

My Home Life NI

The Underpinning principles and their use in
all Social care roles

NISCC Social Care Managers' Forums

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TODAY – a taster session

Why did you come here today?

Image cards - purpose

Visual Inquiry involves the use of generic images as a way in which to open up conversation. Research has shown that the sharing generated through the use of images can be more detailed than occurs when only verbal means are used. The use of the Visual Inquiry method can help to build connection between people, as they share in real and meaningful ways, while staying safe and only sharing what they feel comfortable with. Other benefits to using this method are that the images can evoke ideas, thoughts and feelings that the person participating was previously unaware of themselves. Therefore, the learning generated can be new both for the person picking the image and those who are listening to what they share.

The Where and When

- Meetings with relatives/service users/staff/people who use the care service
- At start or finish of meeting as a way of gathering thoughts/feelings
- To inquire about a particular topic e.g. asking a relative to describe what a really good visit/meeting/care delivery would look like for them
- Aid to reminiscence exercise with service users/clients/person who use services living with dementia

What is My Home Life (MHL)?

- An international initiative that promotes quality of life for Older people
- A bespoke Leadership programme - focus on empowering, supporting and connecting Leaders to facilitate change.
- Achieved by supporting participants to enhance their leadership skills through a programme of action learning and quality improvement.
- Initially developed for care homes but increasingly used in other health & social care settings including Domiciliary, Midwifery and acute care.

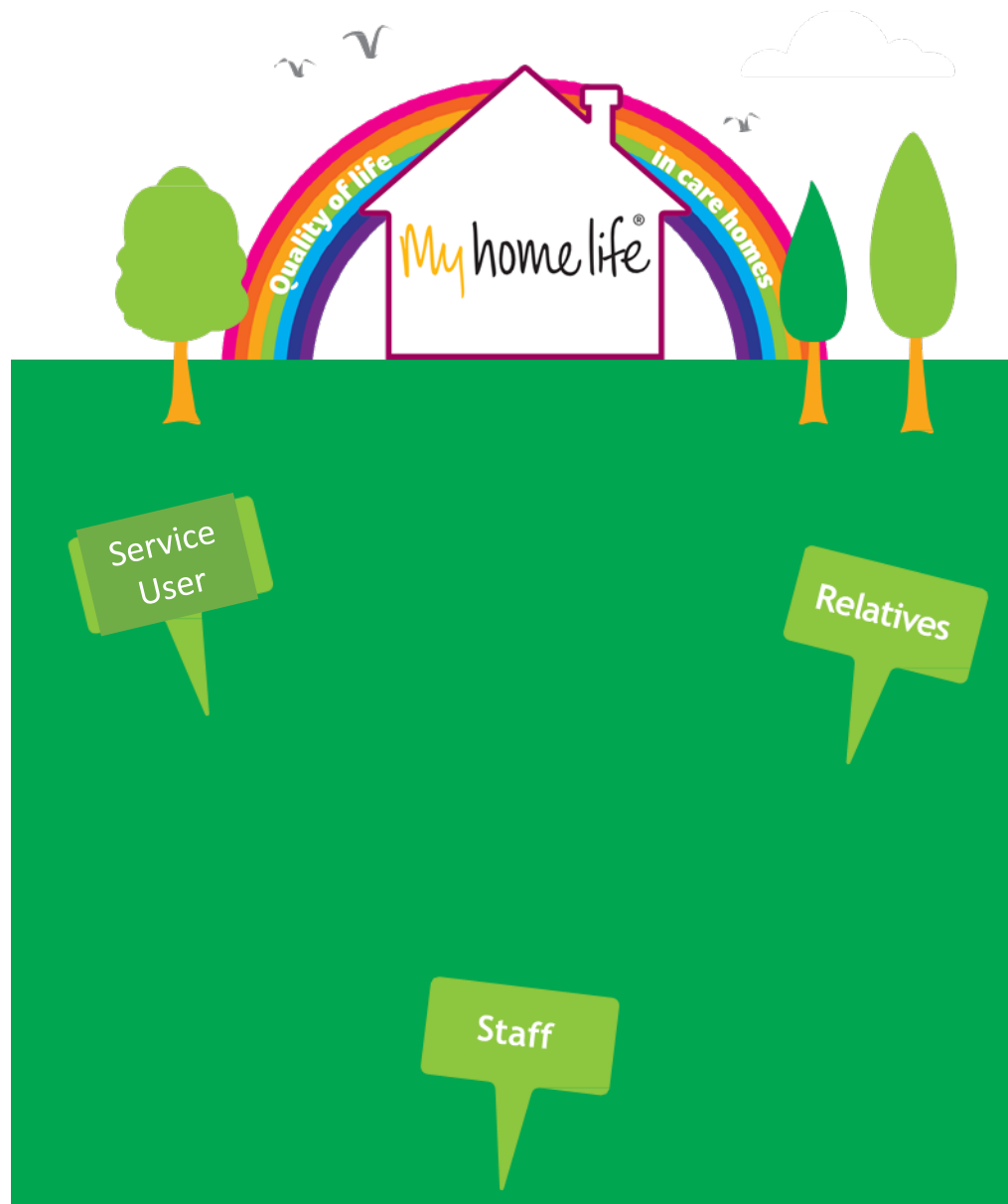
The standard – MHL Leadership Support Programme

Over 7-10 months

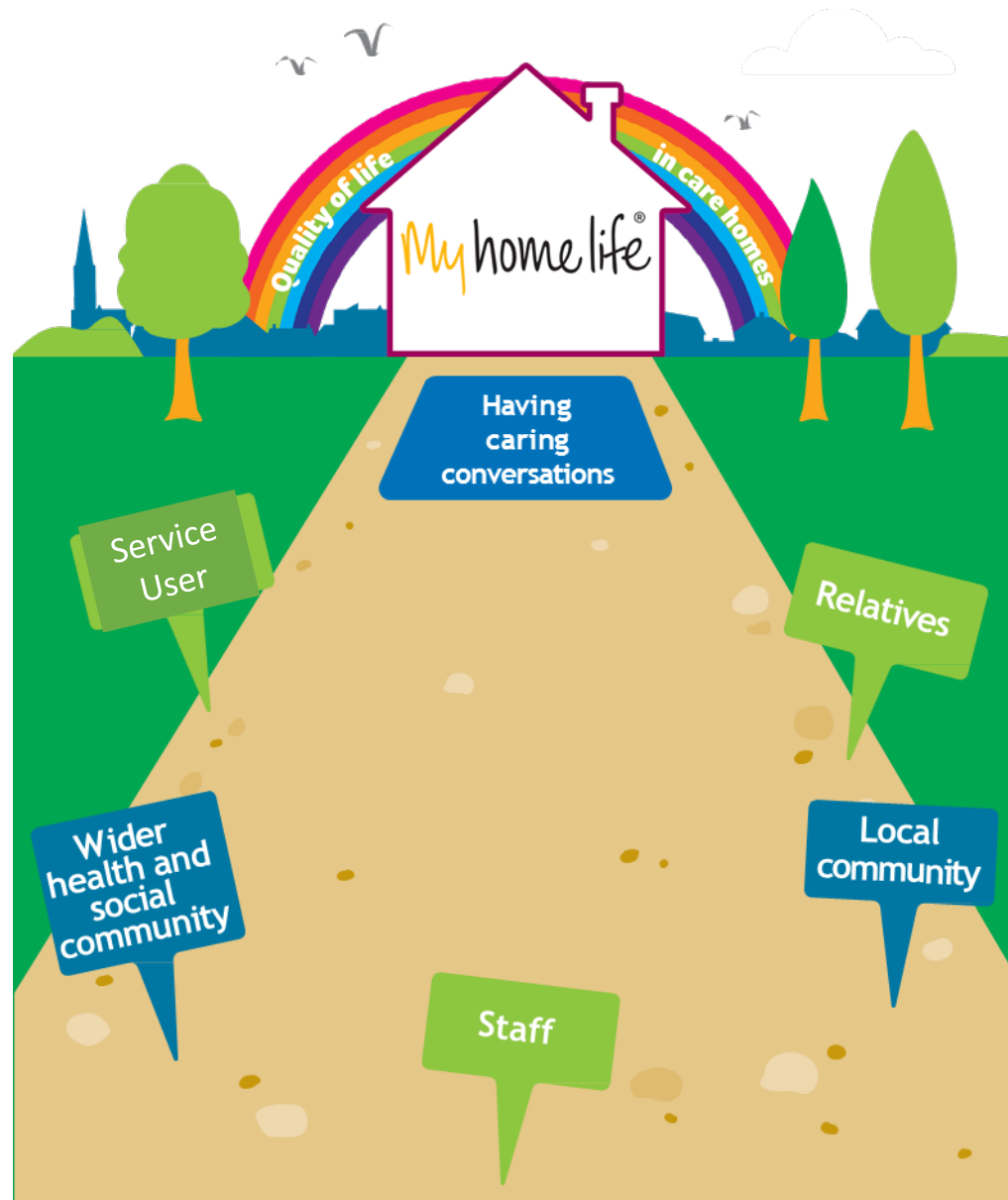
- 4 workshops – 3 days + 1day
- 7 action learning sessions
- 4 QI workshops
- Delivery by a trained MHL Facilitator

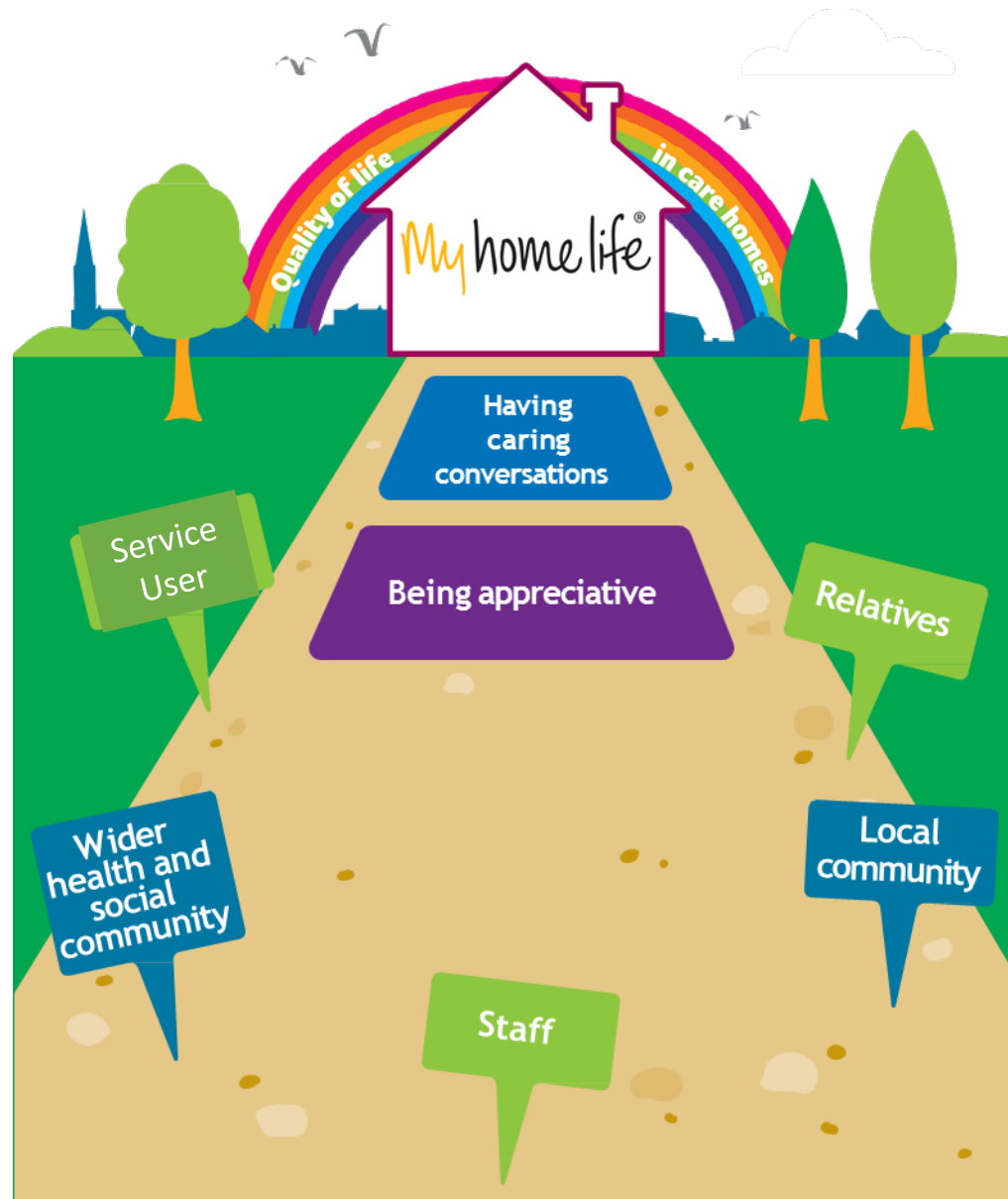
- Currently completing mapping to create Guidance for Level 5 evidence

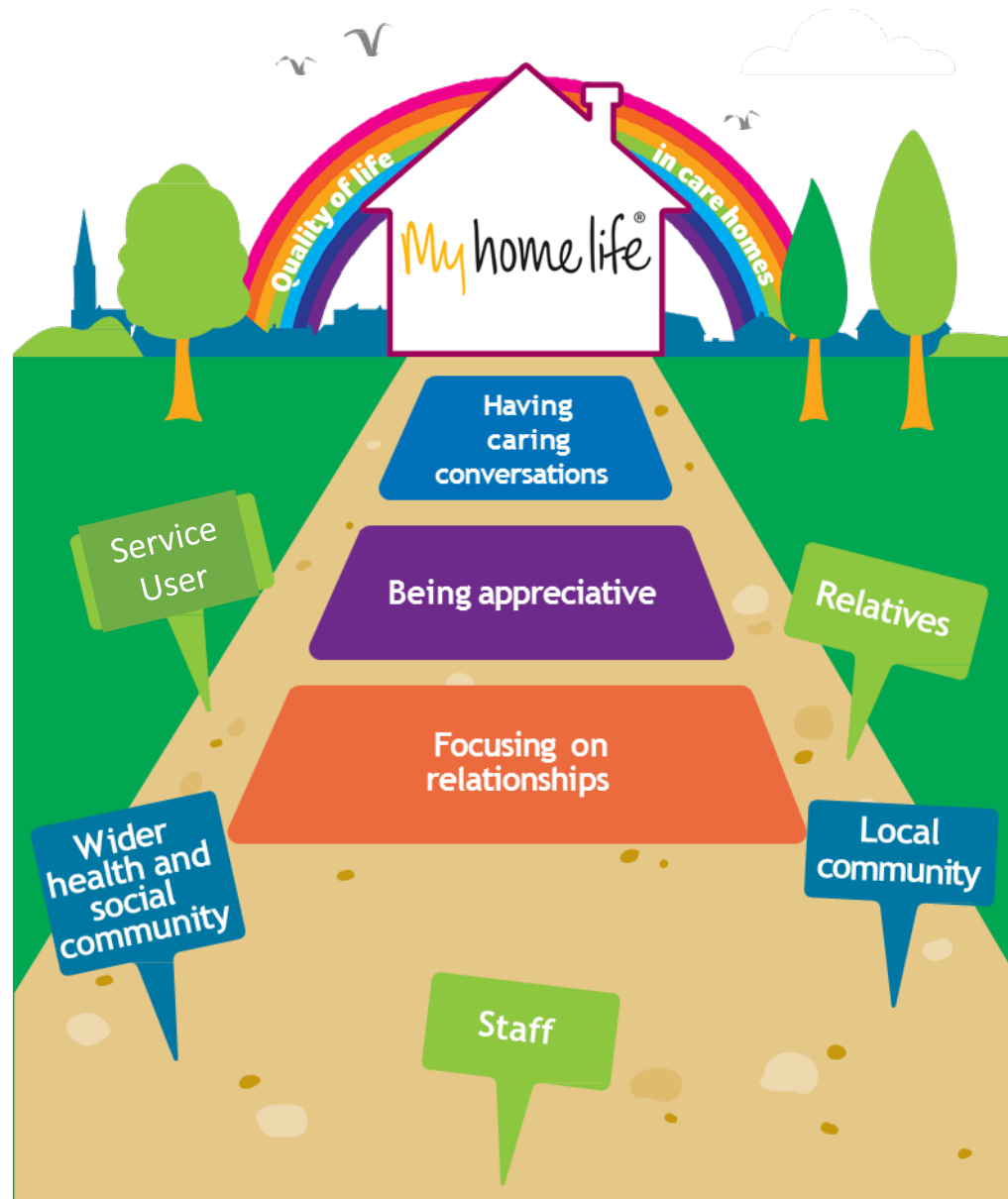
However, the core frameworks & tools have many different delivery approaches











4 key frameworks
are the basis for the
programme



Developing best practice together

Framework 1

Personalisation

- Maintaining identity
- Sharing decision-making
- Creating community

Navigation (Integration)

- Facilitating transitions
- Improving health and health care
- Supporting good end-of-life

Transformation

- Developing the workforce
- Promoting positive culture



Focusing on relationships Framework 2

Feeling a sense of:

- Security
- Belonging
- Continuity
- Purpose
- Achievement
- Significance

Nolan et al (2006)



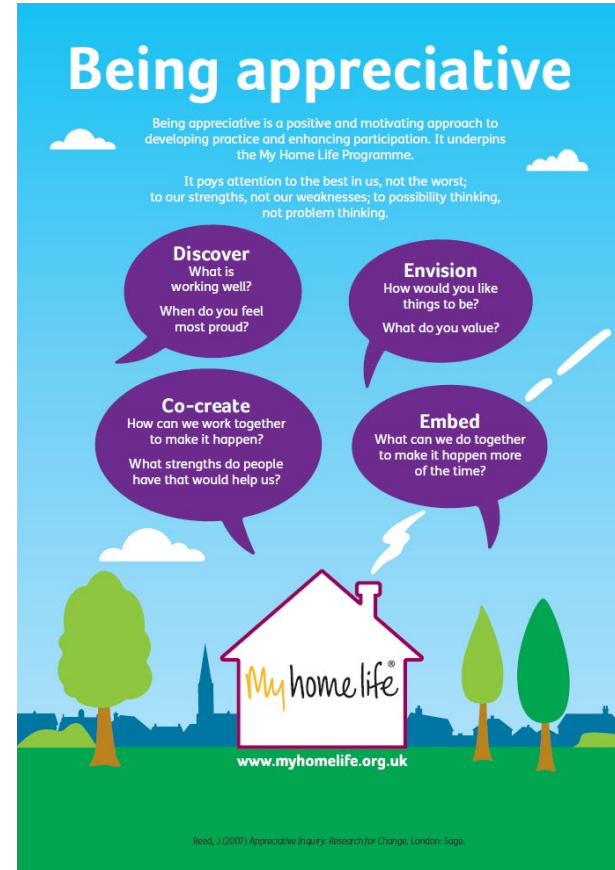
Being appreciative Framework 3

Strengths based:

Discovering what works well and why,
what matters and what we care about
and using this as the impetus for
development

- Discover
- Envision
- Co-create
- Embed

Reed (2007)



Having caring conversations Framework 4

- Celebrate
- Becoming curious
- Connecting emotionally
- Considering other perspectives
- Collaborate
- Compromise
- Becoming courageous

Dewar & Nolan (2013)



Action Learning

- Action Learning is a continuous process of learning and reflection, supported by colleagues, with an intention of improving practice.
- Underpinned by the belief that individuals learn best when they learn with and from each other by working on real problems and reflecting on their own experience.
- Participants are guided by the MHL facilitator to resolve the complex everyday issues that impact upon quality of life in their care home.

Quality Improvement Strand

- Participants elect a QI topic to work on as part of a group
- Linked with the My Home Life themes and reviews the evidence-base for best practice.
- Aligned to Department of Health objectives, RQIA focus, & ECCF outcomes

What is the impact of MHL?

Quantitative Data/ POWCS Survey	Pre	Post
Quality of leadership I offer	27%	42%
My staff's ability to take initiative	31%	69%
My understanding of improving culture	35%	69%
My levels of stress	70%	22%
My enthusiasm for working in care sector	20%	46%
My job satisfaction	20%	52%
My sense of personal achievement	28%	67%
Quality of life of my Residents	31%	58%
Quality of interaction between staff & relatives	28%	50%

Where to from here

- Currently funded by DoH and all care homes are actively encouraged by DoH and RQIA to avail of this free opportunity whilst funding exists.
- New future possibilities across Health & Social care
- Motivated to raise profile of all Health & Social care workers

Turning to one another – Margaret Wheatly

There is no power greater than a community discovering what it cares about.

Ask: “What’s possible?” not “What’s wrong?” Keep asking.

Notice what you care about.

Assume that many others share your dreams.

Be brave enough to start a conversation that matters.

Talk to people you know.

Talk to people you don’t know.

Talk to people you never talk to.

Be intrigued by the differences you hear. Expect to be surprised.

Treasure curiosity more than certainty.

Invite in everybody who cares to work on what’s possible.

Acknowledge that everyone is an expert about something.

Know that creative solutions come from new connections.

Remember, you don’t fear people whose story you know.

Real listening always brings people closer together.

Trust that meaningful conversations can change your world.

Rely on human goodness. Stay together.

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