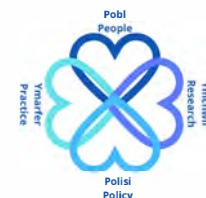


Developing evidence Enriched
Practice - DEEP



Datblygu Ymarfer a Gyfoethogir
gan Dystiolaeth - DEEP

Developing Evidence Enriched Practice Handbook





A fo ben, bid bont

Branwen a Bendigeidfran,
y Mabinogion

Nick Andrews
Gill Toms
Fiona Verity

Richenda Leonard
James McGregor
Catherine Launder

Acknowledgements

The Developing Evidence Enriched Practice (DEEP) Programme 2020-2023 is funded by Welsh Government through Health and Care Research Wales.

We thank members of our steering and academic advisory groups who helped develop the DEEP curriculum. We thank our partners in Social Care Wales who informed the curriculum content and the people who helped pilot and refine the curriculum.

Images not otherwise attributed in the handbook were created/supplied by the DEEP team or Lowri Howells.



Foreword

Social care and health services lie at the heart of a civilised and caring society, but they are going through challenging times. Increasing demand and needs and limited resources are putting a strain on services and systems. There is a call for transformation and new thinking and ways to improve and deliver care and support.

The Developing Evidence Enriched Practice (DEEP) approach emerged from a participatory action research project about using evidence to improve services to older people with high support needs (Andrews et al., 2015). This co-produced project involved older people, unpaid carers, practitioners, managers, and researchers in exploring how to develop an approach to use research findings in practice. The project concluded with a series of recommendations about effective learning and development that became the basis of the DEEP approach.

DEEP as an approach aims to be kind and motivating. It enables and facilitates processes that can connect a diverse and extensive range of evidence that comes from lived experience, practice, research, and organisations, and in ways relevant to the context. Since 2015, DEEP has continued to refine and deepen its methods and tools.

This handbook provides practical guidance that can help you use the DEEP approach. It will be most helpful to people who have attended DEEP learning courses. We hope you will find these 'practical pointers' helpful in your endeavours to make the world of social care (and health care) a better place through learning and development.

We would value your feedback as we will endeavour to refine and improve the handbook in the light of comments received.





Contents

The DEEP Approach	6
Understanding the DEEP approach with a simple analogy...	
Working with the DEEP Approach Principles	8
Finding, Collecting, and Sharing Evidence	18
1. Discuss what evidence you need	
2. Find out what evidence is already available	
3. Check back and see if the question/ issue has been answered	
4. If you need more evidence, choose an appropriate method	
5. Have the permissions you need in place before starting to collect new evidence	
6. Share your findings	
Magic Tragic Moments	27
Collecting Magic Tragic Moments	
Using Magic Tragic Moments to support learning and development	
Most Significant Change	32
Collecting MSC stories	
Community of Enquiry	36
Setting the scene	
Question recap	
Facilitation	
After a CoE	
Examples of Using DEEP in Practice	40
References	42
Endnotes	44
Resources	47
PROMPT Template Sheet <i>The Open University, 2014</i>	
Magic Tragic Moment Template	
Most Significant Change: Story Collection Template	

The DEEP Approach

In a nutshell, DEEP is a caring approach that works collaboratively with people to support the use of diverse kinds of evidence in learning and development. It uses both story and dialogue-methods. It is a relational approach that taps into how humans thrive through collective learning as they talk and think together, with stories as the focus.

There are five elements of putting the DEEP approach into practice. Each element is based on principles about what leads to good learning. They are compiled from the wisdom of many.

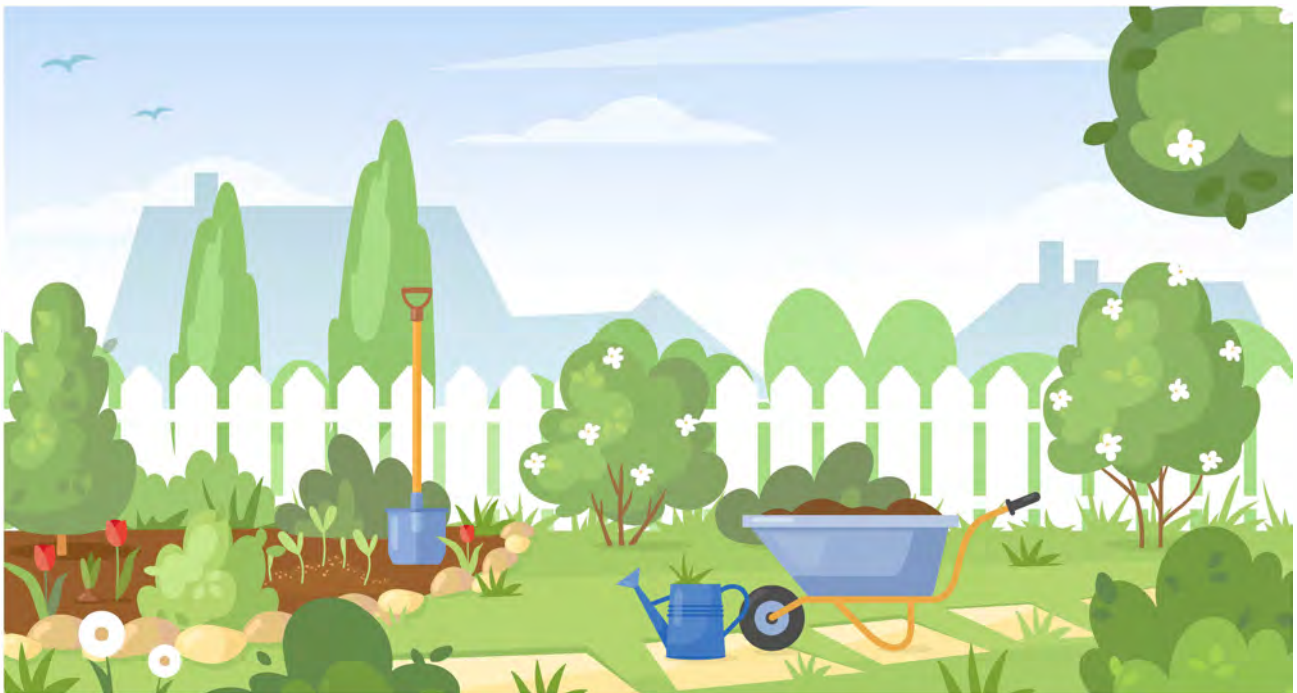
Five Elements	Eight Principles
Create an enriched environment of care and learning	• Support everyone's wellbeing • Start with what people know and find interesting • Help people make sense of what they learn
Value and use a range of evidence	• Share all sorts of knowledge
Gather and present evidence in meaningful formats	• Use stories in learning
Talk and think together effectively about different types of evidence	• Be brave and challenge each other kindly
Recognise and address structural obstacles	• Share leadership and decision-making • Be mindful of the context when using evidence

DEEP is an approach rather than a single intervention. This makes it hard to describe simply in words. An analogy of creating a beautiful garden can be helpful to describe the processes of the DEEP approach. First the soil needs preparing so there is a supportive learning culture, a rich and fertile soil. Next a variety of seeds (evidence) will need to be sown, and what they are will depend on the context for learning and development. Then these seeds will need cultivating so that evidence is able to inform practice in ways that are best for the context. In the DEEP approach this involves talking and thinking together.



Understanding the DEEP approach with a simple analogy...

An environment where good learning and development happens can be thought of as a beautiful garden



To grow a beautiful garden you need to:



Ensure the soil is rich and fertile
In DEEP this is about establishing a supportive learning culture.



Sow varied seeds
In DEEP this is about valuing, presenting, and using different types of evidence.



Cultivate and grow the seed
In DEEP this is about talking together about evidence and thinking about how to put evidence into practice.

Working with the DEEP Approach Principles

The DEEP approach is co-productive and starts with what matters to people. Putting the DEEP approach into practice means you are guided by the eight principles of DEEP.

Principle: support everyone's wellbeing

Care services focus on the wellbeing of the people they support, but it is also important to recognise that we need to pay attention to the wellbeing of practitioners and unpaid carers. The concepts of 'relationship-centred care' and 'interdependent wellbeing' were coined by Mike Nolan, a professor of gerontology. He suggested that within 'enriched environments of care', everyone involved should experience the following six senses (Nolan et al., 2006):

Security

People feel physically and psychologically safe and secure

Belonging

People feel 'part of things.' They can make and maintain relationships

Continuity

People's life stories, wishes and preferences are recognised and valued

Purpose

People can contribute to things they think are worthwhile

Achievement

People experience satisfaction and a sense of accomplishment

Significance

People believe that their opinions matter. They are recognised for who they are, and their life has importance

You might find it helpful to use the [SENSES survey](#) with people.¹ The survey asks people to respond to 12 statements regarding the six senses.

People can complete the survey independently, or you can use the survey as a framework for discussion. This can catalyse dialogue and identify what actions might be needed.

Working in organisations can be challenging and significance is often a difficult sense to instil. Supporting people to prepare their own one-page profile (an idea devised by Helen Sanderson) can help them appreciate the significance of what they can contribute. However, it is likely that the organisational culture will need to demonstrate that people are valued before people will be comfortable to engage in this activity. One-page profiles cover:

- What people like and admire about me
- What is important to me
- How to support me

You can find more information on one-page profiles on the [Helen Sanderson Associates website](#).²



The relational nature of DEEP that is supportive of everyone's wellbeing is nicely illustrated in a cartoon by James Norbury about a journey made by Big Panda and Tiny Dragon.

"Which is more important," asked Big Panda, "the journey or the destination?"

"The company" said Tiny Dragon.



©James Norbury: @BigPandaandTinyDragon

Principle: start with what people know and find interesting

This principle is informed by Social Pedagogy (Eichsteller & Holthoff, 2012), a strengths-based approach to learning that starts with people's own knowledge and experience. To put this into action we must start by valuing people's own 'evidence' before exploring information from elsewhere.

To start with what matters it helps to keep in mind the aim. The primary purpose in the DEEP approach is to make the world a better place: this should be the starting point. Using evidence to achieve this is the secondary aim: evidence will be welcomed if it helps achieve the primary purpose.

To apply this principle, it helps to have reflected on your 'Haltung' or the inner guiding light or anchor, a concept used in Social Pedagogy (Charfe & Gardner, 2020). To do this think about what core values matter most to you in relation to your work. Some people can think of a motto that sums up their Haltung. Others find it helpful to recall instances of when they demonstrated their Haltung in practice. Sharing your Haltung with the people you are working with can

help you relate to each other. Remember though that your Haltung must be reflected in what you do as well as in what you say.

The Haltung of the DEEP approach includes respect, inclusion, valuing diversity and being non-judgemental. To share the Haltung of DEEP, it helps to say to people that the DEEP approach:

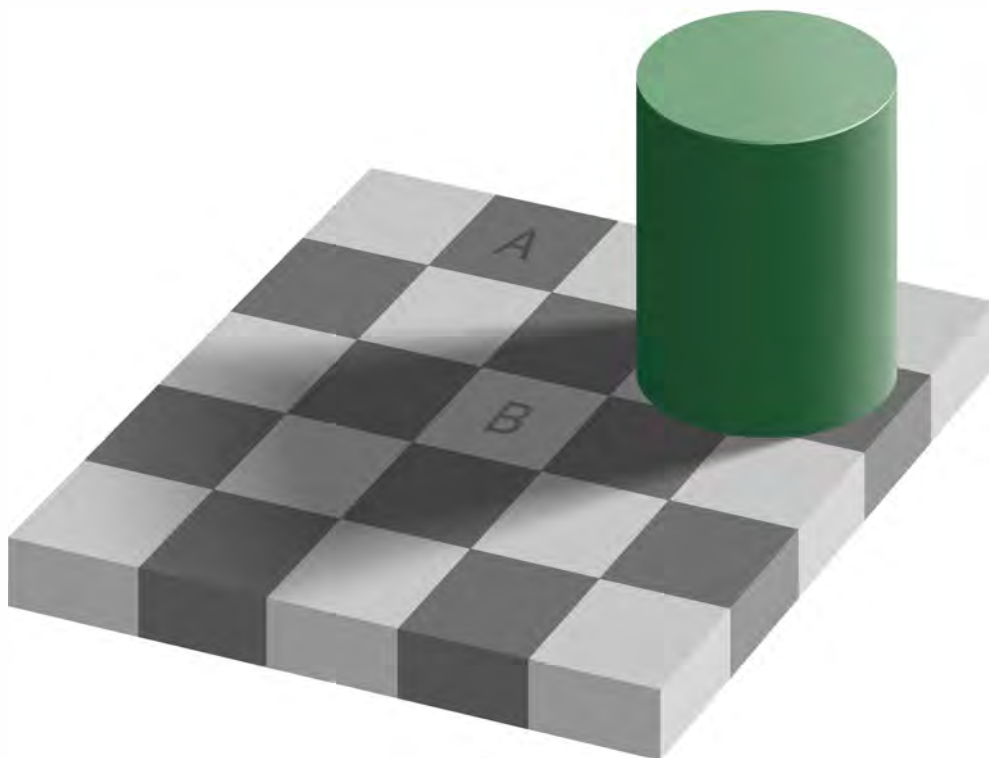
- Starts with other peoples' knowledge and what matters to them
- Encourages everyone to grow and develop as people, as well as, as learners
- Is grounded in relational ways of working
- Includes and values everyone who has an interest in the issue
- Aims to make the world a better place

Principle: help people make sense of what they learn

Sharing evidence with people is not like delivering a parcel. You can share the same evidence with ten different people, and they will interpret and engage with it differently, according to their existing understanding. Sharing evidence with people that is very different to what they currently believe can lead to 'cognitive dissonance' and challenging and uncomfortable feelings. This can result in them dismissing or rejecting the evidence. A simple exercise to help people think about how they engage with 'evidence' through their own 'perceptual spectacles' is the chessboard and cylinder optical illusion devised by Edward Adelson (1995).

You can present the below image to people in an A4 handout and ask them to identify which square is darker, A or B. The obvious answer is A but then you ask them to fold the paper, so that A is next to B. When they do this, they will see that squares A and B are the same colour. The brain has 'corrected' the image based on its understanding of chess boards and shadows. Likewise when we 'see' evidence, we see it from our own perspective which may be different to others.

Mindful of this, working in the DEEP approach does not involve telling people what to think or do. It supports people to become involved in a conversation that will help them make connections with their existing understanding and to support them to see alternative perspectives.



Edward Adelson

Principle: share all sorts of knowledge

In response to the question *what counts as evidence and whose evidence counts?* (Hodgson & Canvin, 2005) the DEEP approach is clear in valuing a range of evidence. This includes the lived experience of people, practitioner knowledge, organisational knowledge, and research findings.

It sometimes helps to consider with other people what types of evidence they tend to use, as this helps them explore how they are valuing types of evidence. The following table is adapted from the work of Gerrish et al. (2011) in nursing:

The things that influence my work/ actions are...	Often	Sometimes	Rarely	Never
Information I get from national policy				
Information I learn from training courses				
Information I get from local policy and guidance				
Personal experience of caring for people				
Gut feelings and intuition				
Information I get from conferences				
Information from colleagues working in the same setting				
Other professionals and specialists				
Information from multi-disciplinary team meetings				
Journal articles				
Networking with practitioners outside my organisation				
Information I gain from people with support needs and unpaid carers				
Information from the internet				
Information I get from my employer				

Adapted for social care from a questionnaire developed in nursing by Gerrish et al.

(2011) You can find a version of this questionnaire [online](#).³

DEEP also encourages individuals to reflect on what they are willing to share about themselves as well as what they know. Again, drawing on social pedagogy (Eichsteller & Holthoff, 2012), DEEP highlights the importance of relationships in learning and development. In the DEEP approach we talk about the three P's.

**The
Professional**

**The
Personal**

**The
Private**

We believe it can be helpful to share the personal as well as the professional (but not the private) to build trust and camaraderie. This supports learning as a social process.



Principle: use stories in learning

Social pedagogy talks about the importance of holistic learning that engages *head, heart, and hands* (Eichsteller & Holthoff, 2012). Learning should make sense, create an emotional response and lead to practice action.

People often make sense of their lives and the world through stories. Stories engage the heart and the mind to enable meaningful and effective learning.

The DEEP approach puts storytelling at the heart of helping people to share and use evidence. Stories convey meaning as well as events and experiences. They are particularly good at eliciting how people feel about something, i.e., their emotions.

Please see the following handbook sections for information about how to gather and share stories:

- [Finding, Collecting, and Sharing Evidence](#)
- [Magic Tragic Moments](#)
- [Most Significant Change](#)

A [report](#) produced by the Institution for Research and Innovation in Social Services (IRISS) provides more information about the role of personal story telling in practice.⁴



Principle: be brave and challenge each other kindly

People learn best when they learn together through dialogue. The DEEP approach helps people make sense of their learning through dialogue, but such dialogue is not always easy. Mercer and Littleton (2007) identify three types of dialogue:

Disputational talk

This is when people have fixed views and disagree, asserting their own opinion. This talk is often not helpful for learning.

Cumulative talk

Talk that does not challenge or question. Again, this is not helpful for learning.

Exploratory talk

People say what they think, sharing their reasons but are open to changing their minds in response to listening to others.

DEEP encourages Exploratory Talk. Here are some phrases you might hear in Exploratory Talk:

- I hear what you are saying, and I agree because
- I disagree because
- I have an example of that
- I have a counter example which suggests something different

Here are some key points about Exploratory Talk based on resources provided by the University of Cambridge *Thinking Together* project:

- To engage in exploratory talk, people need to feel safe and valued
- It helps if the people involved draw up a set of ground rules for the talk
- During the talk people should address their comments to the group
- People must give a reason for what they say
- Others are asked to respectfully agree or disagree. They can also ask for clarification, explanation, or elaboration
- People usually show they wish to speak by raising their hand. The next speaker is chosen by the last person to talk
- Once someone has spoken the next person to speak must make a connection to what has been said already and build on it
- The aim is to move towards a shared understanding of the issue and the different perspectives
- At the end of the conversation invite everyone to have a 'last word'
- 'Last words' can be about the topic, the conversation, or suggestions for action
- The facilitator talks as little as possible but does encourage the group to reflect on any assumptions and the implications of what is said
- The facilitator can also help clarify issues, e.g., *It sounds to me like we are saying..*

You can find out more about Exploratory Talk and thinking together at:

[Oracy Cambridge](#)⁵

[Thinking Together](#)⁶

Here are links to some relevant papers:

[5 Examples of Talk in Groups](#)⁷

[What is dialogue?](#)⁸

[The Construction of Knowledge in Classroom Talk](#)⁹

Please also see the handbook section on:

[Community of Enquiry](#)

Another practical way to enact this principle (be brave and challenge each other kindly) is to use Appreciative Inquiry (Cooperrider & Whitney, 2001). Developed by David Cooperrider and Suresh Srivastava, and using ideas about how knowledge is social constructed, Appreciative Inquiry seeks to build on the best of what already exists to create a shared vision and action plan. Cooperrider and Whitney (2001) say that:

- When we talk with others we create meaning out of our experiences
- The language, we use to describe things shapes how we see them and the questions we ask can determine what we find
- We constantly rewrite and reinterpret our reality through the stories we share
- Change does not just happen at the end of a process. Change starts the moment we ask a question or tell a story
- Our minds constantly project images of what might be and these images impact how we act in the present
- We need to have positive feelings about what we are doing to sustain momentum for change

Drawing on these ideas, Rowett (2015) explains that Appreciate Inquiry can be practiced by working with people through a cycle of:

Defining

Agree the focus and who needs to be involved

Discovering

People share stories of positive experience related to the topic. They explain what contributed to these experiences being meaningful

Dreaming

People express their vision for the future, sharing their wishes and things they would like to improve

Designing

People agree a way forward that builds on what is currently working well. There is a focus on solutions and ideas are sought from a wide range of perspectives

Delivering

A plan is made to put ideas into action. Thought is given to how to sustain the momentum

More information about Appreciative Inquiry [here](#).¹⁰



Principle: share leadership and decision-making

The DEEP approach has drawn lessons from the Leadership for Learning (LfL) programme (Macbeath et al., 2019). LfL is a principle driven framework for developing education, which was based on research exploring understandings of leadership, learning and how the two connect. The framework proposes that leadership and learning are related activities, which are everyone's business.

Key features of LfL are:

- Leadership is an activity everyone should be involved in
- Learning should be an everyday activity for everyone
- Sharing leadership leads to multiple learning opportunities
- Powerful learning opportunities can help people participate in leadership

The organisational behaviours you are seeking to develop through the DEEP approach include:

- Time for reflection and a focus on improving rather than on simply meeting targets
- Spaces (both physical and social) that are convivial for learning
- Dialogue about learning incorporated into supervision and team meetings
- A culture that ensures no one feels marginalised or excluded from decision-making
- Accountability is shared when things go badly and when they go well

The DEEP approach seeks to develop leadership that is relational and responsive as opposed to being based on the idea of *perform or perish* (Patterson et al., 2010, p.191):

Key Characteristics	
Perform or perish	Relational and responsive
Pace and process driven. Seeking short-term, quick fixes	Complexity driven. Considers the longer-term, as well as people and their perceptions. Willing to negotiate and broker
External, top-down agenda. Local context largely overlooked, and one-size fits all approaches applied	Contextual factors addressed. Solutions tailored to the situation
A few senior leaders determine goals and direction	Everyone (including people accessing the organisation or service) are involved in decision-making
Leadership is from the top and tends to be punitive and transactional	More leadership is undertaken at the team/ unit level. Leadership style is empowering, inspiring and transformational
Success is based on meeting quantitative targets, e.g., the number of assessments completed	Success is based on people's experiences and stories. Meaning matters
Only numerical evidence is considered	A range of evidence is considered
Few of the senses (Nolan et al., 2006) are experienced	The senses are enhanced

The DEEP approach recognises the tensions that can occur around learning and innovation (Hill et al., 2014). These tensions can present good stimuli for team discussion:

The need to set free		The need to control
Letting people come up with ideas	↔	Ensuring collective decision-making
Supporting and encouraging people	↔	Challenging people
Nurturing learning and development	↔	Ensuring things are done well
Allowing improvisation	↔	Ensuring structure
Giving time	↔	Making sure deadlines are met

Summarised from Hill et al. (2014, p. 8)

Principle: be mindful of the context when using evidence

Context is very important in social care, because human beings and the social care system do not work like machines:

Machine type system	Social care system
Predictable, logical, and rational	A human system working in complex ways and influenced by contextual factors
Evidence can be applied directly	Evidence best applied conceptually as a basis for thinking through complex issues

Working with context is also integral to coproduction. This metaphor that the American Psychologist Barry Schwartz used in a 2009 Ted Talk sums up how the DEEP approach believes evidence should be used:

A wise person is like a jazz musician – using the notes on the page, but dancing around them, inventing combinations that are appropriate for the situation and the people at hand.

The DEEP approach draws on the idea of ‘mindlines’, which Gabbay and LeMay (2004) describe as internalised understandings of knowledge-in-practice-in-context and the collective ‘mindlines’ that arise from interactions between practitioners and people with support needs and their unpaid carers.



When working with complex ideas, such as, wellbeing, the DEEP approach suggests using evidence conceptually to stimulate thinking. This means the evidence is used as a starting point for dialogue. It is through dialogue that you can work out how the evidence should inform local practice.

The DEEP approach is also informed by a philosophical approach known as the Ethics of Care (Gilligan, 1982; Tronto, 1993) when it talks about considering the local context. Ethics of Care challenges the notion that everything must be done in a certain way. It prioritises relationships and pays attention to emotional responses such as empathy and compassion, which may be guided by intuition as well as by evidence. To implement Ethics of Care in your work, try attending to the following four elements of care, proposed by Joan Tronto in her book *Moral Boundaries* (1993):

- Be attentive. Listen to others, understand their needs and what matters to them
- Take responsibility for doing the right thing in response to what matters
- Make sure you have the skills and knowledge you need to do the right thing
- Be responsive and tailor what you do to what is needed

To enhance your understanding of the local context, it can be helpful to reflect on:

- What are the things that matter most to the people you are working with?
- How will you respond?
- In what ways do they like to learn and engage with evidence?
- How can evidence be presented in ways that will not overly challenge?
- How can evidence be presented in ways that are respectful and not patronising?
- How will you ascertain if they find the learning activities rewarding?



Finding, Collecting, and Sharing Evidence

Once there is a conducive environment for learning and development, there can be a focus on 'sowing the seeds.' We use the word 'evidence' in this section to refer to multiple types of knowledge including research, personal experience, practitioner, and organisational knowledge. This six-step framework guides you through finding, collecting, and sharing evidence.

- 1. Discuss what evidence you need**
- 2. Find out what evidence is already available**
- 3. Check back and see if the question/ issue has been answered**
- 4. If you need more evidence, chose an appropriate method**
- 5. Have the permissions you need in place before starting to collect new evidence**
- 6. Share your findings**

We guide you through these steps over the following pages.

1. Discuss what evidence you need

You will find ideas for how to have these conversations in the handbook sections on:

- [Exploratory Talk](#)
- [Community of Enquiry](#)

These conversations will explore and seek agreement about what the aim or goal is (i.e., what issue is to be addressed) and what evidence is needed to achieve this.

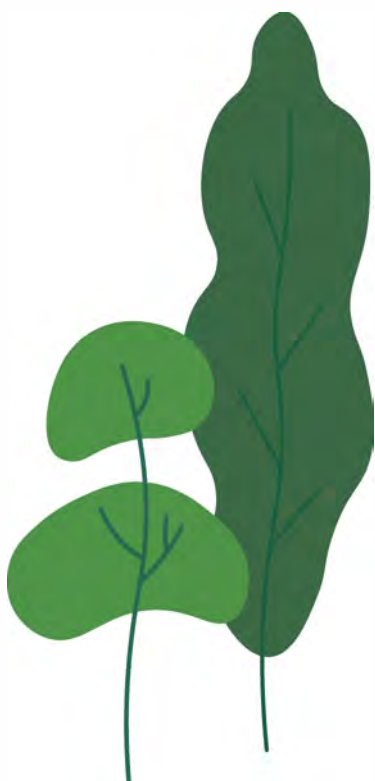
2. Find out what evidence is already available

In addition to searching literature databases, there are four other ways to find published evidence.

a. Find evidence summaries

Many organisations have in-house specialists who review and collate existing evidence. Here are some starting places:

Campbell Collaboration ¹¹	This international network provides evidence syntheses, reviews, and plain language summaries
Centre for Reviews and Dissemination ¹²	This centre synthesises research about public health, child health, mental health, methodological development, health technology assessment, and service delivery and organisation
Social Care Online ¹³	This database is updated daily and covers all aspects of social work and social care
IRISS ¹⁴	This organisation provides outlines of key research
Wales Centre for Public Policy ¹⁵	This centre produces evidence briefing papers. Topics have included looked after children in Wales, promoting equality and supporting vulnerable groups
Social Care Wales ¹⁶ Data Portal ¹⁷	This website has curated research on various topics such as loneliness and healthy ageing. The site also hosts the national social care data portal for Wales



b. Reach out to research centres

Research centres often share studies relevant to their area of interest. They are a good starting place when you have a clear topic.

Research Centres in Wales:		Research Centres in the UK:	
Centre for Ageing and Dementia Research (CADR)	Swansea and Bangor Universities	Centre for Research in Health and Social Care ²⁵	University of Bristol
Centre for Innovative Ageing (CIA)	Swansea University	MRC Unit for Lifelong Health and Ageing ²⁶	University College London
Centre for Health and Social Care Law ¹⁸	Cardiff University	Wellbeing, Health, and Social Care Research Centre (WHSCR) ²⁷	University of Nottingham
Children's Social Care Research and Development Centre (CASCADE) ¹⁹	Cardiff University	Centre for Social and Health Research (CSHR) ²⁸	University of Salford
Wales Autism Research Centre ²⁰	Cardiff University	Improving Adult Care Together (IMPACT) Centre ²⁹	University of Birmingham
Wales Centre for Public Policy ²¹	Cardiff University	Centre for Centre for Healthcare Research ³⁰	Oxford Brookes University
Welsh Institute for Health and Social Care ²²	University of South Wales	Centre for Research in Public Health and Community Care (CRIPACC) ³¹	University of Hertfordshire
Wales Institute of Social and Economic Research and Data (WISERD) ²³	Cardiff University	Centre for Coproduction in Mental Health and Social Care	University of Middlesex
Welsh Housing Research Network (HRN) ²⁴	Bangor, Swansea and Cardiff Universities and University of South Wales	National Institute for Health Research (NIHR) School for Social Care Research (SSCR) ³²	A partnership between 7 universities in England

c. Use social media

Twitter has traditionally been a popular platform for academic research. At the time of producing this handbook the site was in a state of flux and time will tell if it remains a helpful resource. To search Twitter, type your area of interest into the Twitter search bar. You will be directed to relevant organisations, research centres, current research, events, and people sharing personal experiences.

**d. Talk with researchers**

This method is in-step with the relational nature of the DEEP approach. Here are some ways to connect with researchers:

- Find researchers through Google or Google Scholar. You can find researchers by typing your topic of interest plus *research* in the search bar
- When you find a relevant paper, email the correspondence author
- Contact university departments
- Connect with researchers through a network, such as LinkedIn
- Message researchers through Twitter, Facebook, or other social media platforms

3. Check back and see if the question/ issue has been answered

This returns to the first conversation when the aims, goals and what issue was to be addressed were agreed. When you explore whether the evidence you have found addresses the agreed issue (goal), this should involve critical reflection. To value evidence we need to consider if it is useful and relevant. We should consider if additional evidence is needed to create a 'fuller picture'. The PROMPT checklist (Open University, 2014) can help you reflect on evidence individually and as a group.

PROMPT Checklist (The Open University, 2014)

- **Presentation:** is the evidence presented and communicated clearly?
- **Relevance:** is the evidence relevant to the question/ issue you are interested in?
- **Objectivity:** might there be vested interests or a particular agenda shaping the evidence?
- **Method:** is it clear how the evidence was gathered?
- **Provenance:** is it clear who has contributed the evidence?
Are important perspectives missing?
- **Timeliness:** does the evidence speak to the present circumstances?

In the resources section of the handbook, we provide a [PROMPT Template Sheet](#). Here are additional points you might want to consider when exploring organisational knowledge:

- Is the organisation's knowledge consistent with current policy and legislation?
- Is the organisation's knowledge consistent with current research evidence and best practice (e.g., NICE and SCIE guidance)?
- How has the organisation built its knowledge base? Have all staff groups had the opportunity to contribute their knowledge? Has the knowledge been reviewed and discussed by the team? Is the knowledge open to scrutiny?
- Has the organisation sought external evidence (e.g., research) to corroborate its knowledge base?
- Has the organisation considered the knowledge shared by other similar organisations?
- How does the organisation understand lived experiences and how do they inform what the organisation does?
- Has the organisation's knowledge been co-produced with practitioners and/ or people with support needs?



4. If you need more evidence, choose an appropriate method

Other handbook sections provide guidance on how to collect story evidence using:

- [Magic Tragic Moments](#)
- [Most Significant Change](#)

The Using Evidence Resources Guide, which will be on the Social Care Wales website, covers a range of research methods and links you to tools that can help you find the best method to use.

5. Have the permissions you need in place before starting to collect new evidence

Sometimes permissions will be addressed by talking with people within your organisation. For instance, your line manager may be able to give approval for the collection of new evidence. There are online resources that can help you decide if you need to take your project to an external research ethics committee as well:

[NHS Health Research Authority – What Approvals Do I Need?](#)³³

[Health and Care Research Wales Ethical Review](#)³⁴

It is important that people who take part in research and evaluations provide informed consent. Consent is a process where we get someone's permission to do something. It involves:

- Understanding what is being requested
- Having time to think
- Giving and recording agreement

You will see how consent is received for [Most Significant Change Stories](#) and [Magic Tragic Moments](#) on the template sheets provided. When collecting stories, DEEP recommends sharing a copy of the final version of the story with the storyteller. This allows you to confirm that they remain happy for their story to be used.

There is guidance online about how to do projects with people who cannot provide informed consent. This may be because they are too young to give consent or because they lack mental capacity:

[NHS Health Research Authority – Mental Capacity Act](#)³⁵

[NHS Health Research Authority – Research Involving Children](#)³⁶

The link below provides further guidance on ethics and consent:

[Social Research Association \(SRA\) – Ethics Guidance](#)³⁷

There is also guidance online about how to work with stories in ethical ways:

[StoryCenter guidance on ethical practice](#) which was developed for digital storytelling work³⁸

You can access [case studies](#) of the StoryCenter's work with their partners³⁹

[Oral History Society](#) provides [advice on legal and ethical issues](#), including example consent forms and how to work with vulnerable people⁴⁰

6. Share your findings

The key to sharing evidence in the DEEP approach is to engage the 'head and the heart', mindful of DEEP principles. This encourages dialogue. Here are some creative ways to share evidence.

Poems

You can write your own poem (perhaps with the group you are working with) sharing the key message you want to give. Alternatively, you could use an existing poem. If you use an existing poem, chose a poem that relates to your key message.

Talking Points

These are statements that get people talking and thinking together.

More information about [Talking Points](#)⁴¹

When using Talking Points with a group for the first time, let people become comfortable with the method first by discussing a non-emotive topic. Talking points can elicit strong reactions that shut down conversation unless people understand the rationale.

DEEP has developed Talking Points about dementia and dialogue-learning activities that can be used alongside them. Please contact DEEP-cymru@swansea.ac.uk for further details.



Stories

Sometimes you will have stories to share of people's lived experience. You can also write stories to share the learning from other forms of evidence.

Help someone tell their story:

You need to create a space where the person feels safe and comfortable to share their story. Practical support can include asking the person:

- To talk about what is most significant to them
- About any change of awareness, change of characters or key actions in the story

Here are some stems that might help the person provide a final line to their story:

- And that's how I learned...
- Ever since that day I [never] [always] [at least sometimes] do [this] instead of [that]...



Creating your own story:

If you are creating a story yourself, here are some pointers and tips:

	Pointers	Tips
Decide what story you want to tell	Think about the key message	Start with some key words. Make sure everything you write relates back to your key message
Know your audience	Chose the right language and amount of detail	If you're not sure who your audience will be, imagine telling the story to a friend who is hearing it for the first time
Hook your audience	Capture attention in the first line	Start the story in the middle of the action, with dialogue, or with a contradiction of ideas
Chose a narrator	Writing in the first person can be effective. If you write in the third person, provide different perspectives on the action	Draft the story in the first, second and third person. Play with different tenses and viewpoints. See which have the most impact
Set your story in a time and place	People want to know the who, what, why and how	Using cultural references can engage people in the story
Use the senses	Describe how things look, taste, sound and feel	Use metaphors and similes
Use the right word in the right place	Sometimes it is best to avoid clichés and complicated words	Read stories out loud to spot sentences that are too long and words that do not fit
Use punctuation	Punctuation helps people understand the meaning	If it is awkward to read a sentence out loud, try changing the punctuation
Dare to be vulnerable	Help people empathise with the characters. Communicate emotions without necessarily naming them	For example, if a character is angry, they might raise their voice
Presentation	Display the story well	When sharing a story in writing, put extra spaces before a scene change and after a scene end
Experiment	It is ok to break the rules	Ask others to look over the story and give feedback

Based on work by Barrie Llewelyn, Joseph Sobol, Kate Howson, and Nick Andrews

The following guidance might also be helpful:

A Changemaker's Guide to Storytelling⁴²

Guidance on developing stories to engage audiences and project collaborators



Digital stories

Digital stories combine a three-minute voiced story with images. They are told in the first person. If you are creating a digital story with someone, make sure it is the right time. People often need to have achieved some distance from their story. Before you start, ensure you have all the permissions you need for the story and the images.

Here are some suggestions:

Get the content right

Consider:

- ✦ Why is the story important?
- ✦ Who is the intended audience?
- ✦ What is the message?
- ✦ What are the important and interesting points?
- ✦ What emotions are you trying to convey?

It helps to write a draft of the story. Keep the language simple and jargon free. Try to have no more than five key messages. Talk with the storyteller about what images could support the story.

Recording

- ✦ Record in a quiet, private, comfortable space
- ✦ Turn off mobile phones
- ✦ Leave pauses. This gives the audience time to reflect
- ✦ Record the story several times
- ✦ Stop if the storyteller seems distressed. You might need to change your plans and help them access support

Editing

- ✦ Remove incidental noises – e.g., the noise of a computer fan
- ✦ Consider adding voice overs, sounds and music
- ✦ Use up to five images
- ✦ Include credits and acknowledgements
- ✦ Add translation if it is not possible to record the story in Welsh

You can access more guidance from the following sources:

- ✦ [Digital Communities Wales: Padlet resources for digital story telling](#)⁴³
- ✦ [General Medical Council guidance on making and using visual and audio recordings of patients](#)⁴⁴

Further information on digital storytelling is available from: prue.thimbleby@wales.nhs.uk



Infographics



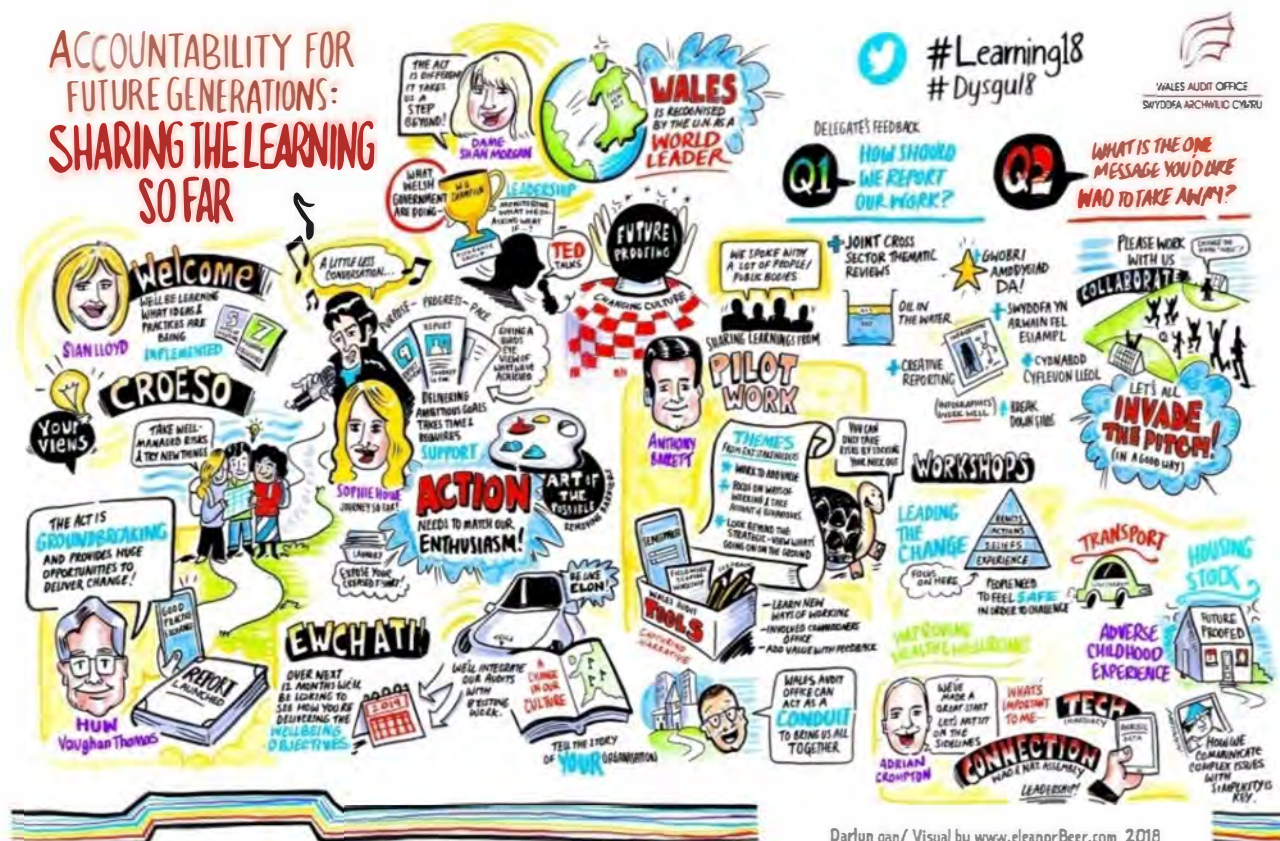
Infographics relay key messages quickly and concisely. They are a good way to capture the attention of people who have limited time. Infographics come in many forms. The DEEP approach often works with stories and Word Clouds are one way to highlight themes in stories. Googling ‘how to create a word cloud’ will retrieve multiple guidance documents and videos that can help you create your own word cloud.

Using art

Albert Einstein said that *one picture is worth a thousand words*. The DEEP approach often uses images to help convey learning points. When using an image, make sure all necessary permissions are in place. You could check if the image has a Creative Commons Licence or if you know the artist or photographer, ask for permission. If you want to share a photograph of your own which includes identifiable people, the people in the photograph will need to give their permission.

Employing a Graphic Facilitator

Graphic facilitators illustrate key messages and can create visual outputs of the learning shared. Employing a Graphic Facilitator will have an associated cost.

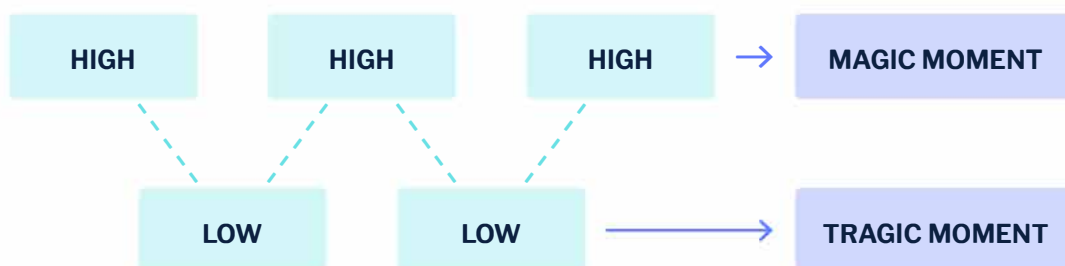


Darlun qan/ Visual by www.eleanorBeer.com 2018

Magic Tragic Moments

The Magic Tragic Moments method is based on Experience Based Co-Design (Bate & Robert, 2007). Experience Based Co-Design is an approach to service development that learns from people's experiences of their journey through care, for example, a period spent in hospital. Their journey will be full of experiential ups and downs as well as lots of less significant points in between. The ups and downs are referred to as 'emotional touchpoints' and are expressed as short stories of experience, what we call 'magic moments' and 'tragic moments.'

Gathering, exploring, and responding to these stories can support service evaluation, learning and development. Magic Tragic Moments capture experiences of single high (magic) and low (tragic) moments:



Magic Tragic Moments is a good method for capturing stories of experience.



Collecting Magic Tragic Moments

Informed consent considerations

Some specific consent considerations in Magic Tragic Moments include:

Consent issues	Suggested actions
The Magic Tragic Moment includes details that identify another person	• Seek consent from anyone identifiable in the story • If consent cannot be obtained, these details will need to be anonymised
The Magic Tragic Moment contains information about an identifiable organisation or service	• Seek consent from the organisation or service • If consent cannot be obtained, these details will need to be anonymised
The storyteller wants to share their story but has some reservations	• It is usual to offer three options in Magic Tragic Moments: 1. Consent without restrictions 2. Consent with specified stipulations 3. No consent
The storyteller wishes to be acknowledged	• If it supportive and empowering, DEEP offers storytellers the option of sharing their name alongside their magic or tragic moment

Eliciting Magic Tragic Moments

You can elicit Magic Tragic Moments in different ways:

1. Direct questions

You might ask:

Thinking about your experience with ..., have you had any very positive moments that you are happy to share? If so, what are they?

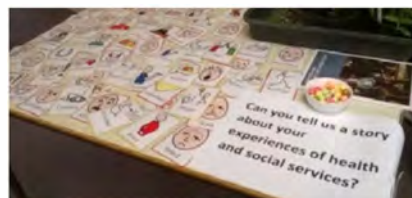
You might also ask:

Thinking about your experience with ..., have you had any very negative moments that you are happy to share? If so, what are they?

Please note that the DEEP approach always asks for the 'magic' moment first.

2. Emotion cards

Some people find direct questions off-putting and visual prompts can offer more emotional space. Some people also benefit from visual cues that help them understand the question. You can lay out a range of positive and negative emotion cards:



You can then ask:

Please select an emotion that shows how you feel about your experience with ...

You can then discuss why cards were selected and ask about a time when they felt that emotion.

3. Picture cards

Some people find thinking about emotions overwhelming. As an alternative, you can lay out a range of picture cards and ask:

Please choose a picture that shows how you feel or think about ...

You can then discuss why a picture was selected and ask for a story related to the picture.

Recording Magic Tragic Moments

Recording options include:

- Audio or video recording
- Asking people to write their story
- Taking notes of what people say

If capturing stories in writing, you might find the [Magic Tragic Moment Template](#) in the handbook resources section helpful. If you take notes, repeat back to the storyteller what you have captured to make sure you have represented what they wanted to say.

Capturing Magic Tragic Moments at an event

Magic Tragic Moments can be collected and learnt from in a single event. Other times, Magic Tragic Moments are collected and used in learning events that are held later.

If you are capturing Magic Tragic Moments as part of an event, this is a helpful plan to follow:

Step 1 – 10 mins

Introduce Magic Tragic Moments and the topic of interest

Step 2 – 10 mins

Explain why collecting Magic Tragic Moments is a good starting point for learning and development

Step 3 – 10 mins

Ask people to individually reflect and write their magic moment

Step 4 – 10 mins

At a later point, ask people to individually reflect and write their tragic moment

Sharing Magic Tragic Moments

It is helpful to share each Magic Tragic Moment with a snappy title and a relevant creative commons image. The example magic moment below comes from learning and development work in Swansea Council Adult Service Provision.

Until death us do part

A man in our service who lived with dementia asked me for a pencil and tape measure which he could see on the desk. I did not know why he wanted them but gave them to him. From that day on he did not put them down. For a start, he used them to measure the floor with a big smile on his face as he did so.

When his wife came to visit, she commented that she had seen a big improvement in his mood, as he was constantly smiling and busy, measuring and recording information. This man then began to measure the staff as well. When we mentioned this to his wife, she told us that before he retired, he had been an undertaker and that he was probably measuring us up for our coffins!

This man had been an undertaker since he was 14 and this had been the family business for many generations. A small plastic tape measure and pencil had made all the difference to this man, through which we were able to support him in achieving a sense of familiarity, purpose, and achievement.

Once stories have been collected you can then use an [Exploratory Talk circle](#) exercise.

Using Magic Tragic Moments to support learning and development

An Exploratory Talk circle is a good way to learn from Magic Tragic Moments.

Format 1

This format works well with a group of around 40 people, and it will work best if the people present can contribute different perspectives to the topic:

Step 1 – 40 mins

Ask people to form groups of six-to-seven people. Each person reads a Magic Tragic Moment story. The group notes key themes or issues across the stories. They select one story as the most 'magic' (or 'tragic' depending on the learning focus). Alternatively, you could repeat this activity twice: once for magic moments and once for tragic moments.

Step 2 – 20 mins

Each group shares their selected story.

Step 3 – 15 mins

Introduce Exploratory Talk.

Step 4 – 30 mins

Organise everyone into a circle. Each group re-shares the story they selected. Facilitate Exploratory Talk. You might want to take notes or audio-record (if consent is given).

Step 5 – 15 mins

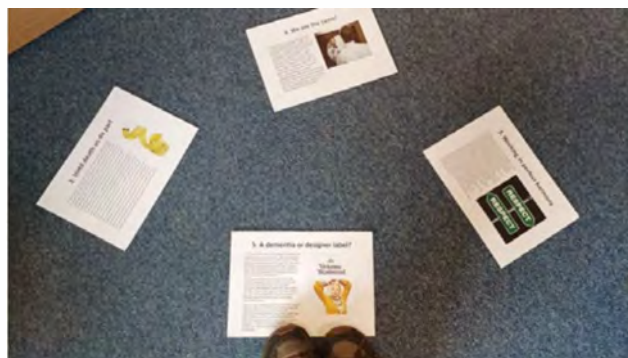
Offer each person the chance to share a last word that is focused on the action they think is now needed. You could provide the stem:

I think we need to...

Format 2

This format works well with up to ten (pre-collected) Magic Tragic Moment stories and 15-20 people. You may wish to share the stories on PowerPoint initially, but you will also need a copy of each story printed on A4 paper.

Arrange people in a circle and ask for volunteers to read out the stories. Once all the stories have been read, lay out the stories on the floor and invite people to stand by the story they think is most 'magic' (or 'tragic' depending on the learning focus).



Invite attendees standing next to each story to share why they chose it:

- Why did you pick this moment?
- What struck you most about the moment? Why?

Invite other attendees to comment and ask questions. Helpful prompts include:

- What values or themes are seen in the moment?
- Who agrees or disagrees with this choice? Why?
- Does anyone have a similar or contrasting moment?
- What are the implications of this moment for the way we work?

If the focus is on magic moments:

- Is anyone worried by this moment? Is there something tragic in it too?
- Are there any risks in the moment?
- How could this moment lead on to another (perhaps even better) moment?
- Does anyone have something else to say about this moment?

Once everyone has had their say, continue until you have repeated the exercise with all the selected stories. It can help to note key themes and ideas that emerge in the discussion.

If a story is not selected, you can ask:

Can anyone say why they think this moment might be 'less magic' (or 'not so tragic' depending on the learning focus)?

Return to the circle and offer each attendee the chance to share their last word about how they think the service or organisation could support more magic moments. These can be noted down as a list of ideas for action.



Most Significant Change

Most Significant Change (MSC: Davies & Dart, 2005) is an evaluative approach to identifying and learning from change outcomes, in the context of community development and public health improvement programmes, where the work is complex and messy and in which outcomes can be unpredictable. The outcomes of a programme or intervention are gathered as personal stories, which are then explored by a group of people with influence on the programme activity and funding. The content below is based on the method introduced by Davies and Dart.

Collecting MSC stories

Informed consent considerations

Some specific consent considerations in MSC include:

Consent issues	Suggested actions
The MSC story includes details that identify another person	Seek consent from anyone identifiable in the story If consent cannot be obtained, these details will need to be anonymised
The MSC story contains information about an identifiable organisation or service	Seek consent from the organisation or service If consent cannot be obtained, these details will need to be anonymised
The storyteller wants to share their story but has some reservations	It is usual to offer three options in MSC: 1. Consent without restrictions 2. Consent with specified stipulations 3. No consent
The storyteller wishes to be acknowledged	If it is supportive and empowering, DEEP offers storytellers the option of sharing their name alongside their story

Eliciting MSC stories

Five questions are asked to elicit MSC stories:

1	Tell me about yourself and how you have been involved in ...
2	Thinking back over the last six months, what good or bad changes have come about because of your involvement in ...?
3	Thinking about all the changes you have identified, which is the most significant change to you personally and why?
4	Thinking about the most significant change can you tell me about: What was it like before? What it is like now? What you think brought about the change?
5	Can you give a snappy title for your story?

The [MSC story collection template](#) provides further prompts but try and let the story flow naturally. Make sure you offer a safe space in which people can share negative as well as positive changes. People may be more comfortable sharing their story with someone who is not directly involved.

Recording MSC stories

Recording options include:

- Audio or video recording
- Asking people to write their story
- Taking notes of what people say

If you take notes, repeat back what you have captured to check that this is what the storyteller wanted to convey.

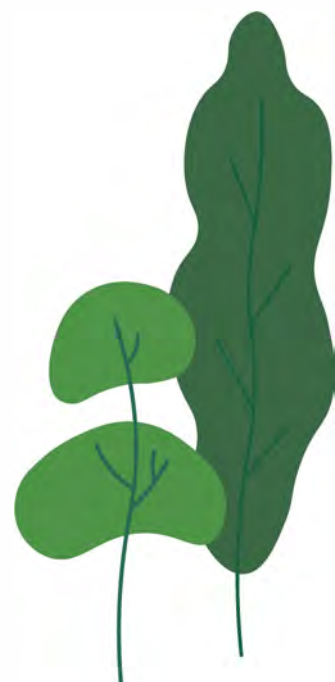
Presenting MSC stories

Here is how a MSC story is usually presented:

MSC story title

Key quote from the story

- Background to my story
- The changes that have happened because of...
- The change that was the most significant
- What it was like before
- What it is like now
- What happened to make these changes come about



Using MSC stories in learning and development

MSC stories can be explored by panels of stakeholders who select the most significant story. This is called hierarchical group analysis. Each selection panel consists of eight-to-twelve people who have not contributed the stories that will be discussed. It is helpful to invite people who represent different perspectives to sit on the panel. Sometimes

a series of panels are held. The initial panel might involve people with lived experience, unpaid carers, and frontline practitioners. The second panel could involve team leaders, local policy makers and commissioners. The final panel would then involve managers and other key decision-makers. Panels two and three receive summaries of the earlier panels. The panels consider no more than ten pre-selected stories. Selecting diverse stories should elicit rich dialogue. Here is an outline for a panel meeting:

Step 1 – 10 mins

Arrange people into a circle. Introduce the concept of significance. You could ask:

Please share something significant that happened to you in your work or home life over the last week and why it was significant?

Once all have shared, ask:

- Were there common themes?
- Was anyone surprised by something shared?
- Was a story particularly significant? In what way?

Step 2 – 20 mins

Volunteers read out MSC stories

Step 3 – 5 mins

Lay out the stories on the floor. Ask people to stand beside the story they think is the most significant

Step 4 – 20 mins

Ask people why they made their selection. Others are invited to comment. Helpful prompts are:

- Does anyone want to challenge what has been said about this story?
- Has anyone spotted anything else significant about this story?

If a story is not selected, ask the group to explain why it was not chosen and see if it still contains any significant themes.

Take notes of the key points made (or audio-record if consent is provided)

Step 5 – 5 mins

Give people the option to change their selection if they wish. If anyone chooses a different story, ask them to explain why

Step 6 – 5 mins

Confirm which story is judged the most significant: this is the story with the most people standing by it

Step 7 – 5 mins

People return to sit in a circle and agree what the panel report will say about the selected story

Step 8 – 10 mins

Use Exploratory Talk to discuss the themes and issues that came out from the stories. To elicit discussion, share the notes taken in step four. You might find these prompts helpful:

- Does anyone agree/ disagree with what has been said?
- Can anyone provide an example or a counterexample?
- It sounds to me like we're saying.... Is that right?

Before concluding the discussion, summarise and agree the key lessons learnt

Step 9 – 10 mins

Discuss implications for policy and practice development. Give everyone the opportunity to share a last word on what they think needs to be done in response to what has been shared and discussed

If you are holding a story selection panel online, you will need to adapt steps two and three.

Revised online step 2 – 5 mins per story

After each story is presented:

Conduct a chat shower to elicit themes and issues in the story

Discuss comments shared in the chat

Revised online step 3 – 5 mins

Attendees vote for the most significant story in an online poll (you could use a Zoom poll or Mentimeter)

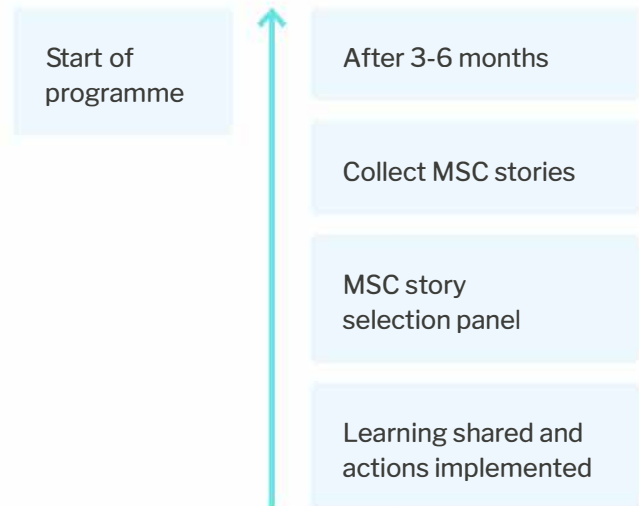
After the panel it can be helpful to share a feedback report. This should be sent to the people who donated stories, as well as to people with an interest in the learning and development activity. Below is the outline of a panel report.

MSC panel report

- Date of panel
- Members of panel
- The selected MSC story
- Why the panel chose the story
- Quotes from panel members
- Learning from exploring all the stories
- Implications for policy and practice

Using MSC in evaluation

In evaluations, ideally MSC follows a cyclical process.



You can find more guidance on MSC at mande.co.uk



Community of Enquiry

Community of Enquiry (CoE: Lipman, 2003; Muirhead, 2018) helps people engage meaningfully with evidence, from their own perspective and to learn from the perspective of others. It is a structured way to create and explore questions relating to a piece (or set) of evidence. It also helps people think collectively about how the evidence is best used in the local context. The content below is based on commissioned work by Dr Sue Lyle, Dialogue Exchange (Andrews & Lyle, 2016).

When organising a CoE plan for:

- A group of 10-20 people
- An enquiry lasting 2-2.5 hours
- If you are meeting face-to-face, organise a space where people can sit in a circle.

There are ten steps in a CoE. We suggest scheduling a comfort break half-way through, i.e., after step five. Beneath the outline below we provide more detailed guidance.

Step 1: Set the scene – 15 mins

Introduce the idea of conceptual questions

Step 2: Stimulus – 10 mins

Present the evidence stimulus

Step 3: Individual reflection – 5 mins

Attendees write down initial thoughts (on post-it notes if face-to-face; in the chat if online)

Step 4: Reflection in pairs – 5 mins

People share initial thoughts

Step 5: Small group discussion – 20 mins

Groups of 4-5 people identify themes in the stimulus and suggest a conceptual question to explore

Step 6: Question sharing – 15 mins

Groups share their question and their reason for posing it

Step 7: Question selection – 5 mins

An anonymous vote is taken to select which question to explore

Step 8: Question recap – 5 mins

The selected question is shared in writing and the reason for the question is explained again

Step 9: Enquiry – 20 mins

The question is discussed using Exploratory Talk

Step 10: Last words – 15 mins

Each person has the opportunity to share a last word related to either the topic, the conversation or an idea for action based on the discussion

Setting the scene

Orientate attendees to how they are going to generate and discuss their own questions about the evidence stimulus. Introduce the idea of a conceptual question. Lipman (2003) said that it is helpful to summarise that a conceptual question is:

Common	Of interest to everyone
Connected	Relatable to people's own experience
Central	About something important
Contestable	People will be able to express different opinions

Here is an exercise that can help people understand conceptual questions:

- Ask people to find another person and ask *How old are you?*
- Ask people to find a different person and ask *When will you be old?*
- Ask people to find a third person and ask *What does it mean to be old?*

Ask the group what type each question was:

- **Question 1:** closed; only one answer. No point in discussing in a CoE
- **Question 2:** subjective; asking for opinions that cannot be challenged. Not helpful to discuss in a CoE
- **Question 3:** conceptual; open to different perspectives. Helpful to discuss in a CoE

Question recap

If time allows give people time to consider the selected question in smaller groups. To aid their deliberations rephrase the question as a statement. The following exercises can be helpful:

1. Ask people to form pairs and share their immediate response to the statement. Asking who agreed and who disagreed with the statement could be the first question in the enquiry
2. Ask people to stand in different parts of the room depending on whether they agree or disagree with the statement. People standing in the same area, share the reasons for their choice. Alternatively, mark a line on the floor and ask people to stand on a continuum of strongly agree to strongly disagree and then share their thinking with people in adjacent positions. This exercise is good at involving everyone and showing the amount of consensus at the start of the enquiry



Facilitation

CoE facilitators do not share their opinions on the topic or evidence stimulus. Instead, they ask questions that guide the discussion:

Questions to help information processing

- Could you explain what you mean?
- Can someone give an example?
- I'm not sure I understand, are you saying...
- Can you tell us a little more about your thinking?

Questions to support reasoning

- So, you agree/ disagree with...
- What is the best question to ask?
- Can you give an example/ counter example?
- If you say that, does it follow that...
- Is it always the case or only sometimes?
- What are the exceptions?
- Is that the same as...
- Does your idea connect with...

Questions to encourage creative thinking

- Does that imply...
- Is that relevant to what we are saying here?
- Does this change our perspective?
- Can we think of other reasons to support this view?

Evaluative questions

- Has anyone changed their mind?
- Have we reached any conclusions?
- What made us think of...
- Can anyone summarise what we've said so far?
- Do we all understand the differences of opinion on this?
- Have we learnt anything new?

There are two further questions facilitators might use:

Good or bad idea?	This question can be used if a controversial point is made. Give people time to consider the point individually before discussing responses as a group
What if...	This is a hypothetical question and can help people question their assumptions and consider the implications of a suggestion

CoE facilitators also help build group relationships by:

- Asking people to change places periodically so that they talk with different people
- Offering opportunities to talk in pairs as well as in the larger group



After a CoE

After an CoE you might want to reflect on:

- Was the session at the right time?
- Did the scene-setting exercise work?
- Did the stimulus work?
- Were all questions aired and appreciated?
- Was everyone happy with how the question was chosen?
- Did the facilitation help people to build on each other's ideas?
- Did the facilitation help people question the evidence and encourage people to share their reasoning?
- Was everyone included and interested in the enquiry?
- Was there progress in answering the question or building understanding?
- How did attendees evaluate the process?

For further information on CoE please see:

[*A Guide to Community of Enquiry*⁴⁵](#)



Examples of Using DEEP in Practice

Magic Moments in celebrating and developing frontline practice

Care and support workers are often undervalued and hard-pressed. Senior managers in Swansea County Council Adult Services Provision were keen to celebrate the good work that frontline staff were doing and support collective learning from their good practice. They wanted to use methods used in the DEEP approach to support this and decided on Magic Tragic Moments. Care and support workers from across the service were invited to share their magic moments from practice.

One of the booklet exercises was used in a workshop with a mixed group of 20 people, including staff, people with support needs and unpaid carers. Using Exploratory Talk, this group reflected on what was magic about ten of the [collected stories](#)⁴⁶ and what the implications were for future service development. For example, senior members of Welsh Government learnt from a young man about the importance of having access to a specialised wheelchair to support independence and wellbeing.

Swansea Local Authority are continuing to gather Magic Tragic Moments and are currently using these to explore, learn from and develop the work of Dementia Champions.

Most Significant Change supporting prevention initiatives

Preventing the need for statutory services is a key aim of the Social Services and Well-being (Wales) Act 2014. However, understanding what we mean by prevention and how to enable it is challenging. To explore prevention services, the West Wales Care Partnership established a Preventions Board with representatives from health, social care and the third sector. They wanted to use DEEP approach methods in evaluating and learning from a programme of work called Community Connectors. Members of the board were trained in Most Significant Change, which they then used to gather and explore stories from practice.

At a story selection panel, senior managers from across the participating organisations learnt from the stories and from each other and were able to develop a shared understanding about what mattered most in providing preventive support. Some of the panel findings were shared in a [report](#)⁴⁷. One of the key findings was that people on the edge of receiving statutory funded support lacked confidence and needed a personal invitation to access community-based support; online signposting was insufficient. As a result of the panel's findings, the West Wales Care Partnership invested further in the Community Connectors programme.

Exploratory Talk in the development of short breaks

Unpaid carers provide most of the necessary care and support in Wales and supporting them well is a key imperative in Welsh Government policy. Senior managers and commissioners across South Wales had concerns about existing short break provision, which comprised a narrow range of options that were not suited to everyone. With the support of the DEEP team, they established a regional network which explored the existing research on short breaks. They presented some of the research findings as a stimulus in an Exploratory Talk exercise with unpaid carers and practitioners. These individuals then shared their lived experience of short breaks. Subsequent events explored research and lived experience evidence and co-produced a set of principles for meaningful short breaks. Carers Trust Wales further developed these principles and with the DEEP team and other colleagues produced a [strategic report](#)⁴⁸ for Welsh Government.

A CoE to re-think professional boundaries

A third sector housing provider worked with the DEEP team to explore some key research messages about what matters most to older people with high support needs. One of the research messages explored was: all good support is founded in and reflects meaningful and rewarding relationships. A CoE with managers, practitioners, people with support needs and unpaid carers explored this message.

The enquiry revealed tensions between relationship-centred practice and the provider's safeguarding procedures. CoE participants co-produced a [revised professional boundaries policy](#)⁴⁹ for the provider. The revised policy supports relationship-centred practice, whilst ensuring that safeguarding is not compromised.



References

- Adelson, E. H. (1995). *Checker shadow illusion*. Perceptual Science Group: MIT. Retrieved from <http://persci.mit.edu/gallery/checkershadow> on 19.01.2023.
- Andrews, N., Gabbay, J., Le May, A., Miller, E., O'Neill, M. & Petch, A. (2015). *Developing evidence enriched practice in health and social care with older people*. UK: Joseph Rowntree Foundation.
- Andrews, N. & Lyle, S. (2016). *Developing Evidence Enriched Practice (DEEP) approach in service and workforce development. Level 1 training in the Community of Enquiry handbook*. Swansea, Swansea University.
- Bate, P., & Robert, G. (2007). Toward more user-centric OD: lessons from the field of experience-based design and a case study. *The Journal of Applied Behavioral Science*, 43 (1), 41-66. doi: 10.1177/0021886306297014
- Charfe, L. & Gardner, A. (2020). 'Does my Haltung look big in this?': the use of social pedagogical theory for the development of ethical and value-led practice. *International Journal of Social Pedagogy*, 9 (11), 1-10. doi: 10.14324/111.444.ijsp.2020v9.x.011
- Cooperrider, D. L., & Whitney, D. (2001). A positive revolution in change. In D. L. Cooperrider, P. Sorenson, D. Whitney, & T. Yeager (Eds). *Appreciative Inquiry: an emerging direction for organisational development* (pp.9-29). USA: Stipes.
- Davies, R., & Dart, J. (2005). *The 'Most Significant Change' Technique- a guide to its use*. UK: Care International.
- Eistcheller, G., & Holhoff, S. (2012). The art of being a social pedagogue: developing cultural change in children's homes in Essex. *International Journal of Social Pedagogy*, 1 (1), 30-45. doi: 10.14324/111.444.ijsp.2012v1.1.004
- Gabbay, J., & Le May, A. (2004). Evidence based guidelines or collectively constructed "mindlines?" Ethnographic study of knowledge management in primary care. *British Medical Journal*, 30, 329(7473):1013. doi: 10.1136/bmj.329.7473.1013
- Gerrish, K., Guillaume, L., Kirshbaum, M., McDonnell, A., Tod, A., & Nolan, M. (2011). Factors influencing the contribution of advanced practice nurses to promoting evidence-based practice among front-line nurses: findings from a cross-sectional survey. *Journal of Advanced Nursing*, 67 (5), 1079-1090. doi: 10.1111/j.1365-2648.2010.05560.x
- Gilligan, C. (1982). *In a different voice: psychological theory and women's development*. USA: Harvard University Press.
- Helen Sanderson Associates. (n.d.). *One-page profiles*. Retrieved on 12 May 2026 from: <https://www.helensandersonassociates.com/person-centered-approaches-programs/creating-one-page-profiles/>

Hill, L., Brandeau, G., Truelove, E., & Lineback, K. (2014). *Collective genius: the art and practice of leading innovation*. Boston: Harvard Business School Publishing.

Hodgson, P. & Canvin, K. (2005). *Translating healthy policy into research practice: involving service users in health and social care research*. UK: Routledge.

Lipman, M. (2003). *Thinking in education, 2nd Edition*. UK: Cambridge University Press.

MacBeath, J. (2019). Leadership for learning. In T. Townsend (Ed) *Instructional leadership and leadership for learning in schools. Palgrave studies on leadership and learning in teacher education*. UK: Palgrave Macmillan. doi: 10.1007/978-3-030-23736-3_3

Mercer, N., & Littleton, K. (2007). *Dialogue and the development of children's thinking: a sociocultural approach*. UK: Routledge.

Muirhead, S. (2018). *Community of enquiry guide*. UK: IRISS.

Nolan, M. R., Brown, J., Davies, S., Nolan, J., & Keady, J. (2006). *The senses framework: improving care for older people through a relationship-centred approach. Getting Research into Practice (GRIP) Report No 2*. Project Report. UK: University of Sheffield.

Patterson, M., Nolan, M., Rick, J., Brown, J., & Adams, R. (2010). *From Metrics to Meaning: Culture Change and Quality of Acute Hospital Care for Older People*. (Report for the National Co-ordinating Centre for NHS Service Delivery & Organisation (NCCSDO)). NHS Service Delivery and Organisation R & D (NCCSDO). p191

Rowett, R. (2015). *Appreciative inquiry. Sustainable improvement through building on what works*. UK: AcademiWales.

Schwartz, B. (2009). *Our loss of wisdom*. Ted Talk retrieved 12 September 2022 from: https://www.ted.com/talks/barry_schwartz_our_loss_of_wisdom

Tronto, J. (1993). *Moral boundaries: a political argument for an ethic of care*. UK: Routledge.

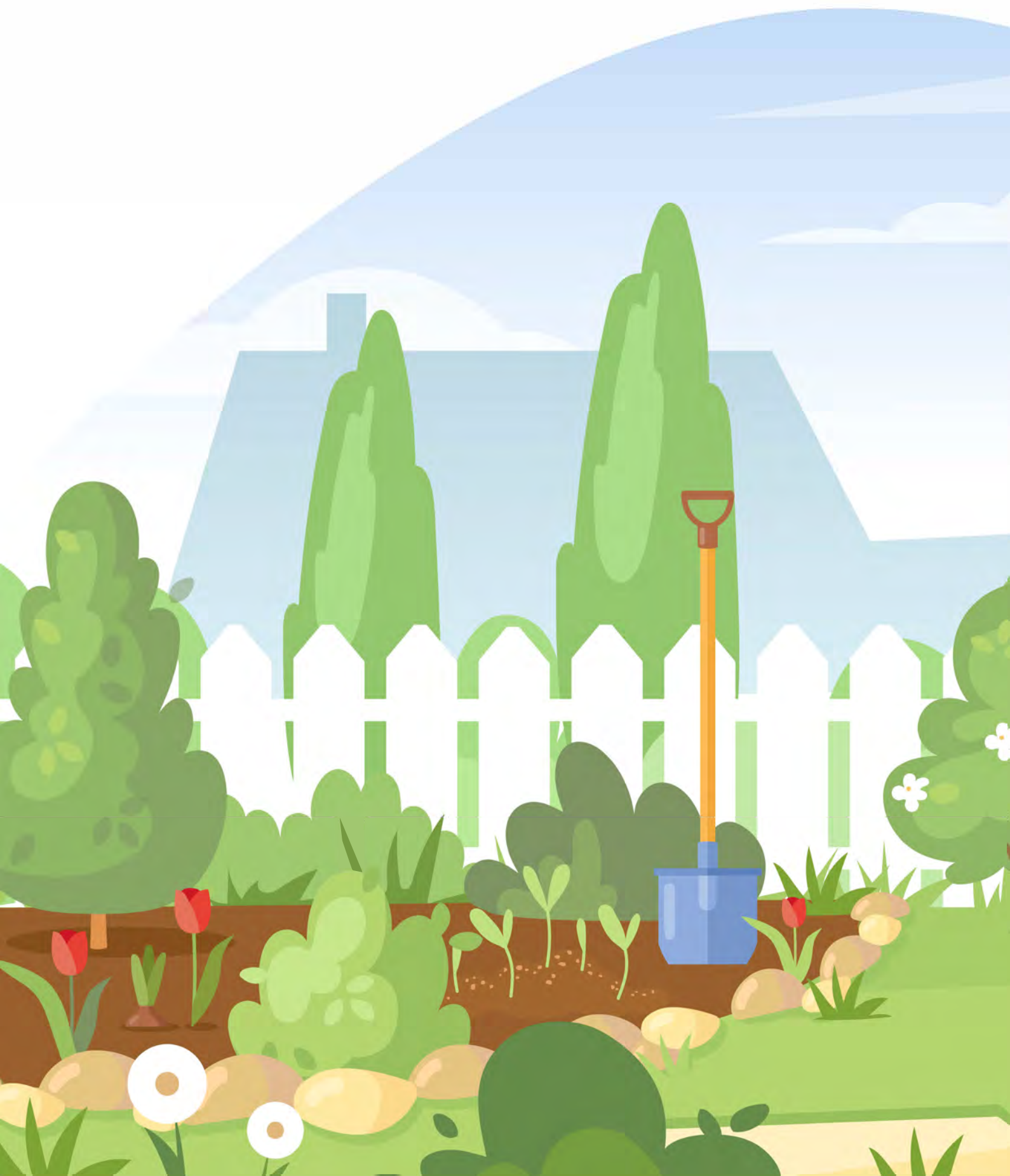
University of Cambridge. (n.d.). Thinking Together Project. Retrieved 20 January 2023 from: <https://thinkingtogether.educ.cam.ac.uk/>

Endnotes

- 1 <https://www.deepcymru.org/en/deep-resources>
- 2 <https://www.helensandersonassociates.com/getting-started-with-a-one-page-profile/>
- 3 <https://www.deepcymru.org/en/deep-resources>
- 4 <https://iriss.org.uk/resource/role-personal-storytelling-practice/>
- 5 <http://oracycambridge.org/>
- 6 <https://thinkingtogether.educ.cam.ac.uk/>
- 7 https://thinkingtogether.educ.cam.ac.uk/resources/5_examples_of_talk_in_groups.pdf
- 8 <https://medium.com/@rupertwegerif/dialogic-space-and-why-we-need-it-73cbac1623ed>
- 9 <https://www.jstor.org/stable/20799332?seq=1>
- 10 [https://academiwales.gov.wales/api/storage/33327b10-c033-4bd7-bf00-637f4381bc53/
Appreciative-Inquiry-Using-Appreciative-Inquiry-to-make-a-change.pdf](https://academiwales.gov.wales/api/storage/33327b10-c033-4bd7-bf00-637f4381bc53/Appreciative-Inquiry-Using-Appreciative-Inquiry-to-make-a-change.pdf)
- 11 <https://www.campbellcollaboration.org/>
- 12 <https://www.york.ac.uk/crd/>
- 13 <https://www.scie.org.uk/social-care-online/>
- 14 <https://iriss.org.uk/>
- 15 <https://www.wcpp.org.uk/publication/wcpp-evidence-briefing-papers/>
- 16 <https://insightcollective.socialcare.wales/evidence-summaries>
- 17 <https://www.socialcaredata.wales/>
- 18 <https://www.cardiff.ac.uk/research/explore/research-units/centre-for-health-and-social-care-law>
- 19 <https://cascadewales.org/>
- 20 <https://www.cardiff.ac.uk/research/explore/research-units/wales-autism-research-centre>
- 21 <https://www.wcpp.org.uk/publication/wcpp-evidence-briefing-papers/>
- 22 <https://www.southwales.ac.uk/research/research-and-innovation-groups/health-care-and-wellbeing/welsh-institute-for-health-and-social-care-research-group/>
- 23 <https://wiserd.ac.uk/>
- 24 <https://wiserd.ac.uk/project/wales-housing-research-network/>

- 25 <https://www.bristol.ac.uk/sps/research/centres/health/>
- 26 <https://www.ucl.ac.uk/population-health-sciences/cardiovascular/research/research-department-population-science-and-experimental-medicine/unit-lifelong-health-and-ageing-ucl>
- 27 <https://www.nottingham.ac.uk/research/groups/whscr/index.aspx>
- 28 <https://www.salford.ac.uk/school-health-society/centre-for-social-and-health-research-cshr>
- 29 <https://more.bham.ac.uk/impact/>
- 30 <https://www.brookes.ac.uk/research/units/hls/centres/centre-for-healthcare-research>
- 31 <https://www.herts.ac.uk/research/centres/cripacc>
- 32 <https://www.sscr.nihr.ac.uk/>
- 33 <https://www.hra.nhs.uk/approvals-amendments/>
- 34 <https://healthandcareresearchwales.org/support-and-guidance-researchers-obtaining-approval-run-study-uk/obtaining-approval>
- 35 <https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/mental-capacity-act/>
- 36 <https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/research-involving-children/>
- 37 <https://the-sra.org.uk/SRA/SRA/Ethics/Research-Ethics-Guidance.aspx>
- 38 <https://static1.squarespace.com/static/55368c08e4b0d419e1c011f7/t/579134a05016e13dde264720/1469133984611/Ethics.pdf>
- 39 <https://www.storycenter.org/custom>
- 40 <https://www.ohs.org.uk/legal-and-ethical-advice/>
- 41 <https://thinkingtogether.educ.cam.ac.uk/>
- 42 <https://oecd-opsi.org/toolkits/a-changemakers-guide-to-storytelling/>
- 43 https://en-gb.padlet.com/dcwailestraining/Digital_Storytelling
- 44 <https://www.gmc-uk.org/professional-standards/the-professional-standards/making-and-using-visual-and-audio-recordings-of-patients>
- 45 <https://iriss.org.uk/resource/community-of-enquiry/>
- 46 <https://www.deepcymru.org/en/deep-resources>
- 47 <https://www.deepcymru.rog/en/deep-resources>
- 48 <https://carers.org/downloads/wales-pdfs/carers-trust-road-to-respite-report.pdf>
- 49 <https://www.deepcymru.org/en/deep-resources>

Resources



PROMPT Template Sheet *The Open University, 2014*

Date of review	
Source of evidence	

PROMPT item	Thoughts and reflections
Presentation E.g., is the evidence presented and communicated clearly?	
Relevance E.g., is the evidence relevant to the topic of interest?	
Objectivity E.g., might there be vested interests or a particular agenda influencing what has been shared?	
Method E.g., is it clear how the evidence was gathered?	
Provenance E.g., is it clear who has contributed the evidence? Are important perspectives missing?	
Timeliness E.g., does the evidence speak to the present circumstances?	

Magic Tragic Moment Template

Suggested title:	
My Magic or Tragic moment:	
Why is this a magic or tragic moment:	
Permission to share: YES YES – With specified requirements NO	
Specified requirements:	
Signature:	Date:

Most Significant Change: Story Collection Template

Date			
Name of person sharing their story			
Name of person gathering the story			
Contact details of person sharing their story			
Does the person sharing their story give consent for it to be shared with others?	YES	NO	
Details of consent (e.g., specified restrictions)			
Signature:	Date:		
Background – information about the person sharing the story (e.g., age, gender, location, and situation)			
Over the last 6 months, what good or bad changes have come about as a result of ...? Changes could be: • In yourself – the way you think, what you do or your circumstances (e.g., finances, mood, activities) • In another person (e.g., family, friends, or professionals) • In the way an organisation works • Something else The important thing is something that has changed – for better or worse			

List of changes (good or bad) *Ideally record as bullet points, e.g.*

- I feel more confident
- I have more friends

Which one of these changes is the most significant to you and why?

Regarding this change – what was it like before?

What is it like now?

What do you think made the change come about?

A snappy title for the story