Section 5:
Running a Narrative Group for Care Home Managers

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As part of Phase 1, the project leads visited care home managers in the four key homes, in order to gain their support for the project. All the managers became interested in finding out more about narrative groups, and by the end of phase 1 of the project there was considerable interest in offering a narrative group for managers in phase 2.

To build on this initial interest, in addition to the 4 homes that took part in phase 1, eight other care homes were approached (that had shown interest in phase 1, even though they hadn't taken part in the project during that phase). The 12 homes were contacted initially by email, and then followed up by a phone call.

All 12 (i.e. 100%) of the homes that were approached, were interested in taking part.

Following this, the two project leads and one of the facilitators from Phase 1 attended a Providers' Forum meeting at the local Civic Centre. (The Providers' Forum is a mandatory meeting arranged by the local authority which all care home managers are required to attend).

54 care home managers attended this meeting. In addition to explaining the project and handing out written information about the project, a short taster session was ran, thereby giving participants a sense of what goes on in a narrative group.

Participants were also asked to fill out a questionnaire on key challenges they faced in their roles. Recurring themes included:

- Challenging behaviour of residents
- Staff issues such as low wages, recruitment and retention difficulties, managing staff conflicts
- Lack of support for the role
- CQC inspections and other statutory paperwork

In addition, 94% of the staff who completed the questionnaire said they would be interested in attending a narrative group.

Within 1 week of the Providers' Forum session, email confirmation had been received from 17 care home managers (i.e. 1/3 of those attending the Providers' meeting).

Due to funding constraints it was only possible to run one group and thus all further expressions of interest were added to a waiting list.

The structure of the Managers' Sessions

The managers committed to four sessions, each of three hours. The sessions were divided in half:

- 80 minute taught session, based on issues raised in the managers' questionnaire, as well as issues raised by the care home workers that they wanted to be fed back to management
- Tea break between the two halves of the morning
- 80 minute narrative group

The 2 facilitators of the managers' group were also facilitating a Phase 2 care home group, so this enabled them to link together the experiences of the care home workers with the experiences of their managers. (Any points that were shared between the managers' and care home workers' groups were however always anonymised, so that managers could not identify comments as coming from staff in their home, and vice versa).

In response to feedback from the Providers' Forum, in addition to the 4 morning sessions, a CQC session was also arranged, facilitated by a staff member from CQC. This gave managers an opportunity to discuss how visits are conducted, and raise their concerns about the impact on staff and residents. The CQC meeting was extremely well attended, and received excellent feedback.

Attendance at the Managers' Group Sessions

Attendance averaged 56%, which was somewhat disappointing. We asked people to telephone in advance (which they all did) and the reasons given reflected the fact that managers were often called in at the last minute to cover staff absences, to manage a situation with an unwell resident, or to deal with an emergency in their care home.

Learning Point: Despite the eagerness of managers to join in a narrative group with their colleagues, a high degree of absence is inevitable – particularly in the winter months. We would therefore advise overbooking places, in order to ensure attendance is maximised.

Evaluation of the Managers' Sessions

100% of the attendees:

Would recommend this style of narrative group to colleagues

Found learning with other managers to be of great value

Would like the narrative group to continue

Would like it to continue in the same format, with external facilitators

Freetext comment from participants

"Priceless – support at a level that is much needed. An approach that focusses on inner issues, while improving functioning"

"It gave me time to come away and talk about complicated issues"

"It's helped me gain a perspective on tensions within my role"

"It's given me useful tools and techniques that can be applied more widely within the services I manage"

"I enjoyed listening to other managers' stories and seeing how we are all dealing with similar issues"

"The sessions gave me an opportunity to share openly in a safe environment"

"I have gained better insight into the importance of making staff feel valued"

Feedback from the Facilitators

"What was fascinating with the group was the way in which a seemingly discrete issue (a resident being left to sleep, rather than being woken up, and changed – thus waking up wet) revealed itself to be so much more complex. And the complexity was peeled back, layer by layer. Initially, my gut feeling was that the manager might have over-reacted in treating it both as a disciplinary and a safeguarding issue. But actually, by the end of the discussion, not only was she more confident in her judgement – but it seemed as if the group ratified her decision. I also noticed how the members of the group were almost intuitively learning from each other. For example – the issue of checklists came up (in the context of checking that the bell was within reach of the resident) – and some managers who didn't have a checklist, or didn't have the bell on the checklist, were clearly going to leave the session with the intention of instigating these changes."

"The group seemed comfortable with the Balint format – and without being prompted, the presenter moved her chair back after she had finished presenting. After some initial questioning, the group was able to move into a more free floating reflection on feelings, in an impressive way. The case itself concerned a resident with alcohol related dementia. There were complex issues around capacity to consent and safeguarding and I was struck by the growing sophistication of their comments. Although they rushed in immediately with the obvious safeguarding concerns, as the discussion unfolded, they were able to see that 'obvious' answers (eg that the index resident's wife should not have access to any of his money), might not actually be in the best interests of the resident. This was particularly the case as the home had already taken sensible steps, (in conjunction with other family members)to limit the amount of money that the wife could get access to from the resident, when he was drunk and not in a state to know what was going on".

"Perhaps what struck me most of all was their 'thirst' for this sort of support/learning. It was as if they were parched, and they couldn't drink enough. Probably most telling of all was the informal expression of gratitude by one of the managers as we were walking down the stairs after the session. Never before, had they felt listened to, in this way".

The Brent and Harrow CEPN Narratives in Care Home Education

Section 6: Appendix Useful Sources of Information

Section 6: Appendix
Useful Sources of Information

Age UK
www.ageuk.org.uk

The UK's largest charity working with and for older people

The Balint Society
www.balint.co.uk

Information on Balint Groups and the work of the UK Balint society

Brent STARRS
(Short-term Assessment, Rehabilitation and Reablement Service)
www.brentstarrs.com

An intermediate care initiative managed by NW London Hospitals NHS Trust and Brent CCG.

CAIPE – The Centre for the Advancement of Interprofessional Education
www.caipe.org.uk

An independent 'think tank' aiming to improve collaborative practice and thereby the quality of care, by professions learning and working together

Compassion in Practice
www.england.nhs.uk/nursingvision

This describes the 6Cs of the Compassion in Practice initiative, covering the values and behaviours essential to the delivery of high-quality compassionate care

Harrow STARRS
(Short-term assessment, rehabilitation and Reablement Service)
http://www.lnwh.nhs.uk/services/a-z-services/s/starrs-harrow/

A rehabilitation and reablement service for patients in Harrow

My Home Life
www.myhomelife.org.uk

UK wide initiative that promotes quality of life and delivers positive changes in care homes for older people

The Residents and Relatives Association
www.relres.org

An organisation that supports, informs and campaigns on behalf of older people in care

Skills for Care
www.skillsforcare.org.uk

Offers workforce learning and development support and practical resources from entry level right through to those in leadership and management roles. Includes information on the Care Certificate

Dear Care Home Manager,

I would like to introduce myself as a Clinical Co-ordinator of a novel and exciting Care Home Pilot, in addition to my colleagues [redacted] and [redacted] who are the Joint Project Leads. We are colleagues of [redacted] who mentioned the high quality of care and educational support provided at [redacted] . We wondered if you would be interested in helping us develop our project.

We are funded by Health Education Northwest London to run the Brent and Harrow Care Homes Community Education Provider Network over the next 10months.

This aims to explore the needs of band 1-4 care home workers through developing discussion groups within the Care Homes. These narrative based techniques for learning, Balint groups, are evidence based and already utilised in training for other healthcare providers. Such reflective groups will build trust, share uncertainties, explore sources of support and allow staff to reflect on good practice. This will allow us to explore the continuing professional development (CPD) needs of healthcare workers involved in care homes.

In support of the recent Care Quality Commission recommendations in avoidable emergency admissions among the elderly (21/11/13), we hope that our project will be an invaluable opportunity to support care home staff and reflect on and provide excellent care.

We wondered if you would be interested in allowing us to pilot one or two sessions at Kestrel Grove and receive valuable feedback from your staff at the commencement of our project prior to introducing it to care homes in Brent and Harrow. If so, I would be happy to meet with you and discuss the project further at your convenience.

You can find more information about the aims of the project on the Health Education England Website on the link below and our attached leaflet.

Best wishes,

Dr [redacted]

Project Clinical Coordinator

http://nwl.hee.nhs.uk/to-build-a-learning-network-and-educational-package-that-incorporates/

Terms of Reference were drawn up for each care home, to ensure that clinical concerns and safeguarding issues had been adequately addressed.

Questionnaires written for the project

The Brent and Harrow CEPN

Terms of Reference for Balint Groups to be run in the Residential Care Homes

Leadership

The leadership is through 2 co facilitators, each having attended the CEPN Balint taster training and supported by a supervision set formed for the purpose of this CEPN project.

Where possible the leadership will be multiprofessional

At least one of the co-facilitators will be experienced in the Balint Method and demonstrate the 4 competencies outlined in the Balint Leadership accreditation guidance (see http://balint.co.uk/leadership/)

Leaders

Attend all sessions

Make a commitment to attend the supervision group

The leaders will have CRB and each maintain their professional registration with an NHS body or voluntary care organisation

Will be known to the manager and the GP practices providing care for residents in participating homes

Will have a named link to a GP practice, networked in the health community providing care for residents

Will have Level 2 or 3 safeguarding training and be aware how and where to escalate any issues with clinical safety, safeguarding, staff safety and process issues.

Participate in evaluation of the project

Will be aware of any health and safety requirements for visits to the home

Members

Make a commitment to attend all the sessions

Clearly understand the boundaries of the method- narrative not problem solving,

Be aware of the ground rules

The cases will be about experiences of residents, usually in Balint the patient is anonymous and confidentiality is kept within the group. Confidentiality applies within limits of safeguarding

If a safeguarding issue is brought up that requires intervention members are guided to share issues with managers, clinicians, outside bodies where appropriate and document they have done so.

A. Pre Balint Questionnaire – Carers

Thank you for taking time to talk about and share your experience with us.

Doing this questionnaire will help us get to know you and how to make our sessions enjoyable and useful.

The questions are to look at what type of learning you get the most from and what learning you have done so far.

Care Home staff often say that they enjoy their work and like to learn more to help their patients.

Some people do courses to learn more.

It is also learning when we have chats with colleagues (group discussions) about what we think or feel about our work and wonder how we could do things differently (sometimes called reflection).

1 Think about your past learning and how you came to work here. What has prepared you so far to do your work at Princess Alexandra Care Home?

2 What types of learning have you done so far?

- Courses as lectures
- Courses on a computer
- Discussions in groups
- Thinking about work and discussion-Reflection

Other learning (please tell us about it)

3 What sort of learning have you really enjoyed and got the most from?

- Courses
- Discussions
- Reflection
- Other learning (please tell us about it)

4 Have you ever learned together in a group with your friends or colleagues by listening to each other's feelings about your patients (we call this a case)?

5 Do you think that discussing thoughts and feelings about a case will help you feel more prepared to manage a similar case in the future?

Questionnaire continues over the page

6 Is there anything that you hope to gain from participating in the reflective groups?

7 Do you have any worries about participating in the reflective groups?

8 Is there anything that would make you more likely to participate in the reflective groups?

9 To prepare you better for your work here in this home, what areas or topics would you like to learn more about

10 Have you any questions you would like to ask?

B. Pre Balint Questionnaire – Managers

Care Home:

1 Have your band 1-4 care home staff had any experience of Balint groups? If yes, please elaborate.

- Yes
- No

2 Have your band 1-4 care home staff had any experience of other reflective groups? If yes, please elaborate

- Yes
- No

3 Do you have any regular training opportunities for band 1-4 care home staff? Please elaborate on the training and how often?

- Yes
- No

4 Do you have any worries at the commencement of this project?

5 Do you have any hopes at the commencement of this project?

6 Have you already identified any learning needs for the band 1-4 care home staff?

7 Any further comments?

Questionnaire for Care Home Managers

1 What are the 5 main challenges that you face currently in your role?

a

b

c

d

e

2 Within your own organisation, who provides you with support to do your job well?

3 Outside your own organisation, who provides you with support to do your job well?

4 Using a scale of 1-5, how much support for your role do you receive currently (from both within and outside your organisation).

1 No support

2 Very little support

3 A moderate amount of support

4 A lot of support

5 As much support as I need

If you have marked 1-4 above, please tell us what additional support you would find most useful

5 Currently how often do you get an opportunity to meet

a Other care home managers?

b The GP responsible for your care home?

6 Do you belong to any professional organisations?

☐ Yes

☐ No

If yes – please tell us the names of the professional organisation(s)

7 Which organisations have provided you with training over the past 12 months?

8 What topic(s) has the training covered?

9 Who decides the content of any training programmes?

10 Are there any other topics that you would like to be covered in future training?

11 Is the care home of which you are a manager managed by

a The local authority ☐

b A private company ☐

c A registered charity ☐

d Other (Please specify) ☐

C. Questionnaires for Care Home staff

Thank you for participating in the discussion groups at your care home. We would value your feedback to help improve groups in the future.

Name .....

Care Home: .....

1 Did you find it useful to learn together in a group with your colleagues by listening to each other's feelings about your residents? (Please circle)

Yes

No

2 Did you find any of the following helpful?

a Talking in a group with other carers ☐

b Talking in a group with facilitators who work outside the home ☐

c Telling the story about a resident ☐

d Discussing what it is like to be a carer ☐

e Talking about thoughts and feelings about your residents ☐

What was helpful?

☐ Yes

☐ No

3 Did you learn anything new in the discussion groups about **yourself?**

☐ Yes

☐ No

What did you learn?

4 Did you learn anything new in the discussion groups about **your colleagues?**

☐ Yes

☐ No

What did you learn?

5 Did you learn anything new in the discussion groups about **your residents?**

☐ Yes

☐ No

What did you learn?

6 Did you learn anything new in the discussion groups about **your care home?**

☐ Yes

☐ No

What did you learn?

7 Do you think that discussing thoughts and feelings about a case will help you feel more prepared to manage similar cases in the future?

☐ Yes

☐ No

If yes, please tell us more

8 Did you enjoy attending the discussion groups?

☐ Yes

☐ No

9 Would you be interested in participating in discussion groups in the future?

☐ Yes

☐ No

10 Would you have liked anything about the groups to have been done differently?

☐ Yes

☐ No

If yes, please tell us more

11 Did you identify any topics you would like to learn more about?

12 Are there any other themes discussed (e.g. staffing, policies) that you would like facilitators to discuss with the management to help your work in the care home?

13 Any other comments or questions?

Santa Clara Brief Compassion Scale

(This is copyright should be purchased online and the following is not for use)

Please answer the following questions honestly and quickly using the scale below:

1 2 3 4 5 6 7

not at all true of me very true of me

1 When I hear about someone (a stranger) going through a difficult time, I feel a great deal of compassion for him or her.

1 2 3 4 5 6 7

not at all true of me very true of me

2 I tend to feel compassion for people, even though I do not know them.

1 2 3 4 5 6 7

not at all true of me very true of me

3 One of the activities that provide me with the most meaning to my life is helping others in the world when they need help.

1 2 3 4 5 6 7

not at all true of me very true of me

4 I would rather engage in actions that help others, even though they are strangers, than engage in actions that would help me.

1 2 3 4 5 6 7

not at all true of me very true of me

5 I often have tender feelings toward people (strangers) when they seem to be in need.

1 2 3 4 5 6 7

not at all true of me very true of me

Maslach Burnout Inventory

(This is copyright should be purchased online and the following is not for use)

Instructions: Below are 22 statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about your job.
If you have never had this feeling, write the number "0" (zero) in the space before the statement. If you have had this feeling, indicate how often you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way.

	How Often 0-6	Statements
1	_____	I feel emotionally drained from my work.
2	_____	I feel used up at the end of the workday.
3	_____	I feel fatigued when I get up in the morning and have to face another day on the job.
4	_____	I can easily understand how my recipients feel about things.
5	_____	I feel I treat some recipients as if they were impersonal objects.
6	_____	Working with people all day is really a strain for me.
7	_____	I deal very effectively with the problems of my recipients.
8	_____	I feel burned out from my work.
9	_____	I feel I'm positively influencing other people's lives through my work.
10	_____	I've become more callous towards people since I took this job.
11	_____	I worry that this job is hardening me emotionally.
12	_____	I feel very energetic.
13	_____	I feel frustrated by my job.
14	_____	I feel I'm working too hard on my job.
15	_____	I don't really care what happens to some recipients.
16	_____	Working with people directly puts too much stress on me.
17	_____	I can easily create a relaxed atmosphere with my recipients.
18	_____	I feel exhilarated after working closely with my recipients.
19	_____	I have accomplished many worthwhile things in this job.
20	_____	I feel like I'm at the end of my rope.
21	_____	In my work, I deal with emotional problems very calmly.
22	_____	I feel recipients blame me for some of their problems.

Brent and Harrow CEPN
End of session evaluation Care Home Manager

Can be done as a questionnaire, or a structured interview

Name .....

Care Home .....

Date .....

As a manager, we would really value your observations and feedback. Managers have a unique and special view of what is happening in the care home environment and how the staff are feeling/working together.

Our project was to introduce carers to narrative ways of learning.

1 Have you had any feedback from the staff about participating in the project?

- ☐ Yes
- ☐ No

Comments

2 Have you had any feedback from the residents or relatives related to the project?

- ☐ Yes
- ☐ No

Comments

3 As a manager do you feel there have been benefits to the carers who took part in a group? Please explain what you have observed.

- ☐ Yes
- ☐ No

Comments

4 How comfortable were the carers participating in a learning group with other healthcare professionals including a GP?

At the beginning of the project? (Please circle)

Uncomfortable

a little uncomfortable

comfortable

very comfortable

By the end of the project? (Please circle)

Uncomfortable

a little uncomfortable

comfortable

very comfortable

Please explain what you observed.

5 Since the carers groups have been meeting have you noticed any change in the participants' levels of

a self confidence

- ☐ Yes
- ☐ No

Please explain what you observed

b compassion towards residents

- ☐ Yes
- ☐ No

Please explain what you observed

c understanding of feelings and personal interactions

- ☐ Yes
- ☐ No

Please explain what you observed

d burnout
(mood / absence / morale / staff turnover)

- ☐ Yes
- ☐ No

Please explain what you observed

e Any other behaviours at work?

- ☐ Yes
- ☐ No

Please explain what you observed

6 Could anything have been done differently?

- Yes
- No

Comments

7 Would you be interested in the project or other training continuing at this care home?

- Yes
- No

Comments

8 Would you be interested in attending a similar group for managers?

- Yes
- No

Comments

9 How positive do you feel about the use of narrative-based learning for care home staff after participating in this project? (Please circle)

No feelings

Mildly enthusiastic

Enthusiastic

Very enthusiastic

Comments

10 What do you think are the main areas that are learning needs for the carers at your home?

11 Is there anything else that would be helpful to share with us?

Examples of Ground Rules for the Narrative Groups in Care Homes (identified by one of the groups in the project)

- Informing each other when we cannot attend
- Doing our best to attend all sessions
- Start on time
- Confidentiality
- Respect for each other and for the residents and their relatives
- Providing a space to reflect
- Being non-judgemental
- Everyone can talk and their contribution is welcome
- Being open to learning, and recognising that we can learn from each other
- Listening
- Trust in the other participants
- Gratitude – seeing other participants stories, and their time, as a gift
- Honesty
- Awareness of safeguarding issues and our duty of care

Ten Top Tips For Reporting Concerns

1 **Follow internal procedures.** Make sure you know how you are supposed to raise a concern within your organisation. This is often communicated on your organisation's intranet or staff notice boards.

2 **Understand your rights and the support that is available**. Seek advice about your rights to protection under the Public Interest Disclosure Act – this can be obtained through your organisation's HR or personnel department, or trade union representative.

3 **Be specific.** When submitting your concern, identify the particular professional code/ guidance/policy or protocol you believe is being compromised. Be specific about the issues you are worried about and focus on the facts.

4 **Be positive.** Set out what you think should be done as well as highlighting the problem. Try to offer possible solutions to put things right wherever you can.

5 **Express yourself in a professional manner.** It's important that you set the right tone, no matter how upset or distressed you might feel. Writing this down may help you remain focused.

6 **Wherever possible, raise the concern with the support of your colleagues.** Do colleagues share your concerns? If so, raising your concerns collectively is likely to be more effective.

7 **Confidentiality.** Concerns may be raised anonymously but you need to be aware that this may restrict your manager or other nominated person's ability to substantiate your allegations and feedback on any actions undertaken.

8 **Keep a paper trail.** Keep a note of all relevant conversations and keep copies of any written communications you have sent and received.

9 **Managing expectations.** It is helpful to meet your manager or other nominated person to discuss what will happen next.

10 **If you receive assurance of action in response, keep these on record.** If you feel that your concern has not been dealt with in an appropriate way, or your concern has been ignored, place that on the record too – always approach this in a professional manner.

For further information and guidance, visit www.nhsemployers.org/raisingconcerns

Staff in the NHS and social care can obtain free, independent advice from the national Whistleblowing Helpline on: **08000 724 725**.

Balint in a Nutshell

An Introduction by Heather Suckling

History of the Balint Group

The name is that of Michael Balint a Hungarian psychoanalyst. His main work was as a psychoanalyst at the Tavistock Clinic, in London. He started groups for GPs in the 1950s to study the doctor-patient relationship; he described them as "Training-cum-research" groups. He worked closely, and ran groups with his third wife, Enid –a Social Worker and Marriage Guidance Counsellor. Her influence on medical training is probably as great as his.

What is a "traditional" Balint Group?

It consists of 6-12 doctors with 1-2 leaders and it meets regularly. Meetings usually last for 1-2 hours and the group continues for 1 or more years. The method is that of case presentation without notes.

What happens in a Balint group?

The leader asks "Who has a case?"

The presenter who volunteers tells the story of a consultation; this is not a standard case presentation, but a description of what happened between the doctor and the patient. It need not be long, complicated or exciting but something that is continuing to occupy the presenter's mind. It may be puzzling, or has left the presenter feeling angry, frustrated, irritated or sad. The group discusses the relationship between the doctor and patient and tries to understand what is happening that evokes these feelings. The feelings which the patient evokes are significant and may be reflected in the presenter or in the group. This facilitates the understanding of the patient.

All discussions within the group are confidential.

What can a Balint group do?

- It provides an opportunity for doctors to reflect on their work
- It can provide an outlet for anxieties and frustrations generated by their work
- It can arouse a doctors' interest in patients whom they have previously found upsetting, annoying or "difficult"
- It can open minds to other possibilities, both of diagnosis and day to day management
- The group provides support and improves communication with patients and other professionals
- It can improve job satisfaction, the patient's perception of care and help to prevent burn-out.

What does a Balint group not do?

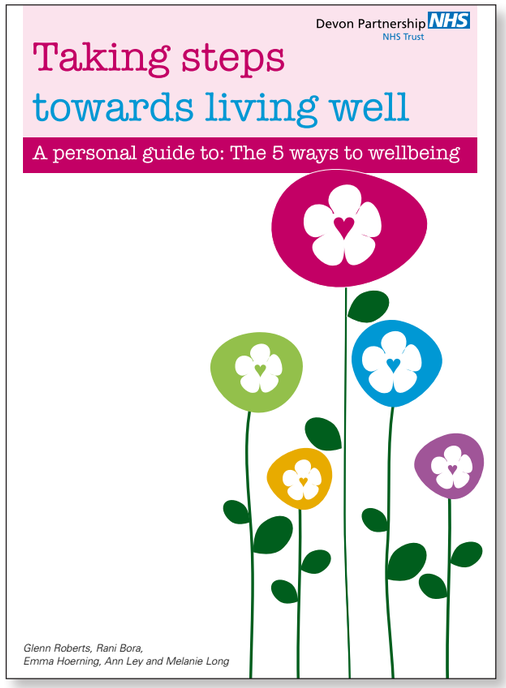
- It does not tell the doctors "how to do" their work
- It does not provide easy answers
- It will not solve all doctors' problems with patients

Who was Michael Balint?

- He was born in Budapest in 1896, the son of a GP
- He became interested in psychoanalysis after first hearing Freud speak in 1918 and when
- He met his first wife, Alice, who was an analyst.
- He obtained his Doctorate in medicine in 1920 and initially worked as a biochemist.
- Later he undertook psychoanalytic training, his analyst was Sandor Ferenczi.
- Balint worked as a psychoanalyst in Budapest during the Fascist regime, but in 1939 came to Manchester (UK) as a refugee.
- In 1945 he was appointed as a Psychoanalyst at the Tavistock Clinic.
- In the early 1950s he began his work with GPs- the Balint Group was born.
- In 1957 "The Doctor, his Patient and the Illness", his seminal work, was published.
- The founders of the Royal College of General Practitioners were profoundly influenced by Balint's ideas; they formed the basis of modern postgraduate training for general practice.
- He used the term "patient-centred medicine" in his description of the group he ran at
- University College hospital for medical students in 1969
- "Perhaps the essence of Balint Groups has always been to share experiences and enable people to observe and rethink aspects of their relationships with patients and their work as doctors."

Enid Balint (1992) The Doctor, the Patient and the Group

HCS Jan 2006 (amended Feb.2007)

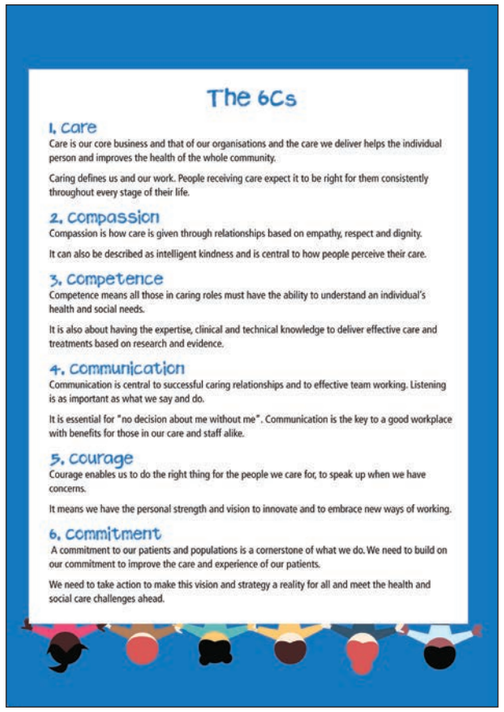


The five ways of wellbeing for care home staff

The five ways to wellbeing is a set of evidence-based public mental health messages aimed at improving the mental health and wellbeing of the whole population. They were developed by nef (the new economics foundation) as the result of a commission by Foresight, the UK government's futures think-tank, as part of the Foresight Project on Mental Capital and Wellbeing.

We found the Devon project web page very helpful and has a range of resources suitable to anyone wishing to take action to improve wellbeing and consider what the 'Five Ways to Wellbeing' could mean for them personally or for their team - for the full resource please look at:

http://www.devonpartnership.nhs.uk/fileadmin/user_upload/publications/Info_leaflets/5_ways_self_help_booklet_final_1_.pdf



The 6 Cs

http://www.england.nhs.uk/wp-content/uploads/2012/12/6c-a5-leaflet.pdf

Acknowledgments

This model of narrative education for care homes was synthesised by listening to the stories of our care home managers, workers, allied health professionals and residents.

We present this toolkit funded by a grant from HENWL with a debt of gratitude to all those who supported us and worked with us.

Nationally there are around 20,000 care home residents who have no living relatives or friends to speak for them (as reported by the National residents and relatives association at their 2015 AGM). Their sole connection to another is through their care home worker who is part of an often undervalued workforce. For these managers and workers, we hold a newfound sense of awe, a deep respect for their work and a greater awareness of the stories held by them as they provide care for those who are frailest in our society.

We dedicate this work to all care home residents and to all those workers who care for them. We hope that through our listening and sensitive re-telling of this model of education, they will know that they are valued and not forgotten.

Dr Suni Perera

Mrs Dipti Khatri

Project Leads and stakeholder group
Mrs Dipti Khatri: Project administrator
Dr Suni Perera GP: Overall project lead
Dr Clare Etherington GP: Phase 1 lead
Dr Carmel Wills GP: Phase 1 lead
Dr Jane Williams GP: Phase 2 lead
Dr Caroline Elton: Occupational and Clinical Psychologist
Dr Chris Jenner: Lead GP of the Harrow Care Home Support Team and Older Persons MDG Chair
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