



NAIDOO & ASSOCIATES



Pilot Evaluation of Ladder to the Moon's Studio Programme

**A study undertaken in 4 Residential Care Homes
in London**

March 2011



Naidoo and Associates

Brief Report

Acknowledgments

The Evaluation Team would like to thank the residents, families and staff of the Care Homes who participated in this pilot, London Borough of Camden and Ladder to the Moon programme team for their participation and contributions to this evaluation process and subsequent brief report. Thank you.

Introduction

Ladder to the Moon (LTTM) have created an innovative means by which staff in care homes can engage in the process of developing skills and improve capability in the care of residents. Engagement is based on the concept of Relationship Theatre: where participants are involved in the process of theatre making and performance. By providing a series of highly entertaining events within care homes LTTM programme team demonstrates how the potential for engaging both residents and staff can be realised. In developing its Studio Programme LTTM have explored the further development of Relationship Theatre techniques designed to support the improvement of staff skills in the care of residents. In the Studio Programme, care home staff are further supported through coaching sessions from LTTM which are designed to help and encourage staff to 'model', behaviours based on their Relationship Theatre experience shared with the LTTM programme team and residents. LTTM have outlined their learning as a result of this Phase 1 Pilot. We have included this within this report.

Aim of evaluation (phase 1 – pilot)

This is a small scale, multi-method pilot evaluation of Ladder to the Moon's studio programme. The aim was to develop a robust evaluation framework and a quality of life (QoL) measurement tool that takes into account the views of people living in residential care homes, some of whom will be living with Dementia and some who will lack capacity to consent. The evaluation framework and QoL measurement tool was to be implemented in a second study in phase 2.

Phase 1 was conducted as a small scale, multi-method pilot. The purpose of the pilot was to test and validate the methodology and measurement tools in preparation for phase 2. This would enable the team to evaluate the effectiveness and social and economic impacts of the Ladder to the Moon Studio programme as a way of improving:

- Workforce development.
- Resident Quality of Life.
- Family carer engagement and Quality of Life.
- Staff experience of their job.

Phase 2

By Phase 2 we hoped to have a clear understanding of the kind of measures that are important to ensure that we can properly evidence any changes that have occurred from the studio programme intervention. This would give us a better understanding of the measures that are important to achieve the evaluation and the studio programme overall as part of a formative cycle.

Methods

A multi-method approach was required to match the wide range of aims of this pilot evaluation. A combination of quantitative and qualitative methods were used as appropriate.

Quantitative Methods

Quantitative data was to be gathered from each participating care home prior to the commencement of the studio programme where possible in order to establish a baseline. In phase 1 (pilot) the purpose was to see what data is currently available and to establish what additional data will be needed in phase 2. It was also important to establish how complex data collection would be within this setting. Data required for the economic analysis was to be largely obtained from administrative data e.g. on the level of staff absenteeism and staff turnover if this was available.

Staff were asked to complete 2 questionnaires.

The first of these is the Zeisel stigma scale. This has been designed and validated to measure levels of understanding of, and attitudes towards, people who are living with Dementia. The second, a staff satisfaction survey designed and validated by The Institute for Healthcare Improvement to measure levels of job satisfaction of people working within long-term care settings. An additional section was added to this by the researcher from the London School of Economics. It was intended that these would be completed up to 3 times over the period of the pilot study in order to identify any changes in attitude and levels of job satisfaction that may be linked to participation in the studio programme.

Qualitative Methods

In phase 1 this was particularly important as there was a need to recognise how the outputs from this could inform design of the qualitative approach in phase 2.

Building an evaluation culture was key in encouraging both Ladder to the Moon and each residential home to embed evaluation in their own processes. This will help establish creative engagement to become part of the day-to-day care provided and so lead to evidence of improvement in quality of care that would be useful to developments in commissioning procedures.

Semi-structured interviews and focus groups

A series of semi-structured interviews and focus groups was undertaken and recorded with staff, family/friends/informal carers and LTTM. As the time allocated was severely restricted this process was only undertaken once in each care home.

The evaluation team were unable to interview residents as the capacity to consent process had not been undertaken prior to the interviews. This meant we were unable to take the development of a quality of life measurement tool process any further as part of the pilot evaluation.

The evaluation team also used some of the video footage taken by LTTM sessions as

part of their observational process where informed consent had been granted for this purpose. The evaluation team used video in order to identify key emergent themes that became evident over the period of the studio programme.



Reflective Diaries

Reflective diaries were kept by the Ladder to the Moon Studio programme team as part of the evaluation process. This would also help Ladder to the Moon staff to review and identify what in their formative evaluation would need to be addressed next.

LTTM were provided with training and guidance in the use of reflective diaries. LTTM were asked to provide a written summary of their diaries before engaging in a focus group at the end of phase 1.

The evaluation team emphasised the need to provide space between phase 1 and phase 2 to enable Ladder to the Moon to reflect and feed back on their experience of phase 1 in order to inform and develop their practice for phase 2. This would ensure that the programme developments were based on the evidence of what was working well.

Ethics and research governance approvals

Approval for this evaluation was granted in September 2010 by the Social Care Research Ethics Committee SREC.

Impact of the ethics and research governance process

Obtaining ethics approval for Phase 1 (pilot) of the Studio evaluation has been a long process for all concerned. Although ethics approval from the SREC was eventually achieved, the impact on the timetable of Phase 1 (pilot) evaluation was profound. The evaluation timetable was quite severely disrupted. This had an impact on the time London Borough of Camden (LBC) had to enable the

increased paperwork required by SREC from care homes to be completed before data could be gathered. The additional amount of paperwork was quite extensive and with each care home working a three shift rotating system difficult to manage for staff. There was also a requirement by SREC for capacity assessments to be made by care home staff of residents whose capacity to consent to participate in the evaluation could be in doubt. Additional and separate paperwork and processes required by SREC applied to LTTM staff, residents, carers and personal or nominated consultees.

SREC approval and requirements placed a great additional strain on all involved in the evaluation. While approval was granted in a relatively short space of time it still had an indelible impact on the Phase 1 (pilot) evaluation.



Results

The delay in obtaining ethics approval meant that we were unable to undertake a baseline measurement prior to the commencement of the studio programme in all but one care home as the programme was already well under way. LBC were keen to distribute and manage the survey process in each care home. The evaluation team made sure that each care home had sufficient surveys for each of the 3 shifts.

At the same time LTTM were in the process of developing and improving their studio programme. By November 2010 it was evident that the current programme was significantly different to that on which the phase 1 (pilot) evaluation was based. Following lengthy discussion the decision was made by LTTM to cut short phase 1 (pilot) and to end the evaluation process in December 2010. These results should be read within that context.

Quantitative Data – Surveys (Stigma Survey, Staff Satisfaction Survey)

Full survey results are contained in the full Phase 1 report. (Please contact Ladder to the Moon for more information.) We have however detailed below some of the evaluation comments on the

survey instrument in this pilot phase within this section below.

Due to the absence of base line data from 3 care homes the survey instrument overall was compromised. There was also a poor response rate overall with difficulty in identifying which staff groups and shifts were included.

One care home (Compton Lodge) was able to undertake a baseline survey prior to the commencement of the studio programme. However, the variation in the comparative data suggests that the surveys were probably completed by 2 different groups of staff belonging to two different shift teams.

A total of 63 Stigma Surveys were included in the analysis. Analysis showed different levels of stigma in each care home. It has been noted that the variation in the comparative data at Compton Lodge between the 1st and 2nd survey is quite extreme.

A total of 67 Staff Satisfaction Surveys were returned, however only 4 people had completed the questions for the London School of Economics. We therefore had to exclude economic data from the results.

From those 67 returns we can see that generally Staff Satisfaction within care homes ranges from moderate to good levels of satisfaction. The survey also demonstrates that each care home differs in levels of staff satisfaction. This would suggest that within each care home different organisational cultures may exist.

As the number of returns from Camden care homes was low we would suggest that LTTME team work with Care Homes to seek a way in which all three shift teams in all the care homes have access to the survey instrument.

This completion problem may also be compounded by the requirement of each care home staff participating in the evaluation to complete additional paperwork within the framework set by the SREC.

LTTME team wish to reconsider if the survey can produce a more authentic set of results. It will do so in consultation with LTTMP team and in time for Phase Two. Perhaps enabling individual staff to have more confidential contexts within which to complete their survey forms is a way forward.



Qualitative Data – focus groups and interviews

In the time available the evaluation team were only able to undertake 1 round of interviews and focus groups with care home staff, care home managers residents and family members. A total of 33 people were involved in 1 to 1 interviews and focus groups. The evaluation team were able to note the recurrence of a number of themes as a result of these interviews. In addition 6 members of LTTMP team were interviewed in a focus group. LTTMP team staff members also completed a reflective diary summary in which they were able to identify and discuss anything that they felt had impacted on their experience.

Impact of LTTMP performance on care homes

Focus Groups and one to one interviews with care home managers, care home staff and the LTTMP team all identified opportunities for participants including residents to engage in the performance elements of the LTTM Studio Programme.

Care home managers during interview viewed the performance element as easier to accommodate – more of a day-long activity rather than a staff development programme.

During interview staff expressed an initial fear or reticence about fully extending their creative contribution. Although some had a clear recognition of achievement in overcoming this.

LTTMP team members in focus group interview and reflective dairies also felt that as the Studio programme developed they were obliged to develop additional coaching or training skills. This created a tension between their identity as actors and the need to also facilitate.

Performance

Without exception every member of staff talked positively about the impact that LTTMP had when they arrived for the performance. They were able to identify new discoveries about their capabilities as well as those of the residents. This is also evident in the edited DVD recordings that LTTMP team made of the performance day.

“...Ladder are very good at what they do”.

“...Watching the residents have funacting!..”

Staff Comments on Performance

“If this had happened to me a long time ago I would probably been able to do a lot of things cause I’m more confident.”

Care Home Staff Member

“...I discovered that I had abilities that I didn’t know I had...”

Care Home Staff Member

“....with ladder there is more embracing and it is an element that is required that isn’t clinical – the behaviours of staff can be very clinical – with newer staff the acceleration broke those barriers much quicker ...it does improve how residents are being cared for.”

Senior Manager

Frustrations were expressed during interviews by all participants, except residents, about the impact that the performance elements had on the routine work of the home.

“...ladder should come for half a day and deal the realities of staff primary demands and understand that it is a care home and not a studio set.”

Senior Manager

“Half module day doesn’t work – lacks context and continuity.”

“Culture shock.....my focus was splitI see it as activity entertainment and that creates an interference with the tasks that I have to do in order to complete my work.”

Care Home Staff Member

Evaluation Phase 1 - Ladder to the Moon Contribution

Performance

What we set out to do

Improve the culture of care using Relationship Theatre™, working in collaboration with management and staff to embed a person centred approach. Our expectation was that this would result in better standards of care over a long-term period.

What we learned

At the outset we did insufficient work to form the partnership required with commissioners and home managers to have everyone share the standard of person centred approach that the homes want to meet. A longer run in period, a pre-programme assessment of each home and more time spent building rapport and credibility as a training programme would have helped this.

All of the homes had other people contributing to activity and engagement work in their communities and 2 of the homes had experience of LTTM delivering different programmes. It took a very long time to have people understand what we were there to do.

Shaping the coaching and shooting events around the shifts and working responsibilities of the staff gave them a confused message about their responsibility to participate. Staff often felt unprepared to participate or guilty about being off the floor and this had to be addressed at the start of each day.

We experienced a gap between the managers intentions for staff development and staff perception of their role and what it was possible for them to do.

We made most progress with homes where team managers attended sessions with their teams and the home manger demonstrated a strong commitment to improving emotional experiences for staff and residents and had some previous experience of other coached community enablement models e.g. The Eden Project.

We did not achieve the level of collaboration we wished for with some home managers and felt that their absence from the coaching sessions and programme days meant that they missed opportunities to reflect with their staff groups and lead the changes they wanted.

While we contributed to prompting good standards of engagement and providing positive emotional experiences during our interventions we have no evidence of having made a lasting difference to the communities.



Staff Development (Coaching)

Within all care homes 87 members of staff took part in the coaching offered by LTTM within its Studio Programme. LTTMP delivered 72.6 directed coaching hours over the period of Phase One.

There were some recurring themes in relation to the Staff Development aspect of the Studio Programme.

There was a general lack of awareness from nearly all of the interviewees of the Studio Programme as a staff development programme.

“We were not exactly sure if it was really working and the staff was seeing it as learning and development. A lot of staff was seeing it as entertainment and an activity that residents were participating in.”

Care Home Manager

With the exception of one care home, care home managers expressed mixed feelings about the staff development elements of the studio programme.

“The coaching needs to be developed more definitively”.

Care Home Manager

Care home managers, while acknowledging the value of the impact of the studio programme on residents, identified a tension between the routine demands placed on staff and the release of the same staff to partake in the in-house training.

Where management was able to provide a degree of back fill to staff numbers there was less pressure and the tensions were consequently less.

Evaluation Phase 1 - Ladder to the Moon Contribution

Staff Development

What we set out to do

Replicate and enhance positive outcomes achieved elsewhere through the addition of coaching to the actor input. These have included richer relationships between residents and staff, improvement in resident self-esteem and reduction in isolation, enhanced communication and reminiscence.

What we learned

Staff had many reactions to what they were asked to do and nearly all of them had never been coached before, in group sessions many of them took on some robust personal coaching and many showed gains in leadership skills, self confidence, initiation and self expression.

There is no doubt we caused many moments of delight, joy and satisfaction for both staff and residents and we witnessed many enrichments of relationship. Staff frequently commented with satisfaction on what a resident or colleague had achieved. At the same time we frequently noticed a low capacity to savor positive emotions, or share and make plans on information emerging about residents' life stories, strengths, preferences, dreams and wishes.

Staff undertaking the programme assignments, which were designed to prompt non care based interactions, achieved many additional engagements with residents and colleagues.

We underestimated the level of permission staff felt 'to be' with residents. Managers often felt that this was clearly given yet many staff expressed the wish to be able to take more enabling approaches, felt that there was no time for them to do this.

'I'd love to do this but I can't unless someone takes over my block'.

Almost everywhere people felt stuck in systems and regulatory requirements which 'prevented' them doing more.

Staff who were willing to involve themselves in the creative processes of communication with residents got more out of their participation.

This reinforces our view that manager's participation in the programme is essential in order to model the approaches they want to see and facilitate the flexing of routines that block progress.

It also contributed to our conclusion that more value can be delivered when staff shifts are covered to enable them to be free and open to the training.

Between the homes there were variances in how staff responded to and understood their job roles. Firmly held conversations and beliefs were often holding shift based and group based, rather than person centred, daily routines in place.

The importance of emotional care and meaningful engagement was generally widely recognized and valued by individuals but there was generally a low priority given to emotional and engagement support planning. There were gaps between the aspirations of the senior management team and

staff on the floor.

The company reviewed every delivery day and held development days prior to all the 'events' of the Studio Programme. The learning in the first 5 months of the programme led to many different 'on the floor' trials testing how to engage staff engaged in task driven cultures.

Re-designing the delivery to 2 or 3 day programmes enabled staff to understand that the company was offering training rather than an activity for residents. The training days were designed to bring aspects of person centred thinking and positive psychology to support planning. The company evaluated some of the participants' response to its interventions. Participants, on the whole, liked both aspects of the training approach.

Staff and residents particularly appreciated the innovation of the 'scratch start' films which allowed them and the residents to create their own versions of 'This Is Your Life' and 'It's Your Film'. This allowed the community to appreciate and celebrate its individuals much more than the 'well known' film replications.



Conclusions and Recommendations

Clearly many things have either not gone to plan or have been hampered by delays and changes. We understand that the purpose of this pilot was to find out if the model works (including the evaluation model) and to learn from this experience in order to inform Phase 2 of the programme. We have made 13 recommendations as a result of the Phase 1 Pilot evaluation. It is in this context that we make these recommendations.

1. A detailed review of the way the coaching and performance elements of the studio programme are integrated is needed. LTTM should look at how integration can be seamlessly made while maintaining both the structure and integrity of the values of the studio programme. Getting the balance right between performance success, structured coaching and outcome sustainability is a key priority.
2. Developing and recruiting the right combination of skilled personnel with the capability to further enhance and develop self within the programme is also a key priority. Provide an appropriate staff development programme which includes working with people in care homes, facilitation and coaching skills.
3. More thorough and detailed planning and preparation regime that includes expectations from local authority managers, care homes and LTTM needs to be developed. Joint clarity and co-productive practice would engender a greater sense of responsible ownership from all stakeholders involved.
4. If LBC continue to manage and monitor the impact and delivery of LTTMP within its care homes, it will need to ensure that its care home managers are fully committed to the programme (this includes the capability to ensure that all ethical requirements (and training needed to complete) are adhered to). This will ensure that care home managers will support the development of their staff appropriately. This is a pro-active imperative rather than a reactive one. LTTM would also be required to provide greater detail on the overall purpose of its programme in all elements and provide a more detailed list of requirements of the homes. In this way many of the unexpected impositions experienced by both care homes and LTTM can be avoided.
5. The LTTME team will re-consider the usefulness of the survey for phase two.
6. Without a doubt more effective preplanning to prepare both the care home strategic decision makers and well as care home managers to facilitate the requirements of both LTTMP team and the care homes themselves would be essential in future programmes.
7. LTTM will need to make efforts to ensure that Phase Two Studio Programme provision is developed enough to meet the aims of the programme. This will require an improved degree of stability that encompasses appropriate modes of delivery to meet the initial aims of the Studio Programme. If this cannot be done LTTM will need to review its aims to ensure

they are commensurate with how the product/s will be offered and delivered within care homes.

8. The coaching elements of the studio programme are integrated within the whole of the studio programme. This places additional demands on the Actors employed by LTTM. LTTM will need to further develop the capabilities of its staff in order to support these additional skill sets needed.
9. Given that the demographic make-up of each home varies, we would recommend that LTTM should work positively within the diversity agendas that are present within the sector and within each care home. We feel that this would add value to the staff development programme overall. This would provide a much more detailed bespoke landscape within which the actors, staff, coaches, and care homes can demonstrate how they could maximise the impact of their product/s.
10. The formal coaching element needs to have a system in place to identify the key learning outcomes of the coaching process.
11. Pre planning is important for an effective evaluation as well as for the delivery of the Studio Programme. It is important to ensure that enough lead in time is planned in order to process and obtain ethics approval and to undertake appropriate consenting and capacity assessment before an evaluation can begin. An integrated approach to the preparation of Care Homes and their staff from management downward is desirable. For Phase Two the governance arrangements applicable to ethics and consenting needs to be simplified and responsibility for leading this process should lie with the LTTME team.
12. LTTME team and LTTM will need to review how to effectively collect quality of life data from residents. Although some data was collected via staff during the focus group and one to one interviews, the active participation of residents or their consultees is crucial. LTTME team will present the result of this review to LTTM for further consideration.
13. LTTME team will review the need and redesign the best instrument and parameters within which to collect economic data from care homes and care home staff members for Phase Two. LTTME team will present the result of this review to LTTM for further consideration.

Evaluation Phase 1 - Ladder to the Moon Contribution

Moving forward

Our learning in year one has resulted in key changes to the Studio Programme which has been developed to 3 separate products:

- *The Studio Day (a taster session)*

- *The Studio Programme (a Studio Day plus 2 days of staff training)*
- *The Whole Home Studio Programme (repeated Studio Programmes provided for each team in a home)*

The company is receiving encouraging feedback from companies undertaking these programmes. Further details of these developments are available on our web-site.

Ladder to the Moon is now embedding evaluation into its partnerships with customers. To date this has included pre and post programme questionnaires for all staff (including participants), and relatives. In addition we have built in goal setting and review meetings with managers. Looking forward the company wants to embed evaluation processes which measure how well individuals and communities are flourishing, as well as learning and life quality outcomes.

Note : A full version of this report is available. Please contact Naidoo and Associates at the address below.

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