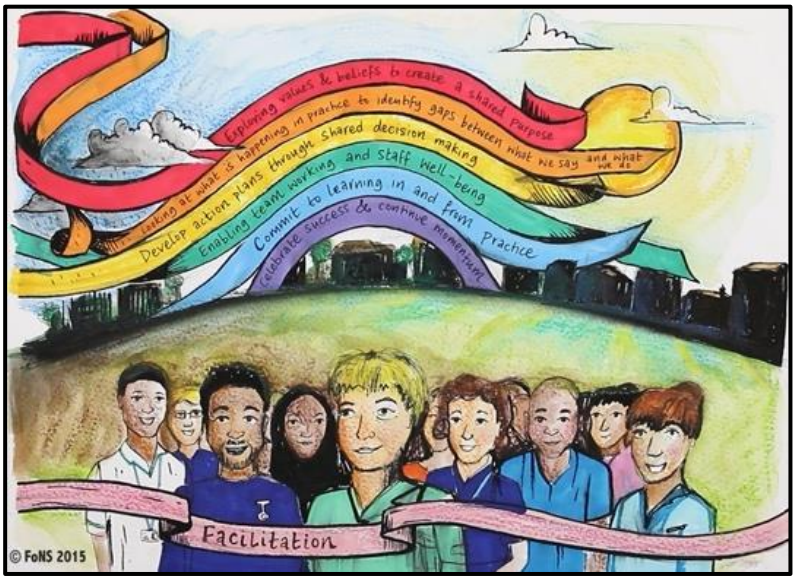
Creating Caring Cultures:
A CAMHS Clinical In-Patient Team Leader Development and Support Programme

Programme Evaluation: October 2023



Foreword

It has been a huge privilege to sponsor this work and to hear from participants about the impact they have experienced in themselves as leaders and the change they have been able to facilitate for the children and young people they serve and their teams. The thoughtful, creative and person-centred approach the Foundation of Nursing Studies team take is unique; their commitment to the person; both staff and patients is core to the way they work and coupled with their deep understanding of culture and their strength-based approach, they are able to support people to realise lasting change.

In our experience, the role of Ward Manager is one of the most challenging and rewarding jobs in our sector. It is vital we provide expert, compassionate support and development for colleagues, so they are able to lead teams which place the person at the heart of everything they do. It is clear through the accounts in this report we are lucky to have some really talented, compassionate and person-centred ward leaders across our Children and Young People's inpatient teams.

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Executive Summary

From May 2022 to November 2023, the Foundation of Nursing Studies (FoNS) offered a Creating Caring Cultures (CCC) programme for Children and Adolescent Mental Health Services (CAMHS) In-patient Team Leaders. The programme was commissioned by the former NHSE/I Quality Improvement Taskforce for Children and Young People's Mental Health, Learning Disability and Autism in-patient services.

Structured around the FoNS Creating Caring Cultures model, the aim of the programme was to enable team leaders to develop knowledge, skills and confidence in leading and facilitating the development of person-centred cultures of care, by engaging and inspiring their teams through role modelling and collaboration, inclusion and participation. Discussions with an established group of NHS England CAMHS Provider Collaborative members and the Parent Council provided valuable feedback in the planning phase. All stakeholders were aware of the contextual challenges and expectations were managed as well as possible.

67 team leaders working across all seven regions of England attended all or some of the programme. Participants were supported virtually in groups of 10-12, working with two experienced FoNS Person-centred Practice Development Facilitators. The programme involved six whole-day workshops and four half-day active learning groups over seven-nine months. Attendance across the workshops was 50%; this figure was lower for active learning. Workload pressures was the most frequently cited cause for non-attendance. Creative and interactive processes were used to co-create a safe space in which participants could learn with and from others, draw upon experiences from practice, engage in critical reflection and dialogue, and action plan how to implement learning into practice.

With the permission of participants, evaluation was ongoing throughout the programme. Several approaches were used to develop insight into what participants gained from actively engaging with the programme, their experiences of how learning was facilitated, and the impact of implementing this learning for themselves, and the teams, children and young people that they work with. These included hopes, fears and expectations, confidence lines, workshop evaluations, reported progress against workplace pledges, participatory evaluations and impact stories.

Participants believed that active participation in the programme enabled them to be engaged and learn with and from others. This time to reflect in a safe space led to increased understanding about and confidence in facilitating the development of a person-centred culture in collaboration with their teams.

'We were all able to discuss experiences and share ideas in a safe space'

'Really helped me to reflect on my practice… see clear directions to improving and implementing a better culture'

Participants felt that they had developed knowledge, skills and confidence and gained tools and resources to support the facilitation of change. This included increasing their presence and visibility, prioritising people and working collaboratively, exploring values and beliefs to generate shared understandings, reviewing practices to inform actions, increasing and enhancing workplace learning opportunities and creating positivity. For those who shared ongoing impact, changes in the way things are done suggest that they have led to more effective team working, improved staff morale and staffing levels, and consequently, positive outcomes and experience for the children and young people they are working with.

'… being more present on the ward, providing support and guidance, helping people to develop in their roles'

'…gave me that boost and inspiration to say let's have a look at things, let's change things and let's see what we can be doing to be the best that we can be rather than just settling'

'… over the last six months our retention rates have greatly improved'

'Young people now leading meetings and being empowered to consider who they want at the meetings and why, impacting on relationships, trust and behaviours of families and staff'

For many participants, the contexts within which they are working are challenging and so some fears about being able to put learning into practice remain, although culture change was seen as a journey or ongoing process that would require time.

1. Introduction

From May 2022 to November 2023, the Foundation of Nursing Studies (FoNS) has been delighted to offer the Creating Caring Cultures (CCC) programme as an exciting development opportunity for Children and Adolescent Mental Health Services (CAMHS) Team Leaders*. The programme was structured around the FoNS Creating Caring Cultures model which draws on the principles of practice development[1] and the theoretical underpinnings of the Person-centred Practice Framework.[2]

The programme was commissioned by the former NHSE/I Quality Improvement Taskforce for Children and Young People's Mental Health, Learning Disability and Autism in-patient services and was open to all Children and Young People's (CYP) in-patient team leaders. Regular meetings between the Taskforce and FoNS occurred throughout to offer support and governance for programme development, recruitment and delivery.

A team of FoNS Practice Development Facilitators and FoNS Associate Facilitators facilitated the programme. In total, 67 team leaders working across all seven regions of England attended all or some of the programme.

This report provides an evaluation of the programme from the perspective of participants in terms of what they gained from participating in the programme, how learning was facilitated, and the impact of implementing this learning for themselves, and the teams, children and young people that they work with.

2. About the programme

The aim of the programme was to enable team leaders (programme participants) working in Children and Young People in-patient units across England, to develop knowledge, skills and confidence in leading and facilitating the development of person-centred cultures of care, by engaging and inspiring their teams through role modelling and collaboration, inclusion and participation. In person-centred cultures, the focus is on all individuals and relationships. CYP who use services and their families will experience effective, compassionate and safe care that is centred on their needs; and staff will feel valued and be more able to take responsibility for what happens in practice.

Following the Francis Inquiry (2010[3], 2013[4]), England's Care Quality Commission (CQC) developed eight key lines of inquiry[5] under the 'Well-led' Framework (see Appendix 1). Similarly, The NHS Long-term Plan (2019[6]) recognises the importance of good leadership to the delivery of high quality care and the development of cultures across health and care that are compassionate, inclusive and collaborative. Additionally, The People Plan (2019[7]) acknowledges the need to look after staff, to foster a sense of belonging, enabling individuals and teams to develop new ways of working, ultimately supporting growth for the future (see Appendix 1). This programme responds to these challenges in a number of ways.

The programme:

- Is dynamic, to ensure that it can be responsive to the needs of participants and the health and social care context
- Helps participants to create a safe and supportive learning environment, to enable them to develop their self-awareness and to challenge the taken for granted perceptions of self, others, practice and culture/context
- Draws on participants' experiences of work and their workplaces as the main resources for learning and development
- Uses interactive and creative approaches
- Promotes networking and sharing, helping participants to learn with and from each other

* Team Leaders included ward managers, clinical team leaders, clinical nurse specialists, clinical unit managers, clinical nurse managers, team coordinators, specialist nurses

- Encourages participants to explore the 'being' of leadership as well as the 'doing', enabling them to facilitate the development of others
- Supports the engagement of people who use services, their families and staff in the development and improvement activity
- Is supported by evidence-based models and frameworks[1,2,8]
- Is action orientated
- Uses a variety of approaches to evaluate the outcomes/impact

The programme was designed to support participants over a period of seven-nine months. The intention was that participants would work in groups of 10-12, supported by two FoNS Practice Development Facilitators, both Registered Nurses. Ahead of the start of each programme, participants were sent a pack of creative materials e.g. a scrap book, coloured pens, stickers, picture cards etc. to facilitate creative approaches to learning. The programme was facilitated virtually using Microsoft Teams. It included:

- Six workshops (whole days) which provided the opportunity for participants to explore new ideas and relate these to their workplace and practice (see Appendix 2 for programme overview). The workshops were facilitated in three blocks of two days; the two workshops in each block were generally a week apart; each block was approximately four-six weeks apart. Active engagement was encouraged using interactive and creative approaches and participants' experiences of work. There was also space for both individual reflection and dialogue in small groups. Participants were encouraged and supported to reflect on their own effectiveness as a leader and to receive feedback from others
- Four active learning groups (half days) to enable participants to bring issues from practice and work individually and collectively to create new learning and action towards the development of person-centred cultures. These sessions started approximately four-six weeks after the completion of the workshops and were facilitated every four-six weeks

Participants were offered a unique opportunity for personal and professional development through networking, sharing and learning with peers, away from the workplace, in a co-created learning environment experienced as supportive and psychologically safe[9].

3. About the evaluation

3.1 Evaluation methods

A number of approaches were used to evaluate the effectiveness of the programme primarily in relation to participant experience, their learning from the programme and how they were using this learning to inform their practice as team leaders. Additionally, there was interest in determining if and how the methods used within the programme contributed to learning and development. The evaluation was based upon the framework in Table 1 below which has been adapted from the original created by Meagher and Edwards[10]. Table 2 includes details of the methods employed along with the timing of the collection of the evaluation information. Some flexibility had to be applied to the timings depending upon attendance at sessions. As attendance at the active learning sessions was generally quite low, it was difficult to undertake any meaningful evaluation of the value of this beyond individual learning relating to the issues presented during these sessions. The evaluation findings are therefore primarily drawn from feedback received during the workshops.

Table 1: Evaluation framework (after Meagher and Edwards 2020)

Impact	Evaluation questions
What have you gained from participating in the programme? **What changed?**	
Conceptual – changes to knowledge, awareness, attitudes, emotions etc.	What has been your key learning?
Capacity building – changes to skills and expertise	What new skills have you gained? How confident do you feel about facilitating the development of a caring culture?
Instrumental – changes to plans, decisions, behaviours, practices, actions and policies	What plans do you have now for developing a caring culture within your team?
Who?	Who has been impacted as a consequence of participating in this programme? In what ways?
Why/how did change occur?	
Programme related	What aspects of the programme did you find most useful and why?
Other factors e.g. context, level of importance, availability of resources etc.	How did other factors impact on your participation in the programme and your ability to facilitate change?
So what?	What aspects of the programme could/should have been done differently and why? What recommendations do you have for future programmes? What are your future support needs?

Table 2: Evaluation methods

Methods for collecting evaluation information	Description of method and timing of collection of evaluation information
Attendance	Participant attendance was recorded throughout the programme along with any reasons given for non-attendance e.g. via email
Hopes, fears and expectations	Hopes for the programme, fears about the programme and expectations of the programme were originally collected at the start of workshop 1. Participants were then invited to review the extent to which all of these had been realised towards the end of workshop 6
Confidence line	At the start of the programme, participants were invited to consider how confident they felt to lead the development of a caring culture and then to place themselves on a line from 'not very confident at all' (score = 0) to 'extremely confident' (score = 10). This process was repeated during workshop 6
Workshop evaluations	At the end of workshops 2, 4 and 6 participants were invited to evaluate the workshops using the following questions: • What worked well and why? • What could have been different/improved and why? • Any other thoughts/ideas you would like us to consider?

Review of workplace pledges	At the end of workshops 2, 4 and 6, participants were invited to consider actions that they would like to take forward in practice and these were shared within the group as workplace pledges. At the beginning of workshops 3 and 5 and active learning 1, participants were given individual reflection time to review their progress against their pledge and then to share this within the group. Participants agreed how this progress would be captured to inform the evaluation e.g. in the chat box or using a Jamboard or Padlet
Participatory evaluation	This activity was primarily undertaken as a learning activity for participants. The outputs were therefore not formally included in the analysis but can be used to inform the evaluation findings. During workshop 6, participants were invited to first work individually to reflect upon: • What aspects of the content of the workshop days did you find most useful and why? • What aspects of the content of the workshops did you find least useful and why? • What has had the most impact on your learning and why? • What does this mean for your practice and the teams you lead? • Reflecting on your learning journey where are you now and what are you learning? They were invited to share their reflections with the larger group and then work together to identify common themes. They were then asked to present these themes in any format that they wished. These were then shared with the facilitators. Participants were encouraged to work creatively to facilitate both their individual reflection on their learning but also when representing the shared themes
Impact stories	On completion of the programme, all participants were invited to participate in a 30-minute interview on Teams to consider the following questions: 1. Describe the impact that the programme has had on you and your practice. 2. From the key points in your response to question 1: a. What was the impact? b. Who was impacted and in what ways? c. How could you evidence the impact? d. How/why did the change occur? e. How did the programme contribute to this? The interviews were recorded using the transcribing function in Teams and shared with the participant. Two facilitators then reviewed the transcript individually, before discussing and agreeing the key elements of an impact story. The story was crafted and then shared with the participant for review and amendment.

	The stories were not included in the analysis but are shared as a means of illustrating the themes that have emerged from the evaluation process.

3.2. Ethical processes

Formal ethical approval was not sought for this evaluation as FoNS considered this type of activity to be part of the normal practice of delivering such a programme[11]. As such, it was viewed as a programme/service evaluation rather than a research project (see: https://www.hra-decisiontools.org.uk/research/docs/DefiningResearchTable_Oct2022.pdf). Despite this, ethical evaluation practices are crucial[11]. Therefore, the key ethical principles included in the Belmont Report (1979[12]) (see Table 3 below) informed the facilitators' practice throughout.

Table 3: Key ethical principles

Principle	Description
Respect for persons	Treating participants with respect and dignity, as autonomous persons who have opinions and can make choices; enabling informed consent through a process that is ongoing and negotiated; recognising an individual's right to withdraw at any time
Beneficence	Working towards beneficial outcomes for all participants through knowledge generation, co-learning, actions, and well-being; respecting boundaries
Justice	Working towards enabling participation; facilitating inclusion and enabling voice; sharing decision-making; considering how power is playing out

Brief information was provided about the evaluation process at the outset of the programme and consent to participate was sought. However, during each workshop and active learning session, when evaluation information was collected, discussions were held about the type of information being collected, how it would be collected and how it would be used. As methods such as online chat boxes or notice boards were often used, participants were free to participate or not as desired. Additionally, on occasions participants worked individually or in groups, determining for themselves how they would present their learning and wider feedback e.g. using word clouds, poems, Jamboards etc. Permission was sought to include this feedback in the evaluation during each session.

3.3 Analysis of research information

Participant attendance and information relating to participant confidence pre- and post- workshops was analysed by the programme lead. All other evaluation information (hopes, fears and expectations; workshop evaluations; workplace pledges; and impact stories) was first analysed individually by two FoNS facilitators before meeting to review and agree key themes.

4. Evaluation findings

The findings will start with an overview of participant attendance and engagement, offering some insights into challenges faced. Drawing upon the evaluation framework (Table 1), this will be followed by:

- A summary of participants' hopes, fears and expectations of the programme i.e. what participants hoped to gain
- An insight into participants' experiences of the learning process i.e. how learning was facilitated
- Evidence of key learning and how this was used in practice i.e. the impact of the programme for participants and others

Whilst each section focuses largely on the findings of the analysis from one of the evaluation methods, overall, there was corroboration of findings from across all the research methods. Examples of this are therefore

threaded through to illustrate this. The findings are further validated through the participant impact stories in section 4.5.

4.1 Attendance and engagement

12-14 participants were recruited to one of seven cohorts, 88 in total. Participants had sight of all programme dates in advance and self-selected the cohort that they wanted to attend. Additionally, they were requested to confirm that they could attend all the sessions and that they had sought and gained the approval of their line manager. Despite this, attendance across the cohorts was variable (see Appendix 3). 24% of participants did not attend the first session and drop-out across the six workshops was 50%. 67 participants attended all or some of the workshops. Attendance at the active learning sessions unfortunately was lower than the workshops with average attendance being around 3.5 participants per session. When thinking about future programmes, it would be sensible to consider how active learning could be more integrated into the workshop programme.

Email communication with participants during the period of the workshops was relatively good. Reasons for non-attendance related to ill-health, annual leave, maternity leave and changing roles, but predominantly, workload pressures were cited. Only one participant commented that the content of the programme did not justify her taking a day away from practice. No other feedback suggesting that the content was not helpful was received, despite the facilitators asking those who had not attended for feedback by email.

In a national facilitator development programme[14] to enable cultures of person-centredness, several 'essential readiness criteria' to support the success of the programme were identified. Those relevant to this programme are included in Table 4 below.

Table 4: Essential readiness criteria (after McCormack et al. 2022, p. 16)

Focus	Essential readiness criteria
Leader responsibility	Formal leaders who nominate a person must pledge their support and commitment for the duration of the programme and beyond
Nominee competence	The person nominated has sufficient leadership skills and authority to influence colleagues
Participant attendance commitment	Participants must commit to attend each programme day in full and to fulfil the workplace learning requirements of the programme
Participants need to embrace new learning	Sufficient curiosity is needed to start unpicking ritualised practices (patterns) that inhibit change and participants need to be committed to working with the processes learned on the programme
Sustainability planning	The programme team provide participants with the skills to lead person-centred culture change within their organisations. It is the responsibility of senior managers and participants within organisation and services to use these skills and plan for sustainability

Whilst FoNS engaged with provider organisations, to seek interest and commitment, prior to the start of the programme during their regular meetings with the Taskforce, with hindsight, perhaps the need for leadership support at a local level was not sufficiently emphasised or realised. Whilst manager consent was sought to attend, participants across the cohorts spoke very little about active support from managers in terms of ensuring that they were able to attend or supporting the implementation of their learning into practice. For some, there were frequent changes in managers and vacant manager positions, consequently some participants were covering for these roles, which sometimes impacted on their ability to attend. Additionally, participants were often attending the programme alone within organisations and therefore planning, implementing, and sustaining new developments may be more difficult. There were some organisations from which several team leaders attended. It would be interesting to see the extent to which they are able to support each other. As highlighted in Table 4, actively engaging line managers in the recruitment process and

considering ways of encouraging their ongoing support may be advantageous for future programmes. Alternatively, we could introduce external mentors as these have proved beneficial in other FoNS programmes.

Workforce issues had a negative impact of participants' ability to fully commit to the sessions and these seemed to increase as 2022 progressed into 2023. Whilst participants might have been personally committed to the programme, clinical needs, lack of staff or workload were often competing for their time and attention, creating an impossible tension for many. Some participants were able to connect virtually from home (as suggested in the programme information) and therefore tended to be disturbed less. However, those who connected from the workplace were often seen to be working whilst attending e.g. answering phone calls or emails, leaving the session for meetings or to support staff. This issue was openly discussed in all the groups as it had the potential to impact negatively on individual and group learning. Although we did not receive any specific feedback relating to this, it is possible that for some, workload pressures were such that their curiosity for and ability to embrace new learning might have been impacted.

FoNS acknowledges that this type of experiential learning, when participants are invited to reflect upon themselves, their teams and their cultures and contexts, might unearth some challenging insights[2]. For some, it seems that this consciousness-raising was seen as an opportunity, and by being curious they created new knowledge to inform actions[13]. However, for others, becoming aware of things that we don't like or do not feel able to control or influence may be too uncomfortable. It is possible that this experience had an impact on attendance. Moving forward, greater consideration should be given to exploring how we can prepare participants, helping them to better understand what to expect and how to enable active participation. We can draw upon the feedback from current participants to support this.

4.2 What participants gained from participating in the programme

Participants' hopes, fears and expectations (HFE) relating to the programme were collected during workshop 1 and reviewed at the end of workshop 6 to determine the extent to which these had been realised. All participants engaged in this process in workshop 1 (n=67), 15 participants contributed to the evaluation in workshop 6.

Overall, the HFEs were congruent with the aims of the programme such that participants hoped and expected to gain a better understanding of workplace culture and how to facilitate changes:

'Knowing when culture needs to change'
'Learning more about how to involve the team in terms of changing the culture'

Furthermore, they hoped and expected to learn more about themselves as leaders and facilitators of change, gaining the confidence to do this and to acquire new tools and techniques to improve culture in practice:

'To learn more about myself as a leader and become more confident in making positive change'
'Skills to create a more cohesive team, to be able to identify ways to facilitate and sustain changes in the workplace'
'Practical things to do and a new perspective'

Fears primarily related to difficulties in implementing change in the workplace, whether due to a perceived reluctance on the part of colleagues or difficulties in the context:

'Difficulty embedding it into practice with constraints on the ward'
'Implementing these in an unsettling time of change on our unit'
'Staff not responding to the initiative'

Additional hopes and expectations related to these fears, as participants wanted to learn from others about how to manage challenging situations:

'Learn from others about how to handle difficult situations'

'To have the confidence to face the challenges ahead'
'To use the experience to help to work through issues in the work place in a better way'

Finally, there were also some fears around participating in the programme itself:
'Group participation can be overwhelming'
'Being on video so much'
'Using arts/crafts materials'

On the whole, participants' hopes and expectations were met, for example, one participant felt:
'A lot more clear on the goals of the programme and embracing them. Felt that has changed my own trajectory and aims for my role as well as my priorities in a very positive way. How does this impact the shop floor and patient is a question I know I regularly ask myself and give myself time to reflect on'

Others reflected upon their development as leaders and their ability to influence change:
'… I believe I am more aware of my leadership style and how I can bring that to work and influence culture. I believe I still have work to do to improve, however I have definitely learnt more about myself during this course'
'100% been able to implement change to improve a better culture whereby staff are more positive and young people have less incidents'

However, there was a sense that some participants did not see the programme as an end point, perceiving a journey or an ongoing process:
'Had time to reflect on what I want to prioritise'
'Still difficult embedding things but a lot of new staff that are making it easier'
'Managing time better to make sure I am available to implement certain changes'

Several shared the perceived benefits of learning with and from others and acknowledged the new skills and resources they had:
'… linking in with other ward managers and learning from them sharing ideas, I feel I have made changes on my ward for the better'
'… There is a shared feeling of experience and having learnt practice and tools from each other'
'Given me a lot more thought and resources than I anticipated'

These evaluation findings are supported by the participants' responses to the question 'how confident are you about leading the development of a caring culture?' when they completed the confidence line during workshops 1 and 6 (see Appendix 4). A score of 0 reflected participants who perceived themselves to be 'not very confident at all' through to a score of 10 which reflected those participants who felt extremely confident. Median scores increased from 5.5 during workshop 1 to 8 during workshop 6 suggesting that participants' confidence in leading culture change was enhanced through the programme.

Additionally, the outputs from the participatory evaluations that were undertaken in workshop 6 (see Appendix 5) corroborate the above findings. For example:

- The recognition of the importance of developing as a leader:
  'Working on self before working on the team' (Cohort 3)
  'Leadership styles and relating this back to our work places' (Cohort 6)
  'Compassionate leadership – understanding what this means (Cohort 5)
  'Role modelling being vulnerable' (Cohort 6)
- Enhanced confidence:
  'More confident asking different questions of the team - hopeful, motivates, creative and reflectful' (Cohort 4)
  'Everyone of us were empowered to make changes in our services' (Cohort 5)

- Having a variety of tools and resources to help facilitate change:
  'Check in and check out' (Cohort 1)
  'Just discovered a box of tools - still learning curious - something has captivated me and its exciting' (Cohort 4)
  'Emotional touchpoints – Personal shield' (Cohort 5)
  '15 step challenge – check in tools' (Cohort 6)
- The value of learning with and from others:
  'Learning from others (Cohort 1)
  'Discussions with peers as it helps you to realise that you're not isolated and the only person going through certain things' (Cohort 2)
  'Validation of the group' (Cohort 3)
  'Liked being in the group as we all felt listened to and where able to share and celebrate our successes' (Cohort 5)

For most of those who responded in workshop 6 their fears relating to the programme were not realised. For some there was a sense of a journey and while they feel *'empowered'*, they are *'still working on it'*:

'Unfortunately some [fears] have come true at times – however I have felt empowered to advocate for patients in concert with a MH embracing ward manager and support from CAMHS emergency team'
'Still difficult embedding things but a lot of new staff that are making it easier'
'Managing time better to make sure I am available to implement certain changes'

4.3 How learning was facilitated: participants' experiences

As outlined in Table 2, participants were regularly invited to offer feedback about the workshops and their experiences of the learning process. Six themes emerged from the analysis of the workshop evaluations; four of these offer a positive perspective; two highlight some of the challenges faced.

4.3.1 A safe space for sharing ideas and experiences

The way in which the groups were set up, for example, creating shared ways of working and reviewing these each time they met, enabled a sense of *'openness and honesty'*. Participants experienced *'listening and hearing*' which facilitated *'discussion of ideas and sharing of experiences'*. As already highlighted in the HFEs, and the participatory evaluations, support from people who are working in similar positions reduced participants' *'sense of feeling alone/lonely'* and offered some reassurance when others were facing comparable challenges:

'The encouragement to participate throughout – we were all able to discuss experiences and share ideas in a safe space'
'The way the programme has been facilitated was very positive as was able to navigate our thoughts and ideas with others without patronising – I felt that I was not alone'

Additionally, some participants reflected on the processes used and started to think how these might be used within their workplaces:

'It's been inspiring how you have both created an environment for being open and honest – that will be something we can all try to create in our own teams'

4.3.2 Active approach to learning enabled engagement and participation

The interactivity of the group processes made the workshops *'engaging'*. Participants appreciated the *'variety and balance'* of different learning styles and approaches e.g. visual, creative, reflective, discussion, evaluative. Facilitation helped to navigate thoughts and ideas and to keep the group on task:

'One of the most interactive workshops I have attended. It's been different and I've learnt a lot'
'I often do training and get distracted. The level of interaction required ensured I have focussed fully on this which has resulted in a very positive reflective experience'
'Creative element – helped me to put words to half formed thoughts'

4.3.3 Time and space to think and reflect

The time and space afforded within the workshops for participants to reflect firstly individually, and then in small groups, was appreciated as it enabled the consideration of different perspectives and the opportunity for new learning. Consequently, participants were able to identify actions to take back to practice:

> *'Really helped me to reflect on my practice but see clear directions to improving and implementing a better culture on the ward'*
>
> *'Making me look at each individual aspect of role from a different perspective'*

4.3.4 Toolbox of resources to use in the workplace

As identified in the HFEs and the participatory evaluations, the participants welcomed the opportunity to learn about new theories and gain access to tools and resources that they could use in the workplace. For example, some appreciated creating personal shields to learn and share more about themselves. Similarly, the active listening activity:

> *'… taught me a lot about myself and I was able to actively reflect on my own personal working'*

Other resources, such as the 15-step challenge encouraged one participant to consider collecting:

> *'… feedback around this from YP* [young people]*/parents'*

The 'check-in' tools that were introduced proved to be very popular as were the emotional touchpoints. Also valued was the opportunity to use visualisation to gain new insights into workplace culture; exploring resilience using a restorative approach underpinned by compassion focused therapy; and time to engage with action planning. Overall, participants commented that they *'found the resources helpful'*, with one stating that they were *'making* [her] *question, making* [her] *curious'.*

4.3.5 Virtual learning

For some, technology presented challenges in terms of connection issues and accessing some of the virtual resources e.g. Jamboards etc. Others commented that they found *'it difficult to concentrate online'* with recognition that *'attention dips towards the end'.* One participant commented that the day had been *'very long and quite draining',* but nevertheless there was *'lots to reflect on and think about'.* This may have been exacerbated by having to *'stay seated for the continued period of time'*. Whilst some commented on the desire to meet face to face:

> *'Face to face meetings – I miss those'*
>
> *'F2F* [face to face] *might help in the future'*

there was also a level of pragmatism:

> *'I think it would be better in person and not virtually – but I understand this would be a geographical nightmare'*
>
> *'Not being virtual is the thing I would change but it has worked well despite this'*

4.3.6 Work pressures

As identified when discussing attendance above, participants were conscious of the impact of workload pressures, being disappointed that some members of the group were not able to attend, but also being aware of the difficulties *'when people are being pulled into what is going on at work/distracted by emails'.*

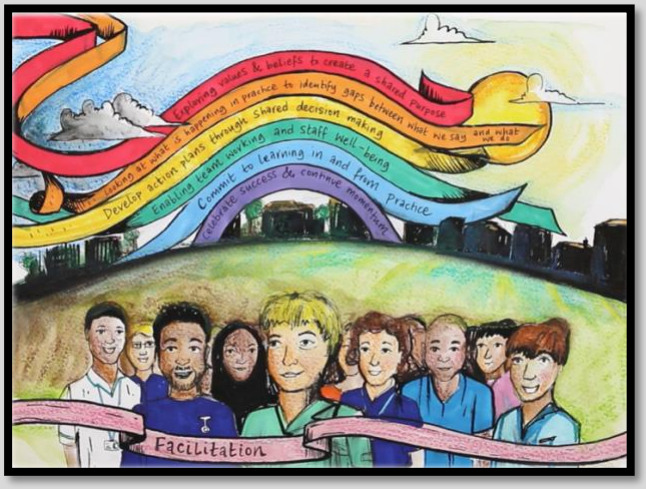
4.4 The impact of the programme for participants and others

To encourage participants to begin to use their learning in practice (see Table 2), at the end of each block of workshops, participants were invited to consider actions that they would like to take forward which were shared within the groups as workplace pledges. When the groups met again at the start of the next workshop block or active learning session, they were invited to share their progress. As the content of the workshops was guided by the intentions/foci within the Creating Caring Cultures model (see Table 5), it is unsurprising that many of the workplace pledges related to the workshop content and therefore these intentions/foci. Analysis of participants' feedback about their progress captured against the workplace pledges was therefore

themed using the intentions/foci (see Table 5). This illustrates the ways in which learning from the programme is impacting on participants, their teams and the children and young people.

Whilst the themes have discrete titles, there is a lot of overlap across them, with one enabling or influencing another as will be highlighted below.

Table 5: Themes arising from analysis of progress against workplace pledges

Intentions/foci of Creating Caring Cultures model 	**Themes arising from evaluation feedback relating to the intentions/foci**
Facilitation and leadership	• Being present and more visible • Encouraging authentic dialogue – being open and honest • Role modelling
Exploring values and beliefs to create a shared purpose	• Creating time and space to engage staff to develop shared understandings and mutual expectations
Looking at what is happening in practice to identify gaps between what we say and what we do	• Reviewing practice and gaining feedback to challenge processes and enable action
Developing action plans through shared decision-making	• Seeking opportunities to increase the inclusion and participation of all

Enabling team working and staff well-being	• Prioritising people through:
	  • Relational connectedness
	  • Appreciation
	  • Staff well-being
	  • Enhancing support processes

Committing to learning in and from practice	• Increasing and enhancing workplace learning opportunities including:
	  • Supervision
	  • Reflective practice
	  • Working alongside
	  • Continuous professional development

Celebrating success and continue momentum	• Creating positivity and energy by celebrating successes

4.4.1 Facilitation and leadership

Culture change will not happen by chance, it requires someone that can offer skilled facilitation and collective leadership[8,15]. As a result of the programme, participants began to acknowledge their role in guiding the process and to recognise the need to work with others to achieve culture change. Some participants aimed to be present and more visible with both staff and the children and young people which required a *'change in the balance'* between being in the office and concentrating on administrative tasks versus being present on the unit. Participants talked about *'being more present on the ward, providing support and guidance, helping people to develop in their roles'* and *'working more clinically to help nurses with everyday decision making and creating more learning opportunities from practice'*. Others reported on how they were *'connecting with agency staff', 'reaching out to night staff' and 'developing better relationships with YP* [young people]'. Some participants were able to identify positive impacts from this change, for example:

> *'… offering to change shift pattern to work with them* [night staff] *a bit more was positively received and people felt listened to'*
>
> *'… being on the ward to discuss issues… has been much more positive from a YP* [young persons'] *and team's point of view'*

For one participant, the change was significant as she realised that she was *'able to do so much more of job by being on the ward – role modelling difficult conversations, teaching etc.'*

Greater presence also facilitated the possibility for leaders to encourage authentic dialogue through being open and honest. This included *'asking more open questions'* and *'staying present with people in dialogue'* which was perceived to be *'creating more trust'*. This has offered the chance to have new conversations, for instance, *'exploring how policy impacts on young people or staff… what do they want…have created space to think differently and opportunities to think about how to work differently'*. It has also enabled leaders to challenge processes that were not being followed, for example, having difficult conversations with people who come in *'late and sluggish'* and expressing *'concerns about the impact on others, handover and missing checking in with each other'*.

One participant reflected on how the *'programme has changed her ways of working, encouraging more open conversations with staff'* resulting in the team being *'more able to question practice'*. This change was recognised and appreciated by her team to the extent that they nominated her for a trust 'Oscar'.

Additionally, participants recognised that by being more present and visible, they were creating opportunities to *'lead by example'*, role modelling the practices that they wanted to see.

4.4.2 Exploring values and beliefs to create a shared purpose

'How things are done around here'[16], or workplace culture, is influenced by our values, beliefs and attitudes which are often not spoken about and taken for granted. The programme created the opportunity for participants to consider what might be important and matter to different stakeholders when thinking about the care experience and to contemplate how they might begin to explore this with others to work towards a shared understanding. Most participants started by working with their teams and were resourceful and showed creativity in developing opportunities to explore values and beliefs. For example:

> *'Away day planned with a plan to do an activity around team values and beliefs with staff. To create a shared understanding and display a poster around the unit'*
>
> *'Created a "what are our values" board'*

Others were able to engage with wider stakeholders:

> *'Created a poster to ask them what is important to them – why do they come to work. Started with the nursing team but this has now expanded to the MDT and everyone is contributing'*
>
> *'Planning to recreate mutual expectations with the young people this week'*

Furthermore, one participant reflected upon how *'language and intentions* [were] *being considered when writing new guidelines and policies,* [and] *the desire to understand what matters rather that what's the matter* [was] *coming through in this work'.*

Engaging in this process was not without it challenges; however, participants showed persistence and were able to achieve positive outcomes:

> *'Tried a what's it like to work round here poster but it was taken down – we discussed ways to open dialogue around this within the team'*
>
> *'Team away day and used values to help people identify their strengths. The more enthusiastic team members attended. But there were some team members who avoided this… But for those that did attend it was an eye opener…'*

4.4.3 Looking at what is happening in practice to identify gaps between what we say and what we do

In effective workplace cultures, the values and beliefs that people hold and talk about are reflected in their actions[15]. The learning from the workshops encouraged participants to work with their teams to review aspects of everyday practice and to use this new knowledge to inform actions. A variety of positive approaches included:

- Undertaking a care plan and risk assessment audit and discovering that the plans were very task- not person-orientated. The team leaders set aside three long days to work with all the registered staff to look at these plans and to consider how the young people could be more involved in the process. The leader then went on leave for ten days and when they returned they experienced a *'better feel'* on the ward, with the young people saying that they felt *'more involved'* and able to take *'ownership of their care'*
- Recognising and challenging processes that were not being followed accordingly resulted in *'safer working'* as staff were rotated to nights *'to alleviate the number of agency staff used that were not familiar with the ward environment'* and *'fairer working patterns'* by reviewing weekend working
- Reviewing handovers and communication through observations; asking staff: 'What's going well?' 'What could be improved?'; and implementing a positive section for each young person on the handover sheet
- Introducing a new shift – 12 to 12 – in response to looking at when most incidents happen

Leaders being able to facilitate open and honest conversations enables teams and young people to determine what is important and matters to them, creating the possibility to explore the gaps between what we say and what we do. This is demonstrated in the following example:

> *'Called a nurses meeting and was shocked to discover via word of mouth that people thought that this was to give people a telling off. So started the meeting with an emotional check in, which led to a more open discussion and making changes to enable new starters to settle into the ward. This has highlighted problems which previously unaware of and has led to manager working clinically'*

4.4.4 Developing action plans through shared decision making

This theme builds upon the previous themes as they provide the knowledge upon which decisions can be made and actions taken. Participants fed back about the ways in which they were seeking opportunities to increase inclusion and participation of all. For example, changing the ways in which meetings are facilitated:

> *'Young people now leading meetings and being empowered to consider who they want at the meetings and why, impacting on relationships, trust and behaviours of families and staff'*
>
> *'Concerns around community meetings… no SMT* [senior management team] *involvement. At least one member of SMT now attending once a week. Really good – support for patients and staff. Challenging questions getting answered. Kids feedback is good, including staff that are needed and checking in with the kids beforehand who they would like to be there. Comm* [community] *meetings minutes to*

make sure it continues. Feeling of being able to do something and make changes and that it's participatory'

This view is consistent with evidence from the participatory evaluations in which participants acknowledge the need to involve the team to facilitate change:

'Reflecting on the learning and taking it back to the ward so that they can also feel empowered to build a positive culture' (Cohort 2)
'Listening to team – recognising strengths in team' (Cohort 3)
'Important to work together and be aware of own limitations' (Cohort 4)
'Learning what the team need and how to facilitate this' (Cohort 6)

Others shared how young people were involved in *'co-creating a feedback form to be used pre-ward round'* in response to recognising that young people did not complete *'the previous one because it was too long'* and *'designing the chill out room' and 'decorating the ward'*.

'*You said, we did'* boards were used by some teams as a means of ensuring that both staff and young people felt heard and engaged in decision making when *'management action requests to better the delivery of care'*.

A final example illustrates how one leader engaged with the team using a hierarchy of well-being model. This enabled individuals to develop action plans, encouraging staff *'to take their breaks and have hot drinks'*

4.4.5 Enabling team working and staff well-being

We know that there are strong links between the engagement of staff (i.e. feeling connected to each other and the organisation), their well-being and outcomes for patients[17]. Most participants recognised the importance of prioritising people, particularly as the majority were managing workforce shortages. Consequently, they focused on approaches to enhance team working and well-being as reflected by the following participant:

'… something has shifted in me – would have prioritised patients but now think a lot about staff'

As part of the process of creating an effective learning environment, we introduced a variety of approaches that can be used to 'check in' with individuals and groups. These offer an opportunity for participants to share how they are feeling emotionally, what might be contributing to these emotions and what their needs might be. Being able to share in this way can encourage relational connectedness by enabling participants to better understand themselves and each other. Team members can become aware how individuals are doing and if they may need some support.

Many of the team leaders introduced this approach with their teams, at the beginning and the end of a shift, during huddles, and in handovers. The introduction did not always go smoothly, for example, one participant *'found it difficult to help people to share initially'*, but leaders have persisted and opened dialogue to encourage engagement:

'Spending time exploring why we do check ins with people and a lot more people are doing it. People are more open to sharing and knowing there is a space to do so helps them to feel more assured'
'Staff have realised how valuable the space [to check in] *is and although it has taken a couple of months staff have realised it is about the space rather than having a specific structure around it and it has worked well'*

The value of understanding individuals within the team created opportunities to offer support which might otherwise have been missed:

'Found it could take a long time so starting using emotional touchpoints and then support for those that needed it during the shift as opposed to long conversations in handover… overall very positive feedback, has changed atmosphere on unit'

'We can recognise if any supervision is needed'

Similarly, connections are being forged through increased huddles as another opportunity to prioritise people and ask them what they want and/or need. In some units these are being extended to include the MDT *'to improve communication'* and the senior leadership team which reportedly has made the team *'feel valued'.*

Participants also focused on initiatives with an explicit focus on staff well-being, for example:

'Got a wellbeing room up and running with wellbeing things for staff (sofa, TV, water, coffee machine). Nurses have never had a break room before'

'Involved HR team to undertake a wellbeing interview with each member of staff'

'Wellbeing check in at the end of the week. Start with celebrating what has gone well. Check in how people are'

Finally, with recruitment and retention in mind, several opportunities were created to enhance support processes within the teams. These included facilitating development days, reviewing appraisals in depth, changing approaches to supervision to use more open-ended questions, changing shift patterns to provide more oversight for preceptees, and strengthening induction packs for staff and extending these for agency staff also.

As a consequence of such approaches, some participants were able to report positive outcomes including initiatives *'continuing when* [ward manager] *not there' and f*eedback from CQC inspectors who were *'surprised how relaxed staff were despite the acuity'* on the ward. One participant commented that they sensed:

'A change in culture within the team, feels more welcoming, supportive and together. Feedback from new starters has been really positive. Feeling less "cliquey" and communication and autonomy is improving'

4.4.6 Committing to learning in and from practice

Developing a deeper understanding about ourselves and our practice is key to facilitating transformation of culture[18]. This learning can then be used to plan actions. Throughout the programme participants were encouraged to consider the opportunities that can be created to learn in and from practice. For many this involved reviewing approaches to supervision, enabling staff to take a greater lead, and increasing its availability for staff. For example:

'Giving more space for listening to people in supervision and moving away from fixing for people'

'Achieved 100% in supervision in September for the first time in 2 years due to being creative about how it is undertaken. Using check ins… as conversation starters which has helped people identify things to talk about'

'Daily supervision slots to listen to staff about their concerns. This has enabled staff to think outside the box and change the way they are working with patients'

Additionally, many opportunities for staff to engage in reflective practice in a general sense have been created, for example, once or twice weekly group reflective practice, at the beginning and end of each shift, and also more specifically related to areas identified for learning and development:

'Including the whole team in a reflection of restrictive practice which led to raising consciousness about some of these practices and what could be done differently'

Other participants talked about using scenario-based learning, using examples from practice and inviting staff to take on different roles to consider other perspectives. Another introduced a 'back to basics' week during which meetings were replaced with CPD slots throughout the day. Feedback was positive and so there are plans to continue. Lastly, related to being more present and visible, one participant shared how they were:

'Working more clinically to help nurses with everyday decision making and creating more learning opportunities from practice'

4.4.7 Celebrating success and continuing momentum

Celebrating success is a helpful way of keeping staff engaged and motivated, encouraging them to come together around shared values and goals. In addition to the ways outlined above to show appreciation of staff, participants shared their ideas for creating positivity and energy by celebrating successes, however small. For example, thanking staff personally for achieving 100% of their mandatory training, and creating compliments books and champions posters which both staff and families were invited to contribute to.

4.5 Impact stories

On completion of the programme, all participants were invited to participate in a 30-minute interview on Microsoft Teams to consider the following questions:

1. Describe the impact that the programme has had on you and your practice.
2. From the key points in your response to question 1:
    a. What was the impact?
    b. Who was impacted and in what ways?
    c. How could you evidence the impact?
    d. How/why did the change occur?
    e. How did the programme contribute to this?

The interviews were recorded using the transcribing function in Microsoft Teams and shared with the participant. Two facilitators then reviewed the transcript individually, before discussing and agreeing the key elements of an impact story. The story was crafted and then shared with the participant for review and amendment. The transcript was also shared with the participant.

Two participants were interviewed and shared their story and the impact of the programme on themselves, their team and the young people they work with. One further participant agreed to share a poem they wrote as an indication of the impact.

The stories were collected after the evaluation information had been analysed and therefore were not included in the analysis. They are however shared as a means of illustrating and validating the themes that have emerged from the evaluation process, using the voices of participants.

Julius' Story

I attended the CAMHS workshop from May 2022 – December 2022. This is one of the best workshops I have ever attended and I am very thankful for the opportunity, both for the workshop and to express my feelings and say what the impact has been on me.

Personally, by attending the workshop I realised that I had actually been doing certain things without knowing the impact on myself and my team. My experience created a sense of awareness of this. Being in the workshop bought back my resilience and that bought back my courage and improved my approach with others.

Firstly, I realised that before the workshop I wanted things done according to the book. My approach following the workshop changed and I realised that there are so many different ways to do things. I realised that sometimes Trust policies can be intimidating and create more fear, which is not their intention, but this can happen if you do this 100% by the book. You can be flexible if everybody appreciates it, accepts it and the value and outcomes are achieved. If it is positive, then this is still acceptable. It helps to create a culture of care that takes away the negativity.

Another change I made was related to wellbeing. When I am running a shift and staff come to me and say they are feeling worried I will leave whatever I am doing and sit down with them to see how I can best support them.

I never did this before, before I would say OK if you aren't well you can go home and then carry on with the day. But I now sit down with staff and say "how can I support you? What do you want to do? How can the team support you?" Previously I would have never bothered to find out exactly what the problem was but now I offer the time and support to talk about it.

I am also engaging the staff in change more. By identify the gaps and what can improve. Having a rationale about why you want to improve it. Making an argument about an approach and talking about it. We talk about these all the time, in handovers, away days, during safety huddles. Trying things out to see what works and find the benefits, disadvantages, positives and negatives. This has an impact because care is everyone's business no matter where they come from. This helped to transform the service. People, including me, used to say I don't feel like coming into work. But now? I'm always eager.

This has been resulted in a change in how staff approach me now. For example, one day I was late to handover and there was another band 6 already there standing with nowhere to sit. When I walked in, three or four staff members stood up and wanted me to sit down. Afterwards a staff member came up to me and said do you know why they offered to stand up for you and not the other band 6 who was still standing, it's because of the way and the manner you approach them, talk to them, and coordinate the care. They feel that I show respect and it was nothing to do with the hierarchy. This would have not happened before.

I'm really pleased that since the workshop I have moved to a band 7 role in a new unit and I am project leading this. These changes in me I have transformed to other staff members. In this new unit we are attracting other members of staff to come and work with us. If we put a shift out then it can be filled in seconds. Everyone wants to come and work here because we have a family culture. We don't segregate, we don't separate, we don't discriminate. We accept anyone who comes through the door. During the day, you can see that everybody is bubbling – everybody is happy, feeling well and having fun. This then has an impact on the young people. They can forget that they are in a hospital and the reason they came into hospital. Getting to this point is because of the ward, the culture, the environment that has been created by the staff. This leads to a positive recovery and the majority of people who are discharged maintain contact to the ward. They may contact to say thank you, to say hello and to update us on their progress. These phone calls come every other day.

A new band 8 position came out the other day and although I do not feel ready for it some staff members have asked me if I am going to apply. I am happy with where I am at the moment and what we have achieved in such a short period of time. I think these changes happened because of the consistency in talking about culture and "the way we do things around here" and the importance of change. Most of my posts, experience and contributions are extracts of what I learnt from the workshop so I cannot be happier with this.

Alice's Story

I completed the CAMHS Creating Caring Cultures programme between October 2022 and July 2023. I think the programme was very inspiring to me and it made me want to look at areas of improvement and things that we could be doing better.

I believe that the programme helped me to be more critically reflective of myself, the practice that I give and the kind of care we provide as a ward and as a unit. I think that as nurses we do try and be as reflective as possible but the progamme gave me some really good tools and insights for that reflection to be more critical. The programme also provided different practical tools. Even little things like at the start of each session we did check ins and that's something that we've taken forward onto the unit in terms of doing in team meetings. Models, cycles and reflection have been really helpful for me. I used these practical tools, and we created a collaborative vision for the ward and the unit so that we were all aiming towards one common goal. This was part of the work we did which helped us to feel more united as a team and that was really nice.

I also found it helpful and really inspiring to connect with other clinicians from all over the country, a lot of whom were experiencing or had experienced similar challenges to myself. Meeting other people who were providing similar services to myself made me feel quite united in the things we were doing, the care we were trying to provide, but also some of these challenges we were facing. It would help to share stories and brainstorm ideas, gain inspiration from others and use that to help look at problems in a different way. I was inspired by people who had faced these challenges and had got through them. It made it feel as though the things that we were going through, we weren't in isolation, and we could get through them successfully.

This also helped me to grow in confidence and gave me the energy to implement changes into my workplace. I think especially in such a busy, high paced environment it is easy to become quite complacent and actually this gave me that boost and inspiration to say let's have a look at things, let's change things and let's see what we can be doing to be the best that we can be rather than just settling. I think especially within a PICU [Psychiatric Intensive Care Unit] environment it can be so busy and so high risk that sometimes you just focus on one thing to keep people safe. Actually, we can do more than that, we can all work on improvements together for the benefit of the young people. I was also able to share how inspired by others I had been which had an impact on the team as we did not feel alone in our challenges because we knew other people were also facing them.

The practical tools and sharing had an impact on the whole team. Previously it was said that we were quite a challenging team to work with. We had a lot of big personalities and a lot of clashing opinions. The above helped the team reflect a lot and work better together. I feel like there has been a really positive shift. We have had quite a lot of new starters recently and every single one of them has said that the team are very welcoming, supportive and inclusive of all new staff members. It was really nice to hear this because sometimes the feedback that we got from people coming into the team wasn't always positive. We also had a mass exodus of staff last September and over the last six months our retention rates have greatly improved. This means that rather than having to focus as much on staffing issues I could focus more on quality of care and facilitating improvements which ultimately benefits the young people.

I also think that, although the care we provided to young people has never been questioned, the staff are happier and that definitely shows in the general atmosphere on the ward and the ward environment which then makes it a friendlier and happier place for the young people to be. In the past I have seen staff having disagreements in front of the young people which would then have an impact on them. The ward is now calmer and more settled which makes it a more recovery focused environment.

I have left my role on the ward now and was worried about this. We have had a lot of managers over the past couple of years and I was one of the more consistent staff members. However, because of instilling some of the things I learnt before I left, I feel really hopeful for the people on the ward going forward.

Strelle's poem

8 months ago
When I closed my eyes, and I walked through my ward it was darkness and eerie.
Everything around me felt cold
I could hear the sound of drills, walls being replastered and broken doors being boarded
I could smell malodourous patients
I could taste cold coffee
I could see tired colleagues
I could feel wounds

8 months later
When I close my eyes and walk through my ward there's brightness and cheer.
I can hear the sound of snooker balls, keyboards, chatter, laughter between patients and staff
I can smell the roast dinner prepared by the dining team
I can taste thank you biscuits
I can see happy colleagues, mutual help, care plans in bedrooms, a full safewards board, teachers collecting young people from school
I could feel safety

Thank you for helping us to check in, thank you for helping us to use our senses, thank you for helping us to create changing cultures

5. Summary of findings

This FoNS-led programme was commissioned by the former NHSE/I Quality Improvement Taskforce for Children and Young People's Mental Health, Learning Disability and Autism in-patient services. 67 team leaders working in children and young people in-patient mental health services across all seven regions of England, engaged in the opportunity to develop knowledge, skills and confidence in leading and facilitating the development of person-centred cultures of care. The programme was delivered virtually by a team of FoNS Practice Development/Associate Facilitators. Seven cohorts ran over a period of seven-nine months between May 2022-November 2023. The programme offered six whole day workshops followed by four half day active learning sessions. Attendance across the workshops was 50%; unfortunately, this figure was lower for active learning. Workload pressures was the most frequently cited cause for non-attendance.

With the permission of participants, evaluation was ongoing throughout the programme. A variety of approaches were used to develop insight into what participants gained from actively engaging with the programme, participant's experiences of how learning was facilitated, and the impact of implementing this learning for themselves, and the teams, children and young people that they work with.

Participants believed that active participation in the programme enabled them to be engaged and learn with and from others. This time to reflect in a safe space led to increased understanding about and confidence in facilitating the development of a person-centred culture in collaboration with their teams. Participants felt that they developed new knowledge and skills and gained tools and resources to support the facilitation of these changes. This included increasing their presence and visibility, exploring values and beliefs to generate shared understandings, reviewing practices to inform actions, prioritising people and working collaboratively, increasing and enhancing workplace learning opportunities and creating positivity. For those who shared ongoing impact, changes in the way things are done suggest that they have led to more effective team working, improved staff morale and staffing levels, and consequently, positive outcomes and experience for the children and young people they are working with. For many, the contexts within which they are working

are challenging and so some fears about being able to put learning into practice remain, although culture change was seen as a journey or ongoing process that would require time.

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Appendix 1: Relevant policy documents

CQC 8 Key Lines of Inquiry under Well-led Framework[5]	**7 Promises included in The NHS People Plan[7]**
Is there the leadership capacity and capability to deliver high quality, sustainable care?	We are compassionate and inclusive
Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?	We are recognised and rewarded
Is there a culture of high quality, sustainable care?	We each have a voice that counts
Are there clear responsibilities, roles and systems of accountability to support good governance and management?	We are safe and healthy
Are there clear and effective processes for managing risks, issues and performance?	We are always learning
Is appropriate and accurate information being effectively processed, challenged and acted on?	We work flexibly
Are the people who use services, the public, staff and external partners engaged and involved to support high quality, sustainable care?	We are a team
Are there robust systems and processes for learning, continuous improvement and innovation?	

Appendix 2: Programme outline

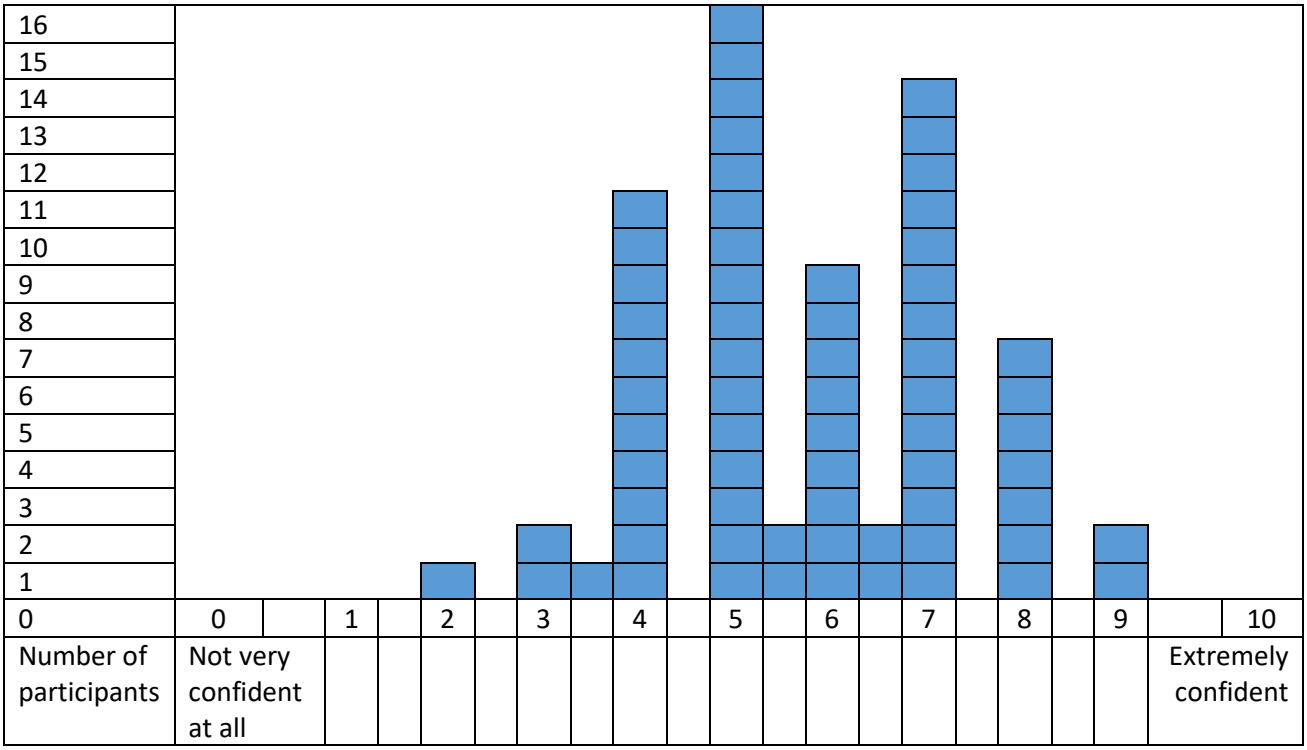
Workshop 1	• Creating a positive learning environment • Exploring values and beliefs about caring cultures (red ribbon of CCC model)
Workshop 2	• Leadership and facilitation (pink ribbon of CCC model) • Exploring and understanding workplace culture (orange ribbon of CCC model)
Workshop 3	• Identifying gaps between what we say and what we do (orange, blue and yellow ribbon of CCC model) – using observations of and stories from practice
Workshop 4	• Effective teamworking and staff well-being (green ribbon of CCC model)
Workshop 5	• Learning in and from practice (blue ribbon of CCC model) • Celebrating success and maintaining momentum (purple ribbon of CCC model)
Workshop 6	• Participatory evaluation • Introduction to active learning
Active learning sessions X4	• Reviewing and refreshing • Working with questions/issues from practice

Appendix 3: Programme attendance

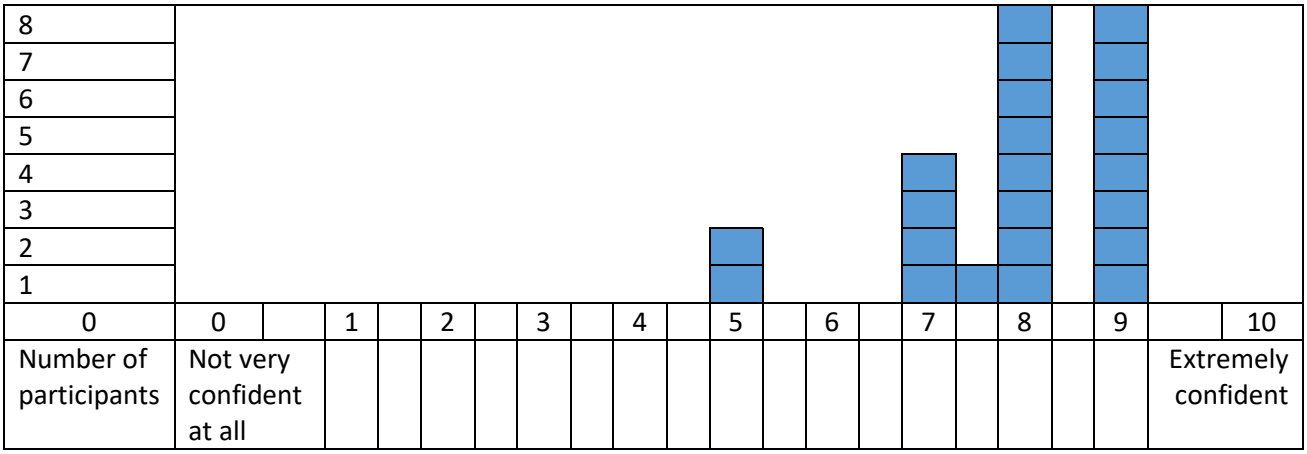
Cohort	Participants	Workshop 1	Workshop 2	Workshop 3	Workshop 4	Workshop 5	Workshop 6	Active Learning 1	Active Learning 2	Active Learning 3	Active Learning 4
1	12	8	8	7	7	7	5	4	5	5	5
2	12	7	8	7	4	5	6	4	5	4	4
3	12	10	8	8	7	7	7	5	5	5	5
4	12	9	8	6	7	5	5	4	1	3	0
5	14	12	12	6	7	5	8	4	1	1	2
6	14	11	8	2	4	2	3	2	2	3	NA
7	12	10	8	5	6	4	2	NA	NA	NA	NA
Totals	88	67	60	41	42	35	36				
Average		9.6	8.6	5.9	6	5	5.1				
NA = session not completed at time of report writing											
24% did not attend first session											
50% drop-out over the 6 workshops											

Appendix 4: Confidence lines

Workshop 1: How confident do I feel to lead the development of a caring culture?



Workshop 6: How confident do I feel to lead the development of a caring culture?



Appendix 5: Participatory evaluations

Cohort 1 (n=5)

Cohort 2 (n=6)

Q1. What aspects of the workshops has been most useful and why?

- General discussions/people's opinion and feedback
- Discussions with peers as it helps you to realise that you're not isolated and the only person going through certain things
- Discussion with peers – sharing learning and experiences
- Group
- Group discussions, learning from each other, listening and sharing ideas.
- Time to reflect, revisiting ideas and models of learning and sharing them

Q2. What was least useful and why?

- There haven't really been any as everyone learns in different ways so the different content and techniques have made it inclusive
- Creative tasks – like images etc. – I struggle with, but appreciate different types of learning for everyone

Q3. What has the impact of your learning been?

- Group work as you can learn from each other and get different perspectives on things
- Group work as it has been useful to listen to what people have tried and hearing people's suggestions
- Feeling able to step outside my comfort zone and access learning opportunities I would usually avoid

Q4. What does this mean to your practice and your teams?

- A reminder to empower my team and look after myself
- Reflecting on the learning and taking it back to the ward so that they can also feel empowered to build a positive culture
- Creating a more positive, forward facing, and developing team

Q5. Reflecting on your journey where are you now?

- I have learnt that it is easier to embed a positive culture within a new team and that its very easy to slip away and change a negative culture once it is formed
- Evaluating ways of working to make improvements, working with the new ward manager to embed new practices on the ward
- Moving forwards with learning, and realising it is forever learning, and feeling more open to learning

Cohort 3 (n=7)


Red
Supporting staff
Shared experiences
improve on leader sty
Orange
Supervision – encouraging whole team
Changes cant be made on there own
Yellow
Excepting constructing criticism
Implement change
Green
Supporting staff
Supporting side/ talking and visualisation
Shared
Blue
Changes cant be made on there own
Not taking it personally
improve on adership style
Working on self before working on the team
Purple
Not taking it personally
Looking after your self
All
Validation of the group
Supervision – encouraging whole team
Team work
Impacted learning – from the group
Reflection - Difference reflections – self-aware, time out.
Role Model
Listening to team
Recognising strengths in the team
Resilience
team meeting minutes
participatory evaluation
you said we did for staff and young people
questionnaires
incident reports and reviews
community meetings
evaluation/audit of sickness/absence
audits
supervision
feedback, young people and carers
style
handovers

Cohort 4

Q1. What aspects of the workshops has been most useful and why?

- Mission (? means talking about values) statements for me and the team - already a regular thing. Undertaking the shield at the beginning of the programme and the wealth of information gained I have learnt over the last 6 days together
- The way the programme has been facilitated - was very positive as was able to navigate our thoughts and ideas with others without being patronising - I felt that I was not alone
- The concept of “toxic positivity” the importance of being authentic to our own feelings and that of others. The shield was really helpful and the work on values

Q2. What was least useful and why?

- All really valuable. I wouldn’t change the topics or the way it was facilitated
- I found it more difficult to concentrate online - ? move f2f
- F2F might help in the future

Q3. What has the impact of your learning been?

- I ask questions differently now and I think I’m thinking differently
- The learning environment on the programme is nurturing and not patronising - this has had a huge impact on the way I work with the team (? trying to replicate this with team)
- The different learning approaches and we are all in the same basket as leaders

Q4. What does this mean to your practice and your teams?

- Thinking differently - working more compassionately and creating safe space in the team
- Greater consciousness/awareness of values as a team - self and others
- Important to work together and be aware of own limitations

Q5. Reflecting on your journey where are you now?

- More confident asking different questions of the team - hopeful, motivates, creative and reflectful
- Just discovered a box of tools - still learning curious - something has captivated me and its exciting
- Increased knowledge and tools - as team we have a way to go- especially with such a high staff turnover

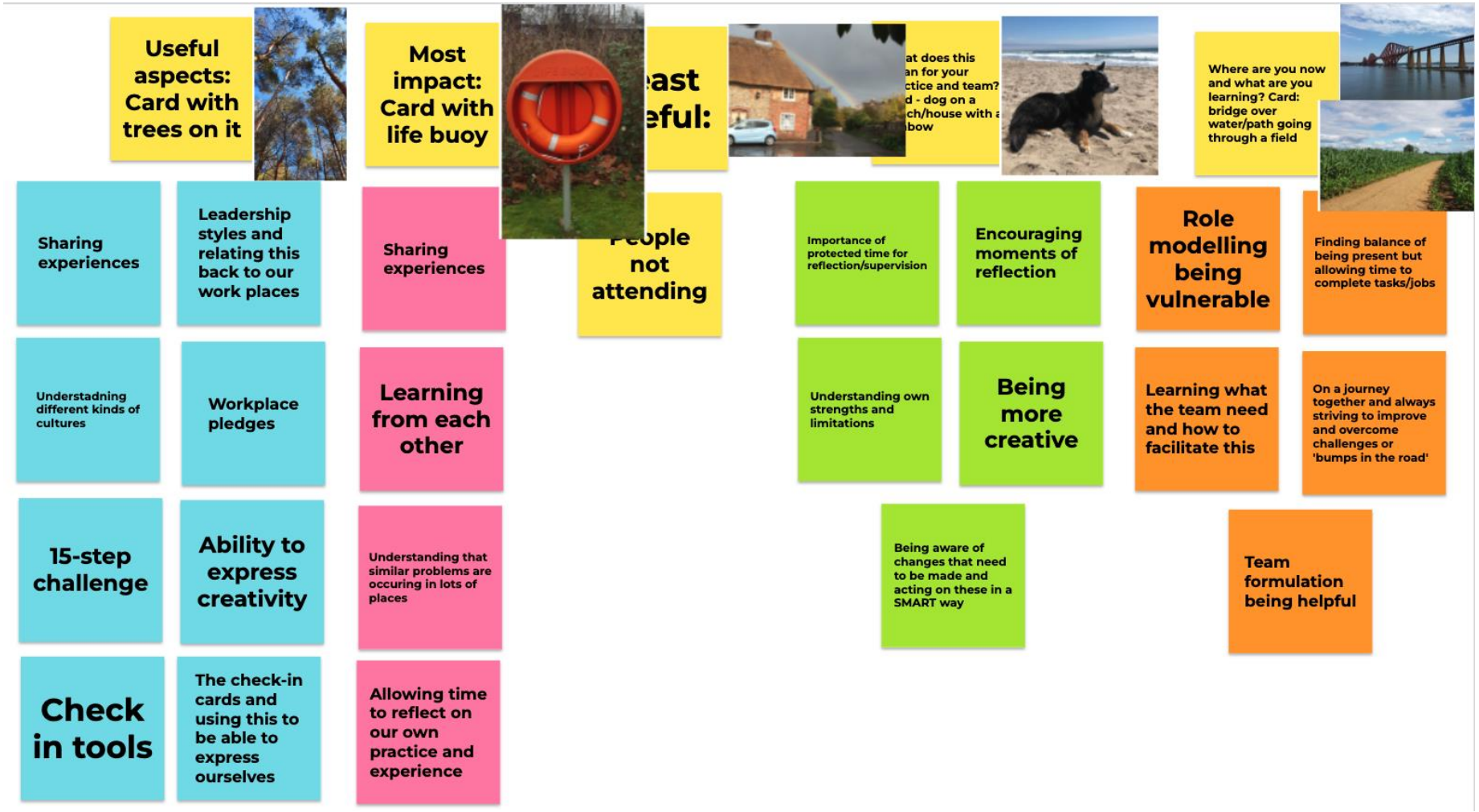
Cohort 5 (n=8)

Collective Participation

Compassionate leadership – understanding what this means
Openness
Learning the different systems i.e drive, soothing and threat
Liked being in the group as we all felt listened to and where able to share and celebrate our successes
Everyone of us were empowered to make changes in our services
Cultural awareness - we were able to look at the positive and negatives and we had the time and space to share this without any negativity
Team approach worked well for all of us as none of us felt alone during the last 6 workshops
Invited to be open in our dialogue with each other and honest
Visual pack at the beginning was a nice idea to help us when we needed it
Emotional touch points

Person-centred vs patient-centred
Ability to have the confidence to make changes within our services
Reflective
Time out away from clinical areas
Invited to make workplace pledges – thought provoking
Coming together to discuss relatable concerns from different services
Introspective
Personal shield
Action planning to take back to individual services
The four elements of compassion
Individual person-centred care – how this impacts our patients
Online - better availability for regional
Not face to face, too many distractions, online burn out, technical issues

Cohort 6 (n=3)


Useful aspects: Card with trees on it
Most impact: Card with life buoy
eful:
at does this an for your ctice and team? d - dog on a ch/house with a bow
Where are you now and what are you learning? Card: bridge over water/path going through a field
Sharing experiences
Leadership styles and relating this back to our work places
Sharing experiences
People not attending
Importance of protected time for reflection/supervision
Encouraging moments of reflection
Role modelling being vulnerable
Finding balance of being present but allowing time to complete tasks/jobs
Understadning different kinds of cultures
Workplace pledges
Learning from each other
Understanding own strengths and limitations
Being more creative
Learning what the team need and how to facilitate this
On a journey together and always striving to improve and overcome challenges or 'bumps in the road'
15-step challenge
Ability to express creativity
Understanding that similar problems are occuring in lots of places
Being aware of changes that need to be made and acting on these in a SMART way
Team formulation being helpful
Check in tools
The check-in cards and using this to be able to express ourselves
Allowing time to reflect on our own practice and experience

Cohort 7 (n=2)


Participatory Evaluation
thinking partners
connecting with shared challenges and new ideas
Letter to self, will send over last
our creative and collective feedback for study days
Clear goals
be clear on intentions
seeing difference and opportunity in difference
Jess - the course has helped me be less 'prescriptive' in thinking about culture change. Want to engage the team in building a shared vision and I can see it from a wider view
BOAT!
LAND!
Seeing from different perspectives...