

Start With
People
Conference
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Creating Collaborative Stories in a Time of Covid 19

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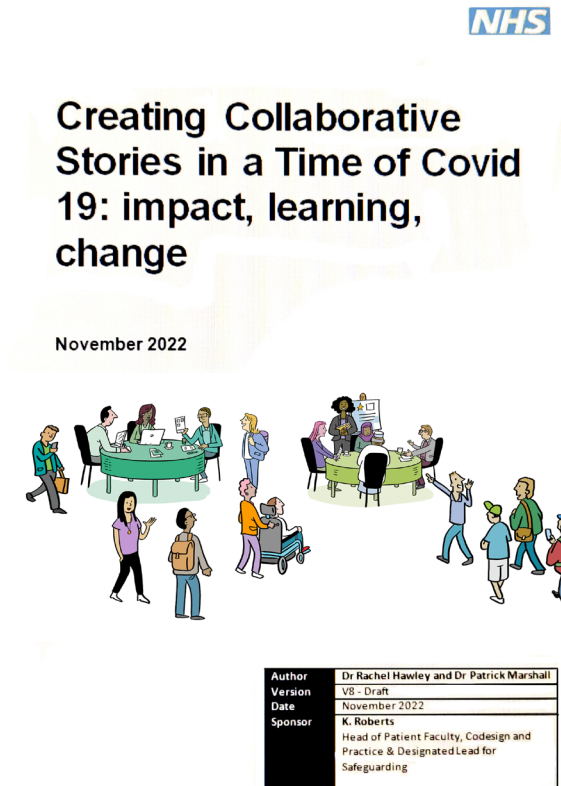
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Bernie's story



A shared endeavour



Rachel Hawley –



Patrick Marshall –

The liminal
connection –
Why being on
the edge can be
powerful



Overview of the session

A conversation to:

- Share learning from the research: the evidence base
- Explore an approach to show how narrative research works in practice to improve relationships
- Show how portraiture can be used to capture people experience and illuminate the the relational dynamic of power





Creating Collaborative Stories in Covid 19 is a project, to collect stories, from staff, patients and carers, so we can understand about how health and social care can feel more connected and collaborative and to make it a better experience for people using services – capturing the learning from Covid – creating the conditions for collaborative relationships in healthcare.

Our approach

- Thirteen participants across a range of perspectives
- One narrative interview (Zoom)
- Narrative analysis using principles of Voice-Centered Relational Analysis
- Six themes: the importance of relationships - safe spaces - creativity - valuing real stories - cultures of kindness and wellbeing - humanising leadership (beyond hierarchy and labels)
- A report and short animated film



The policy connection

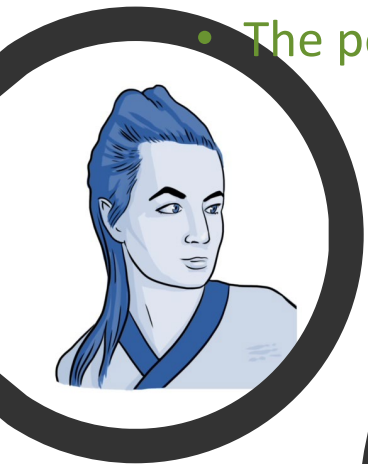
“Action from the Interim People Plan was underway to increase support and recognition for our people. Then the start of Covid 19 changed everything. Colleagues and loved ones were lost, and our people gave more of themselves than ever before. The public responded with appreciation and warmth. The clapping has now stopped, but our people must remain at the heart of our NHS, and our nation as we rebuild”

(NHS People Plan, 2020)



Perspectives of power: impact, learning, change

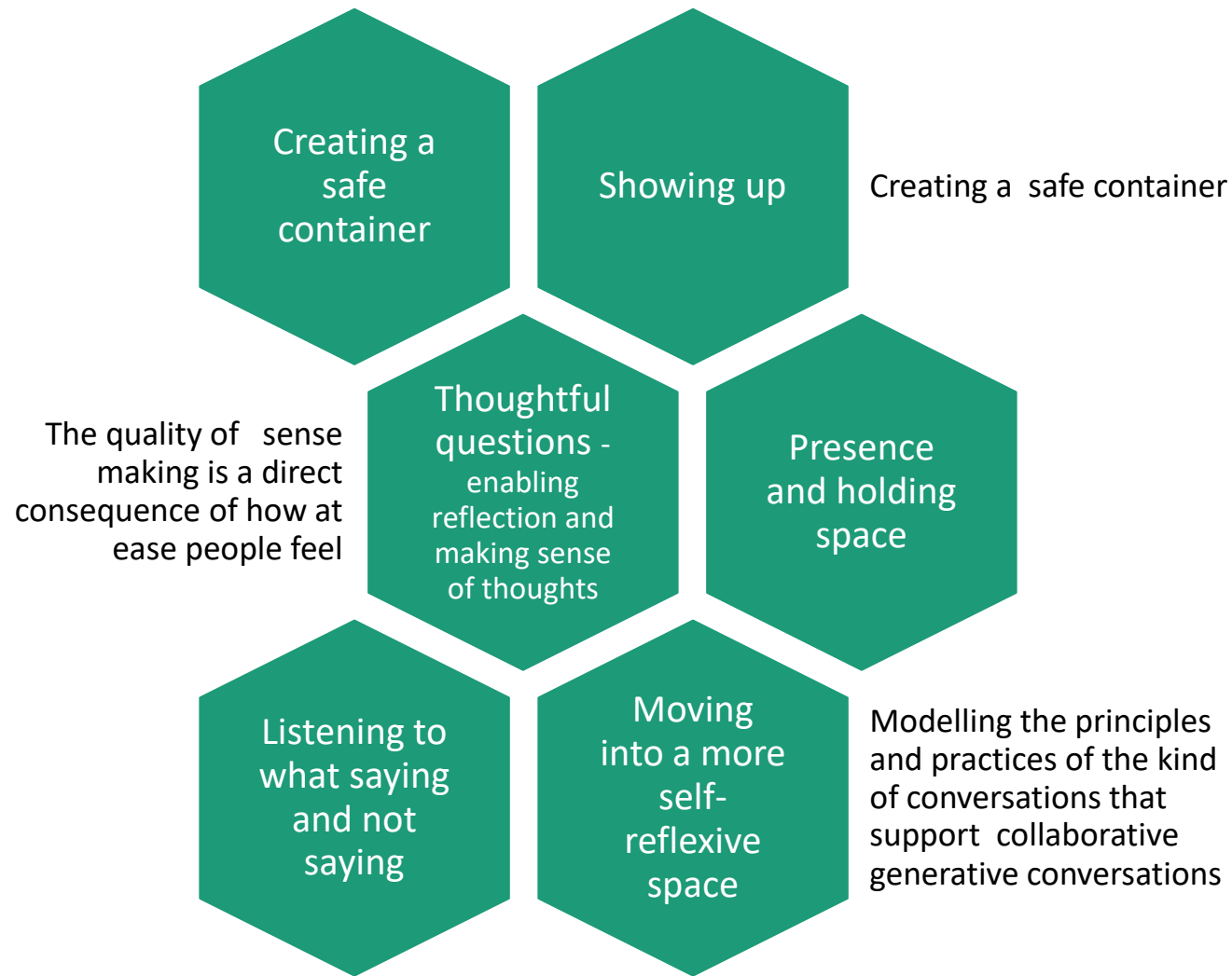
- Creating **collaborative** stories
- A range of **perspectives**, staff and public
- Bringing **peoples voices** to the fore
- Scaffolding stories **without distortion**
- **Modelling** principles of engagement
- **The power of people stories**





Bernie's story





Principles and practice of portraiture

Finding portraiture

Reading 1	Reading for story: Attended to the broad story (ies) and context within the narrative. A focus on leader story(ies) told in the data but also the researcher response to the story and how the researcher interpreted and constructed the data analysis.
Reading 2	Reading for leaders' voice (perspectives): Attended to how leaders spoke of themselves. A focus on how leaders made meaning and how this was influenced and actioned in their perspectives on public engagement.
Reading 3	Reading for leaders' artefacts: Attended to how participants expressed themselves visually in relation to leadership and public engagement. A focus on exploring what participant selected artefacts symbolically represented for participants e.g., in relation to their leadership.
Reading 4	Reading for relationships: A focus on how leaders spoke of others. Attended to the relational dynamics including others, self, and values.
Reading 5	Reading for context: Attended to how participants speak of their surrounding context for public engagement. A focus on connecting micro and macro level structures and processes for public engagement situating participants in their professional, cultural, and social context for collaborative leadership.

Scaffolding the portraits

Stage 1	Portraits begin with an introduction and elements of contextual information to draw the reader in.
Stage 2	Emergent themes are used to frame individual leader perspectives guiding the organisation and presentation of the presentation of findings in ways that surface relational aspects of the data. The themes help in forming a metaphorical scaffolding for the portraits; crafting, reading, meaning making.
Stage 3	Extracts from interviews are included to authenticate participant voices.
Stage 4 (if artefacts are used)	The inclusion of visual representations such as participant artefacts form a conduit for representing peoples experience e.g., sense of professional identity. If used these are integrated within portraits and any subsequent discussion on the findings.
Stage 5	it is important to ensure that the data presented was an authentic representation of peoples views. Inviting participants to authenticate the interpretations of their portrait - addressing validity, authenticity, and trust.



Jyoti's story



Pause for reflection – activity

- Conversation in small groups to talk about experiences of power.
- Consider power in your organisation - an example to share.
 - where was power used well?
 - where was power used poorly?
- What is the story? - using the framework
- Capture 2-3 key messages.

Plenary conversation - sharing stories

- What stories of power emerged?
- Consider word(s) / short phrase(s) that reflect your thoughts on portraiture.
- What might this mean for you?



Ella's story



The relationship of findings to power

When power was used well:

- Supported
- Connection (shared, reciprocal)
- Human: teams as family
- Improved wellbeing
- Understanding context
- Greater resilience
- Belonging

• When power was used poorly:

- Unheard
- Stories of distortion
- Unsupported
- Dis-connection
- Impact on emotional and physical wellbeing
- Less resilient

Key themes - our findings

The following themes emerged from participant stories:

- The importance of relationships and good communications
- Making safe spaces for reflection, learning and change
- Creativity – celebrating the magical moments
- Stories – valuing real stories
- Cultures of kindness and wellbeing
- Humanising leadership – beyond hierarchy and labels

A call to action

- Focus on creating positive relationships between the NHS and communities, patients and staff
- Enabling creativity and innovation to enrich communication. e.g., public health messages
- Creating safe spaces for reflection, learning and change
- Research, which highlights patient experience is important
- Senior leaders must 'hear' and 'see' the reality on the ground as experienced by staff, patients and carers – humanising leadership

Final reflection



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CO-DESIGN

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Continuing the conversation

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