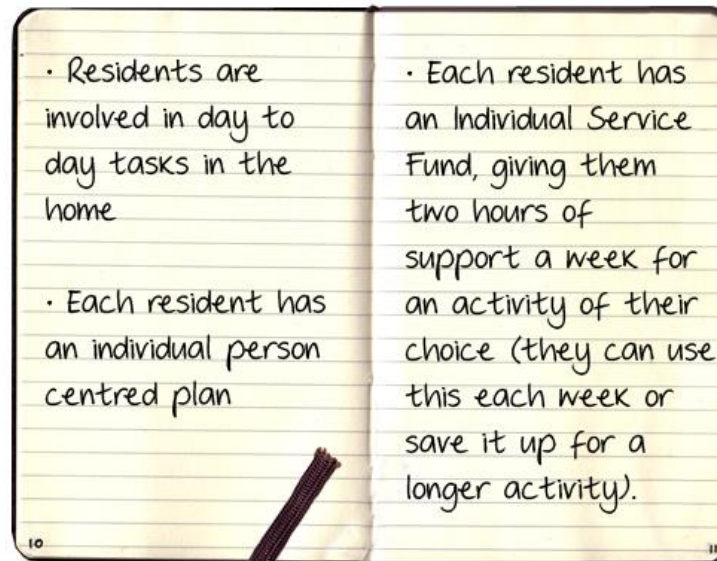
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Karim's idea is to contact another home in the area. This home is seen as a national example of best practice. Karim's hoping it'll provide some much needed inspiration.

Alex arranges for the ACT to visit the home.

Here's what they found out.



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After their visit, the team organises another workshop, where they feed back what they observed at the other home.

How did the workshop go?  
Find out from Alex.

That was much better! There are still some concerns in some quarters, but we have a vision!

We've worked out a set of principles regarding what people can expect from the care in the home, and some outcome statements showing what this would look like in practice.

Now we need to share the vision with the residents and their families and the staff team.



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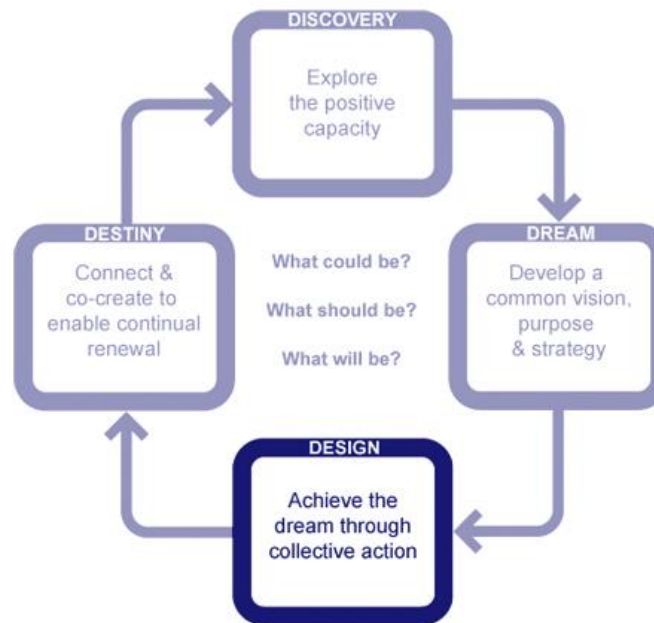
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Now they have their vision, Alex and the design team can move on to the **Implement** stage, which in Appreciative Inquiry is the **Design** phase.



They look again at the feedback about what is good and what needs to improve.

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Involving the residents in the day to day activities of the home is going to be quite a big change.

Alex is very pleased when one of her deputy managers, Rob, volunteers to organize a training session with the staff group.

However, when she catches up with him afterwards, he doesn't seem too happy with the way things went.

From what you know so far ... why do you think the session might not have gone well?

Think about this, then click on the question marks to find out what Alex has to say.



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Alex now has a dilemma. They'll have to have another session. It would be very bad for Rob's confidence if she asked someone else to run it.

But Rob clearly has problems handling conflict. They need to address these at his next supervision, before he runs the next training session.



Alex thinks about possible approaches.

Have a look through the A-Z. Which approach(es) do you think might be useful?

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Alex decides to suggest she and Rob discuss what happened using the **Thomas-Kilman framework**.

How does the supervision go?

Quite well. Using the framework made discussing Rob's attitude to conflict easier, because it's more impersonal.

We found that, if possible, he'd prefer to avoid conflict. But it isn't always possible.

So we talked about how he could develop confidence and respond to conflict in the next training session.

And he came up with applying an AI approach – building on what staff are already doing to involve residents. Which is a really good idea. I'm hoping the next session goes better.



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So far, so good. Rob's next session does go better, and enthusiasm for the changes is growing.

However, it would be easy for it to stop there.

Alex explains.

Suppose Pat decides to help Jim to tidy his room, rather than do it for him. But Jim's not too committed to this, and doesn't really do the job.

Pat could carry on 'supporting' Jim or resume tidying his room

Either of these might be the answer, but we need to look at what we've learned. This is a small example, but the principle applies to the whole of the organisational change

We need to continue to build on what works well and identify what can be improved.



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Alex discusses how to maintain momentum and decides to introduce the Plan Do Study Act (PDSA) cycle.

They think this will be a good way to encourage the project groups and staff team to pilot new ways of working, and learn from what works and what can be improved.

One thing we're doing is try to involve people more actively in their own reviews.

Each person's going to have an individual PDSA approach tailored to their needs.

We're also going to have a general PDSA for the group – combining the learning and innovation from the individual cycles.



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One year later ... what's happening?

We're repeating the Discovery phase to see what's going well. And to renew the vision – refresh the Dream!

People seem much more comfortable with the approach than they were first time round.

So I'm hopeful that we'll be able achieve the last AI stage – Destiny. That doesn't mean that we just stop of course. But it does mean that everyone in the organisation will carry on with the vision.



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