Terri Salt

TOWARDS *Outstanding*

A Staff Training Resource for Health and Social Care

Towards Outstanding

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Contents

All of the handouts and PowerPoint slides needed to run the training in this manual can be downloaded at www.pavpub.com/towards-outstanding-tp-resources/

Session 1: First impressions – people

Objectives for the day

- Participants will recognise that first impressions can impact on how we perceive other people.
- Participants will be able to consider how first impressions may impact on the care and treatment people receive.
- Participants will be able to consider the first impression they want to give to others and reflect on whether they present in this way.

Small group work

Choose the groups before the session to smooth the process. Groups will ideally be between six and eight people – too few and discussion is more limited, too many and it's likely there will be people who don't feel engaged. Either give name stickers with a colour as they arrive, pick a playing card, or some other innocuous way of mixing people up (see Choosing groups on page 12). All of the handouts and PowerPoint slides for the session can be downloaded at www.pavpub.com/towards-outstanding-tp-resources/

Time	Programme content	Notes	Resources
10:00	Housekeeping. Introduce facilitators and any essential information: ▶ Lavatories ▶ Timekeeping ▶ Phones ▶ Health and Safety information Go through the learning objectives.	Show Slide 1.1 while running through the housekeeping issues. Show Slide 1.2 and run through the learning objectives.	Slides 1.1 and 1.2
10:30	Introductions and Icebreaker: I remember this year because…	Either in small groups or as a whole group dependent on size: ▶ Each participant takes a coin from a bag as they enter the room. ▶ They introduce themselves if they are not known to each other.	Bag of coins →

Time	Programme content	Notes	Resources
	(Continued)	▶ If they do know each other move straight to, 'I remember this year because…' (For more information, see Icebeakers on page 8.)	
11:00	Who is this person?	▶ Distribute **Handout 1.1** and ask participants to decide, individually, five things about the person in the picture. ▶ Accept that they don't know anything, and it is just guesswork. Encourage them to make judgments based on what they see. ▶ After about five minutes or so, show Slide 1.3 – don't say anything. ▶ Ask them in small groups to decide on five adjectives to describe each of the people in the picture. ▶ Each group then shares back their adjectives with the bigger group. Write these on a flip chart if you would like. ▶ Finally show Slide 1.4 and ask whether it changes their view. Allow a discussion around our perceptions and how we judge people we don't know.	Handout 1.1 – enough for each person to have a copy. Slides 1.3 and 1.4
12:00	As others see us	Give everyone a copy of **Handout 1.2** and ask them to complete it. They need to complete the handout on their own, thinking about how they would like to come across and what message they want to send out to others.	Handout 1.2 – enough for each person to have a copy.
12:15	Sharing what we want to be	In small groups, ask participants to share how they would like to come across and what messages they want to send out to others on first meeting.	None
12:45	Lunch break	There is time built in for slippage.	
13:30	Good first impressions	▶ In small groups, ask participants to draw and annotate their perfect first impression. What do they see when they meet someone and instantly warm to them? What are the things that make us feel good about someone we have just met? ▶ Give 45 minutes and then everyone re-joins as one group and feeds back their 'person'.	Flip chart sheets →

Time	Programme content	Notes	Resources
	(Continued)	▶ Facilitator should have some questions about what makes people approachable and what makes people seem unapproachable or disinterested. This can be linked to behaviours that are job related – a GP looking at the screen rather than the patient, a care assistant opening the front door and not introducing themselves, a ward receptionist not looking up when someone arrives at the nurse's station. Write the participants ideas down on the flip chart. ▶ This is a good opportunity for people to grab tea and go to the lavatory during discussion time, rather than setting another formal break.	
14:30	What would the alien see?	▶ Ask the participants to get into small groups and discuss the questions on **Handout 1.3**. ▶ Allow 40 minutes in small groups (ten minutes per question) and then get everyone back into a large group to discuss for 20 minutes as a whole.	Handout 1.3 – enough for each person to have a copy. Flip chart to write key points for sharing.
15:30	Personal pledges	▶ In the bigger group, ask people to think about how staff can ensure a better first impression of them as individuals, but also of the service. Ask whether they always say, "Hello, my name is…" or another form of introduction that encourages partnership. Ask whether uniforms are worn correctly at all times? Ask whether they make eye contact and smile? ▶ After a brief discussion, ask everyone to make a personal pledge: just one thing they will improve about the first impression that they give. Make a note of it and encourage them to revisit it in a fortnight's time. ▶ If anyone is brave enough to share their pledge, that is a good thing.	None
16:00	Closing round up	▶ Ask if there are any questions, any comments. ▶ Thank everyone for coming and say goodbye.	

Handout 1.1

Note down five adjectives that come to mind when you think about this person. You don't know him, but what do you think about him? Why do you feel as you do?

1.

2.

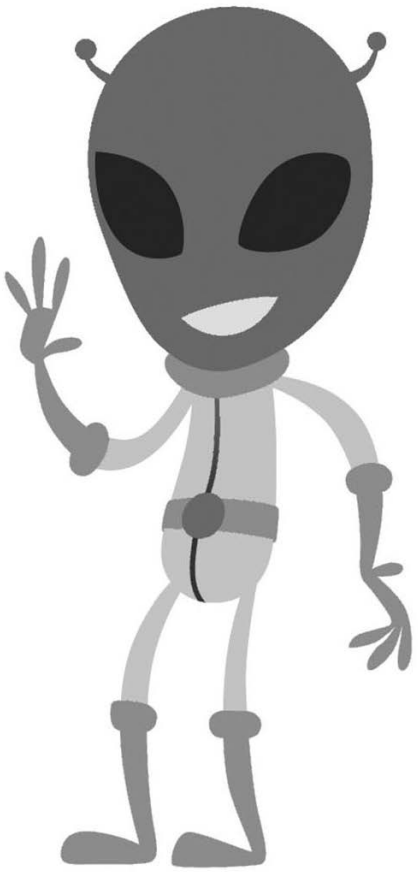
3.

4.

5.

Handout 1.2

Imagine you were being described by an alien who was visiting your service (or part of the service) for the first time. The alien cannot put things into context or make assumptions about how busy you are or how tired you are; they can only report things as they find them.



How would you want them to describe you?

What would you want them to say about the way you dress for work?

What would you want them to say about your personal grooming?

What would you want them to say about your facial expressions and movement?

What would you want them to say about your body language?

What would you want them to say about your behaviours?

Handout 1.3

In your groups discuss the following questions:

1. How different do you think the view you want the alien to take back to the spaceship is from the everyday reality?

2. When are the times when the perfect impression slips?

3. What are the barriers to presenting a very good first impression?

4. Do you think everyone would see the same first impression? What might make it different for some people arriving at your service? Do you ever 'put on a show'? When might you do this and why?

Session 2: Honesty and integrity

Objectives for the day

- Participants will recognise that honesty and integrity are essential characteristics when providing care or treatment.
- Participants will recognise the risks of dishonesty in health and social care services.
- Participants will be able to consider their own value base and whether they demonstrate integrity.

Small group work

Choose the groups before the session to smooth the process. Groups will ideally be between six and eight people – too few and discussion is more limited, too many and it's likely there will be people who don't feel engaged. Either give name stickers with a colour as they arrive, pick a playing card, or some other innocuous way of mixing people up (see Choosing groups on page 12). All of the handouts and PowerPoint slides for the session can be downloaded at www.pavpub.com/towards-outstanding-tp-resources/

Time	Programme content	Notes	Resources
10:00	Housekeeping. Introduce yourself and any essential information: ▶ Lavatories ▶ Timekeeping ▶ Phones ▶ Health and Safety information Go through the learning objectives.	Show Slide 2.1 while running through the housekeeping issues. Show Slide 2.2 and run through the learning objectives.	Slides 2.1 and 2.2
10:30	Introductions and icebreaker: Two truths and a lie	▶ Either in small groups or as a whole group dependent on size: ▶ Each person has a few minutes to think of two truthful things about themselves and to make up one thing that isn't true. ▶ It can be very small things ("My cat is called Flamingo") or bigger things ("I went to lunch at Buckingham Palace"). ▶ Each person has to share their three things and try to outwit the others in their group by getting them to guess incorrectly. (For more information, see Icebeakers on page 8.)	
11:00	Do I tell the truth?	This exercise should be done in small groups. ▶ Give out copies of **Handout 2.1** and ask each person to complete it by colouring in the relevant answer boxes for each question. Don't give too much time to this – it needs people not to think too much about their answers. ▶ Remaining in small groups, people share their results by holding up their handouts so everyone can see how many of the 'yes' answers are blocked out. ▶ Lead a discussion around what this tells us about telling the truth and integrity.	Handout 2.1
11:45	Refreshment break		
12:00	Scenarios	Remaining in the same small groups: ▶ Give out copies of **Handout 2.2**.	Handout 2.2

Time	Programme content	Notes	Resources
	(Continued)	▶ The scenarios can be used generically or adapted to each service type. Some are similar but varied for different service types. You don't need all the scenarios. Cut into separate questions. ▶ Ask the groups to discuss the right thing to do in their scenario, the challenges or barriers and the risks of not doing the right thing. ▶ Come back together as a large group to feedback and discuss any points raised about the impact of a lack of honesty or integrity on safety, trust, teamwork and culture.	Sufficient appropriate scenarios to have the same 4 scenarios for each group.
13:15	Lunch break		
14:00	Integrity behaviours	▶ Get everyone into their small groups and show Slide 2.3. ▶ Give each group a sheet of flip chart paper. ▶ Explain that the groups need to design a behaviour framework for integrity. They need to identify positive indicators and negative indicators for their work setting. The behaviours must be objective and able to be measured, not too vague. What does integrity and honesty look like? ▶ They need to draw their behaviour framework onto flip chart paper. ▶ Explain that the slide is designed for a seafood restaurant. ▶ Get everyone back together and ask each group to present their framework. Are there any similarities? ▶ This is a good time for people to help themselves to tea and coffee or loo breaks.	Flip chart paper and Slide 2.3
15:15	Personal Pledges	▶ Ask each person to note down a pledge they will make to help the service become a more honest environment. Ask a few people to share their pledges.	
15:30	Closing round up	▶ Ask if there are any questions, any comments. ▶ Thank everyone for coming and say goodbye.	

Handout 2.1

Have you ever...	Yes	No
Told someone they looked nice when they didn't?		
Told someone their cooking was delicious when it wasn't?		
Not said anything when you've been given too much change?		
Told someone you liked their haircut when you didn't?		
Phoned in sick when you were hungover, or just not feeling like it?		
Told someone who was begging that you don't have any change?		
Laughed at someone's joke when you didn't think it was funny?		
Denied having the last two biscuits, piece of cake or too many sweets?		
Told your parents you had done your homework when you hadn't?		
Told someone they hadn't aged at all since you last saw them?		
Not told the owner when you have broken something?		
Made up an excuse as to why you were late?		
Pretended to have a prior commitment when you wanted to avoid a social event?		
Said you've had less alcohol to drink than you had?		
Made up appointments in your work diary to give you time for admin work?		
Said you'd lost mobile reception to finish a call early?		
Skipped to the end of your online mandatory training and just done the quiz?		
Told someone 'It's in the post' knowing that it wasn't?		
Taken a few minutes extra on your break?		
Exaggerated a little on an insurance claim?		
Exaggerated or 'spun' your CV or a job application a little to make it more impressive?		
Hidden that you had forgotten something?		

Will anyone confess to having:

- Taken an extra day off before their holiday or to have a long weekend away and made up an illness?
- Been to the funeral of a non-existent relative?
- Found something of value and kept it?
- Made up entries on charts?
- Told someone that something was going to be fine when you knew it wasn't?

Handout 2.2

Scenario A

When you are in the office you see that Mike has completed a claim for expenses he has not incurred as part of his work. Mike is your line manager and you usually get on very well. It amounts to about an extra £40 in mileage and you know he was with you on the date he claimed for a particularly long journey. You are aware that he has been struggling financially since he separated from his wife a few months ago.

Scenario B

Mrs Grubb's daughter says that she is worried that her mother will not cope at all well with being told she has not got long to live. She and her siblings do not want anyone discussing end of life care with her, as she thinks it will be very bad for her mental health. Mrs Grubb has a history of depression and has early stage dementia. She is very clear that she believes a DNACPR is not in her best interest and the family would 'want everything' done. You are aware Mrs Grubb already has a DNACPR form completed and agreed by the hospital team that she is under.

Scenario C

Last year, Freda, a friend who works on a medical ward, tells you they had a Never Event because a patient had their oxygen connected to the air instead by a junior doctor. She said it was lucky the patient was alright and didn't really seem to come to any harm. The matron was told and said she'd deal with it, but the latest CQC report has been published and says there have been no Never Events reported for the trust.

Scenario D

Last year, Freda, a friend who works on an elderly mental health care ward, tells you they had a Never Event because a patient had been scalded when being bathed. She said it was lucky the patient was alright with only reddened skin and a few small blisters; she didn't need to go to accident and emergency. The matron was told and said she'd deal with it, but the latest CQC report has been published and says there have been no Never Events reported for the trust.

Scenario E

You notice that all four patients that have been seen by the healthcare assistant this morning have their blood pressure recorded as 132/84mmHg with a pulse rate of 76.

Scenario F

When checking food and fluid charts, you notice that Mr Phipps does not have any food or drink recorded in the preceding 14 hours. The person caring for Mr Phipps tells you that it must be a mistake and they've just forgotten. They pick up the chart and fill it in with a comprehensive list of food and drink, including quantities, for the whole 14-hour period.

Handout 2.2

Scenario G

You hear a member of staff that you have been working with telling David's mother that David has been having a really good day and that he joined the group outing to the park in the morning and had been helping with cooking in the afternoon. You know this isn't true and that David has been quite distressed and refusing to come out of his room for the past few days.

Scenario H

You hear a member of staff that you have been working with telling Mr Marsh's daughter that he has been having a really good day and that he joined the group outing to the park in the morning and had been playing bingo in the lounge during the afternoon. You know this isn't true and that Mr Marsh has been quite distressed and refusing to come out of his room for the past few days.

Scenario I

Mrs Collins is quite upset and tells you that her son has been hitting her and stealing her jewellery. You know her son, Peter, is lovely and always helping her out around the home; he does her shopping and cleaning and is a devoted son. Mrs Collins has dementia and is not always able to understand. You know the bruises on her shoulder are where she fell, as Peter had told you about them a few days ago and asked about painkillers. He says she never really had much jewellery, apart from her wedding ring which is still on her finger. He says her talk of sapphire necklaces and emerald brooches is just her illness talking. He gets a bit upset and says its hard seeing the mother he loves in this condition and he feels helpless.

Scenario J

You see a 55-year-old patient who is unhappy because she feels 'fobbed off' and is worried about her bloated abdomen and pain. Her mother died of ovarian cancer aged 62 years and her aunt at 57 years. She says she told the doctor (a partner) about her pelvic pain, weight loss and distension but was told to come back in a month, if it hadn't settled. She says the doctor didn't even examine her and told her every woman gets some bloating and pelvic pain around the time of the menopause. You look at her records and the doctor has recorded a normal pelvic and abdominal examination but notes high levels of anxiety.

Scenario K

You hear a manager calling another member of staff by a racist name. They are shouting and saying the member of staff needs to learn to speak English properly. You are aware that this particular member of staff grew up in Glasgow and has a Scottish accent.

Handout 2.2

Scenario L

Mr Adamik hasn't been sleeping well for a few weeks and says it's making him ill. He says the other person told him he can't have any more of his sleeping tablets as they are too addictive. He wasn't sure who said it. He is usually prescribed Temazepam to help him during the periods when he can't sleep, so you check to see when he last had them. His drug chart shows that he had one tablet a night for a week and then this was increased to two tablets each night for the past two weeks. The stock of tablets appears to confirm the dosage given. When you speak to Mr Adamik, he says that can't be right as he definitely hasn't been allowed any sleeping tablets.

Scenario M

One of the support staff often helps themselves to a chocolate from the tin belonging to Mrs Whiteman. They are completely open about it and just laugh and say, "I'm having one of your chocolates, Doris. You don't mind, do you?"

Scenario N

One of the staff always takes more than their fair share of any gifts, chocolates, cakes or biscuits left for the whole staff group. They even take some home for their children.

Scenario O

A member of staff often parks in the disabled space at work because parking is limited. They borrow their mother-in-law's blue badge.

Session 3: Empathy as a tool for equality

Objectives for the day

- Participants will recognise that their feelings can help them understand others' experiences.
- Participants will be able to consider how empathy may impact on the care and treatment people receive.
- Participants will be able to consider using empathy to understand the behaviour and preferences of others.
- Participants will be able to understand that empathy builds equality.

Small group work

Choose the groups before the session to smooth the process. Groups will ideally be between six and eight people – too few and discussion is more limited, too many and it's likely there will be people who don't feel engaged. Either give name stickers with a colour as they arrive, pick a playing card, or some other innocuous way of mixing people up (see Choosing groups on page 12). All of the handouts and PowerPoint slides for the session can be downloaded at www.pavpub.com/towards-outstanding-tp-resources/

Time	Programme content	Notes	Resources
10:00	Housekeeping. Introduce facilitators and any essential information: ▶ Lavatories ▶ Timekeeping ▶ Phones ▶ Health and Safety information Go through the learning objectives.	Show Slide 3.1 while running through the housekeeping issues. Show Slide 3.2 and run through the learning objectives.	Slides 3.1 and 3.2
10:30	Introductions and icebreaker: Same but different	As a whole group: ▶ Give each person a copy of **Handout 3.1** and explain that they need to find others with the same and different characteristics. ▶ You might want to amend the characteristics on the handout to better suit the group.	Handout 3.1
11:00	Quiz	▶ Get everyone into small groups and explain that you are going to have a quiz. ▶ Give out copies of quiz. ▶ There are only four questions to be answered as a team. ▶ After 20 minutes, get the teams to swap answer sheets and mark each other's answers. Numerical answers are considered correct if within 5. ▶ Hold a brief discussion and then ask which group does research show are the most discriminated against in British society – not limited to those with protected characteristics. ▶ The correct answer is obese people – is this fair? Is it their 'fault'?	Slides 3.3 and 3.4 Handout 3.2 Answer sheet for each group
11:45	Refreshment break		
12:00	What would I feel?	Remaining in small groups: ▶ Give each group a sheet of flip chart paper. ▶ Ask the group to discuss the scenarios on Handout 3.3 Encourage them to explore it by imagining how they would feel in that situation.	Handout 3.3 Flip chart paper →

Time	Programme content	Notes	Resources
	(Continued)	▶ Ask them to write down their feelings on the flip chart. ▶ Then ask them to think about how they might react, what it might feel like a day later and what they might want to do about it. Encourage them to talk about the barriers to acting. ▶ Then encourage them to think how they might act as a witness or observer to the situation and think about what the right thing to do would be. ▶ Return and share with the larger group. There may be some story sharing – if there is, encourage the group to listen.	
13:30	Lunch		
14:15	Equality throughout life	▶ Show Slide 3.4 and ask people to work in their small groups to identify where the two children are likely to face inequality in their lives. ▶ Ask them to list the inequalities on the flip chart paper. ▶ Then ask them to use the internet to find out five facts about one of the inequalities they have identified. ▶ They then return to the big group and present their findings. ▶ Suggest people have tea and coffee during the session rather than putting in a break.	Slide 3.4 Flip chart Internet access
15:45	Personal Pledges	▶ Ask everyone to write down their personal pledge to reduce inequality in their work lives. It could be something big or something small. Every step in the right direction is a good step. ▶ Ask a few people to share their pledges.	
16:00	Closing round up	▶ Ask if there are any questions, any comments. ▶ Thank everyone for coming and say goodbye.	

Handout 3.1

Icebreaker – same but different

You need to move around the room finding one person who shares the same characteristic as you and one person who doesn't. Introduce yourselves and write their name in the box, until the sheet is complete.

Characteristic	Same	Different
Has pierced ears		
Has a tattoo		
Wears glasses or contact lenses		
Has a scar from surgery		
Is scared of spiders		
Enjoys eating oysters		
Can swim		
Sings in a choir		
Goes to a gym		
Drinks tea		
Has given birth		
Is vegetarian		
Has a dog		
Can curl tongue		

Handout 3.2

Quick Quiz

1. Name the groups the Equality Act 2010 offers protection to.

2. How much less than men of the same age do women in the UK aged 40 earn on average?

3. What is the percentage of ethnic minorities in elite professional and management roles in the UK?

4. What percentage of older employees believe that employers discriminate against them?

Answer sheet

Team name:

Question 1

1.

2.

3.

4.

5.

6.

7.

8.

9.

Question 2

Question 3

Question 4

Handout 3.3

Read the scenarios and imagine yourself in the situation. For each scenario discuss how you might be feeling when this happened and how you might feel a day later. What might you want to do about it and what might hold you back from acting?

Then imagine you are a witness to the situation – what might be the best thing to do? Think about the language you might use, what might be the right thing to do and what the risks of 'doing the right thing are. What do you think, in reality, you would actually do?

How would you feel?

Scenario 1

At a team meeting, the manager talks about problems with the new IT system. They look at you and say to everyone, "It's probably some of the oldies crashing the system". They laugh, as does everyone else. Then they ask you (imagine you are one of the oldest in the team) directly, "Did you understand the training?"

Scenario 2

The team are discussing their summer social event. You suggest that the team could get a very good deal, and only have to pay for drinks at your brother's restaurant if they went on a Thursday evening. One of the team says, "We can't eat there, we'd all end up with 'Delhi Belly' and be off work for three days".

Scenario 3

You are the only team member not sent a Christmas card. There is a letterbox that staff post their cards in and they are all given out at the end of the week. Most staff have a big pile of cards and you have none. The person handing out the post seems embarrassed and says quietly to you, "I don't think they were meaning to be unkind; they probably thought Muslims don't celebrate Christmas". You had sent everyone a card wishing them a happy Christmas.

Scenario 4

You are the most experienced and best qualified member applicant for a job. You know you are very good at your job, but you are not successful at interview. The feedback was very vague and talked about needing to learn to fit in more.

Scenario 5

You have returned to work after a period of sickness absence. Your manager referred you to occupational health and a plan was put in place to support you, but nobody is sticking to the plan. Other staff are rolling their eyes when you say you can't take on extra work at the moment and you hear whispered comments about laziness and 'using' your disability. Your manager just keeps passing you additional work and when you try to tell them it is making you unwell again, they tell you the jobs need doing and, "If you can't stand the heat, get out of the kitchen".

Session 4: Diversity and inclusion in practice

Objectives for the day

- Participants will understand where their views on people with protected characteristics come from.
- Participants will be able to understand that perception and reality may not be the same.
- Participants may begin to understand how they could improve the service they offer hard to reach groups.

Small group work

Choose the groups before the session to smooth the process. Groups will ideally be between six and eight people – too few and discussion is more limited, too many and it's likely there will be people who don't feel engaged. Either give name stickers with a colour as they arrive, pick a playing card, or some other innocuous way of mixing people up (see Choosing groups on page 12). All of the handouts and PowerPoint slides for the session can be downloaded at www.pavpub.com/towards-outstanding-tp-resources/

Time	Programme content	Notes	Resources
10:00	Housekeeping. Introduce facilitators and any essential information: ▶ Lavatories ▶ Timekeeping ▶ Phones ▶ Health and Safety information Go through the learning objectives.	Show Slide 4.1 while running through the housekeeping issues. Show Slide 4.2 and run through the learning objectives.	Slides 4.1 and 4.2
10:30	Introductions and icebreaker: eating worms or snails	▶ The trainer will need to persuade people that they are each going to try to eat a worm (or snail, if you can get chocolate or sweet snails). ▶ Reassure them they aren't alive but explain you really want people to try them. ▶ The trainer will need to persuade people that they are each going to try to eat a worm (or snail, if you can get chocolate or sweet snails). ▶ Reassure them they aren't alive but explain you really want people to try them. ▶ Split into small groups and give each group a jar. In the middle of their circle, appoint someone as the person to take charge of the worms/snails. ▶ Have the group write down how they are feeling at the idea of eating worms. Give everyone a worm/snail afterwards. ▶ Gather everyone back into the big group and ask what their feelings were and why people felt as they did? Where had their feelings around snails or worms as food come from? ▶ Maybe remind people that in many countries it is considered a delicacy to eat snails and that worms are also eaten in some countries.	Enough jam jars, with lids, to allow one per small group. Jam jars to be covered with a sock or something similar to make it opaque. A couple of bags of jelly worms or snails shared between the jam jars.
11:00	What is the problem?	▶ In small groups ask people to describe the difficulties that traveller families face. ▶ Encourage discussion about people's own attitudes and where they come from. ▶ Report back to the bigger group.	Slide 4.3 Flip chart paper

Time	Programme content	Notes	Resources
11:45	Refreshment break		
12:00	Why is it so difficult?	▶ In the main group before splitting, put up Slide 4.4 and ask them to consider: ▶ Attitudes of others and public perception ▶ A discomfort with difference ▶ Media portrayal ▶ Way of life/cultural practices ▶ Financial ▶ Access to services ▶ In small groups, ask people to consider why travellers face the difficulties that were shared earlier. ▶ On a separate sheet of paper ask the small groups to consider the same life and equality barriers for the two people selected from the people stories. ▶ Return to main group and have a brief discussion about any key points raised.	Slide 4.4 Flip chart paper Two people stories (see Appendix)
13:30	Lunch		
14:15	The service we offer	▶ Choose three people stories and ask the small groups to consider which of their particular needs and preferences might be best met by your service or the individual staff members. What do they do particularly well? ▶ Where is the service differentiated for each person? In a perfect world, what more could be done to offer each person personalised care or treatment? What stops this happening? How could you make what you do better?	Three people stories
15:45	Personal pledges	▶ Ask people to write down their personal pledge to reduce inequality in their work lives. It could be something big or something small. Every step in the right direction is a good step. ▶ Ask a few people to share the pledges.	
16:00	Closing round up	▶ Ask if there are any questions, any comments. ▶ Thank everyone for coming and say goodbye.	

Session 5: Keeping people safe

Objectives for the day

- Participants will have an improved understanding of how to protect people from abuse.
- Participants will be able to consider how they recognise and respond to risk factors and so reduce the risk of people suffering harm.

NB: This training is not intended to replace mandatory training around safeguarding. It is intended to build on the mandatory training and support staff to reflect and deepen their understanding of potential safeguarding risk and what measures they might take to reduce the risk of abuse occurring. It can be used for updating of training and can easily be modified to cover specific topics.

Small group work

Choose the groups before the session to smooth the process. Groups will ideally be between six and eight people – too few and discussion is more limited, too many and it's likely there will be people who don't feel engaged. Either give name stickers with a colour as they arrive, pick a playing card, or some other innocuous way of mixing people up (see Choosing groups on page 12). All of the handouts and PowerPoint slides for the session can be downloaded at www.pavpub.com/towards-outstanding-tp-resources/

Time	Programme content	Notes	Resources
10:00	Housekeeping. Introduce facilitators and any essential information: ▶ Lavatories ▶ Timekeeping ▶ Phones ▶ Health and Safety information Go through the learning objectives.	Show Slide 5.1 while running through the housekeeping issues. Show Slide 5.2 and run through the learning objectives.	Slides 5.1 and 5.2
10:30	Introductions and icebreaker: What makes you feel safe?	▶ Give out copies of **Handout 5.1**. ▶ In small groups, ask people to introduce themselves and share what things make them feel safe and what level of risk they are prepared to accept.	Handout 5.1
11:00	Where are the potential risks?	In small groups: ▶ Give each group a sheet of flip chart paper and two people stories each. ▶ Ask the group to read the stories and think about where there are potential vulnerabilities and what type of abuse the person may be at risk of and why they think this. ▶ Ask them to think about what it is that raises potential concerns. ▶ Gather everyone back into a large group and gather feedback.	People stories from the Appendix (use ones marked 'S') Flip chart paper
11:45	Coffee		
12:00	When a risk becomes a concern	▶ Remaining in small groups: ▶ Give each group three stories (the same three for each group). Ask them to talk about what would make them think the situation had stepped over from being a risk factor to becoming a concern that needs addressing. ▶ Ask groups to think about what action they might take when, and what the service policy was. Who could they speak with to get expert advice? How could they raise concerns? ▶ Get everyone back into a large group to feedback.	People stories from the Appendix. Suggest ones with 'S' but include a range because all services should be thinking about adult and child safeguarding.

Time	Programme content	Notes	Resources
13:15	Lunch		
14:00	Keeping our service safe	Keeping in small groups: ▶ Ask the team to think specifically about their own service and discuss the questions on the handout. ▶ Gather back into a large group to feedback and discuss whether there are areas where improvements can be made by individuals and by services. ▶ Discuss what the barriers to safeguarding are and how these can be circumvented.	Handout 5.2 Flip chart paper
15:15	Personal Pledges	In a single large group: ▶ Ask each person to write a personal pledge around how they are going to improve their safeguarding practice. ▶ Encourage any sharing of pledges.	
15:45	Closing round up	▶ Ask if there are any questions, any comments. ▶ Thank everyone for coming and say goodbye.	

Handout 5.1

My risk tolerance level

Think about the times when you feel safe. How would you describe those feelings? What is it that makes you feel safe?

Now think about your level of risk and rank on a score of 1-10 how likely you would be to take the following risks. 1 is extremely unlikely. 10 is very likely.

Smoke cigarettes	
Sit in a room with someone smoking	
Catch the last train home alone	
Walk home alone along a lit street at 2am	
Walk alone down an unlit footpath, through woods, at 11pm	
Allow a 15-year-old child to walk home alone through a town at 10pm	
Riding a motorcycle	
Ride a bicycle through London	
Swim out of your depth in a calm sea, from a busy beach	
Swim out of your depth in the sea in a deserted cove	
Gallop on a horse	
Eat prawns that were one day out of date, but smelled OK	
Hold a boa constrictor	
Travel through France alone for a fortnight	
Run across a level crossing when the red light is flashing	
Hold a sparkler	
Go up in a hot air balloon	
Abseil down a very high cliff	
Hitchhike	
Give a lift to a hitchhiker when it was pouring with rain	
Jet ski	
Walk a tightrope suspended 20 feet up	

Handout 5.2

Keeping our service safe

Discuss and answer the following questions based on the service (or services) that you work in.

What are the most likely safeguarding risks that present in your service?

What measures do you have in place to reduce the risk of abuse to people using your service, or people living with service users?

What is the threshold for reporting incidents or concerns within your service? Is this set at the right level, do you think?

How are staff supported and encouraged to recognise and react to safeguarding risks and concerns?

How does your service encourage and support people to speak about any safeguarding concerns they have? Is there anything you could do better?

Does it matter who is voicing concerns? Do you react differently to people with mental health problems, with learning difficulties, to people who do not have English as a first language? Are concerns ever dismissed as 'cultural norms'?

Would you respond to safeguarding concerns about members of staff in the same way?

Session 6: Fantastic fundamentals

Objectives for the day

- Participants will have an improved understanding of the importance of providing high-quality basic care.
- Participants will be able to consider how organisational norms and risk aversion can result in care that falls short of acceptable for individuals.
- Participants will understand the benefits of providing good care.

Small group work

Choose the groups before the session to smooth the process. Groups will ideally be between six and eight people – too few and discussion is more limited, too many and it's likely there will be people who don't feel engaged. Either give name stickers with a colour as they arrive, pick a playing card, or some other innocuous way of mixing people up (see Choosing groups on page 12).
All of the handouts and PowerPoint slides for the session can be downloaded at www.pavpub.com/towards-outstanding-tp-resources/

Time	Programme content	Notes	Resources
10:00	Housekeeping. Introduce facilitators and any essential information: ▶ Lavatories ▶ Timekeeping ▶ Phones ▶ Health and Safety information Go through the learning objectives.	Show Slide 6.1 while running through the housekeeping issues. Show Slide 6.2 and run through the learning objectives.	Slides 6.1 and 6.2
10:30	Introductions and icebreaker	In a large group: ▶ Ask everyone to introduce themselves and share with the group when they have been the most uncomfortable they can remember and what helped. Tell them that childbirth, medical or surgical treatment are not included.	
11:15	Word clouds of comfort and discomfort	▶ Split up into small groups and give each group a sheet of flip chart paper. ▶ Ask each group to create a word cloud related to comfort or discomfort. Allocate half the groups to discomfort and half to comfort. ▶ Get back into a big group to share and discuss what the teams would feel if the feedback about the care they provided used some of the discomfort words.	Flip chart paper
11:45	Coffee		
12:00	Assessing basics	▶ Allocate one people story per small group. ▶ Highlight that we don't know everything about the people but that there is enough information to consider what support they might need with tasks of daily living. ▶ In small groups identify where the risks are for each person and what level of care and support would demonstrate excellence in care provision. ▶ Draw out what the group could do that would take the care or treatment of this person from acceptable to exceptional. ▶ Feedback to large group.	People stories (trainer to add a reason for each person using their service) Handout 6.1 Flip chart paper

Time	Programme content	Notes	Resources
13:15	Lunch		
14:00	Benefits of providing excellent care	In a large group: ▶ Give each person **Handout 6.2** and have people estimate the cost of care failings. ▶ Once completed, offer **Handout 6.3** and encourage people to total the overall cost. A brief discussion about what people think about this. ▶ Next, split into small groups: ▶ Ask each group to think of other advantages of providing very good care to people using the service – consider benefits for the person, for staff, and for the organisation. Now is a good time for people to have a working coffee.	Handout 6.2 Handout 6.3: Answer sheet Flip chart paper
15:15	Barriers	▶ Have a whole group discussion about the possible barriers to providing good care and the potential solutions. For each barrier, look at how staff individually and as a group might overcome obstacles and improve care (NB. needs firm chairing to avoid becoming a whinge session). ▶ Make sure you stress the message that what is good care for one person may not be good care for another.	
16:00	Closing round up	▶ Ask if there are any questions, any comments. ▶ Thank everyone for coming and say goodbye.	

Handout 6.1

Activities of daily living

Use each people story to identify what support each person might need to maintain their activities of daily living.

Consider:

- Bathing or showering
- Personal hygiene and grooming (including haircare, nailcare, make-up, shaving, skincare)
- Dressing (including choice, fastenings, dignity)
- Toilet hygiene (getting to the toilet, undressing and positioning, privacy, cleaning oneself, handwashing, continence promotion, management of incontinence)
- Mobility (including physical activity, core strength, mobility aids, assistance to walk, transferring, access to outside areas, moving around premises)
- Eating (including choice, involvement, drinks, nutrition, utensils, timings, dignity, quality)
- Communicating with others
- Involvement in cleaning and maintaining the house/their room
- Shopping for groceries and necessities
- Maintaining contact with the local community
- Taking prescribed medications
- Using the telephone or other forms of communication
- Care of others (including selecting and supervising caregivers)
- Care of pets
- Financial management
- Health management and maintenance
- Religious observances
- Safety procedures and emergency response

Handout 6.2

The cost of poor care

These questions relate to the NHS costs simply because they are more accessible than costs in other services. The message remains the same. Across a local health and social care system, all services providing less than good care will have an impact on the overall level of money spent addressing care failings; and all services are responsible for working together to provide good care across their local area.

How much do you think it costs when care provided to people falls below an acceptable level? In your groups, estimate the answers to the following questions.

- How much, on average, does it cost to treat a Grade 4 pressure wound in the UK?

- How much on average does pressure damage care cost the NHS each year?

- What percentage of the total NHS expenditure is spent on treating pressure damage?

- How many emergency admissions in the UK were related to falls?

- What is the total cost of fragility fractures (from standing height or less) to the NHS each year?

- What are the five main areas of complaints made about the NHS?

- How much do negligence claims cost the NHS each year?

- How much do medicines errors cost the NHS each year?

- What is the cost of malnutrition to the NHS annually?

What is the total from these answers?

Handout 6.3

Answer sheet

How much, on average, does it cost to treat a Grade 4 pressure wound in the UK?
The cost of a pressure wound is approximately £10,600 (Grade 4)

How much on average does pressure damage care cost the NHS each year?
The total cost in the UK is £1.4–£2.1 billion annually

What percentage of the total NHS expenditure is this?
It equates to 4% of total NHS expenditure

How many emergency admissions in the UK were related to falls?
There were 275,000 falls-related emergency hospital admissions in 2018

What is the total cost of fragility fractures (from standing height or less) to the NHS each year?
The annual total cost of fragility fractures to the UK has been estimated at £4.4 billion.

What are the five main areas of complaints made about the NHS?

- Communications
- Basic patient care
- Nutrition and hydration
- Staff values and behaviours
- Delays and cancellations.

How much do negligence claims cost the NHS?
The NHS paid out more than £1.63 billion in damages to claimants in 2017/18.

How much do medicine related errors cost the NHS?
The NHS spends as much as £2.5 billion on preventable errors due to prescribing and administration of medicines.

What is cost of malnutrition to the NHS annually?
The cost of malnutrition to the health and care system was around £27.6 billion in 2017.

Session 7: Mortality

Objectives for the day

- Participants will recognise how the care they provide can reduce avoidable mortality.
- Participants will be able to consider what steps they can take to reduce avoidable mortality in their area of the service.

NB. This is not intended to replace mortality reviews and learning from deaths in large and complex organisations, but rather to allow groups of staff to consider their smaller service or part of a service, if it is a large and complex provider.

Small group work

Choose the groups before the session to smooth the process. Groups will ideally be between six and eight people – too few and discussion is more limited, too many and it's likely there will be people who don't feel engaged. Either give name stickers with a colour as they arrive, pick a playing card, or some other innocuous way of mixing people up (see Choosing groups on page 12). All of the handouts and PowerPoint slides for the session can be downloaded at www.pavpub.com/towards-outstanding-tp-resources/

Time	Programme content	Notes	Resources
10:00	Housekeeping. Introduce facilitators and any essential information: ▶ Lavatories ▶ Timekeeping ▶ Phones ▶ Health and Safety information Go through the learning objectives.	Show Slide 7.1 while running through the housekeeping issues. Show Slide 7.2 and run through the learning objectives.	Slides 7.1 and 7.2
10:30	Introductions and icebreaker	▶ Start by introducing the subject and suggesting that if anyone finds this session difficult at any point, they should feel able to leave and take a breather or seek support. ▶ If you like, you could mention your organisation's support systems. ▶ Icebreaker – Get everyone into smaller groups to do introductions and then ask them to decide, as a group, the four people (real/imaginary/current/historic) the group would have join the group for a dinner party (or camping trip, weekend on a canal boat etc). ▶ Return to main group and share the invitations.	
11:00	What is avoidable mortality?	▶ Hold a discussion as a large group. As facilitator, ask steering questions. ▶ What is avoidable mortality? (3) ▶ Can group think of one cause of death in each category? (4) ▶ How many deaths in the UK are considered avoidable? (3) ▶ Break into small groups and discuss who is responsible for reducing avoidable deaths – individuals, the government, individual practitioners or services? ▶ Which groups are at highest risk and why? ▶ Gather back into a large group to feed back	Slides 7.3 and 7.4, presented after discussion – number of slide beside questions. Flip chart paper

Time	Programme content	Notes	Resources
12.15	Risk factors	In small groups: ▶ Using a selection of people stories to base their answers on, each group give a presentation about the risks and potential causes of an avoidable death in each of the people chosen. Each group has two stories. ▶ You should draw out from the group the difference between recognising end of life and enabling a good death, and avoidable death. ▶ You also need to draw out potential risks specific to the participant's service (sepsis may affect many services but using air instead of oxygen is going to be a risk for far fewer services).	People stories relevant to the participants' service and which are likely to lead to healthy discussion.
13:15	Lunch		
14:00	Our service	In small groups: ▶ Using the people stories from the morning session, ask the groups to answer the questions on **Handout 7.1**, then return and share with the wider group.	The same people stories as previous exercise. Handout 7.1
15:15	One action	In the large group, invite people to share one action or one improvement they can make in their practice that might reduce the risk of an avoidable death.	
15:30	Closing round up	▶ Ask if there are any questions, any comments. ▶ Thank everyone for coming and say goodbye.	

Handout 7.1

Avoidable deaths

Consider how well your service, or part of your service monitors and reduces the risk of avoidable deaths. Use two people stories to think about what your service does well.

What are the important ways by which you reduce the risk of avoidable mortality? Think about all areas of the service that the person might use.

Are there any other things you could do to reduce the risks further?

What are the barriers to this?

How could you overcome the barriers?

What could each group member do, as a health or social care professional, to reduce the risk of avoidable death for people using your service?

Session 8: Data to drive improvements

Objectives for the day

- Participants will have an improved understanding of how the collection and presentation of data can demonstrate the quality of care which they provide.
- Participants will be able to consider how the use of data can improve the quality of care people experience.
- Participants will be able to understand how their collecting accurate data is important to ensure high-quality care.

Small group work

Choose the groups before the session to smooth the process. Groups will ideally be between six and eight people – too few and discussion is more limited, too many and it's likely there will be people who don't feel engaged. Either give name stickers with a colour as they arrive, pick a playing card, or some other innocuous way of mixing people up (see Choosing groups on page 12).
All of the handouts and PowerPoint slides for the session can be downloaded at www.pavpub.com/towards-outstanding-tp-resources/

Time	Programme content	Notes	Resources
10:00	Housekeeping. Introduce facilitators and any essential information: ▶ Lavatories ▶ Timekeeping ▶ Phones ▶ Health and Safety information Go through the learning objectives.	Show Slide 8.1 while running through the housekeeping issues. Show Slide 8.2 and run through the learning objectives.	Slides 8.1 and 8.2
10:30	Introductions and icebreaker: Data processing	In small teams, but competing together in one large group: ▶ Each team appoints a data programmer who has to use the category on one card from the pile of subject cards in **Handout 8.1** to put people in the right order – age, shoe size as suggested on card. They then swap places and someone else becomes a data programmer. Until all cards are used. The first team to complete the task wins. The programmer can only use yes/no questions when sorting. Is your shoe size smaller than a four? As opposed to what size shoe do you wear? ▶ When sorted, a second person does the same and becomes the data processor. ▶ Then a third person, until all groups have completed the same number of sorting sessions. First group to complete all wins.	Handout 8.1
11:15	What do we collect?	In small groups: ▶ Ask everyone to read through **Handout 8.2**. ▶ Next, hold a discussion about what data people, or part of a service collect and how this has been used to improve the quality of care within the service or their area of the service. ▶ As trainer, you need to draw out how accurate data can be used to drive service improvement.	Handout 8.1 Handout 8.2 Flip chart paper →

Time	Programme content	Notes	Resources
	(Continued)	▶ Get everyone back into a large group to present two different examples of where data is collected and has been used to make specific improvements to the service, or part of service. Draw out where this has led to a cycle of improvement and better care outcomes.	
12:15	Personalising data and care improvement.	In small groups once again: ▶ Give out **Handout 8.3** and allocate two people stories per small group. ▶ Ask each group to work through the handout. The key messages here are about: ▶ Using information rather than just recording information. ▶ Governance is everyone's responsibility. ▶ Accurate data collection and sharing improves care quality for individuals.	People stories Handout 8.3
13:30	Lunch		
14:15	How could we improve how we use data to improve care?	▶ In small groups, ask everyone to work through **Handout 8.4** and answer the questions relating to the dashboard. ▶ Use flip chart paper to feedback how the groups think data collection, incident reporting and learning could be improved and how it could better be used to drive improvements.	Handout 8.4 Flip chart paper
15:15	Data Protection Quiz	▶ Give out copies of **Handout 8.5** and in the large group, ask individuals to complete the Data Protection Quiz. ▶ Once they have completed it, give out **Handout 8.6** so they can check their answers.	Handout 8.5 Handout 8.6: Answer sheet
15:45	Closing round up	▶ Ask if there are any questions, any comments. ▶ Thank everyone for coming and say goodbye.	

Handout 8.1

Month of birth	Month of birth	Month of birth	Month of birth	Month of birth	Month of birth	Month of birth
Shoe Size	Shoe Size	Shoe Size	Shoe Size	Shoe Size	Shoe Size	Shoe Size
Year of mother's birth	Year of mother's birth	Year of mother's birth	Year of mother's birth	Year of mother's birth	Year of mother's birth	Year of mother's birth
Number of cars you've driven	Number of cars you've driven	Number of cars you've driven	Number of cars you've driven	Number of cars you've driven	Number of cars you've driven	Number of cars you've driven
Day of birthday	Day of birthday	Day of birthday	Day of birthday	Day of birthday	Day of birthday	Day of birthday
Number of European countries visited	Number of European countries visited	Number of European countries visited	Number of European countries visited	Number of European countries visited	Number of European countries visited	Number of European countries visited
Number of letters in full name	Number of letters in full name	Number of letters in full name	Number of letters in full name	Number of letters in full name	Number of letters in full name	Number of letters in full name

Handout 8.2

Data collection

Think about what data you collect – not the whole of an NHS trust or the level of a whole corporate provider, but at service level or unit level. This isn't about individual records type data but about where data is collated and used to help improve the service. It's not about how many times Mrs Jones had a cup of tea, but how often fluid balance charts are reviewed.

What types of data do you collect as an individual professional working in health and social care? Include both clinical and non-clinical data.

Think about:

- Staffing
- Incidents
- Medicines
- Safeguarding
- Equipment
- Food and nutrition
- Drinks and hydration
- Pain
- Consent
- Capacity
- Infection prevention and control
- Training
- Competency
- Revalidation
- Appraisal and supervision
- Activities
- Complaints
- Accessible information standards
- Equality and Diversity
- Records
- Premises
- Choice
- Engagement
- Teamwork
- Skin integrity
- Mobility
- Finances
- Risk
- Falls
- Mortality
- Activities

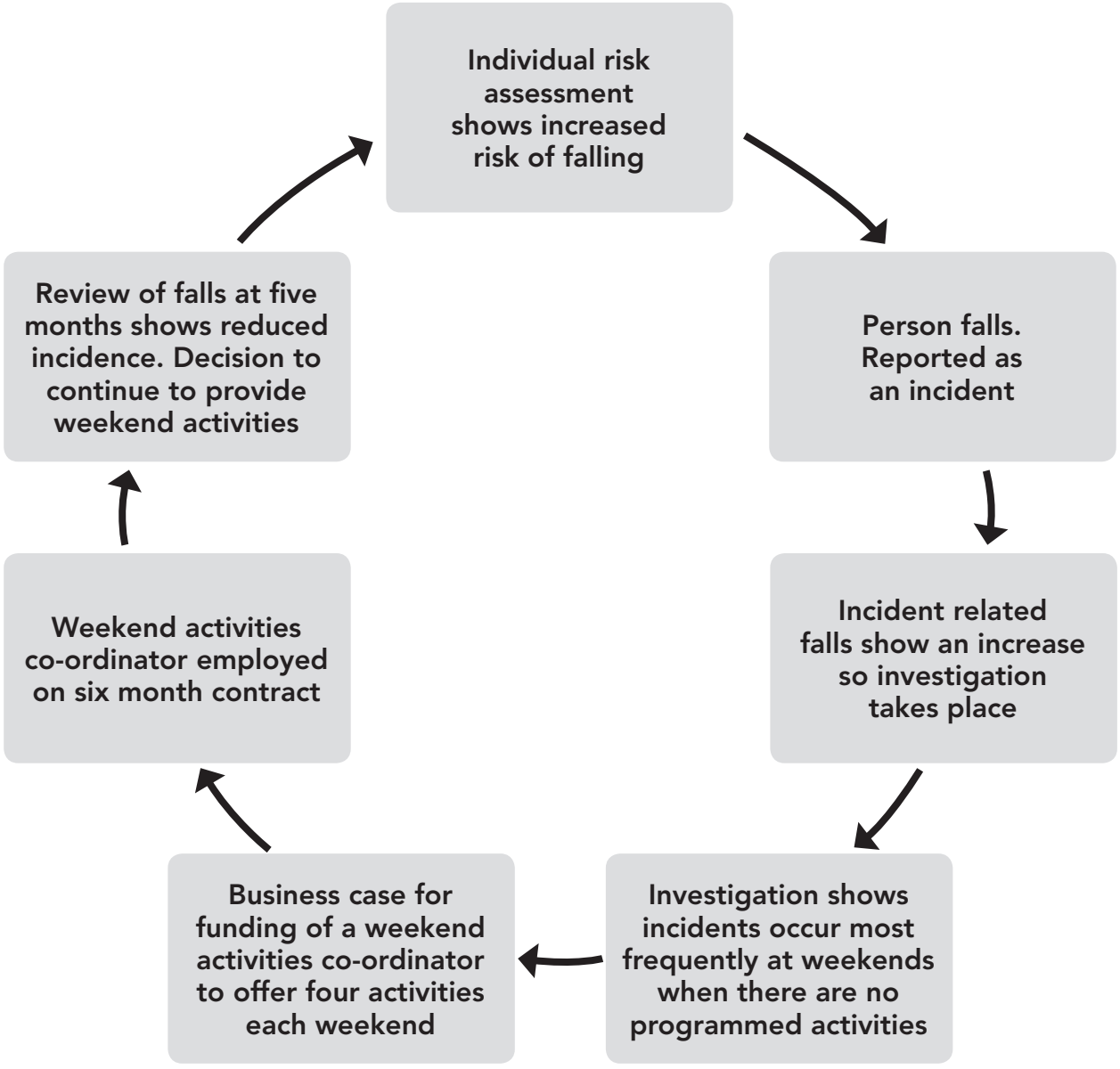
Then, having looked at what you collect, think of an example where it has been used to improve practice locally. This isn't about an NHS trust spending money on IT systems; it is about how operational staff have used information they have collected to improve services.

Handout 8.3

Personalising data

Look at your two people stories and think about what information you might collect about this person and then identify how it feeds into the governance structure for your service, or part of service.

Describe this information in terms of the governance cycle and how it leads to improvements. On a flip chart describe how the information is used to promote care improvements. You might want to use a cycle chart similar to the one below.



As a group, identify three ways in which the individual's care could be improved through the collection, analysis and use of data.

Handout 8.4

Dashboard							
	Jan	**Feb**	**March**	**April**	**May**	**June**	**Target for year**
Number of written complaints received	0	0	2	3	6	5	10
Number of unfilled shifts according to rota	1	0	2	3	4	9	25
Number of falls on premises recorded in personal records	2	2	1	2	3	4	12
Number of incidents reported	1	1	2	0	2	1	N/A
Number of drug related errors recorded in personal records	3	3	4	2	1	4	25

As a small group discuss the following:

- What does the dashboard tell you about incident reporting?
- What might the impact of this be?
- Do you feel all incidents are reported in your service, part of service? What do you think the barriers to reporting might be?
- Is it better to have high or low numbers of incidents reported?
- Would you consider low staffing levels to be an incident?
- Who is responsible for ensuring information about incidents such as medicines errors/falls/pressure damage or safeguarding concerns gets from a person's individual record into the governance system?
- How does your service or part of a service share learning from incidents and data collection? Is this effective and how could it be improved?
- How could you make better use of data and information sharing to improve the care of individuals?

Handout 8.5

Data protection quiz

What is a data breach?

Which of the following would be a data breach?

1. Sending someone's test results to an incorrect email address.
2. Sending someone's test results to the wrong consultant.
3. Leaving a set of individual patient records on top of a trolley.
4. Having a whiteboard with people's personal details in an area used by visitors.
5. Losing a printed handover sheet.
6. Losing a notebook of 'to do' lists with people named in it.
7. Sending a list of complainants to the trust or provider head office.
8. Emailing a complaint response letter to the manager of another service or part of the service to check it before sending it.
9. Discussing staff absence at a managers' meeting.
10. Circulating a list of staff absences, with names, to all managers in the service or part of service.
11. Giving information about someone to their relatives so they understand the care plan.

How much can organisations be fined for a data breach?

You need to email a spreadsheet containing personal data. How should you send it?

Handout 8.6

Answers

What is a data breach?

A data breach is an incident or omission that results in a loss, theft, deletion, unauthorised sharing or unauthorised access to personal data.

Which of the following would be a data breach?

Potentially all of them.

How much can organisations be fined for a data breach?

£20 million is the maximum fine, or 4% of an organisation's annual turnover (for the previous year), whichever is greater.

You need to email a spreadsheet containing personal data. How should you send it?

Email is not secure, so always send a spreadsheet as a password protected attachment and send the password as a separate text message. This is the safest option.

Session 9: Consent

Objectives for the day

- Participants will have an improved understanding of how consent must be decision specific.
- Participants will be able to consider how they assess capacity to consent and whether this is decision specific in practice.
- Participants will be able to consider ways they may improve the way they obtain informed consent.

Small group work

Choose the groups before the session to smooth the process. Groups will ideally be between six and eight people – too few and discussion is more limited, too many and it's likely there will be people who don't feel engaged. Either give name stickers with a colour as they arrive, pick a playing card, or some other innocuous way of mixing people up (see Choosing groups on page 12). All of the handouts and PowerPoint slides for the session can be downloaded at www.pavpub.com/towards-outstanding-tp-resources/

NB: This training is not intended to replace mandatory training around capacity and consent. It is intended to build on the mandatory training and to support staff to reflect and deepen their understanding of the impact of taking away people's decision-making and looking at how people can be supported to make their own decisions, as far as possible.

Time	Programme content	Notes	Resources
10:00	Housekeeping. Introduce facilitators and any essential information: ▶ Lavatories ▶ Timekeeping ▶ Phones ▶ Health and Safety information Go through the learning objectives.	Show Slide 9.1 while running through the housekeeping issues. Show Slide 9.2 and run through the learning objectives.	Slides 9.1 and 9.2
10:30	Introductions and icebreaker: How much do you care about consent?	▶ Get into small groups and ask everyone to introduce themselves to each other. ▶ Give out copies of **Handout 9.1** and then ask the group's to complete the icebreaker task.	Handout 9.1
11:00	Refresher: who can consent for whom?	In a large group, facilitator puts up each slide in turn and invites discussion around who can give consent for each person and in what circumstances. You should mention MCA/support to make decisions/LPA/Gillick /parental consent and involvement/best interest decisions.	Slides 9.3, 9.4, 9.5 and 9.6
11:45	Coffee		
12:00	What can people consent to?	▶ In small groups once again, give each small group two people stories each and ask them to discuss the content. ▶ Key points to include: ▶ MCA is decision specific ▶ Assumption is that people can make their own decisions ▶ Consent by children requires encouragement to involve parents. ▶ Get everyone back into a single group to feed back and ask any questions.	Handout 9.2 People stories (Suggest those marked 'C')
13:15	Lunch		

Time	Programme content	Notes	Resources
14:00	Best practice in obtaining consent	In small groups: ▶ Ask everyone to consider how people can be supported to make decisions and give informed consent. ▶ Re-join as a larger group and feedback from small group discussions. Facilitator draws out key learning: ▶ Advocacy ▶ Interpreters including BSL ▶ Balance of allowing risk and safeguarding ▶ Information provision and avoiding bias in the way information is presented ▶ Assumption of capacity ▶ LPA only comes into force when person loses ability to make a decision. This is a good time for everyone to grab a coffee in their small groups.	Flip chart paper Handout 9.3 People stories – two for each group but ideally different from the morning stories.
15:15	Personal pledges	Remaining in the large group: ▶ Each person writes a personal pledge about how they are going to improve the support they offer to people to enable decision-making and informed consent. ▶ Encourage any sharing of pledges.	
15.45	Closing round up	▶ Ask if there are any questions, any comments. ▶ Thank everyone for coming and say goodbye.	

Handout 9.1

How much do I care about consent?

Individually and then in your small groups, rank the following 12 statements from 1 to 10, with 1 being the decision you would most object to someone else making for you and 12 being the decision you would least mind being made for you.

Decision	Ranking from 1–10
Who to live with	
Whether to have a bath or shower	
Where to live	
Where to go on holiday	
What to wear each day	
What to eat in a restaurant	
What time to get up in the morning	
What to spend your money on	
When you can use the lavatory	
What to watch on television	
Whether to have sugar in your tea or coffee	
How to be addressed	

Did everyone agree? Where are the differences? Does this mean the right to make some decisions is more important than others?

Handout 9.2

How is consent obtained?

For each person, discuss the following:

What sort of decision is each person able to make or give consent to?

Are there any things you don't think each person would be able to consent to?

How would you decide whether each person was able to make an informed decision or give informed consent? What criteria would you use?

What does your organisational policy say about assessing someone's ability to make decisions or to consent?

Does everyone in the group agree about all the answers? If not, why not?

Handout 9.3

Supporting people to make decisions

Using the person story assigned to your group, think about what obstacles there might be to them giving informed consent or making their own decisions.

Imagine the possible reasons that this person might present to your service. Think about the decisions they might want, or need, to make. Are people given the opportunity to make decisions?

Are you assuming adults have capacity? If not, why not? What do you currently do well around supporting people to making their own decisions?

If a child, how do you encourage them to involve their parents? Do you support children to be actively involved in decision-making?

Can you think of any other things your organisation could do to ensure truly informed consent can be obtained or people can make their own decisions? Think what you could do, not what you actually do currently.

What might you be able to do if you felt someone was capable of making a decision with the right support but was being prevented from doing so because of risk aversion, a lack of staff understanding, usual practice, their decision being unwise or relatives objecting? Where might you get expert advice or support for the person?

Session 10: Personalising care

Objectives for the day

- Participants will have an improved understanding of how consideration of individual needs and preferences can improve the overall quality of care a service provides.
- Participants will be able to consider how organisational norms and risk aversion can result in less personalised care.

Small group work

Choose the groups before the session to smooth the process. Groups will ideally be between six and eight people – too few and discussion is more limited, too many and it's likely there will be people who don't feel engaged. Either give name stickers with a colour as they arrive, pick a playing card, or some other innocuous way of mixing people up (see Choosing groups on page 12).
All of the handouts and PowerPoint slides for the session can be downloaded at www.pavpub.com/towards-outstanding-tp-resources/

Time	Programme content	Notes	Resources
10:00	Housekeeping. Introduce facilitators and any essential information: ▶ Lavatories ▶ Timekeeping ▶ Phones ▶ Health and Safety information Go through the learning objectives.	Show Slide 10.1 while running through the housekeeping issues. Show Slide 10.2 and run through the learning objectives.	Slides 10.1 and 10.2
10:30	Introductions and icebreaker: What's important to me?	In small groups: ▶ Ask individuals to introduce themselves to each other. ▶ Group members then complete **Handout 10.1** and discuss where there are differences among the group and how important these things are to people. ▶ Encourage consideration of how people have decisions and ways of life imposed in health and social care settings.	Handout 10.1
11:15	My needs and preferences	In small groups: ▶ Use **Handout 10.2** to steer a discussion around what is important to group members and what their ideal would be. ▶ Come back together in a large group to present and discuss. Trainer to pull out that cohorting and usual practice can mean that people's needs and preferences are not considered. Sometimes the barriers are about attitude. ▶ It is a good idea for everyone to have a tea or coffee during this exercise.	Flip chart paper Handout 10.2
12:15	Looking at the person	In small groups: ▶ Allocate one person story per small group and ask everyone to really think about them, and agree what their specific needs are and what their preferences might be – not about what usual practice is but what would this person want as their ideal. ▶ Gather everyone into a single group to present the results.	People stories Flip chart paper

Time	Programme content	Notes	Resources
13:30	Lunch		
14:15	How we respond to individual needs and preferences	In small groups, use different people stories from the previous exercise for each group. ▶ Ask groups to think about how the service they provide might currently ensure they were meeting the needs and preferences of the people they have been given. ▶ Then they need to think about ways in which they could make changes to their own practice, or where the service could be improved to offer more personalised care or treatment. ▶ Present back to the larger group. ▶ This is a good point to have another hot drink.	People stories (two per group) Flip chart paper
15:15	Personal pledge	▶ Ask participants to make one pledge that they can offer that will support the provision of more personalised care. ▶ Encourage sharing of a few pledges.	
15:45	Closing round up	▶ Ask if there are any questions, any comments. ▶ Thank everyone for coming and say goodbye.	

Handout 10.1

What's important to me

Because of a major political coup, you have to move to live in a new state with entirely different laws and social norms.

Score the following from 1 to 10 as to whether you would like it or not. Score 1 where you think it's a brilliant idea, best thing ever, and 10 where it would really upset you – it might even make you protest and stop you moving.

Smoking is illegal and punishable by imprisonment.	
You must participate in a three mile run every day before work or school.	
Alcohol is banned for all and punishable by a heavy fine.	
The state is vegetarian. No flesh produce may be imported or sold.	
All drinks or products containing caffeine are banned.	
Dress is modest and nobody over ten years of age (men or women) must have their head uncovered in public, arms must be covered to below elbow and legs covered to below the knee at all times. No skin on the trunk may be shown in any public place.	
Cinemas are open but only show films from before 1970 and rated 12 or less.	
There is a 9:30pm curfew for everyone, except emergency service workers.	
Children under 15 years of age must be supervised by an adult at all times.	
Mothers get paid maternity leave for three years but are not permitted to work during this time.	
Everyone is paid a good living wage, but this is offset by a tax rate of 60% on all earnings above the level set.	
The school day runs from 8:30am for the daily run, to 5:00pm, from the age of six years.	
Children may attend nursery from 3–6 years, but this is not mandatory and is only funded for three mornings a week.	
The official language spoken is Chilotti – and all people must learn the language through online or face-to-face lessons. There are no translators in state services and there is an expectation that people use the language. All businesses, all public services and all official communication is in Chilotti.	
A requirement of employment is that the applicant for any post passes an assessment in spoken and written Chilotti.	
Each resident over ten years of age must complete ten hours of community service each week.	
There are no locks permitted on any property in the state. State officials may enter at any time.	
No pets are allowed in family homes.	
Houses do not have showers or baths. You have an allocated bath time in a communal bathhouse, twice a week.	

Handout 10.2

What's important to me?

Think carefully about what would be important to you when accessing your type of health and social care service.

Try not to think about what norms and usual practice are but what an ideal service would look like for you and why.

Think about this in different categories.

Accommodation

How important is privacy to you and what would your ideal be? Would you prefer single rooms? Would you prefer hard walls to curtains? Is a lockable door important? Do you want natural light? Would you want direct access to the outside or windows that opened? Do you want a single bed, or would you prefer a bigger bed? Do you want en suite facilities?

Dignity

Would you prefer to change in the room where a procedure was taking place? Are you happy to sit around in a gown? Would you want curtains to be held closed in some way (buttons, tapes) rather than just drawn? How important is it for your conversations not to be overheard? Do you mind other people's visitors seeing you in nightwear or a gown? Would you want to wear a dressing gown if you were being moved around a hospital in a gown or nightwear? Would you prefer to be dressed? Would you expect to wear underwear?

How do you feel about a group of students being present? How do you feel about your bedroom door being held open? How do you feel about visitors for another person being present overnight?

How do you prefer to be addressed?

Do you prefer to use a lavatory or commode/bedpan? Would you want a single sex lavatory? Would you want to use a lavatory that was directly off a busy corridor?

Support

Would you want open visiting 24-hours a day? Would you want an easy ability to veto some visitors (staff to check before allowing/admitting a visitor)? Would you expect staff to check with you before discussing your health or behaviour with others? Would you expect to be able to choose who your information was shared with? Would you want complete honesty at all times? Would you expect clear and timely information about your condition and treatment? Would you expect to be involved in decision-making? (If a GP were visiting, for example, would you expect to be included in discussion between them and staff?) Would you want someone with you if you were going for surgery? What if it was major surgery?

Handout 10.2

What information would you want about services such as chaplaincy, shopping, pain relief, Wi-Fi, activities?

Food

Would you want to choose what you eat and when? How wide a choice of meals (including breakfast) would you want? Would you want a fridge, storage and heating facilities for your own food? Would you want to be able to make yourself a hot drink? Would you want relatives to be able to bring in home-cooked food?

Would you prefer to eat alone or with others? Would you be happy to wear a 'bib'? If you needed help to eat would you prefer a relative was asked to help? Do you think it's OK to be helped to eat by a member of staff going between several people at the same time? Do you want to wash your hands before eating?

Think in similar detail about personal hygiene, pain, sleeping, activities.

Session 11: The joy of caring

Objectives for the day

- Participants will be able to consider how delivering care and treatment with a positive attitude and behaviours improves communication and the perception of care quality.
- Participants will be able to consider how they might want to be responded to and build empathy from this.
- Participants will be able to describe their own contribution to growing a positive organisational culture.

Small group work

Choose the groups before the session to smooth the process. Groups will ideally be between six and eight people – too few and discussion is more limited, too many and it's likely there will be people who don't feel engaged. Either give name stickers with a colour as they arrive, pick a playing card, or some other innocuous way of mixing people up (see Choosing groups on page 12). All of the handouts and PowerPoint slides for the session can be downloaded at www.pavpub.com/towards-outstanding-tp-resources/

Time	Programme content	Notes	Resources
10:00	Housekeeping. Introduce facilitators and any essential information: ▶ Lavatories ▶ Timekeeping ▶ Phones ▶ Health and Safety information Go through the learning objectives.	Show Slide 11.1 while running through the housekeeping issues. Show Slide 11.2 and run through the learning objectives.	Slides 11.1 and 11.2
10:30	Introductions and icebreaker: My worst joke	In a large group: ▶ Ask everyone introduce themselves and tell their corniest joke. Make sure the facilitator has a cheesy joke to tell as well! ▶ If people have no joke, they can take one from the pile made using **Handout 11.1**.	Handout 11.1: Back up cheesy jokes, cut up into individual jokes and laid face down.
11:00	My happiest work moment ever	In small groups: ▶ Use **Handout 11.2** and invite people to share their best (loveliest, funniest) memory of work; the single event or occurrence that has given them their happiest memory. ▶ Then see if the group can come to a consensus about what makes for happy workplace memories, joyous moments, or laughter. Share the thoughts with the wider group.	Handout 11.2 Flip chart paper
11:45	Coffee		
12:00	Growing resilience through reminiscence	In small groups: ▶ Give two people stories per group. ▶ Invite groups to look at **Handout 11.3** and consider how they could use positive reflection about their lives and experiences to build resilience and lower stress. ▶ Feedback to the larger group.	Handout 11.3 People stories
13:00	Lunch		

Time	Programme content	Notes	Resources
13:45	Building positivity in the team	▶ In small groups, invite people to consider how they can use the idea of positive reminiscence to improve their own resilience and to support team resilience. ▶ Ask them to consider the questions on **Handout 11.4** and then to come back to the big group to share their thoughts and five things they could do to build a positive culture.	Handout 11.4
14:45	When things are not so good	▶ Lead a whole group discussion about positive ways of responding when things go wrong. ▶ As facilitator, try to draw out: ▶ The destructive force of whinging ▶ Giving constructive feedback based on fact not opinion ▶ Using the right processes of raising concerns ▶ Ways to seek support when struggling ▶ the impact of negativity on people using the service.	
15:15	Personal pledges	▶ Ask each person to write a personal pledge about their contribution to growing a positive culture. ▶ Encourage sharing of a few pledges.	
15:45	Closing round up	▶ Ask if there are any questions, any comments. ▶ Thank everyone for coming and say goodbye.	

Handout 11.1

Back up cheesy jokes

(They are dreadful, sorry)

Cut up and place these face down in a pile, and allow people who cannot think of a cheesy joke to pick one and use instead of their own.

What is brown and sticky? *A stick.*
When shouldn't you believe a word your cheese is saying? *When it's too Gouda be true!*
What did Mr Cheese say to the shop assistant when she selected the wrong size dress for his wife? *That won't Feta!*
Why wouldn't the shrimp share his treasure? *Because he was a little shellfish.*
Why shouldn't you write with a broken pencil? *Because it's pointless.*
Why couldn't the pony sing? *He was a little hoarse.*
What is red and smells like blue paint? *Red Paint.*
Why did the banana go to the Doctor? *Because it was not peeling well.*
What's at the bottom of the ocean and shivers? *A nervous wreck!*
What do you call a can opener that doesn't work? *A can't opener!*
Why did the scarecrow win an award? *He was outstanding in his field.*
Why did Adele cross the road? *To say hello from the other side.*

Handout 11.2

Happy work moments

Spend a few minutes thinking back over your working life (ideally in health or social care but can be other jobs if you are new to field).

Share the story with your small group – where was it, what was your role, what led to the moment, what were the circumstances and why was it so memorable?

As a group, try and look for commonality between the stories. What are the shared factors? What are the similarities? Try and define what makes for a positive work experience. What would a perfect (or at least, good) day look like?

What could people in the group do to ensure that they and others had lots of good moments? Challenge each other to find ways to create a positive culture for both people using the service and the staff working at a service.

Prepare to feedback to the larger group what the key factors for a 'good day' are and how the small group feel they can help build a positive culture.

Handout 11.3

Using reminiscence to build resilience and positivity

Read the following extracts from an article about buffering acute stress responses:

> "Recalling happy memories elicits positive feelings and enhances one's well-being, suggesting a potential adaptive function in using this strategy for coping with stress. In two studies, we explored whether recalling autobiographical memories that have a positive content—that is, remembering the good times—can dampen the stress response. Across both studies, recalling positive, but not neutral, memories resulted in a dampened cortisol rise and reduced negative affect. The findings highlight the restorative and protective function of self-generated positive emotions via memory recall in the face of stress."

- What message do you take from this? Do you think it could impact on your work?
- Now look at the people stories for your group and think about ways you could engage them in reflecting positively on their experiences, to help them build their own resilience and reduce their stresses. This isn't about paying for someone to come in and show photographs of the 1950s to groups of people, nor is it about commercial memory pods – a train 'pod' will only evoke memories for those that travelled by train across rural England in the 1940s. Let's remember not everyone liked the Beverly Sister's music.
- Think about how you can build those positive reminiscences on a personal level when providing 'everyday' care and treatment. Think about how that might help the person and what benefits it might bring.
- Come back to the big group prepared to share some of your thoughts.

Handout 11.4

Building a positive workplace culture

What do the group believe are the key things that contribute towards creating a positive culture in the workplace?

As a group, think about your own organisation and give examples of where the key factors listed above have been apparent in the organisation. When did the good things happen?

When did you influence the culture of the organisation in a positive way? Give concrete examples of where your own actions and behaviours have supported a workplace that is joyous, fun, compassionate and kind.

What have others done that has resulted in you enjoying your day at work more? What have people said or done that have made you finish with a smile on your face when you look back over the day?

How positive are your interactions with others? Your team meetings? Do you offer positive feedback and say thank you to those you work with at the end of a good day? What effect does someone saying thank you have on you?

What, as a group, would be five things you could do within your organisation to build positivity? Try to be specific.

Session 12: Transformation through teamwork (day 1)

Objectives for the day

- Participants will recognise how their behaviours impact on successful team working.
- Participants will be able to consider how working as an effective team may improve the care and treatment people receive.
- Participants will be able to consider how they might improve organisational culture through supporting team working.

Small group work

Choose the groups before the session to smooth the process. Groups will ideally be between six and eight people – too few and discussion is more limited, too many and it's likely there will be people who don't feel engaged. Either give name stickers with a colour as they arrive, pick a playing card, or some other innocuous way of mixing people up (see Choosing groups on page 12).
All of the handouts and PowerPoint slides for the session can be downloaded at www.pavpub.com/towards-outstanding-tp-resources/

Time	Programme content	Notes	Resources
10:00	Housekeeping. Introduce facilitators and any essential information: ▶ Lavatories ▶ Timekeeping ▶ Phones ▶ Health and Safety information Go through the learning objectives.	Show Slide 12.1 while running through the housekeeping issues. Show Slide 12.2 and run through the learning objectives.	Slides 12.1 and 12.2
10:30	Introductions and icebreaker: Line up	In small groups: ▶ Ask everyone in each group to form a line – as in a playground, lining up to go back into class, one behind the other. ▶ Next, call out various categories and the groups have to rearrange themselves into correct order: ▶ First names alphabetically from the front backwards ▶ Last names alphabetically from the front backwards ▶ Length of time with organisation with newest person at front ▶ In height order with shortest person at front ▶ Hair length with shortest at front Etc.	
11:00	Planning our holiday	Remaining in their small groups: ▶ Give out copies of **Handout 12.1** and ask each group to plan a holiday. They need to write up their plans on a sheet of flip chart paper and present it to the big group. ▶ Explain that they have one hour to plan and then half an hour for feeding back. ▶ The planning phase of this exercise is a good time for everyone to have a coffee.	If you can get an assortment of holiday brochures beforehand, so much the better. Internet access Flip chart paper Handout 12.1
12:30	Who did what?	In a large group think about who did what task or whether everyone did everything.	

Time	Programme content	Notes	Resources
13:00	Lunch		
13:45	Belbin's model of team roles	▶ Trainer talks through the Belbin model using slide 12.3 to slide 12.6. ▶ Key message is that teams need people fulfilling different roles to function properly. ▶ Show Slide 12.7 (same as Slide 12.4). ▶ In pairs within large group, participants think about when they have worked as part of a team on a specific task – can be small or big. ▶ Talk about their contribution and think about which of Belbin's roles they took during that task.	Slide 12.3 to Slide 12.6
14:15	Off on holiday again	▶ Put up Slide 12.8 and then send people into their small groups. ▶ Give a copy of **Handout 12.2** to each participant. ▶ Tell them they have one hour.	Slide 12.8 Handout 12.2
15:15	Which task was easier?	▶ Hold a large group discussion about which task was easier (hopefully the second). ▶ Key points to draw out are around clear leadership and the importance of understanding what each person offers to a team success.	
15:45	Closing round up	▶ Ask if there are any questions, any comments. ▶ Thank everyone for coming and say goodbye.	

Handout 12.1

Planning our holiday

Your group is being given a ten day holiday. As a group, you must decide the following:

- The destination country and city/town/resort.
- The type of accommodation.
- The catering arrangements.
- The activities.
- The travel arrangements.
- With partners and/or families or without.

You can research where you want to go and what is available. Travel plans must include full travel details, not just 'fly' or 'drive', including getting to the airport if you are flying or transfer in cities if you are using trains etc.

You have one hour.

Handout 12.2

Another holiday

For this task you need to nominate a chair/co-ordinator. Try and pick the person who seems to be the natural occupant of this role from the Belbin descriptions.

They then need to lead the holiday planning task by allocating people specific responsibilities and roles. They should delegate tasks by thinking how well each person might fit what is being asked of them using Belbin's model.

You have one hour to complete the task ready to share with the wider team.

The task

You have a budget of £400, per person, for five nights for your holiday (excluding travel and accommodation). You are staying at Cholwell Hall, near Bristol.

The budget includes all food and entertainment for the five days.

Please devise a holiday plan which includes a menu/eating out arrangements, with details of any restaurants.

Also plan an itinerary and activity programme that suits everyone. Set out the house rules. Include how rooms will be chosen and whether partners and/or children and/or pets will be invited.

Session 13: Transformation through teamwork (day 2)

There are two days for this session. Ideally they will be held on consecutive days, but if this isn't possible they should not be too far apart.

Objectives for the day

- Participants will recognise how their behaviours impact on successful team working.
- Participants will be able to consider how working as an effective team may improve the care and treatment people receive.
- Participants will be able to consider how they might improve organisational culture through supporting team working.

Small group work

Choose the groups before the session to smooth the process. Groups will ideally be between six and eight people – too few and discussion is more limited, too many and it's likely there will be people who don't feel engaged. Either give name stickers with a colour as they arrive, pick a playing card, or some other innocuous way of mixing people up (see Choosing groups on page 12). All of the handouts and PowerPoint slides for the session can be downloaded at www.pavpub.com/towards-outstanding-tp-resources/

Time	Programme content	Notes	Resources
10:00	Housekeeping. Introduce facilitators and any essential information: ▶ Lavatories ▶ Timekeeping ▶ Phones ▶ Health and Safety information	Show Slide 13.1 while you run through the housekeeping arrangements.	Slide 13.1
10:15	Recap and thoughts/ reflections from Day 1	Chair a brief group discussion with the whole group about whether anyone had any thoughts about what makes an effective team.	
10:30	Introductions and Icebreaker: You are my sunshine	In small groups: ▶ Ask each group to think of as many weather related songs or songs with something weather related in the title as they can in ten minutes. They must have the artist too. ▶ They then pass their list to another team for validation. ▶ The team with the most songs wins a small prize – assuming there are no challenges to their titles and all songs have the artist named.	Paper and pen Small prize – stickers or a tube of Smarties to share.
11:00	Improving team working	▶ Give each group a copy of **Handout 13.1** to discuss the scenarios: ▶ Who they might involve, and why? ▶ What would make for the best outcome? What would each of the group members bring in each situation? ▶ Most scenarios can be used generically for most service types, but you can easily adapt or change to service specific scenarios if there are particular issues you need to address. ▶ Get everyone back into the large group to share feedback. ▶ This is a good opportunity for a working coffee and groups taking a break at a convenient time.	Handout 13.1 Flip chart paper

Time	Programme content	Notes	Resources
12:15	Feedback	In small groups: ▶ Ask each group to discuss how they might feel in the situation on Slide 13.2. ▶ Ask them to think about whether they have ever felt decisions were imposed upon them and how that felt. Was it the best solution? How did it leave you feeling and what was the impact?	Slide 13.2
13:00	Lunch		
13:45	Advantages and disadvantages of team working	In small groups again: ▶ Ask the groups to consider what the advantages and risks are of team working (15 minutes). ▶ Gather back into the larger group to share thoughts. ▶ Show Slide 13.3 as a recap of advantages. ▶ Show Slide 13.4 and hold a discussion about how teams can address the risks.	Slides 13.3 and 13.4
14:30	Real-life teams	In the small groups: ▶ Ask everyone to think about the teams they work with for a specific area or work. ▶ Individuals should make notes about who is in that team (how many, professional role, seniority)? What is really good about that team? What could be improved about the team? ▶ After five minutes or so, they share their scenario with their group. ▶ The rest of the group then ask questions – they may not make suggestions, just questions about how the group member feels, what they think might improve the team working and what they might do to bring about improvements. They can ask questions to clarify anything and to understand the team performance and the individual's role in the team. ▶ Each group member then takes turns to share their team work. ▶ Groups agree their own tea break.	Handout 13.2
15:45	Personal pledges	▶ Each person makes a personal pledge about how they will contribute towards improved team working.	
16:00	Closing round up	▶ Ask if there are any questions, any comments. ▶ Thank everyone for coming and say goodbye.	

Handout 13.1

Teamwork scenarios

Scenario 1

Your organisation has decided to create a staff induction handbook for all new staff. It was due to be finished for the team to look at two weeks ago but isn't ready yet. The manager's office has a box labelled 'induction', with piles of papers, policies and scribbled notes. There are two new members of staff due to start in five weeks, and it would be good to have the handbook by then.

Scenario 2

One of the team is creating mayhem. They keep coming up with really interesting ideas, they sell them to the rest of the team as an excellent way to make improvements, spend ages creating spreadsheets and plans and talking to people about the ideas. Just as everyone is getting enthusiastic, it always seems to fizzle out and go nowhere. It's frustrating others in the team who think it's all talk and no action.

Scenario 3

You are told that your organisation, or part of the organisation, needs to make significant savings in the next six months. The team manager says that they will spend the weekend looking at the budgets and see where the biggest cuts can be made.

Scenario 4

A hand hygiene audit shows poor performance for the fourth month in a row, with a score of only 47% overall. The Infection Prevention and Control lead has created an action plan, but it doesn't seem to have made much difference.

Scenario 5

There have been several complaints lately about staff rushing and being abrupt with people using the service. An email has been sent to all staff telling them that they need to make sure they are always polite.

Scenario 6

You see that there are several used sharps left out on the side beside an overflowing sharps bin.

Handout 13.2

My Team

Stage one: individually

Think of a team you work with for a specific task. It might be completing the WHO surgical safety checklist; it might be the team on a shift in a care home; it might be the GP practice team working on a homelessness project or an education team writing training materials.

Think about who is in the team – it might not just be the people who attend the meeting. If it's about a day hospice team planning activities, it's not just the people writing the programme; it's the administrative staff, the catering staff, volunteers and a myriad of other people. There may be a central team and then wider involvement. Think about their professions and job roles, their seniority, their level of expertise.

What works really well about the team? How do the various involved people help to improve the service? What about those on the fringes of the team, essential to delivery, but not actively part of the team? Think about the role of managers and leaders as well.

What doesn't always work so well? What could work better and improve the service or the team outcomes?

Stage two: with your small group

Briefly present your team to the rest of the group. Tell them the purpose of the team, something about who is in it and who else has an impact on the success of the team.

Stage three: questions from the group

The group now asks you questions to help them understand the group and how it works. They cannot give advice or make suggestions but can only ask questions.

The group need to explore through their questions why something is helpful to team working in your situation and also what might improve the effectiveness of the team. They may want to ask what you personally could do to make it even better.

Handout 13.3

Appendix – The people stories

Louisa (S, C, M)

Louisa is a two-year-old child who was born with spina bifida and hydrocephalus. She is unable to move or feel anything from the waist down and is blind. Despite her difficulties, she is a happy child who responds with a smile and laughter to people singing, playing 'Incy Wincy spider' and tickling her.

She has a sibling, Mia, who is two years older than her and who is fit and healthy. Louisa's mother did not return to work after Louisa was born as she needs care around the clock due to her frequent fits. Mia attends a day nursery three days a week and is due to start 'big school' next year.

The family home has recently been adapted, as Louisa is getting heavier and lifting her has become increasingly difficult. She still uses a large buggy but will need a wheelchair in due course and the doors would not have been wide enough before the ground floor extension was added. Mum usually now sleeps downstairs with Louisa in order to be nearby, in case she starts fitting in the night.

Louisa's father works two jobs as the costs associated with caring for Louisa are high and they have lost her mother's salary. He teaches maths at a local secondary school and also offers tutoring online each evening and at weekends. Both parents acknowledge that the birth of Louisa has changed their life beyond recognition and while they love her dearly, she has placed additional stresses on them as a couple, on Mia and on their finances.

Louisa has had frequent admissions to a children's hospital for surgery and when she has had chest infections.

Kelly (S, MH, M)

At six, Kelly was very small for her age. It ran in the family; her brother Brody was also tiny, and he was nine. Unfortunately, they both suffered from numerous allergies and intolerances. Kelly had been a sickly baby and needed treatment for her reflux and had to have a goat's milk-based formula due to cow's milk protein intolerance that meant she suffered severe colic and general irritability. Fortunately, Kelly's mother, Alison, had been a midwife and knew how to manage such poorly babies. As she had grown, there were concerns about failure to thrive, a poor growth pattern and recurrent illnesses, but nothing definite was ever identified as the cause.

Kelly had to be really careful not to overdo things because she was quite delicate. She used a buggy to avoid having to walk too far and was not allowed to take part in PE at school. She also had quite a restricted diet because of her allergies, so she could not eat at school. Her mother collected both children for their lunch each day. They were often late back as they needed to rest.

Kelly has fine blonde hair, cut into a very short pixie style. Apparently, it just fell out in clumps if it were allowed to grow longer, and Alison didn't want Kelly distressed by this. She'd bought her some pretty bandanas and little hats to wear instead of having long hair.

Kelly enjoys art and craft work and loves making jewellery and cards for her friends at school. Her class are encouraged to be very kind and had been told how poorly Kelly is, so they tried to include her as much as possible.

This is the third school Kelly has been to. The family have moved several times to try and get the right support and medical treatment for the children. Their grandmother used to help quite a bit, but Alison was unhappy that her mother had taken the children to places where they could pick up infections and was furious that they had been given fast food by her. She moved away and hasn't spoken to her mother since because she put the children at so much risk. Kelly only just remembers her, but Brody says he misses her a lot.

Henry (C, MH)

Henry is an 11-year-old boy who lives at home with his parents and his two slightly younger siblings. He is bright, articulate, and high achieving. He enjoys tennis and sailing with the odd game of cricket. He is form captain at his local prep school and hopes to win a scholarship to a good boarding school.

Most people think Henry has a charmed life, with a lovely family who live in a beautiful house in a sought-after village. The one thing most people don't know is that Henry wets the bed. Not every night, but enough to be a problem and to stop him wanting to do anything where he has to sleep away from home. His parents started seeking help when they realised he had a problem at about five-years-old, but nothing seems to have worked and they have repeatedly been told he will eventually grow out of it. He just hasn't. He is a bit worried it won't be sorted by the time he needs to board. He can hardly be in a dorm with an alarm in the middle of the night, or a pile of soggy sheets. His parents are always very positive and tell him it will be fine and will probably just stop, but Henry is less convinced.

Secretly, Henry has tried all sorts of things to get it to stop as he wants to be able to go on school residential trips and sleep over at school sometimes. He's stopped drinking after 3pm each day, found weed killer in the greenhouse store and treated all the dandelions at home but the ones on the school sports field are harder to get rid of. He's bought an alarm clock and is setting it to go off every hour so he can go to the lavatory, but sometimes he is so tired he forgets to set the alarm.

Luckily, his mother has agreed to stop mentioning it to people. She used to talk to everyone about it, which Henry found mortifying. She was only asking for advice but that didn't stop the embarrassment. Every parent of older children, every time he saw a doctor or nurse for an injury or other illness, every time they saw the grandparents. It was awful. She'd only agreed to stop when he had said if she told anyone again, he'd kill himself. She'd laughed it off but stopped going on about it.

Meena (S, C)

Meena moved to the UK from Djibouti with her Somali parents and three younger siblings, three years ago. She was nine at the time but only remembers the camp in Djibouti and not much about Somalia. She has an older sister, Abeba, who is married and remained in Somalia with her husband, but Meena doesn't really remember her.

Her mother keeps talking about returning to Djibouti for a holiday and to see Abeba and her two grandchildren, but she wants to wait until they can have a long holiday and Meena won't need to miss too much school. Her parents are proud of how well Meena is doing at school and want her to get a good education. Meena is very excited about the idea of meeting her sister but has been told not to talk about it to others who will be jealous; her younger brother and sisters won't be coming this time, as it would be too expensive to take everyone.

Meena is a happy child, she has made good friends at school and the teacher has arranged for her to learn to play a violin. She gets lent a violin to practice with and is practicing so she can play in assembly.

Home is a lovely place and there her mother's friends are often eating canjeelo and gossiping. They are like aunts to Meena and the little ones. They tease her about who she'll marry and what a pretty wife she will make one day. They listen proudly to her play her violin and clap loudly. Her mother usually laughs and chats with them, but sometimes they seem sad and her mother cries a little.

Meena's father is a taxi driver and works long hours to make sure they have a good life, with enough money to eat well. He comes home late and Meena is often in bed by the time she hears his voice. Sometimes she dreams she hears her mother calling out and crying, "Stop, stop". Her mother says it's just remembering the bad times from before. When she told her teacher, they said sometimes when bad things like war had happened people could have nightmares for a long time and not to let it upset her.

Meena's family are Muslim and her father attends the mosque several times most days, in between working. They pray at home several times a day and observe Islamic feasts. Meena loves Eid al-Fitr with the lanterns and delicious foods. Her parents fast for Ramadan and she hopes she can start doing so next year too.

Kayleigh (C, S, MH)

Kayleigh is 12 and the oldest in a family with four children. She moved with her mother and siblings into temporary housing after the family were evicted from their housing association property for non-payment of rent.

Kayleigh has a poor school attendance record; she suffers from anxiety and has moved schools so has few friends. She spends much of her time helping care for her younger brother and sisters, as her mother is often unwell and has chronic pain. Kayleigh enjoys fashion and music. She has an ambition to be a make-up artist for films or a model when she is older. She always gets a lot of positive responses when she posts pictures of herself modelling on social media; lots of people tell her she is beautiful and should

model professionally. One or two people have offered to introduce her to an agent and help her with her portfolio, but her mother won't let her yet as she needs her to help with the little ones. Her Nanna on her dad's side got her a phone for Christmas, so she could keep in touch and sometimes her dad or Nanna tops it up.

Her dad is really busy in a very important job so can't see her often. He always has presents for her when he can see her, which is only about twice a year. He makes and tests racing cars like the ones you see on television: he was going to be a pilot of an aeroplane but he was too tall. He's got four super cars but doesn't usually drive them when he sees Kayleigh as the parking is bad in their town. Often, he is going to come and pick her up in his Porsche, but then gets called to something urgent and can't make it. When she does see him, they sometimes go to get a burger as he gets fed up with really posh food.

About once a month, Kayleigh goes into town and meets her best friend from her last school. They just wander around the shops and go to the park to see who is there. Sometimes, they are given a cigarette or the end of a can of cider by one of the lads. Mostly though, they just hang out. Kayleigh has just started going out with one of the boys who is 16. He is very cool and has a tattoo that his big brother sorted out. He says Kayleigh can get one too.

Caleb (MH, C, S, M)

Caleb is 13. He lives with his mother and two older siblings. At six, Caleb was excluded from school for the first time and has been to five schools since then. He now has a diagnosis of attention deficit hyperactivity disorder and oppositional defiance disorder and boards five days a week at a residential special school, about an hour from home.

At home, Caleb is often in trouble and has no local friends. Neighbours complain about him hurting their younger children in the local playground, encouraging others to do silly things and damaging things. His mother explains he can't help it and it's because he is disabled, but few people seem to understand his impulsiveness. He can be quite aggressive towards his family members and his mother is quite frightened of his outbursts if she tries to make him do things he doesn't want to do. He ends up being out on the estate most of the weekend and during the school holidays.

His school reports that Caleb is generally well-behaved and has built close relationships with his housemaster and male class teacher. He took a while to settle into the routine, but now seems to thrive on the structure and clear boundaries. He has his moments and still tries to join in activities with much younger children, but this has been discouraged since he showed some inappropriate behaviour around the school swimming pool. The inappropriate behaviour included delaying getting dressed so he was still naked when a younger group arrived, talking to younger boys about their bodies and making a younger boy kneel down in front of him when he was undressed. His teachers says he responds well to a known reward system and is keen to please if he can see that success is possible.

Caleb is very small for his age in both height and weight: he could pass as a child several years younger. His mannerisms and reactions are also those of a younger child

and he has a very high pitched, almost continuous, whine of, "It's not fair", if things don't go his way or if he is reprimanded in any way. He also exaggerates any minor injuries and has been known to roll around on the floor screaming for a long time if he has tripped and got a slight graze on his knee or found a paper cut.

At night he is unsettled. At home he rarely comes indoors until around midnight having hung around at the playground with an older group of lads. He then plays on his computer until three or four in the morning. At school, he is required to be in bed at 9pm, but still finds several excuses to come out such as the lavatory, a drink, the room temperature. He generally settles by around 10pm and sleeps well.

He is reported to be a very fussy eater; his entrance assessment showed him as allergic to an odd range of foodstuffs such as any orange squash that wasn't a particular brand, brown bread, apple skin, all potatoes except chips or crisps and all breakfast cereal, apart from a particular sugar coated brand. There is no recorded medical evidence of any allergies and at school Caleb eats most things. The school offers a limited choice and Caleb always eats well, without ill effect.

Caleb is known to be a 'risk taker' who is impulsive and shows off to younger children. He has been caught accessing the school roof several times by climbing up an external ladder and then throwing things at people below (the ladder is now locked off), he claims to ride a dirt bike on the estate at weekends, he has broken the windows of one of the nearby staff houses by head butting them and has been caught playing 'chicken' on a level crossing near his home and encouraging younger children to do the same.

Josie (C, S, P)

Josie is 14 and pregnant. By her calculations she is about nine weeks. She thought it would be safe and her boyfriend, Sam, said it was going to be safe as he would pull out before anything happened. He wouldn't use a condom as they stopped him feeling anything. She hasn't seen Sam for a few weeks because he has been a bit busy with his band rehearsals. She knows he wouldn't want her to be 'needy'. Sam says he's really pleased and talks about setting up home and being a good father, but then disappears for days at a time and doesn't even reply to her texts.

Josie's best friend, Hannah, knows and thinks Josie should tell their year tutor and her mum, but Josie is too embarrassed. Her dad would kill Sam. Hannah has said it might be better not to keep the baby, as Josie was planning a career as a solicitor and needed to go to university. Sam sometimes works with his father at their haulage firm, but Sam isn't interested in working full-time. He only works occasionally to help his father out when they are short of drivers. He had started at university but dropped out after failing his first year. His parents think he is a late developer and will settle down and work hard once he's got the whole music thing out of his system. Sam is able to drive certain categories of lorry but not all and has no intention of gaining the additional qualifications necessary. He wants a recording contract and is fortunate that his parents are able to support him financially.

Normally, Josie is a healthy, bright, well-adjusted girl who is popular and doing well at school. Her parents are kind and loving but very protective towards their only child.

The idea of being pregnant has changed all that and she isn't able to think about anything else, she is sick all the time and just wants to curl up in bed and sleep until it is all over. Her mum is worried about her having an eating disorder and has started keeping a diary of what Hannah eats.

Adil (MH, M, S)

Adil is a 16-year-old looked after child, living in supported lodgings since he arrived in England as an unaccompanied child refugee. He believes he has a 19-year-old cousin living near London but doesn't have any contact details for him. Adil was originally in a local authority children's home, but the policy is to move young people out into a more independent living situation when they reach 16. He wants to be a doctor and is studying for GCSEs at a local FE college, as well as working part-time in a supermarket. Once he has enough GCSEs, he will study for his A levels.

Adil learnt English at home in Syria before their home was bombed and his parents were killed. His grandmother gave him money to get to England to find his cousin, Karif, and start a safe life. Adil's parents were well educated and quite well off, but they lost everything in the war and then lost their lives. Adil had been travelling for seven months when he reached England. It had been a hard journey and he has lost nearly everything, arriving with just the clothes he stood up in and his mother's locket, which he'd kept hidden. He was 14 at the time but hopes he will be helped to find his cousin under section 67 of the Immigration Act 2016. He is excited about the prospect of British citizenship, as his father had studied at Cambridge, many years previously.

Unfortunately, the journey proved hazardous and Adil has some health problems as a result of his experiences. He suffered several episodes of respiratory infections that were untreated for significant periods of time and this has left him with asthma, which flares up whenever he has a cold. He has inhalers and knows how to use them but has needed admission to hospital several times in the past two years.

A local support organisation for refugees has helped Adil integrate into the local community. They run a football team and offer a shared supper once a week. They also help with financial, housing and legal advice. Adil has made friends with two other lads who are also studying at the same college on vocational courses. A local police officer visits the club and teaches them about how to stay safe, how to avoid problems such as drugs and how best to address some of the nasty comments that some people shout out at Adil.

He still hasn't heard from Karif but he has some details about him from his grandmother and hopes that he will be found, and they can be reunited in the future. Adil doesn't believe he can ever return to Syria and that makes him incredibly sad.

Carrie (MH, S, C, M)

Carrie didn't ever feel she fitted in at school and the teachers were always 'on her case'. She started truanting at 14 and after 15 she barely attended at all. She is now 17, nearly an adult, and really pleased nobody can boss her around and tell her what to do anymore. She'd tried college to do a course in art. She wanted to be a tattoo artist

in a few years, but they wanted her to do all sorts of other things too, like English and Maths; it was just like school but without a uniform. She'd not managed to get GCSEs at school so thought it unlikely she was going to do so now. She'd been asked to leave when she told the course lead what she thought of the course. Everyone wanted to tell her how to live her life and how to do things. They didn't get that she didn't want a boring, ordinary life like them.

The only people who Carrie feels understand her properly are the lads from the Volunteer pub. They don't judge people and set rules: they just want to have a laugh and a few beers. She loves riding pillion on one of the bikes, weaving in and out the traffic, scaring the tourists.

Her initiation was a bit scary and uncomfortable, but now she's really one of the gang. She was just young and inexperienced then. Dave, 'the Daddy', trusts her to recruit new 'chicks' to the team. Nothing weird or illegal though, nobody under 16 is allowed. Dave is brilliant, he makes sure she doesn't go without and he shares his stuff with the newer members until they are earning enough to pay him back. Carrie doesn't like earning for the gang but understands they all have to do their bit to fund their work. She hasn't been out on a 'search and sort' yet but hears about them and knows it is ridding the town of 'low life'.

Carrie is sad she's not allowed to see her mum at the moment but understands she would try to stop the work and she was pretty cruel to her when Carrie was thrown out of college. Her mum called her all sorts of names and threatened to lock her in the house over a little bit of weed. Dave says it wasn't right and her mum was disrespectful.

Gloria (C, S)

Gloria is an 18-year-old Filipino woman who was brought to the UK by her employers as a maid, two years ago. Prior to this she had lived in the Middle East with another family from the time she was 15. She had lied about her age when applying to work with the first family because she needed to earn money to send back to her family in the Philippines.

The family had accepted her and taught her how to be a good maid, but she was sacked when she was found to have met a boyfriend on her afternoon off. The second family agreed to give her another chance and bring her to the UK as part of their household.

The family are not particularly unkind, but Gloria is not happy. She misses her family and feels guilty that she hasn't been able to send them very much money as she isn't earning as much as she was with her first family; by the time her board, accommodation and uniform are paid for, she doesn't get much money in her hand. The family are strict, and Gloria works long hours cleaning and helping with childcare. The family have a cook and a nanny, but they work much shorter hours and then Gloria is expected to take over.

Gloria would like to go to church on Sundays and meet other young Filipino girls, but she has to work all day as the nanny is off. She is allowed to go to Mass once a month on a Thursday lunchtime, but it is always very quiet and only a few old people attend, so she hasn't met anyone she can make friends with.

She wears a uniform most of the time but does like looking at fashionable clothes in magazines. Her friends at home used to do each other's hair and copy styles from pop stars. She used to enjoy dancing and singing with them too. She misses having friends and being able to laugh. She'd like to wear make-up and nice clothes but has no money to buy things and her mistress would not allow it anyway. Gloria is sometimes given a magazine after her mistress has finished it, but the clothes are all for much older and richer people – the pages are filled with diamonds and watches. Her mistress is very glamorous and has wardrobes full of the most beautiful things. Gloria enjoys getting them out ready for her mistress and when she is doing the laundry she sometimes holds a dress up against herself and looks in the mirror.

Gloria dreams of being a nurse but can see no way of every achieving this dream. If she loses her job she would have to go back to the Philippines and start all over again. In some ways that might be a good thing, but she would need to buy a new passport as her mistress lost the one she had. She can't afford to do that and has no paperwork to apply with.

Fatima (MH)

Fatima is a Foundation Programme junior doctor, in her first year of work after six years at medical school. She has always been a 'straight A' student and qualifying as a doctor, realised the dream her parents had for her. She is an only child of very proud and hardworking parents, who moved to live in the UK from Syria, when Fatima was still a baby. At home they speak mainly Arabic but are both fluent in the use of English. They have family living in Syria still and the situation there is an ongoing concern for both her parent's families.

Having finished at medical school, Fatima's parents had hoped she would move back to the family home where they could look after her properly whilst she was working. She, however, decided the best career opportunities were in London so moved south, which, whilst disappointing for her parents, they accepted was best for Fatima.

Fatima is a bit of a perfectionist and sets very high expectations for herself. She had a period in medical school when she developed nightmares and sleep problems. She made up a few rules as a way of managing this and it was more or less under control as long as she had her lavender spray, her night bracelet, her special torch and there was an extra bolt on her bedroom door. Fatima acknowledges that she still finds uncertainty difficult and does tend to worry about odd things but, on the whole, she doesn't allow it to impact on her work.

One ongoing stress is that her mother and aunts are forever asking about men and talking about marriage. They think that at 26 she should be wanting to meet nice young men and be thinking about settling down. She has introduced her partner of three years, Miriam, but hasn't made it clear that they are more than friends from medical school.

During the final year of medical school Fatima put on a bit of weight but managed to lose it by setting herself a few ground rules. She'd got into bad habits, not helped by

her mother sending her back from home with food parcels, coupled with long shifts and no time to cook. Now she only ate yoghurt and 19 blueberries for breakfast – 19 was her favourite number. Then she wasn't allowed to eat until after 6pm and had to have nothing after 8pm. She had to eat a pepper chopped into 12 strips and six cherry tomatoes before she was allowed anything else. She'd lost loads and everyone was telling her how good she looked.

Michaela (P, S)

Michaela is 19 weeks pregnant with her first baby. She and her partner have been trying for some time to conceive and finally seem to have been successful. She wanted to try IVF when they had been trying for three years without any enduring pregnancy but was told by her GP she couldn't be referred until she had lost weight. Michaela knows she is a bit on the heavy side, but her GP stating it so unkindly had made her feel very bad and given her low self-esteem, so she avoids going to the doctors unless she absolutely has to. Her mum thinks the doctor was very rude and has said that whilst Michaela is a bit chubby, its mainly because she is only 5'2"; 240 lbs wouldn't seem so much on a taller girl. Michaela did try to lose some weight, but her partner likes a decent meal when he gets in from work and would be very cross if she just served him up lettuce. Her mum helps out a bit and brings around a few bits and pieces that she has baked, to help fill the larder. Ryan, the baby's dad, says she needs to eat properly, or she'll not be able to grow his baby, she needs to be eating for two now and the weight will soon drop off; he makes her eat and watches to make sure she finishes everything on her plate.

When she was a teenager, Michaela was picked on at school for her puppy fat. It made her stop wanting to do sport or other activities, so she used to miss many of the days they had PE. Luckily, her mum understood completely and couldn't stand bullies, so always gave her a note. The bullying has left her with self-esteem issues, and she can't work and finds making friends difficult. Luckily, Ryan and her mum are there for her and tell her she doesn't need anyone else. She sometimes wishes she was like other girls and could meet for a coffee or a glass of wine, but she wouldn't know how to begin to meet anyone now. Michaela is 27, six years younger than Ryan.

Money is a bit tight, but they get by. Michaela's mum has said she'll buy the things the baby needs when the time comes. Michaela would love to help choose but mum has said she'll not want to go out anywhere after she's about five months, as she'll be putting the baby at risk and she'll be too uncomfortable to go shopping. Mum says she needs to rest as much as possible until the birth.

Ryan is very protective of Michaela and has taken away her phone so she can rest properly and not be disturbed too much or spend time on the internet. He believes screens are bad for the growing baby and wants her to take extra care this time since she took so long to get pregnant. He gives it back to her for an hour a day, which is plenty. He's also taken over all the driving as he needs the car for work, and she doesn't need it. It was cheaper just to insure him, so she can't drive the car anyway.

Angela (P)

At 28 life feels pretty perfect for Angela. She has been married for two years to her university sweetheart and has just found out she is pregnant with their first child. A bit scary but very exciting. Her main concern is that her brother had Duchenne Muscular Dystrophy and sadly died ten years ago, when he was 15. They had been thinking about a child but hadn't really planned it and so had not had genetic testing themselves.

Angela was raised in a small community of Mormons in the UK. Her parents had joined when they moved to a new town and found they were welcomed and included in a way they hadn't experienced before. The Church was hugely supportive of them when Jonathon was diagnosed and during his life and death. Angela has never really thought about her religious beliefs too much; at home she attends Church with her parents and is always welcomed back with open arms. She doesn't attend Church at other times. Ben, her husband, has never attended and is an atheist. They married in the Seychelles, to save tensions around whether to have a church or secular wedding.

Angela teaches secondary school maths and Ben is an accountant. They haven't really talked about whether Angela will return to work after children, but she thinks she'd maybe like to work part-time for a few years. They live about two hours' drive from Angela's parents and about five from Bens, so won't have any regular support with childcare.

Angela and Ben are earning well and have a Victorian three-bedroomed house, in a good part of town. They were given significant help with the deposit, which means their mortgage is quite low. They are very happy and have no plans to move but have thought about extending, in the longer-term.

They enjoy travelling and visiting 'less touristy' destinations. Their last holidays were to Mongolia and New England. They love weekends away, often mountain biking in the National Parks. They also like skiing and use Ben's family chalet in Chamonix every February half-term.

Gavin (MH)

Gavin knew he was gay from a very young age. He left for university and has never lived at home since. His parents say they accept him and love him, but he knows they would not be tolerant of all his life choices. He was brought up as a practicing Catholic and still enjoys the ceremony and traditions, but only ever goes when he is at home for Christmas. He cannot bring himself to be part of a community that see's him as living a less Godly life because of his sexuality.

After completing his degree, he started on a graduate training programme in a global hospitality company and is now the food services manager in a large hotel. He is a popular member of staff with a gregarious personality; he likes people and is fun. Gavin believes that at 29 he is too young to settle down. He still hasn't met the person who he is willing to forsake all others for but hopes one day to marry and have children.

His parents remain loving and he enjoys their company, but the two parts of his life

are lived separately with very little cross over. When he is 'at home' he is a son who helps cook, goes shopping with his mum and helps his grandmother with her jigsaws. He walks the dog with his father, and they all get on very well. He just knows he can't mention other men. One day he thinks he'll be able to bring his partner home but not until he is in a monogamous and committed relationship – it's less about him being gay and more about a lack of faithfulness that upsets his parents. His sister suffered the same sort of judgment when she let slip she was using contraception after she'd married. Gavin knew it was just their own upbringing and adherence to their religion that was the problem. He was just sad his mum couldn't show off her son's achievements, with pride, to her friends.

Gavin works long hours and uses caffeine to keep himself going – lots of diet cola and black coffee. He also smokes to stay slim, as looks are so important in his industry. He's not a heavy drug user but will take the odd piperazine tablet or line of cocaine, if someone else is buying. He is prone to bouts of anxiety and keeps a few benzodiazepines at his flat for times when he is jittery and wound up. If he goes to a party or festival, he might take a bit more stuff, but usually he keeps a lid on it. He doesn't consider himself an addict or even a user, it's just the odd something every now and again.

Stephanie (C)

Stephanie is a 29-year-old librarian, who is profoundly deaf. Her love of books began in childhood when she could join in with a world that wasn't affected by her inability to hear. She decided against a cochlear implant because of her age and the fact that the deafness had been congenital, so the process was harder. She also feels quite strongly that deafness is part of her identity, part of who she is.

The library is, Stephanie believes, an ideal work environment for her. There is less background noise than in many places and she usually only has to deal with one person at a time, so can lip read easily and both understand and be understood. Her speech is relatively clear, which she thinks is down to the skill of the staff in the specialist unit at the comprehensive school she attended.

Stephanie is engaged to be married to George, an architect, who is also deaf. They have set a date and are making plans for their big day. They met at university and have been together since. They now share an extended two-bedroom cottage with their cat, Flossie. The extension was designed by George as his work studio, but also gave them a bigger kitchen and downstairs lavatory.

Both of their parents are in early retirement and busy doing exciting things, but they do visit regularly. George's father keeps the small garden looking good and Stephanie's father is good with a paintbrush.

At weekends, Stephanie and George go off on long coastal cycle rides, often stopping off for lunch, if the weather is nice. George's business is growing, and he spends most evenings working, so Stephanie has joined a local book group. She is also a member of the local tennis club and enjoys a game at least once a week.

Jemma (MH, P, S, M)

Jemma is a 31-year-old mother of one who suffers with health anxiety.

This has become much worse since she discovered she was pregnant, three years ago. She avoids risks as far as possible and this has led to her partner deciding they needed a break from living together; he moved out about six months ago because he felt he could no longer indulge her excessive behaviours. She spends most of her time on the internet searching for rare and serious causes of very minor symptoms in herself, her partner, and their child. Barely a week went past when she did not make a doctor's appointment and then often followed it up with a trip to the accident and emergency department (or the other way around).

Jemma has suffered two miscarriages in the year before she became pregnant with Zoe and so had been extra careful during this pregnancy. Her own mother has been a bit dismissive and thinks she needs to pull herself together, make friends or go back to work and put the child in nursery for a couple of days each week. She's even said she would have the child one day a week, but Jemma wouldn't leave Zoe for fear some accident would befall her. She has just discovered she is 11 weeks pregnant.

At 23 months, Zoe remains unvaccinated out of fear she may react badly and end up disabled. She sleeps in the room with her mother who is ever present and never leaves the child, even to have a shower. The house has suffered from a lack of attention, Jemma has become quite unkempt and rarely leaves the house, except for appointments. They eat a very restricted diet because Jemma thinks dairy products and red meat will definitely give them cancer. They have no added sugar because of the diabetes risk and nothing that is not organic ever enters the house.

Zoe is a bit of a miserable child and needs a lot of attention. She doesn't sleep well and is perceived as quite sickly by her mother. Her father thinks differently and takes her out to the park and swimming, but this always results in Jemma pointing out that Zoe has caught something and then an argument ensues. That is why Dan decided to move out. He now only see's Zoe once a fortnight, as Jemma always makes some excuse about her not being well enough.

Jemma uses online forums to gather opinions, advice and support. She shares her health concerns and people often suggest she may have something serious, but despite numerous tests, nothing has ever been identified. Her symptoms are vague and intermittent, but enough to stop her doing much activity or working. Her mother comes round once a week to clean the house a bit and keep an eye on Zoe whilst Jemma has a nap.

As Jemma feels she has little support and is dismissed by the medical professions, she has a strong preference for more natural healthcare and is a firm believer in homeopathy and herbalism. She has done an online course and started making her own solutions and tinctures. She feels putting any sort of chemicals into your body is not healthy and is careful to only use organic produce and ecological products.

Dan's parents are banned from the house and there is no contact except if they meet Zoe and Dan for a walk in the park. Jemma thinks their house is too dangerous and has not yet forgiven them for giving her ice cream when she was allowed to their house. They also allowed her to play outside without a coat and to get wet feet from splashing in puddles.

Mark (MH, C, S, M)

Mark is a 31-year-old man, who works in a plant nursery. He lives in a shared house, with two other people and enjoys cooking, dancing and the cinema. He has a girlfriend, Katie, who is three years younger and who works in the café of the garden centre. Katie lives with her parents still.

Katie and Mark are hoping to get married and would like to start a family, but Katie's parents are not keen on supporting this and stopped the couple going on holiday together, last year. They are still reluctant to let Katie see Mark on her own, but welcome him to their home for meals and to allow the couple to watch television together.

Mark has a support worker who is keen to encourage him to lead a full life and make his own decisions, so has encouraged him to plan a weekend away with Katie and has discussed how to propose with him. Mark has Down Syndrome and knows he cannot always do things as quickly as other people but wants to be 'normal'. Katie has an acquired brain injury as a result of a riding accident, when she was twelve. She has language processing difficulties and cognitive impairment, but she can read simple books and follow a cooking recipe. They both travel to work, in the charity run specialist garden centre, by public transport.

Daffy (MH)

Daffy is a 32-year-old who was medically discharged from the army after he had served two tours of duty in the Middle East. He had been injured when a roadside bomb exploded under his vehicle. After some time in rehabilitation, Daffy was discharged and now lives with his wife and two young children in a small terraced house. The bomb left him with a back injury, which means that whilst he can move around using crutches, he cannot stand for long and has been unable to work since.

Daffy had struggled to adapt to civilian life and still feels isolated from his local community. His wife works as a personal trainer and does most of the childcare. Before his injuries, the couple spent much of their time together doing various activities such as triathlon's. Daffy is no longer able to do this and doesn't really see what the future holds for him.

The injury and constant financial struggles have put a strain on the couple's relationship, particularly as Daffy has chosen to change the dining room into a downstairs bedroom where he spends much of his time playing shooting games online.

In public and to their wider family Daffy 'puts on a brave face' and is seen as trying his hardest to do as much as possible but Tanya, his wife, does question him about whether

it is 'all in his mind'. At home he is sullen, moody and prone to bouts of unpredictable anger. Outside the home he is a joker, making fun of himself and his condition.

Occasionally still, he will cook a special supper for Tanya and himself. He was always a good cook who enjoyed creating showstopper menu's. He always said he'd like to win a national television cookery competition, but now says he can't as it would be too much for him.

Nadia (C, P, MH, M)

Nadia is a 38-year-old German woman, pregnant with her second child. She has been married to Gus for four years but has been his partner for 11 years. They met whilst both working for the same freight brokerage firm, although Nadia is now a stay at home mother to Rosa, their two-year-old.

Nadia was diagnosed with hypothyroidism a year after Rosa was born but it is well controlled and it doesn't really impact on her too much now – although it made her first few months with Rosa quite challenging and she feels guilty that she was so tired all of the time and let the household management go a bit. Since starting treatment she has more energy and has lost some of the weight she put on; she still has a bit to go but being pregnant has rather scuppered that plan.

When she was pregnant with Rosa, Nadia had held a firm conviction that childbirth was an entirely natural process that a woman's body was designed for. She had wanted a home birth with minimal intervention and a gentle entry into the world for her baby. The reality was a transfer to hospital in labour for failure to progress, a drip to speed things up, an extended labour and exhausted mother and eventually a complicated assisted delivery due to a shoulder dystocia. Then she'd got a placental bed infection and was quite ill. Baby Rosa had needed intensive care for several days but had largely escaped significant brain injury due to hypoxia; there were some effects such as severe dyspraxia but no obvious intellectual impairment.

Nadia had put on a brave face and coped but she found the second pregnancy quite scary and frequently burst into tears when alone. She still wanted the private, gentle birth that the books had promised but everyone was against that and an elective section kept being mentioned. She felt under pressure to 'do what was best for the baby' and that seemed to be a high tech, carefully controlled birth. Nobody seemed to consider what was best for her; she wanted midwife led care and was pushed towards consultant led care. She was fully prepared to accept a birthing centre on the site of an acute hospital but was being pushed towards the main obstetric unit. It all felt like she had very little control and Gus wasn't helping; he kept talking about it being more important to have a healthy baby than about her feelings. In truth, she wasn't being given any control or any autonomy and was beginning to feel like her body was entirely owned by others.

Her own mother was in Germany still and was intending to come over for a week after the birth, but she worked and couldn't take too much time off. Talking on the phone created a bit of a barrier to sharing how she really felt; Nadia had never been a particularly open person and valued her privacy, both physically and emotionally,

Gus's mother, Elaine, was going to have Rosa when Nadia was in labour. She was a lovely grandmother who doted on the child but was a bit hard to live with. Nadia knew there was no alternative but Elaine was quite opinionated and had strong views about how babies should be cared for, how Nadia should manage the house and what was important. Nadia liked her and appreciated her, but Elaine had different personal boundaries and thought Nadia should just be grateful for the NHS and safer childbirth. She wanted Naida to bottle feed, so she could help and Nadia could get a rest. She insisted babies needed a structure and routine, Nadia wanted to feed on demand. It felt like she couldn't be allowed to be the mother she wanted to be.

Jackie (MH, M)

Jackie is 54-years-old and used to be a member of staff. She used to be an absolute stalwart, hardworking, reliable, knowledgeable and a real team player. Unfortunately, a couple of years ago she had a serious cycling accident on her way to work and ended up needing surgery on her foot and knee.

She was off sick for six months and never really recovered. She'd put on a lot of weight due to her inactivity and that had created further problems and prevented a full recovery. She'd developed further joint problems and could no longer walk, so was now dependant on a wheelchair to get around. She'd given up her work and is still quite bitter because she feels she was forced into this by a lack of reasonable adaptations. She'd also taken on responsibility for her aged mother and whilst initially was keen to ensure she was the main carer, had become increasingly stressed by the effect this had on her marriage and her freedom to go away on holiday.

Jackie had surgery for a knee replacement a couple of years ago but had respiratory complications after the operation and needed intensive care. She had missed out on the physiotherapy regime post-operatively and the joint was never right, so the second knee surgery was cancelled. She was resigned to not walking again and had become an active campaigner for a local disability rights group.

Jackie lives in a semi-detached house with her husband, but her disability meant she was unable to get upstairs and was sleeping on the sofa. This meant the sitting room was more of a bedroom and it made it difficult to have visitors, although few of her friends made any contact these days. They have no children.

Jackie's health is further affected by Crohn's disease and whilst well controlled generally, she takes high doses of steroids and immunosuppressant drugs to manage this. The drugs have had significant side-effects.

Her days are taken up with twice weekly hydrotherapy which she has arranged and pays for privately and looking after her mother, who is living in a small flat about five minutes' drive away. The burden has increased as her mother has become frailer and now Jackie is frequently called out by the call centre, when her mother sounds her alarm because of some problem or other.

Graham (M, MH)

Graham has been the chief executive of a large sportswear company, with a chain of shops and factories under his responsibility, for four years. Prior to this he was the finance officer for the same company.

He is divorced but remains friends with his ex-wife; he thinks that work pressure took its toll on their marriage as he was working all hours. The children aren't pleased about the split and are living in the family home still. They know it is his PA who arranges their time together – meals out, theatre trips and weekends away which remain dominated by his work. His PA never forgets their birthdays and knows exactly what they want for Christmas.

Graham has put on a few pounds since taking over as the CEO because he has to do an amount of political lobbying and working dinners which involve rich food and decent wine. He is generally healthy, but his blood pressure has crept up over the past few years – both his parents had hypertension and his father died prematurely with a stroke just before his sixtieth birthday. Graham is now 58-years-old.

Graham hates wasted time, he is concise in his messages and instructions. He likes people who can think for themselves and who make the effort to stay healthy. He is intolerant of staff sickness and refers to those on longer-term sick leave for anything other than serious illnesses like cancer as the, 'sick, lame and lazy'. He prides himself on not having any sickness related absence throughout his career.

He runs daily for an hour off road, across the hills to 'get away' from the continuous demands of other people. He does about 10 miles each morning and tries to discourage people from phoning during that time. He has two phones that are his constant companions. He likes technology and having the latest gadgets to keep him ahead of the pack. Even on holiday he checks his mail at least hourly and always takes work-related calls. He's less likely to answer calls from his widowed mother, as she can be a bit needy and demanding.

He does like sunny holidays and sitting on the beach. His children nag him about sunscreen and the effects on his skin, but he doesn't listen, so has skin a bit like old leather. He thinks it is a healthy tan that suggests a rugged handsomeness.

By nature, he is a problem solver and tends to be over helpful, rushing in to sort out his children and ex-wife's problems before they've asked for help. Sometimes the rushing in irritates them and creates more problems than it solves but it's always done with the intention of making their life perfect. He throws money at most problems in the belief it will solve most things, so he is still confused about why his wife asked to be apart when he provided for the family so very well.

Toddy (MH, S, M, C)

Toddy is a veteran. He served in the Royal Marines for nine years before he was discharged for hitting an officer who had made very rude comments about his young wife. He'd seen time in the Gulf war and although they were tough times for Toddy, he still longs for the camaraderie and brotherhood the Green Berets offered.

In his sixties, Toddy is now homeless and cannot see any likelihood of returning to a settled life. He'd lost everything when his wife had left him and taken the children with her. He'd been going through a bad patch and probably did spend too much time and money with the lads down the pub; He'd found adjusting to civilian life hard. People looked at him like he was a piece of dirt whilst wearing 'Help for Heroes' badges. He wanted to tell them about seeing his friends blown-up, about carrying his mates coffin but he knew nobody would listen. He'd lost all contact with his children, which he thought was probably a good thing, as they wouldn't want to see their father living rough and surviving by begging.

Toddy has a number of health problems and sometimes gets help from the outreach team nurses, but they only deal with immediate problems. They tell him to get to the night shelter for longer-term help, but he has to be dry to go there and he worries about other people stealing from him. His feet and legs are the worst, particularly in winter when they are more swollen, cracked and often infected. He knows his liver is a bit dodgy, but he can cope with the itching and nobody really see's the yellowing skin and eyes; In fact, few people even see him, they just walk on by or scowl. His cough is a bit of a problem too, he's smoked all his adult life and isn't about to give up now.

Having served a few short sentences inside Toddy is keen to remain outside, with the freedom being on the road affords him. He has lost his fighting spirit as he has aged and now has quite a good rapport with a couple of the older local police officers. They often turn a blind eye to his presence and even, occasionally, slip him a sandwich and a coffee. Most of the younger ones don't understand and just get him to move on from the doorway, or bus shelter, where he is sitting to stay dry.

Pauline (MH, M)

Pauline is a 63-year-old woman who lives alone, with her four cats for company. She knows she is exceptionally bright, being educated to doctorate level, and this makes it very difficult for her to find people she gets along with. As a consequence, she has no friends but does have a couple of acquaintances she see's when she goes to visit her pony. Her pony is too small to ride and too old to trust with other people, so he spends his days in a field on a nearby farm; Pauline pops in to check he is OK a couple of times a week.

Pauline suffers with terrible migraines and can be in bed for anything up to four days a week. She has tried everything, to no avail. Her neurologist tried Botox which helped a bit, but not enough to drive an hour each way for the appointments. She has nothing much to get up for anyway. On the days she doesn't have migraines, she suffers from chronic sciatic pain and can't do much anyway. She takes as much pain relief as the doctors will prescribe but it barely touches it. As she can't manage to do much because of the constant pain, Pauline is 'on the heavy side' with a BMI of 46. Anyone who tries to discuss this is given a very sharp retort and Pauline will not consult with them again.

Due to ill health Pauline has never stayed in any job a long time. She either falls out with her employer – the first time was as a student, when she refused to only butter one side of the bread for sandwiches in the café where she had a part-time job. She'd lasted a day and a half. Since then she'd had to give up on her PhD just before

finishing it, as one of the laboratory technicians was stalking her and she believed he was trying to kill her. She'd completed a teaching qualification but had tried three schools before being given retirement on grounds of ill health. She had barely arrived at work more than one day a fortnight because of a historic back problem, migraines and sometimes just not being able to face the day.

When she was at work she struggled with relationships. Pauline has few social skills and tends to do whatever she wants and say whatever she thinks, without understanding how her actions will be perceived by others. This had led to disciplinary action with two of her employers and was what ultimately led to her early retirement, on grounds of ill health.

Pauline is a bit of a hoarder and has an unusual perception of what is, or isn't, usual housekeeping. She has never had a bath or shower in her flat despite living there 19 years; she used to shower after a swim at a campsite leisure centre but was banned for shouting and pushing children who splashed her. She grows plants in her bath to improve the oxygen levels in the air. She rarely launders clothes, as they would just get dirty again from visiting the farm.

Since she is a chronic insomniac and can barely sleep at night, she developed an interest in astronomy and has an expensive telescope she uses to follow the stars. She could watch the night sky for hours.

Ivor (MH, C)

Ivor has been a widower for six years, after he lost his wife to motor neurone disease. He had cared for her at home, giving up work and his all-consuming hobby of vegetable gardening when they moved into a bungalow in a town centre to make their lives easier. The bungalow garden was paved to enable Patricia, to sit outside and in the latter stages of her illness, to have her bed wheeled outside. They'd had to get rid of their two beautiful Irish Setters too. They were just too big for the bungalow and he hadn't the time to care for them when Patricia became very unwell.

He still missed Patricia and had no appetite for socialising outside his immediate family. They had always done everything together and he'd even gone along to a Folk-Dance group to make her happy. He hadn't ever been a natural dancer, but the evening used to be fun and the other couples had become close friends. He just didn't want to be the only single man, it made him feel lonelier than being on his own.

Now aged 74, he just wanted to sit and enjoy his memories. The children were forever getting on at him to 'start living again' and they called most days, but they had busy lives and families of their own. He'd stopped going to stay because he always felt a bit of a burden, someone who was tolerated rather than enjoyed. The grandchildren were growing rapidly and doing well, lovely children but not really interested in an old man anymore. He'd loved the days when he could teach them to grow their own beans and tomatoes and collect eggs from the chickens, but those days were long past.

He'd always been fairly healthy and active, but he just couldn't find the energy anymore. Old age was creeping up and he didn't like it. Sometimes still he'll walk

along the promenade near his daughter's house and watch others riding the waves and splashing around and he feels an urge to just jump in, but he also knows it is ridiculous and that his daughters would be cross at him for taking such risks. Sometimes he feels they treat him like a child who is incapable of reasonable thought and he knows they want him to move to somewhere 'more suitable'. He knows 'more suitable' means one of those ghastly retirement places where people are forced into bingo and VE day celebrations in silly hats. He, meanwhile, yearns for wide open spaces, long walks with a faithful canine companion and winning prizes at a local garden show.

His daughters are not keen on him getting a dog and point out that he might fall over it, or it might become too much for him to manage. They think maybe a smaller, older dog might be acceptable, but he wants a fit, young, thing that could be trained and even, maybe, worked. He likes a decent sized dog, that you could be proud to walk alongside and not a tiny lap dog.

Judith (MH, C)

Judith used to be a child psychologist who specialised in play therapy, before she retired. Since then she has been a governor of a local special school and worked in a voluntary capacity in a prison access centre. She gave that up a few years ago, when she decided she was no longer able to drive on busy or fast roads. Now, at 79, she just drives to the shop in the next village, yoga also in the next village and to church events. She walks daily but stays on the paths and roads nowadays as she struggles to climb stiles and has fallen a couple of times on uneven ground.

Throughout her adult life, Judith has suffered periods of what she describes as a darkness. She is reluctant to take medication but is a firm believer in natural remedies and self-care. She takes saffron and St John's wort to keep the darkness at bay and it generally works well. There have still been periods where she cannot face the world and locks herself away for several weeks at a time. Her husband used to just make sure that she was fed and had all she needed, then left her to heal through meditation. She had a bad period three years ago when he died and she needed admission to a hospital, but she discharged herself against medical advice. She said she couldn't bear others being busy around her, when she just wanted to be left alone with her misery.

Judith lives alone in a small village and rarely ventures far from home. She speaks to her children about once a week and dislikes them telling her what to do. They seem to always have an opinion about how she should be living – they even want her to move from her beloved husband who is laid to rest in the churchyard. She talks to him sometimes, taking a camomile tea in a travel mug, sitting on the churchyard bench, enjoying the views over the fields, and watching passing cyclists and ramblers.

When she is feeling positive, Judith eats well. She forages for as much food as possible and is a skilled preserver with jars for pickles, chutneys, and jams in her larder which she donates to local fetes and takes as gifts when she goes for supper somewhere. She loves wild mushrooms, wild garlic, local hazelnuts, and sweet chestnuts picked off the ground. Their walled kitchen garden is a bit unloved since Graham died, but still produces raspberries, apples, plums, pears, quince, rhubarb and a few other things.

He used to fish and often brought home a trout. Now he doesn't she is more or less vegetarian, unless she goes out to supper. Sometimes one of the farm lads will drop her off a rabbit or a pheasant, but she's quite happy with a wild mushroom omelette using eggs from her chickens.

These days the supper invitations are fewer, and she has no regrets about that. She'd much rather have the chickens, the cat, and her radio for company – she doesn't have to pretend to be interested with them.

In her day, Judith had campaigned for various causes and made good friends from her time at Greenham Common, her involvement in women's rights groups and more recently in environmental groups.

David (MH, M)

David (known as Sol) was 75 on his last birthday. He has a large family, who all live close by and who often come together for Shabbat. When Riveh, his wife was alive, they all came to his house but now he usually goes to his eldest daughter, Rebecca's house. His son, Sam, picks him up and they are all together as darkness falls. It is a very special time for their families and something Sol looks forward to all week. He asks his housekeeper to bake her special parve apple and honey cake for the children (who are no longer children, but he can't think of them as adults yet). Sol always recites the kiddush blessing over the wine before the meal. Sam usually lights the candles nowadays.

He feels he has always tried to live a good life and has nothing to fear from the future. He hopes one day to be reunited with Riveh, his one true love and source of great joy and comfort throughout their many years together. There was never anyone else; she was his soulmate despite the marriage being set up and encouraged by the two families, if not actually arranged. The children told him he had years left yet and wouldn't even begin to talk about the future. He was beginning to find some things a bit harder. He struggled to walk to the shops now and was always grateful when one of the less conservative members of the community offered a lift to the synagogue.

Recently Sol has suffered an increase in the night terrors that have plagued him throughout his life. They seem to come in waves and always follow the same pattern. He didn't really remember much about the war, but it had still affected him deeply. His mother had been a young girl when she had been sent via the Kindertransport to England. She had never seen her parents or siblings again. She heard via the Red Cross tracing service that her parents had been sent to a concentration camp and been killed but throughout Sol's early life his mother had remained hopeful that she might be re-united with her brother. It never happened and she died still sad and traumatised by her loss. His mother had been encouraged to marry young by her foster family and Sol was born when she was just nineteen. She'd been a loving and kind mother, but had probably shared too many horrific holocaust stories when he was too young to deal with them. He understood she needed to research and to know as much as possible about her life before England, about the families she knew and about the inhumanity of war. It had, however, triggered horrific images that woke him, screaming and covered in

sweat in the night. Riveh understood. She held him tight and calmed his racing pulse. Then he could sleep again only to be woken the next night and the night after.

There were times in his life when the night terrors had worsened, and they were often related to periods where there were other stresses too. He and Riveh had lost two children to Familial Dysautonomia, a progressive disease. One had died as an infant and their beloved first child had died at thirty-one. It had been almost unbearable. When Benjamin had become very ill, Sol had decided to give up work and care for him alongside Riveh. He passed their jewellery and clockmaking business over to Sam and just took a small dividend to live off. They had few needs and disliked ostentatiousness. Sol had been highly successful in his business but was a modest man who valued family and friends over and above the trappings of wealth.

Sen (MH, C)

Sen means lotus flower in Vietnamese. She says her mother had thought her the most beautiful baby with a smile that unfolded like a flower. Then Sen's mind wanders off to times long since past and she talks, laughs, and cries about her life, but the sequence gets a bit muddled as she speaks.

Sen is 76 but looks older. Her body has shrunk due to osteoporosis; her skin is leathery and wrinkled. Her talking takes her back to the horrors she faced when she left her beloved Saigon in 1975 and moved first to South Vietnam and then travelled in a tiny fishing boat to Hong Kong with her husband, Phong and her two children. Sen shouts in Vietnamese about pirates and about being raped. She cries for the daughter who didn't make the treacherous crossing but died from dehydration. Phong took his own life in Hong Kong because he thought he'd failed his family and couldn't see they needed him.

Eventually Sen was moved as a refugee to the UK with her daughter, Tham and tried to rebuild their life. Her English then was nothing more than a few words picked up in the few months that they were in Hong Kong. Tham had been seven and had learned how to cope with a new way of life and a new language quickly. Sen struggled more because for most of those early days she had been frightened in a new city. Her English was still not fluent and had worsened as she had become more elderly. She seemed to speak Vietnamese more often and understood less English. Luckily, she had good friends who also spoke Vietnamese.

Sen had worked hard to ensure that Tham was provided for and could make a good life. In Saigon she had been involved with the family business as a designer in their textile's factory. It was the money from that which paid for the boat. Sen had loved the beautiful silks. In the UK there was nothing she could do, she didn't speak the language, had a young child, and so started out cleaning. She built enough savings to buy a sewing machine and became a seamstress. Her business continued to grow, and she employed other Vietnamese women, so the language was never a problem at work. She had a few English-speaking staff who could do the sales and bookkeeping. It meant Tham could go to a good school, get an education and make a good life for herself. Sen was incredibly proud of Tham, who had chosen to study economics

and then international development at university and worked for the civil service. Tham phoned most days but couldn't visit as often as she would like because of work commitments. She did pay for Sen to have a cleaner, but Sen disliked having someone else in her home.

Sen lived a simple life and had reverted to cooking entirely Vietnamese food; Tham worried about her mother using a wok full of hot oil to create dishes from her own youth. Her mother had been a good cook, but now she was less able to move as fast or to lift the heavy pans. The kitchen had become chaotic with herbs and spices filling every available space. Her mother didn't seem to use the fridge anymore either and Tham worried about food hygiene.

Valerie (MH, M)

Valerie has been anxious most of her adult life; she's never really understood why, but she is a pessimist and always imagines the very worst will happen. She married quite late in life to Gordon, who had been married previously but who was widowed at a very young age. They have been together 42 years on their next anniversary; she was 39 when they married. Sadly, the wedding and love came too late for children, but Valerie enjoys seeing the grandchildren and considers them as much hers as Gordon's, after all she was the one who cooked, cleaned, and chose presents for them when they were growing up. Their parents have never been as accepting of her as the grandchildren and even now they make the odd barbed comment about something their mother would have done better. Their mother is sainted in their eyes and because she and Gordon met before she died, they seem to assume she was already 'seeing him' before their mother died. She is sure they think that she will be 'stealing their inheritance', if Gordon passes first. Given he is 12 years older, that may well be the case and Valerie worries a lot about the tension and awkwardness of it all.

She leads a gentle life and tries to be a good person. She keeps herself to herself and has few friends of her own. She hasn't worked since she married, as she had the house to keep and Gordon's entertaining to manage. Her work was never very important or impressive; she was a solicitor by training but only ever worked in a small office doing routine tasks and never climbed the career ladder, despite trying for promotion a few times. She takes a neighbour to an art club on Mondays, manages the church flower rota, enjoys a little gardening, and sometimes looks after neighbours' dogs when they are away. She could be described as genteel and dislikes brashness, loud people, and vulgarity.

Gordon owns an antique importing business but leaves the day to day managing of the business to his son these days. He is still the chair of the board and makes the key decisions. His son is employed rather than a director, which Valerie thinks could be another source of awkwardness in a few years' time.

Valerie is healthy, always been careful about what she eats and has never had a big appetite. Gordon likes his food and wine but is happy for simple food at home. He doesn't travel much these days, but they used to spend half the year visiting various vineyards, which Valerie enjoyed very much.

Her main worries are that Gordon will become ill and she'll be left to sort everything out or be left caring for him on her own. She worries that the family will try and take over control and make decisions about what they want rather than what she and Gordon would want. She tries not to think about it, but she worries very much about becoming ill herself or having an accident. She is frightened of hospitals, the lack of privacy, the lack of control. The idea of an anaesthetic terrifies her, losing consciousness with only strangers around you, everyone staring at you and being uncovered. She hasn't taken up appointments for screening because of her fear of exposure and embarrassment; she doesn't even wear sleeveless dresses.

Joyce (S, C, M)

Joyce is 82-years-old. She has lived with her daughter for four years, since her husband died of a heart attack. Her daughter suggested they sell the family home and her flat to buy somewhere together that had an annexe for Joyce but with her daughter, Lisa, close at hand. Joyce hadn't really wanted to but had caved under pressure. The annexe was quite small, and she'd had to get rid of many of her favourite things when she moved in. She'd wanted to be able to continue to play the piano but the noise irritated Lisa, so she'd had to sell it. She didn't seem to end up with much of a garden either; her old garden had been beautiful, and she enjoyed sitting outside with a coffee. Lisa had explained that the annexe garden was separate to the main house and had been fenced to show where the boundary lay. She hadn't wanted to take the fence down or have Joyce invading her privacy all the time by using the big garden.

Sometimes Joyce wished she'd been stronger about the move, but Lisa was very clear that now she was on her own, she needed to have an attorney to help make decisions and so she'd signed the papers. It meant Lisa has full control of all her money and makes all the decisions about her health. Her GP was nice, but she was never allowed to go without Lisa, who sometimes seemed to make out that she was more forgetful than she was. Lisa has also sold her car, so she felt stranded and was dependent on Lisa for lifts to wherever she wanted to go. She didn't really go anywhere now though as Lisa was too busy to take her. She used to enjoy the WI, a bridge club and yoga but had more or less stopped going because she couldn't get there. Lisa said it would be too much for her anyway and was probably right – although she did get lonely and bored sometimes.

She'd suggested a holiday, but Lisa said she couldn't go on her own and couldn't afford to go with her friends from the WI. Joyce didn't understand why she couldn't afford to go. She had been left quite well off, or so she thought, but apparently lots of her income went to pay the bills for the house. Lisa had been to Spain a couple of times because she needed a break from looking after Joyce.

Joyce thought Lisa was being cautious and wanting to protect her but there were times when it was very frustrating and made her cry. She still missed her husband so much, and it felt like everything else was being taken away too. She wasn't even allowed to sort her own tablets out or have a phone now because Lisa was so worried, she might make a mistake, or might be taken in by someone trying to defraud her. She got so

cross if Joyce tried to discuss wanting more of a say in things and would shout about how ungrateful she was.

Joyce felt guilty for wanting more, there were good days when Lisa maybe took her out to a garden centre to choose plants and they'd stop off for lunch at a pub by the river.

Bettina (C, MH)

Never Betty, always Miss Gravelius (or Bettina if she knew you very well). Miss Gravelius liked formality and social rules – it allowed people to rub along without causing upset. People knowing their place was a good thing, it offered a sense of security and timelessness, that was being eroded with all the modern ways of thinking. In Miss Gravelius' world people always say please and thank you, never eat in the street or sit around in their pyjamas before bedtime. She believed men should walk on the outside of pavements and hold doors open for ladies. Children should stand up and offer seats to adults. Some people may perceive her as judgemental or even snobbish, but she is always kind, willing to offer help to everyone and unfailingly polite. She'd never felt comfortable just 'socialising' it felt like a waste of time and was always awkward. She preferred having a role where everyone knew what was expected and where you had something constructive to talk about.

Miss Gravelius was disappointed to have to give up her role as a District Commissioner with the Guides when she reached her seventieth birthday, particularly as shortly afterwards it all changed. Unfortunately, a new District commissioner had been appointed and there was no role for her to step back into. Since then, she's been volunteering regularly at a local charity shop on two days a week and is a guide at the local Cathedral, which she usually enjoys because it tends to be nice groups coming from churches or good schools. It is harder with some of the other groups that are invited to 'encourage diversity', as Bettina isn't entirely convinced that pretending the church wants lots of those sorts of people visiting is the right way to encourage more people to attend. She feels quite strongly that Cathedrals have a tradition of excellence in choral music and are not really the place for 'gospel singing'. It's not that she disapproves of gospel singing but rather that the cathedral is not the right place for it; it was bad enough when they started admitting girls to the choir school.

Miss Gravelius is a trustee of the local charitable fund, for those affected by sickness or bereavement, with meetings once a quarter. She likes to find out as much as possible about the people applying for grants to ensure those receiving support are deserving.

Miss Gravelius meets her younger sister once a week for lunch. They usually eat in the Cathedral bistro, as Miss Gravelius still has a volunteer's discount and the food is suitable. She also takes a simple lunch to share with a neighbour, who is unable to get out now due to her severe arthritis. It's a duty rather than a friendship, but not too onerous as it's only once a week. Sometimes the neighbour telephones to say she's not up to having lunch and it can be several weeks between lunches, but Miss Gravelius never gives up trying as she is very aware the neighbour needs her.

At 83, Miss Gravelius believes she has lived a good and moral life. She has always helped those in genuine need, been a good neighbour and kind sister but sometimes feels just a little lonely and disappointed that people don't always appreciate her efforts.

Gina (MH, C, M, S)

Virginia, known as Gina, is an 83-year-old woman who has been living alone since her husband died 39 years ago. She's been widowed longer than she was married and now barely remembered him. In truth, there was much she didn't remember now and sometimes one memory blurred with another.

She was able to function reasonably well but found conversations in groups more difficult and sometimes switched off and just pretended to listen. She had recently given up volunteering in a charity shop, although maybe it wasn't quite as recently as she thought. The year before last, she'd fallen and broken her hip and she had given up before then. Everyone said she'd made a remarkable recovery. She was able to walk round to her local corner shop within three months and had settled back to her usual pattern of a cup of tea when she woke up, then a walk to the bus stop to catch a bus to town for her shopping. Always a packet of cigarettes and usually some teacakes to toast. Sometimes she'd bump into a neighbour and have a coffee in a local café. It got her out and meant she saw other people.

If it was a nice day, she'd use her bus pass to catch a bus somewhere she hadn't been before. Usually she'd look at the route on the bus stop and plan where she might go. Usually this was to the seaside, to another town or up to the hospital, where there were always friendly people and a lovely café with homemade cake run by volunteers. Her son got a bit cross with her, so she didn't tell him about her trips anymore. It was only once when she'd got completely lost and couldn't find out how to get back home. Gina had always had a sense of adventure and couldn't bear being cooped up all day, not seeing another soul. She often bought a little something for her neighbours' children when she was out. Nothing much, a few sweets or a cake to share. She so enjoyed seeing and hearing them playing outside in the summer. If she was really lucky, their mother would put the kettle on, and she was invited in.

Her son was a good boy, always had been, but he could never manage money and only seemed to come round these days when he wanted something paying for. He wasn't lazy, but he hadn't been very well and couldn't work, so money was always tight. Gina thought she wouldn't need her savings for much longer, so he might as well have some of it now. Everything seemed to be so expensive though and he always seemed to want the very best for himself. He had a perfectly good car, but apparently needed a new one because it would be more comfortable for his back and might mean he could work as a taxi driver in a few months' time. Sometimes he insisted it was a loan, but she knew that was just about his pride and not wanting to have to take his mothers' money. She also knew it would never be repaid, as he seemed to have one disaster after another.

Glenda and Frank (M, C, S, MH)

Glenda is 84-years-old. She is married to Frank and has been for over 50 years. The couple moved to a bungalow several years ago to release capital from their large family house and to ensure a more comfortable retirement. They have four children, two daughters and two sons. The two girls barely speak to their parents anymore and told Glenda things about their father that Glenda thought at the time were dreadful lies. She knew her husband liked a pretty girl in his youth, she knew he always wanted her to dress nicely and insisted the girls always looked pretty and feminine too. He was a very manly man and liked to be in charge of his household, but he was an excellent provider and gave them a good life. The girls occasionally called their mother, but it was always awkward and there were always unsaid words. The boys were just boys and were more involved with their work and own families than with Glenda and Frank. One had moved abroad and one was about four hours' drive away. They weren't close really.

It was only recently, as Frank had begun to be more forgetful that Glenda worried whether there might be some basis for the stories the girls had told. Not that Frank would have been quite as they described, but maybe they had misunderstood and exaggerated.

Glenda couldn't tell anyone; she was a loyal wife and wanted to care for Frank as long as possible, but he had started behaving a bit oddly. It was the illness, of course. It wasn't him. It did leave her feeling uncomfortable and sometimes he physically hurt her, if she tried to resist his demands in the bedroom. He'd always had a quick temper but usually manged to hide it and everyone else thought they had the perfect marriage. He was always careful that when he needed to punish the children or her that it was never obvious to an outsider.

There had been good times, of course. Most of the times were good. They had been active members of the local community; they had a close circle of friends who they socialised with. Glenda still saw one or two of the women, but she could never share the details of her concerns. People knew Frank was getting a bit forgetful but not much more.

Frank no longer really remembers from one day to the next. He doesn't remember the children's names even; Glenda makes all the decisions for him now.

Colleen (C, S)

Colleen is nearly 90 years of age. She lives alone in an alms-house, owned by a charitable trust linked to a local church. She moved in 15 years ago and made friends with the other residents quickly, as there were a few clubs people could join and they all attended the Sunday service as a requirement of admission. The warden was on hand for a few hours a day to help with any housing related problems and other small tasks such as taking in parcels or posting letters.

She moved into the alms-house accommodation after her husband died and it was a bit of a lifesaver, it forced her to mix and go out. They'd never been blessed with children. Now she was generally content with her television and her cat. She has no

desire to entertain nowadays. She does enjoy reading and is delighted they have a small secondhand book shop and café on site, where visitors to the medieval buildings can help support the charity by buying or donating books.

Unfortunately, her sight isn't getting any better and she has had to accept the limitations that failing vision brings. Collette knows all old folk eventually lose their sight, but she does miss not feeling confident to pop to the shop and being able to see what people are saying. She's stumbled over the cat a few times too, as he wraps himself around her legs.

The only trouble at the moment is the new warden who seems to have taken a dislike to her. She can't understand why and wouldn't dream of saying anything, but he seems to suggest she should be moving out to somewhere 'more suitable'. He goes on about it every time he sees her. He also seems to want to come and 'check' the flat quite a lot. He always has some reason, but he just seems to want to tell her how badly she looks after the place and that she needs to get a cleaner; as if she could afford a cleaner. Last time he started telling her she had to sign papers to make him in charge of her money and things because she had nobody else. An attorney or something. She had put him off a bit but knew he'd make her sign as everyone had to have one and she had nobody else.

The Verger from the church pops in to see her for a cup of tea once a week and is always kind, bringing a cake or some homemade biscuits. They were both from the West Country and shared stories of happy days on Devonshire beaches.

Mavis (MH, C, S, M)

Mavis tells everyone very proudly that she is 91-years-old. She isn't she is 87, but nobody is really counting. She used to tell people she was 37 when she was 40 something, so has lost a decade somewhere. She is suitably vague with details, whenever anyone tries to pin her down and pretends to be forgetful. She isn't forgetful at all, but she has found it quite useful to pretend sometimes.

In her youth, Mavis was a bit of 'a party girl' (according to Mavis), she tells tales of dancing at the Palais with handsome young sailors and American GIs. She fails to mention she was only 12 when the war ended and she was busy helping her mother, who took in laundry from the big houses. Many of the tales Mavis shares don't hold much water under closer scrutiny. They are fun to listen to though.

The truth is much less glamorous. Mavis worked hard all her life to provide for her family: She had six children, but one died in early childhood from scarlet fever. Like her mother, she took in laundry and sewing for the better off. Her husband was a Stevedore until he was laid off in the 1960s. He took it badly and turned to drink, disappearing down the pub until it closed. Most of the family money went on his drink and tobacco; the rest went on his regular night out at the dog racing. Mavis and the children saw very little of it. The family survived hand-to-mouth with barely enough to eat and often no coins for the gas meter. It was why she hated waste now. She couldn't abide seeing things thrown away, so tended to hoard. Her children said it was more than a tendency

and was a health hazard. Ron, her husband died when he was just 62. The children were grown and living their own lives, which were very different to the life Mavis understood. They had wanted her to move closer, but she felt settled where she was, with Midge the cat as her constant companion. Ron wasn't a bad man, but the drink sometimes took over and he used to throw the odd punch in her direction, if she'd not made the money spread far enough and there was no coal in the scuttle. It had made her wary of disagreeing with, or upsetting, anyone. She'd protected her children from that side of things and still did. They still got on at her to move closer, but she said she wanted to be near their dad – when what she wanted was her freedom.

Mavis liked fish and chips, drowned in vinegar, with a pickled egg on the side. She liked porridge sweetened with golden syrup and liquorice allsorts. She really enjoyed dripping on toast, but it was a very rare treat as she didn't often have cause to cook a joint of beef these days. One of the children occasionally saved her some, but it was done grudgingly with a lecture about vegetables. She didn't like fancy food.

Being a free agent, Mavis sometimes chooses not to do her washing. She'd laundered all her life and decided she could wear slightly grubby clothes for a few days, if she wanted. She knew her bedding was more than a bit grubby but changing it was so difficult. Simpler just to leave it and pretend it was always grey. She didn't mind when the cat has accidents either. Midge had been a faithful and gentle companion and she was tolerant of her mess now she was too old to go outside. Mavis put newspaper down and cleared it up every few days.

Mavis still worried about money and bills. She had a policy of never opening official looking envelopes. If the bills got large enough, they'd surely send a tally man round to collect it? Her children got cross with her and always stuck their noses in, to try and make her manage differently. They'd ganged up against her and wanted her to allow them to start making her decisions for her, but she wasn't having any of it. They'd even tried to get 'the social' to help them, but she'd sent the young woman who came packing with a flea in her ear.

Cora (C, M)

Cora is 91-years-old. She has suffered significant hearing loss since she had a cycling accident shortly after she retired as a PE teacher in a local girl's school. People assume she has dementia, but she can still complete a broadsheet newspaper crossword quicker than most people can answer the doorbell. She has always been active and enjoyed sport. She coached a local hockey club for many years and has completed 37 marathons, in various countries, since her retirement. She hasn't done any for a few years now, but did but an electric bicycle after she reduced her running to walking.

Nowadays she watches more sport than she plays and is an avid supporter of Bath Rugby, as her niece with whom she has a very close relationship lives in the city. A few times a year her niece collects Cora and they spend the weekend watching a home match and eating Italian food. Cora spent four years living and working near Naples and has never lost her taste for good pizza.

To keep herself busy (and Cora thinks an active mind and active body are key to happiness), she plays mahjong with a small group of friends, swims twice a week, belongs to an Italian conversation group and walks at least three miles each day. She prefers to eat a healthy diet (apart from the pizza), usually having some baked fish and vegetables or a simple risotto with plenty of garlic. She avoids gluten as she has a mild intolerance that means she feels uncomfortably full of stodge if she eats breads, cakes, or pastry dishes. She likes a glass of red wine with her supper each evening but never more than one – except on the weekends she spends with her niece.

Cora has never married because she never found a man who met her specification. She would have liked children but wasn't prepared to give up her career, her lifestyle, or her freedom to look after a man. Cora has quite strong feminist views and grew up in a world where that wasn't always accepted as normal. She'd never campaigned or anything as that would have shone a spotlight on her; She just supported quietly from the side-lines. Cora had cared for her ageing parents until their deaths which reduced the opportunity to meet suitable men at a point in her life when she was, perhaps, more willing to accept imperfections in a partner.

Elsie (M)

Elsie has recently celebrated her ninety-fourth birthday with her friends and neighbours. She never married and lives alone in a bungalow. Her large garden and adjoining paddock is home to six chickens, a goat called Claude and two pigs she has reared from piglets. The paddock adjoins the path to the local school and children often stop for a chat or to 'help' feed the animals with the food Elsie gives them. She makes sure she is outside when she hears the school bell ringing as she enjoys catching up with the children she has come to know well.

Elsie had a varied working life; she was just 14 when war broke out and helped care for her younger brother when her older brothers and father were sent to sea. She was evacuated briefly but didn't settle and wasn't treated well, so her mother brought her home to help her. Only one brother returned from the war, the other died when their ship sunk off Malta. Her father came home but was never the same; he'd been burned and seen his shipmates perish.

Somehow children didn't happen for Elsie. She had been sad about that and it had led to the breakdown of her marriage to Frank who seemed to blamed her in some way. She was sad but had come to accept this over the years; she never remarried despite still being very young when Frank left her. She'd two nieces who she was close to and they had their own families (who were now grown up). Her younger brother had died 12 years ago, but she had remained close to her sister-in-law, who was now in a care home because she had dementia. One of her neighbours drove Elsie to visit her each week.

For many years Elsie had been a telephone switchboard operator, then a supervisor, but technology had put an end to that. Elsie had adapted and learned new skills and had ended up as a complaint's manager for the local authority before she retired, nearly 30 years ago. She often thought back on her life and remembered going to

London for the Queens Coronation as a Guide leader, seeing the moon landings on television, watching the Royal weddings on television – black and white to start with – and seeing the world shrink as travel became so much easier. Elsie had only discovered travel late in life and had saved each year for a two week cruise to different parts of the world. Now her sister-in-law could no longer join her they had lost their appeal, but she joined a friend on various coach outings around the country. Usually just for the day, but sometimes they stayed overnight.

Elsie also enjoyed bridge and played once a week with a group of friends. Other than that her animals kept her busy, she shopped online, but walked to the local shop to get the newspaper most days. She had her hair done every 12 weeks, rarely varying the style and visited the podiatrist every month. Elsie liked people and liked routine.

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