



Evaluation of the Developing Practice for Healthy Ageing Programme

Foundation of Nursing Studies

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1. Introduction

The ultimate purpose of the Foundation of Nursing Studies (FoNS) is to improve patient care. We aim to achieve this by enabling and supporting nurses and healthcare practitioners to develop their practice. One of the activities that we have undertaken to meet this aim is the Developing Practice for Healthy Ageing Programme (DPHAP).

By 2020 the world's population will include more than 1000 million people aged 60 and older. The goal for nursing care is 'to assist older persons in achieving optimal health, well-being, and quality of life, as determined by those receiving care or consistent with the values and known wishes of the individual' (The International Council of Nurses, 2005). Working in partnership with Pfizer Ltd, FoNS established the Developing Practice for Healthy Ageing Programme to help nurses to realise this goal by supporting four nurse-led initiatives that focused on the promotion of healthy ageing and well being of older people.

The aims of the DPHAP were:

- To empower four nurse-lead teams to develop and deliver positive practice for healthy ageing
- To support the development of innovative approaches to providing better health care, access and support
- To promote healthy ageing through practice development

The participants in the DPHAP were:

- Project team members
- Theresa Shaw and Kate Sanders (FoNS' Practice Development Facilitators)
- Ros Taylor (FoNS' Fundraising Manager)
- Belinda Dewar and Phyllis Runciman (External Advisors with expertise in health promotion and healthy ageing)
- Representatives from Pfizer (primarily Ben Carrick)
- Deborah Sturdy (Department of Health Nurse Advisor Older People)

The DPHAP consisted of the following component parts:

- Support for the nurse-led teams from FoNS, Pfizer, external advisors and other project teams through telephone and email contact, site visits and networking opportunities
- Workshops
- Steering group meetings
- Funding
- A dedicated microsite within the FoNS website through which information about the projects and overall programme could be shared (www.fons.org/healthy_ageing/about.asp)

2. Overview of the DPHAP

The DPHAP ran from April 2004 to October 2006. Table 1 outlines the activities that were involved in the months leading up to and during the programme.

Table 1. An outline of the activities that were included as part of the DPHAP.

Date of activity	Outline of activities
November 2003 – January 2004	Recruitment of first two projects: <ul style="list-style-type: none">• Call for applications• Shortlisting• Interviews
May 2004	First steering group meeting
August 2004	Workshop day
September 2004	Steering group meeting
October 2004 – January 2005	Recruitment of second two projects: <ul style="list-style-type: none">• Call for applications• Shortlisting• Interviews
January 2005	Steering group meeting
April 2005	Steering group meeting
June 2005	Workshop day
November 2005	Steering group meeting
April 2006	Combined steering group meeting and workshop day
October 2006	Final steering group meeting and workshop day
Ongoing throughout the programme	Site visits by FoNS practice development facilitators and external advisors

2.1. Project recruitment

A total of four nurse-led projects were recruited to the programme in two phases. The first two projects were recruited in early 2004 and the second two projects in early 2005. The recruitment process involved two calls for applications. These were publicised using the FoNS website, the FoNS e-news (circulated to 5,500 recipients), nursing press, CNO bulletin and other funding information resources e.g. RDinfo. A sample application pack can be seen in Appendix 1. All applications were reviewed by a panel (including representatives from FoNS, Pfizer and the external advisors) and shortlisted applicants were invited for interview.

In phase 1, there were thirteen applications. Four applications were shortlisted and interviewed from which two were selected. In phase 2, there were nine applications. Again four applications were shortlisted and interviewed and two selected.

Funding of £10,000.00 was awarded to each of these projects to support their work.

An outline of each of the projects is provided in Boxes 1-4. Further information in the form of a final report and a short report which is included in the FoNS Dissemination Series can be downloaded from the microsite which continues to be available. (www.fons.org/healthy_ageing/projects.asp)

Box.1. Implementing nurse-led exercise programmes for inpatients on rehabilitation wards for older people in an NHS hospital

This project implemented a nurse-led exercise programme across four rehabilitation wards in an attempt to contribute to healthy ageing beyond falls prevention alone. Specialist exercising training was undertaken by nursing staff and a newly recruited exercise assistant to enable older people to be assessed for strength and balance and appropriate exercises to be prescribed. Patients are selected for exercise by ward staff and physiotherapists and under the supervision of falls practitioners, the exercise assistant helps patients to incorporate supervised exercise into their rehabilitation programme. Each patient has a personal folder of individually prescribed exercises and a diary to record their exercise pattern. When patients are discharged from hospital, they have a plan for the continuation of exercise which is either home or community based.

A variety of measures were used to evaluate the impact of the project which included staff and patient satisfaction questionnaires and measures of strength, balance and fear of falling. Patients were also followed up after discharge to inquire if they are continuing with their exercise programme at home.

Several challenges relating to the successful implementation of this programme were identified. These included reservations that nurses could successfully adapt their role to prescribe and teach exercise arising from the overlaps and territorial barriers that can exist between professional roles within rehabilitation teams; the rehabilitation wards moved hospital sites during the project resulting in the reallocation of some of the project link nurses to non-project wards and consequently although ward based nurses had a valuable role in referring and motivating patients, they were not as directly involved in the project as was first hoped.

A specific e-learning programme to actively promote the role of nursing staff in the rehabilitation of patients has been developed. This aims to help staff to develop knowledge of healthy ageing, exercises and falls prevention and demonstrates how exercise can be incorporated into basic aspects of care e.g. helping patients to do some stretches when they are having a wash.

Further information about this project is available to download from:

www.fons.org/healthy_ageing/projects/exercise.asp

Box.2. Improving the health choices for older people: implementing patient-focused mealtimes

In an attempt to move towards a model of care that enables well-being and empowerment and increases the control that older people have over their lives and health (Bernard, 2000), this project has promoted healthy ageing by improving the experience of mealtimes in a discharge unit for older people.

Mealtime care was explored from the perspective of patients and staff using focus groups, interviews and observation of care. Three factors which needed to be addressed in order to re-orientate mealtimes to the needs of patients were identified:

- Nursing care and priorities in relation to mealtimes
- The eating environment
- Institutional and organisational constraints e.g. timing of meals, menu choices

Action learning, educational sessions and role modelling in practice were used to support and enable the development of staff. As a result, all the staff have been actively involved in identifying problems, developing action plans and evaluating the impact of change. The catering department and ancillary staff have also been involved. Some aspects of the project have been very practically focused, for example, the purchase of new crockery and place settings; whilst others have encouraged staff to explore more complex areas of care such as autonomy and choice for older people in relation to food. The full impact of the project is currently being evaluated but many improvements in care have been identified. The eating environment and presentation of food has improved. Patients are getting more choice about what they eat and where they eat it and consequently they are eating more. This is having a positive impact on their recovery and rehabilitation, not only because they are better nourished but also because staff and patients are working together so that the older people can exercise choice in other aspects of their care. The impact of this work is being realised trust wide and patients who are experiencing nutritional difficulties are now being referred specifically to the unit.

Further information about this project is available to download from:

www.fons.org/healthy_ageing/projects/meal.asp

Box.3. Lifelong learning for older persons on intermediate care wards in an acute hospital trust

This project focused on delivering a programme for learning and socialising in intermediate care. This involved incorporating creative activities into the daily care of older adults. Activities are delivered either on a one-to-one basis or within a group setting.

Supported by senior management, ward managers and nursing staff, support workers are being provided with an opportunity to develop an understanding of the theoretical underpinnings and importance of different art forms and social activity in the recovery from illness and the promotion of health and are exploring the different ways in which activities can be delivered to patients.

Patient's interests and life experiences were discussed on admission using an 'About You' booklet. This enabled staff and patients to explore the opportunities that could be made available whilst the patient was in hospital.

An increase in the uptake of patient activities was observed during the project and qualitative data suggested that patients enjoyed participating and did show changes in their mood and contact with staff and other patients. The project was successful in raising awareness among health care support workers, trained staff and managers of the importance of creative activities in health and patient care.

Further information about this project can be downloaded from:
www.fons.org/healthy_ageing/projects/coventry.asp

Box.4. Activity and culture – the contribution to health and well-being in later life

In light of studies that demonstrate that the survival of older people is improved by participation in a range of social and leisure activities (Glass et al., 1999), this project aimed to establish an activity and culture centre within a sheltered housing scheme and evaluate the impact of this upon the overall health and well-being of the older tenants.

A needs analysis of leisure and social activities was undertaken with tenants of the sheltered scheme. This explored what tenants used to engage in, the activities that they currently undertake and what they aspire to engage with both inside their home and in the community. The multi-agency project team identified local resources to offer a range of activities to match the findings of the needs analysis. These activities were for either individual or group participation and were arranged in agreement with the tenants.

The impact of the programme was evaluated using interviews and focus groups with the tenants, diaries and field notes. Working in partnership with the tenants was the key to developing a successful programme of activities. This gave people the opportunity to say what activities they wanted and felt that they could manage. The project also demonstrated that developing creative partnerships outside of traditional networks that includes workers from the arts, leisure and voluntary sector can enable nurses to work more effectively to promote health and wellbeing amongst older people.

Further information about this project can be downloaded from:

www.fons.org/healthy_ageing/projects/sheffield.asp

2.2. Steering group meetings

A total of seven steering group meetings were held over a thirty month period from May 2004 to October 2006. These meetings involved representatives from FoNS and Pfizer, the external advisors and the project leaders (meetings 2-7). At the first meeting, it was agreed that the functions of the steering group should be to:

- Ensure that each project is a part of the wider initiative
- Disseminate/network the DPHAP throughout its lifetime
- Invite project leaders to become members
- Offer mentorship to projects

Detailed notes were taken by Ros Taylor (RT) (FoNS) during each of these meetings. These were sent out to all participants for verification after the meeting and were checked for accuracy again at the beginning of the next meeting.

2.3 Workshop days

A total of four workshop days were held. Those held in April 2006 and October 2006 were held on the same day as the steering group meeting (i.e. the steering

group meeting was held in the morning and the workshop was held in the afternoon). The ongoing aims of the workshops were to:

- Enable the project teams to meet the external advisors
- Enable the project teams to meet each other
- Provide an opportunity to network and share
- Provide an opportunity to troubleshoot and explore issues relevant to the projects

As the DPHAP developed, additional specific aims were developed for the workshops. These arose as common themes from site visits with the project teams and steering group meetings and included:

- Exploring ways of evaluating, hearing the voice of the older person and accessing the evidence base (Workshop 1)
- Exploring the key concepts, processes and outcomes of the projects and considering issues around involving older people (Workshop 2)
- Celebrating achievements, exploring individual, team and programme effectiveness (Workshop 3)

A variety of approaches were used within the workshops to meet these aims. These included presentations by the project teams, creative activities, small and large group discussions.

2.4. DPHAP website

A dedicated website (which is still available to access) was created for the DPHAP within the FoNS website from January 2005. The website includes details about the programme, the projects, the external advisors, useful references and links. Table 2 provides information about the number of visits to and the download of documents from the different pages included on the website.

Table 2. Hits to and downloads from DPHAP web pages from 1/1/2005 – 31/12/2006

Pages	Date added to website	Hits/Downloads
Projects	January 2005	1107
References	January 2005	751
Links	January 2005	604
Biographies	January 2005	553
Publications	November 2006	68
Nurse-led exercise project	January 2005	1546
Mealtimes project	January 2005	1181
Lifelong learning on intermediate care wards project	January 2005	549
Activity and culture in sheltered housing project	January 2005	590
Documents		
Nurse-led exercise project final report	November 2005	987
Mealtimes project final report	January 2006	3043
Activity and culture in sheltered housing project final report	November 2006	208
FoNS Dissemination Series report – exercise project	July 2006	345
FoNS Dissemination Series report – mealtimes project	July 2006	233

3. Evaluation of the DPHAP

As part of FoNS' ongoing commitment to evaluating the impact of its work, FoNS has undertaken an evaluation of the DPHAP.

3.1. Aim of the evaluation

The aim of the evaluation was to explore how the DPHAP impacted on the development of practice to promote healthy ageing with the purpose of informing the future and ongoing development of this kind of programme approach to supporting the development of practice and improvement of patient care.

3.2. Participants

The following people have participated in the evaluation:

- Project leaders
- Members of the project teams who have been involved in the programme i.e. those who had attended workshops and/or steering group meetings
- FoNS staff (Theresa Shaw, Kate Sanders and Ros Taylor)
- Representatives from Pfizer (Ben Carrick)
- External advisors (Belinda Dewar, Phyl Runciman and Deborah Sturdy)

3.3. Data collection and analysis

As the DPHAP i.e. a programme approach to supporting the development of practice and improvement of care was a new area of work for FoNS, an inductive approach to evaluation was adopted rather than using a rigid framework that may have stifled contributions or creativity. A variety of data collection methods were therefore used. These included self-administered questionnaires, small group activities, round table discussions and documentary analysis.

These methods provided two categories of data:

- Data reporting what happened during the DPHAP as represented by contemporaneous notes of steering group meetings and workshop days
- Data capturing participants retrospective views, perceptions and experiences of the DPHAP

Cognitive mapping was used to analyse all the data collected. Using this process, maps of themes and categories emerge from the data. Northcott (1996) describes a cognitive map as a representation of the knowledge provided by individuals about a particular area of their experience. Conceptualisations and interpretations, together with their interconnections, are laid out on a sheet of paper so that information is presented in an ordered and accessible manner.

The analysis process was primarily undertaken by Kate Sanders (KS) (FoNS). Interpretations were reviewed by Theresa Shaw (TS) (FoNS) and critical discussions were held between KS and TS to ensure that the interpretations seemed reasonable in relation to the data and that there was no obvious evidence that they had been influenced by KS' experience of being involved in the programme.

Further details of the data collection and analysis process are outlined below.

3.3.1. Steering group meetings

As outlined in section 2.2., detailed notes were taken during each steering group meeting. A process for verifying these as accurate records of the meetings was used (notes were sent out to all participants for verification after the meeting and were checked for accuracy again at the beginning of the next meeting; amendments were made as required). These contemporaneous notes were read and re-read by KS to identify themes and interconnections. These themes and their interconnections were then represented in Cognitive Maps 1a and 1b.

The central theme to emerge from this data was the 'wider context of healthy ageing' (see Cognitive Map 1a). Although this theme was frequently referred to within the notes, it was not specifically defined; however, suggestions as to what this meant to participants emerged from the data and these are represented in Cognitive Map 1b. Further description of the two inter-related maps is provided below.

3.3.1.1 Cognitive Map 1a

The data suggested that healthy ageing and health promotion were not generally well understood concepts. This was identified initially in the applications and interviews such that the weakest elements of both related to the discussions about healthy ageing and health promotion. It seems that to begin with the projects focused on tangible ideas to improve the health of older people e.g. improving mealtimes, but over a period of time, a vision for creating a wider impact towards healthy ageing developed/emerged e.g. promoting choice for older people.

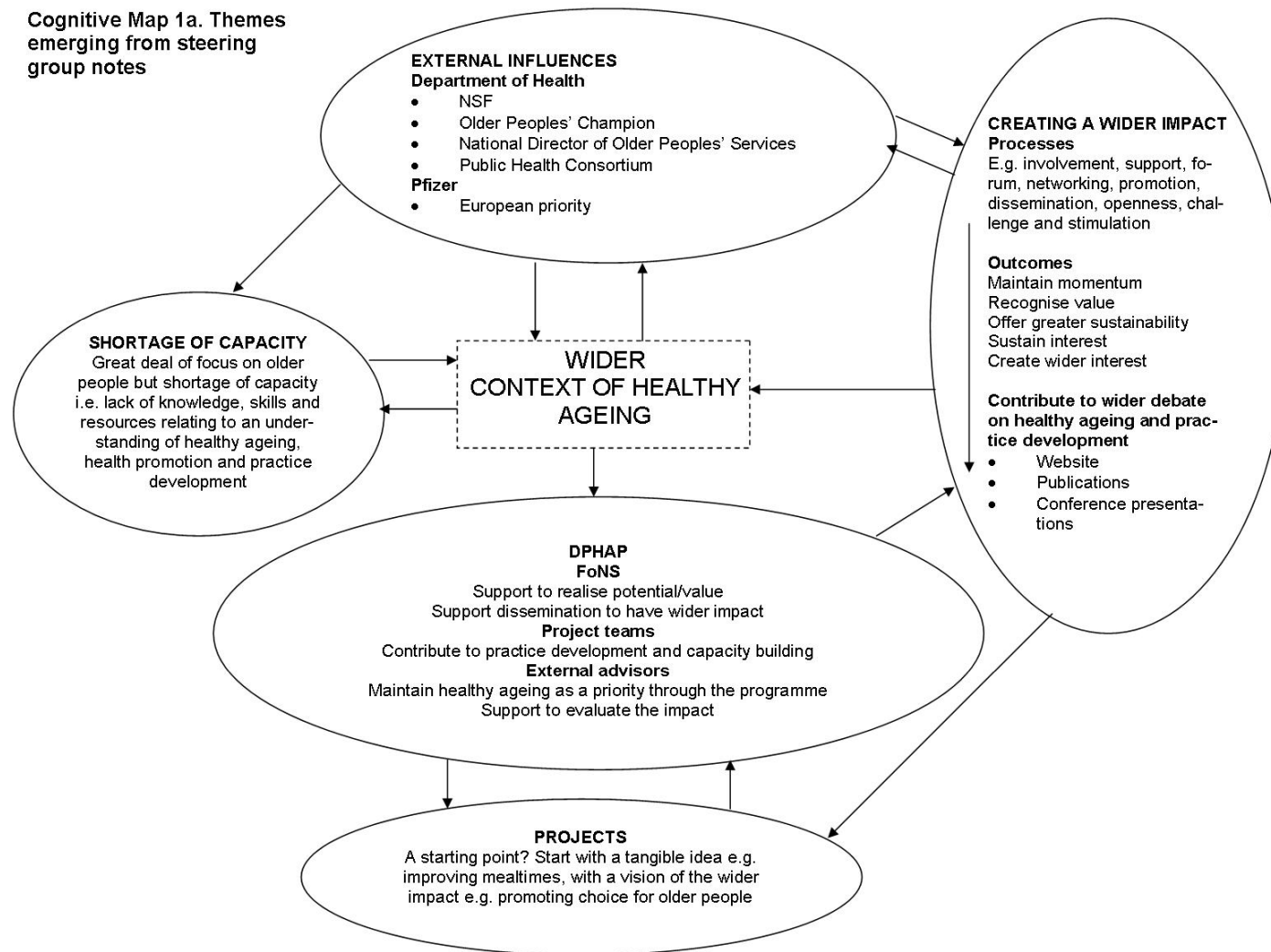
Different purposes for those involved in the DPHAP emerged from the data. FoNS were seen to be providing support to realise the potential and value of those involved in the projects and to support the dissemination of the work to enable it to have a wider impact; the project teams were contributing to practice development by building capacity and the external advisors were maintaining healthy ageing as a priority throughout the programme as well as providing expertise to evaluate the impact of the projects.

The two arrows between the DPHAP and the Projects in this map represent evidence that both elements impacted on each other. For example, two of the external advisors had responsibility for maintaining the focus on healthy ageing in response to recognition that participants may be finding this a difficult concept to understand. Similarly, the experience of project teams was noted and used to inform the amount and type of support that was offered by FoNS and the external advisors through site visits and workshop days.

An expressed aim of the DPHAP to emerge from the data was to create a wider impact on healthy ageing than each of the individual projects would have been able to do on their own. The data suggested that the DPHAP attempted to achieve this by using specific Processes e.g. involvement, networking, challenge and stimulation etc. towards achieving anticipated Outcomes e.g. maintaining momentum, recognising value, creating wider interest etc. with the purpose of Contributing to the Wider Debate on healthy ageing and practice development using the website, publications and conference presentations. This is primarily represented by the arrows connecting the Projects, the DPHAP and the Wider Impact but also by the links to the External Influences and the Wider Context of Healthy Ageing.

The data showed that through working with representatives from Pfizer and an external advisor from the Department of Health, the steering group meetings involved discussions around other initiatives, activities and/or drivers that may impact on healthy ageing and how these may influence the DPHAP (and ultimately the individual projects) and vice versa (represented by the two way arrows between External Influences and Creating a Wider Impact). It also

Cognitive Map 1a. Themes emerging from steering group notes



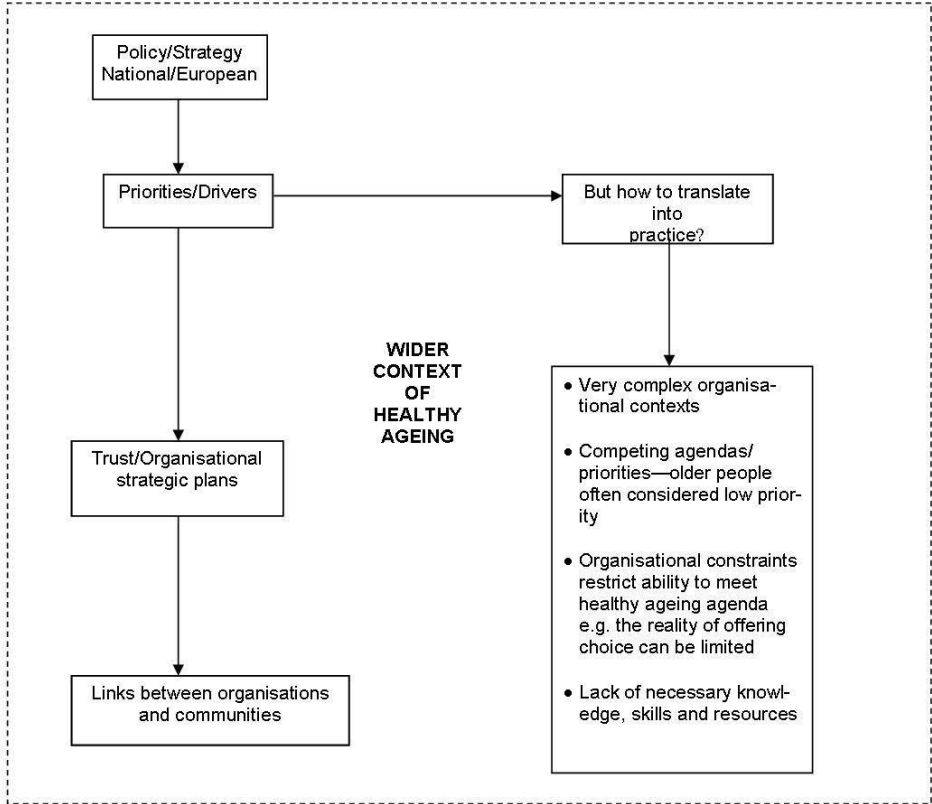
provided the project teams with an opportunity to consider their own experiences within a wider context and to develop a greater awareness and understanding of the opportunities and common challenges for promoting healthy ageing within a variety of healthcare settings. Through these discussions, it was noted that despite there currently being a great deal of focus on older people at a strategic level, there continued to be a Shortage of Capacity i.e. knowledge, skills and resources at an operational level in relation to an understanding of healthy ageing, health promotion and practice development.

3.3.1.2 Cognitive Map 1b

The data suggested that participants were aware of the presence of policies and strategies relating to healthy ageing at national and European levels and acknowledged that these were being translated into priorities that could be incorporated into trust and/or organisational strategic plan. They also accepted the need to work beyond the boundaries of and across organisations e.g. between hospital and community. Whilst it was recognised that such drivers could be useful; there was however a sense that the real challenge was a lack of knowledge, skills and resources to enable practitioners to translate these priorities into practice. This challenge was often also accentuated by:

- The complex nature of organisational contexts e.g. organisational restructuring, ward moves etc.
- Competing agendas and priorities which meant that in reality older people were often considered low priority
- Organisational constraints restricting the ability to meet the healthy ageing agenda e.g. the reality of offering choice for older people within an organisation can be very limited

Cognitive Map 1b. The wider context of healthy ageing



3.3.2. Workshop days

Where appropriate, contemporaneous notes were taken by RT during the workshop days e.g. summaries of whole group discussions and the content of flip charts etc. arising from creative activities and small group discussions were typed up. The notes were distributed to all participants for reference. These notes were read and re-read by KS to identify themes and interconnections and are represented in Cognitive Map 2.

3.3.2.1 Cognitive Map 2

Key themes arising out of the data from the workshop days were:

- Facilitating Change
- Involvement
- Capturing the Process
- What is Healthy Ageing?
- Exploring Effectiveness

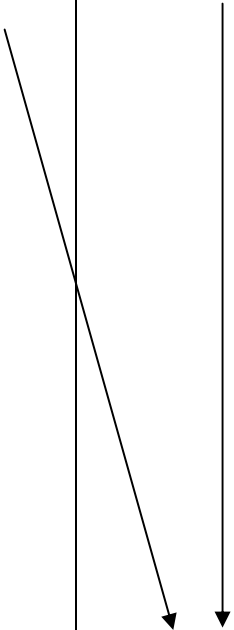
These themes largely related to the:

- Stated aims of the workshops (see section 2.3)
- Issues that had arisen from the discussions in the steering group meetings

The themes primarily address aspects of the Shortage of Capacity theme identified in Cognitive Map 1a i.e. lack of knowledge and skills relating to practice development, facilitating change and the concept of healthy ageing. The participants demonstrated an understanding of the skills and attributes that are required to enable change under the theme of Exploring Effectiveness. What the data is not able to identify is whether or not the participants developed this understanding as a result of their involvement in the DPHAP.

Cognitive Map 2

	FACILITATING CHANGE	CAPTURING THE PROCESS	INVOLVEMENT	WHAT IS HEALTHY AGEING?
Workshop 1	<p>Use a robust framework and clear planning which considers:</p> <ul style="list-style-type: none"> Local policies and strategies Information/evidence Involvement Partnership working Wider support Measuring outcomes – quality not quantity Capturing the process Learning is important 	<p>Why? Potential</p> <p>Contribute to the body of knowledge:</p> <ul style="list-style-type: none"> Increase understanding of how we influence practice and bring about change Making the process of change accessible to others – it may be of value 	<p>‘A worthwhile challenge’</p> <p>Involve all stakeholders All views/perspectives are valid i.e. older people, staff, organisations</p> <p>Challenges: Practical problems</p> <ul style="list-style-type: none"> Mobility Levels of activity Managing risk Environment – suitable for change? 	
Workshop 2		<p>How? Engage stakeholders</p> <p>Share beyond the project</p> <p>Make it contemporary so nothing is lost</p>	<p>Contextual issues</p> <ul style="list-style-type: none"> Time – finding time/taking time Policies – constraints Priorities – ‘turf wars’ Moving – physical moves and/or loss of staff <p>Attitudes to change/perceptions of involvement</p> <ul style="list-style-type: none"> Challenging ways of thinking and doing Older people not used to being listened to <p>Sharing the ‘power’</p>	<p>Whose perspective?</p> <ul style="list-style-type: none"> Stereotypes See things differently Individuality Cultural differences <p>Life course continuum</p> <ul style="list-style-type: none"> When does ageing start/end? Enjoy lives up to the end Young learn from old and vice versa

<p>Workshop 3</p>		 <p>EXPLORING EFFECTIVENESS Knowledge of PD processes</p> <p>Skills:</p> <ul style="list-style-type: none"> • Leadership • Clinical • Teamwork • Reflection • Teaching • Presentation • Time management • Research • Create and share a vision <p>Attributes:</p> <ul style="list-style-type: none"> • Flexibility 	<p>Solutions: Involve from the beginning</p> <p>Use evidence to encourage involvement</p> <p>Make it deliberate</p> <p>Needs innovation and creativity</p> <p>Communication</p> <ul style="list-style-type: none"> • Listening to • Asking/inviting • Giving time • Informing <p>Champions – engaging enthusiastic people</p>	<p>Mental and physical health</p> <ul style="list-style-type: none"> • Social interaction • Exercise • Able to participate <p>Recognise challenges of ageing</p> <ul style="list-style-type: none"> • Not always a comfortable process • Coping with change and transition <p>Feeling empowered</p> <ul style="list-style-type: none"> • Confidence • Feeling alive and valued • Negotiation
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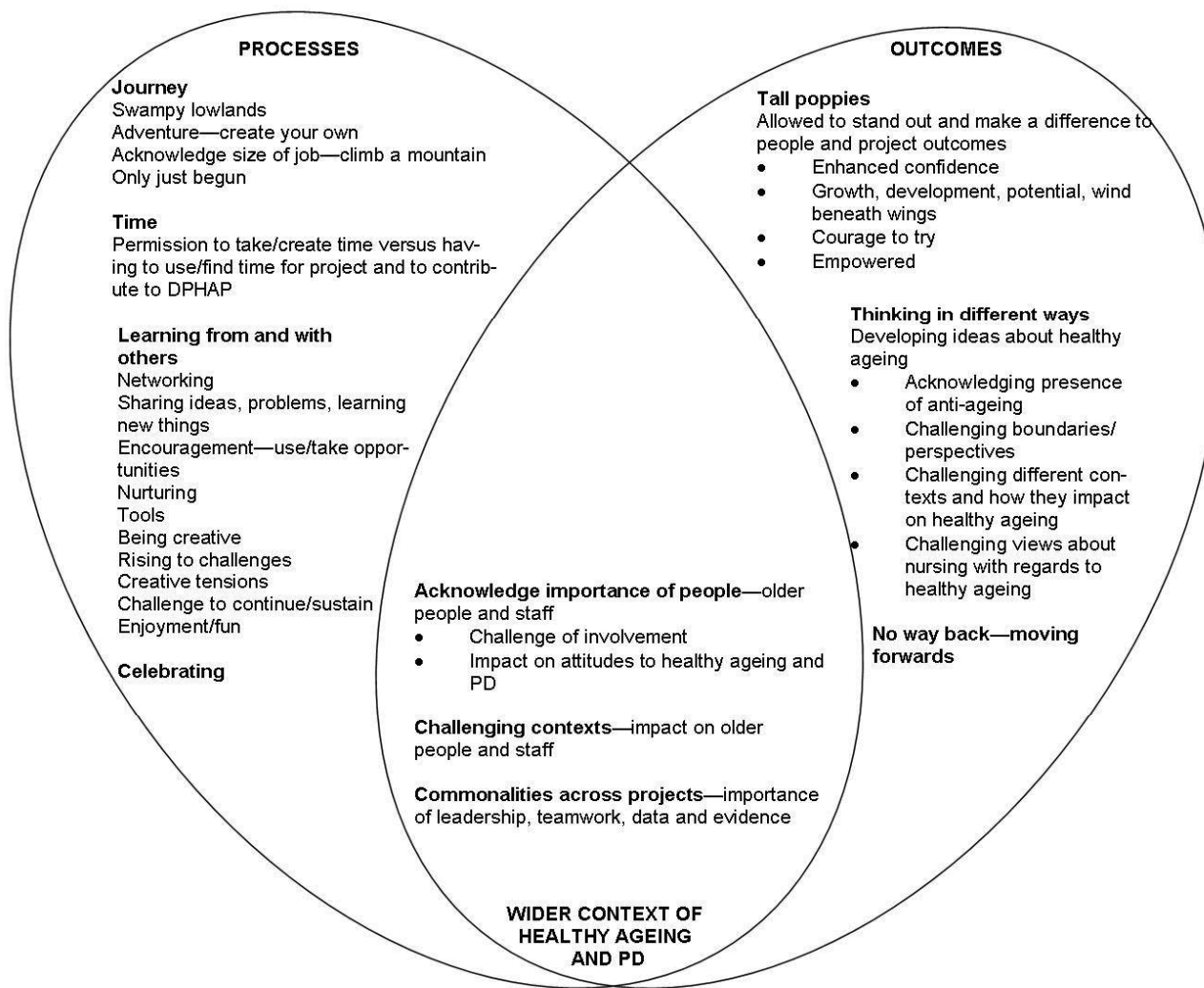
		<p>Attributes:</p> <ul style="list-style-type: none">• Flexibility• Creative thinking• Open• Honest• Enthusiastic• Flexible• Adaptable• Takes risks• Patient• Commitment• Person/relationship-centred		
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Involvement appeared to be a central theme. It ran over more than one workshop, as indicated by the vertical arrow and Involvement and Capturing the Process were sub themes of Facilitating Change (as identified by arrows). The data suggested that involvement was acknowledged to be a process integral to facilitating change e.g. by involving all stakeholders but also important to the promotion of healthy ageing e.g. involving older people in decision making. The sub-themes relating to Involvement could largely be categorised under challenges and solutions and within these, there is recognition of both of the aspects of involvement identified in this work. For example, challenges relating to involving older people were mobility and managing risk, whereas a solution relating to facilitating change was engaging with enthusiastic people. The challenges in particular highlight some of the issues that were raised in the wider context of healthy ageing in Cognitive Map 1b.

3.3.3. Collages of participants experiences of the DPHAP

Participants who attended the final workshop day (project teams, FoNS staff, external advisors) were invited to create a collage to represent their experiences of the DPHAP using a variety of creative materials. The participants either worked individually or in self-selected small groups. The key themes from each collage were identified through group feedback and these were captured on flip charts. The creative work and themes arising from this activity are provided in Appendix 2. These themes were analysed and are represented in Cognitive Map 3.

Cognitive Map 3. Themes emerging from collages of participants' experience of the DPHAP



3.3.4. Self-administered questionnaire and small group discussion

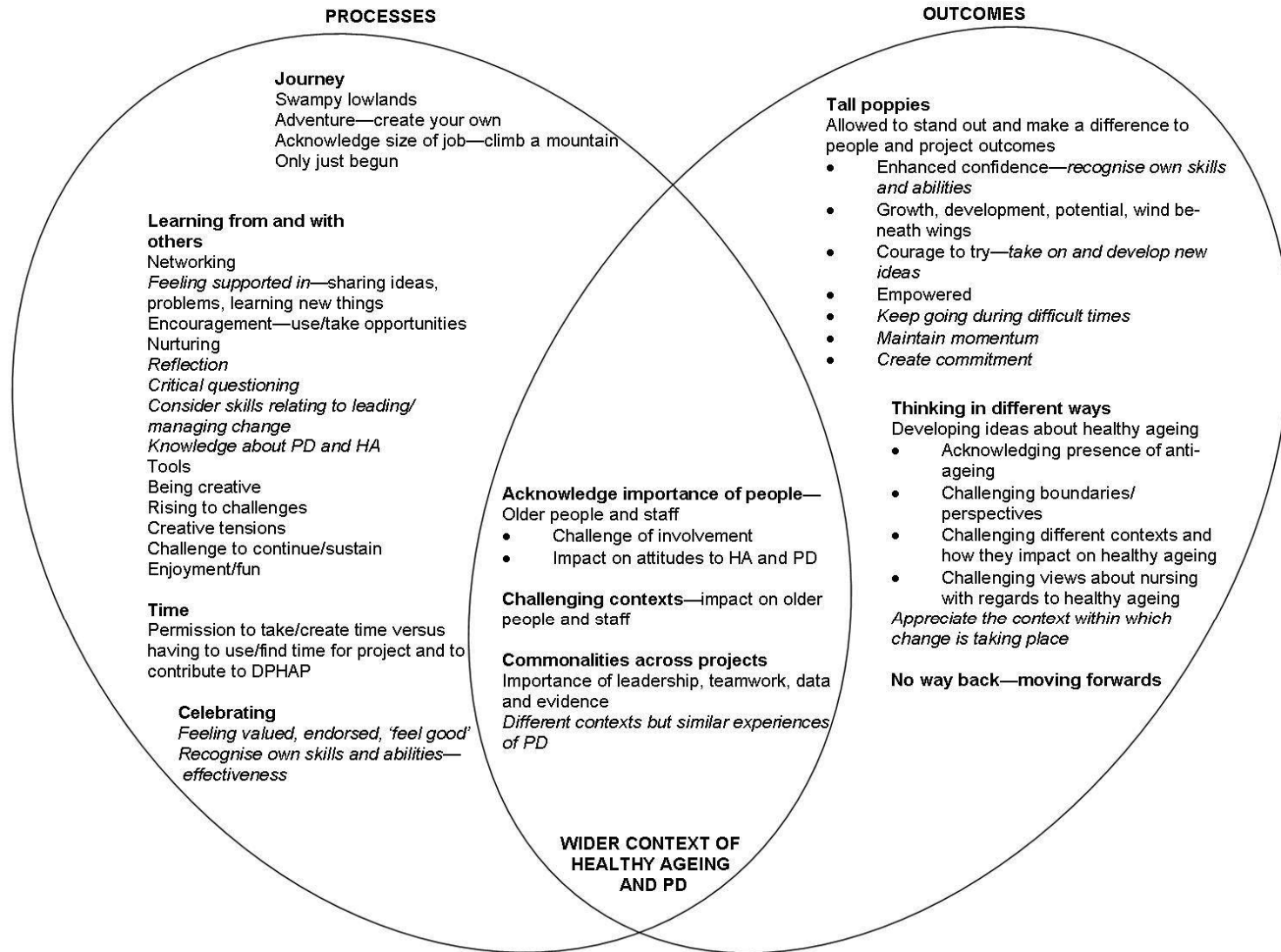
The project team members and external advisors that attended the final workshop day were also invited to complete a self-administered questionnaire (see Appendix 3). This provided a further opportunity to explore their experiences of the DPHAP by asking questions about:

- Their expectations of the DPHAP and whether these expectations had been met
- What they had gained/learned about developing practice from their involvement in the DPHAP and whether they had been able to implement any changes as a result
- What they liked most and least about the DPHAP and what they would have done differently

Participants were then invited to discuss their individual responses in two small groups. These groups were facilitated by KS (FoNS) and TS (FoNS) who made notes during the discussions. The purpose of these discussions was to enable participants to share and compare their experiences in an attempt to stimulate thoughts and insights that may otherwise not have been unearthed. It also provided the opportunity for the facilitators to gain a deeper understanding of the participants' experiences by probing their responses. A summary of the responses to the evaluation questionnaire and small group discussions is provided in Appendix 4.

The responses to the questionnaires were read and re-read along with the discussion notes. When analysing this data, it became apparent that this data enabled the themes and sub-themes identified in Cognitive Map 3 to be developed further (see Cognitive Map 4). Cognitive Map 4 therefore arises out of Cognitive Map 3. The additions to Cognitive Map 3 to create Cognitive Map 4 have been written in italics.

Cognitive Map 4. Themes of participants' experience of the DPHAP which emerged from collages, self-administered questionnaires and small group



3.3.5 Cognitive Maps 3 and 4

When analysing the data created by the collages of participants experiences of the DPHAP, several themes and sub-themes emerged (see Cognitive Map 3). Two of the themes, Processes and Outcomes, appeared to relate to the sub-themes identified under Creating a Wider Impact outlined in Cognitive Map 1a. Elements of the third theme, the Wider Context of Healthy Ageing and Practice Development, seemed to overlap with the other two themes. For example, the sub-theme of Acknowledging the Importance of People could be regarded as both a process and an outcome that may ultimately impact on the wider context of healthy ageing.

3.3.5.1 Processes

The data suggested that some participants likened the process of developing practice to promote healthy ageing to a journey and it was acknowledged that the journey may not be an easy one.

The DPHAP created opportunities for participants to meet with others who were undertaking similar work. These networking opportunities encouraged participants to learn from each other by sharing problems and ideas. It seems that these opportunities engendered a sense of feeling supported which enabled participants to learn with new knowledge and skills with each other using reflection, critique and creativity.

Some participants expressed that they experienced a sense of feeling valued and that they felt that their work was being endorsed through their involvement with the programme. It also provided an opportunity to recognise and celebrate personal skills and abilities.

The sub-theme of time relates to the tension that the process of finding time and using time to be involved in the DPHAP created for some of the participants.

3.3.5.2 Outcomes

The sub-theme, tall poppies, relates to the data that suggested that some participants perceived that through involvement in the DPHAP, they had been allowed to 'stand out and make a difference' to people and the project outcomes. Specifically, participants experienced enhanced confidence, courage to try new ideas and a commitment to keep going even when things were difficult. Some participants commented on having a sense of growth, development and potential and even of being empowered.

Thinking in different ways largely related to data which suggested that participants' views on healthy ageing had been challenged through the programme and that they were developing new ideas about the ways in which they could continue to move forward in practice.

Although the sub-theme, no way back – moving forwards, suggests movement away from a starting point and is therefore captured under Outcomes, it also reflects the sense of journey and therefore creates a connection with the Processes. The data

suggested that this sense of journey/movement could be viewed from different perspectives:

- Personal development e.g. development of knowledge and skills relating to healthy ageing and practice development
- Facilitating change within the workplace

There was an acknowledgement that although much had been achieved, there was now a greater understanding of new opportunities for growth and development.

3.3.5.3 Wider context of healthy ageing and practice development

This theme represents the tension between what policy/strategy says should be happening versus the reality of trying to make it happen in practice. The data suggests that during the opportunities to learn from and with others, participants developed a greater awareness of the importance of involving others both in practice development work and when promoting healthy ageing. Participants also became increasingly aware of the contexts within which they were working and the challenges and opportunities these may present and the similarities between the project experiences particularly in relation to practice development.

There was a sense from the data that this theme was often both a process and an outcome. For example, involving older people and staff in development activities was seen as a desired way of working towards achieving the promotion of healthy ageing e.g. older people experience involvement in care. Similarly, involving staff in ways that enable reflective learning may contribute towards a change in attitudes to healthy ageing resulting in new ways of delivering care.

4. Discussion

The aim of this evaluation was to explore how the DPHAP impacted on developing practice to promote healthy ageing.

4.1 Promoting healthy ageing

Although healthy ageing is a term that has become more frequently used over recent years e.g. policy documents, popular press etc., there is a currently a dearth of literature which explores both the meaning and underlying assumptions of this concept. This may help to explain why the concept is poorly understood (as demonstrated by project team members at the outset of the programme) and therefore difficult to realise in healthcare practice.

A recent concept analysis of healthy ageing (Hansen-Kyle, 2005) offers the following definition of healthy ageing:

Healthy ageing is the process of slowing down, physically and cognitively, while resiliently adapting and compensating in order to optimally function and participate in all areas of one's life (physical, cognitive, social, and spiritual).
(Hansen-Kyle, 2005, p52)

An alternative definition is provided by Healthy Ageing – A Challenge for Europe, a three year (2004-2007) project co-funded by the European Commission which aimed to promote healthy ageing among people aged 50 years and over.

...the process of optimising opportunities for physical, social and mental health to enable older people to take an active part in society without discrimination and to enjoy an independent and good quality of life. (The Swedish National Institute of Health, 2007, p5)

Whilst both definitions recognise the notion of optimising in terms of making the most of function and opportunities in all aspects of life, Hansen-Kyle (2005) specifically acknowledges the ageing process and the personal attributes of resilience, adaptation and compensation that are required if the older person is to age healthily. This suggests that older people need to be or feel empowered to enable them to achieve healthy ageing as opposed to the second definition which seems to imply that others are responsible for creating the opportunities that will enable older people to age healthily with older people seemingly taking a more passive role.

This difference in emphasis resonates with discussions that arise when considering how the concept of health promotion has developed. Traditional models of health promotion tended to be top-down professionally led approaches which focused on persuading individuals to behave in ways that would prevent physical diseases (Maben and Macleod Clark, 1995). The so-called modern approaches are recognised by their use of negotiation towards individuals and communities achieving positive physical, social and psychological health and the acknowledgement that wider societal and political influences need to be considered (Maben and Macleod Clark, 1995). Whitehead (2004), suggests that authors who advocate this modern approach regard individualistic and behaviourally-orientated empowerment as a central principle, however, he would argue that over the last ten years, the health promotion literature has moved beyond an individualistic approach and states that: 'Health-promoting empowerment activities are politically expedient in that they focus on the social action that promotes and leads to community empowerment, rather than just empowerment of the individual' (Whitehead, 2004, p314).

Unlike other authors who suggest that health education is part of health promotion, Whitehead (2004) believes that health education and health promotion are two separate but inter-connected concepts. Building on the work of Ewles and Simnett (1999), Whitehead identifies five approaches to health related practice. He argues that medical and preventative approaches are aligned with health education; empowerment and socio-political activities can be considered as health promotion, which leaves educational approaches bridging or inter-relating the two concepts.

It could be argued that the concept of health promotion as outlined in this recent literature is more developed than the concept as realised in practice. Similarly, it could be suggested that the first definition of healthy ageing is perhaps a more refined or

advanced definition, maybe one that should be aspired to, whereas the second definition reflects what is currently happening or seen as achievable in practice.

This view is supported by the experience of the project teams. It appears that the projects involved in this programme fit more closely with the second definition of healthy ageing i.e. they focused on creating opportunities for promoting an aspect of health to enable older people to age healthily. It could also be suggested that the projects adopted promotion activities which were aligned with the educationalist approach outlined by Whitehead (2004). These activities involved enabling individual 'empowerment' where the use of this term acknowledges that many healthcare professionals are not in a position to truly empower others but strive to offer some independence and choice (Whitehead, 2004, 315).

There is evidence in both the contemporaneous and retrospective data which suggests that the DPHAP enabled participants to start to develop a wider understanding of the concept of healthy ageing. Through their involvement in workshop activities and critical discussions during steering group meetings, for example, participants were provided with opportunities to consider healthy ageing:

- From a personal perspective
- Within the context of their workplace
- With a view of the wider context of health and social care

However, the retrospective data, in particular, highlights the reality for participants of effecting change towards the promotion of healthy ageing. This reality is reflected in recent literature which identifies some of the challenges relating to the realisation of health promotion practice by nurses. Although nurses may acknowledge that they have a role in relation to health promotion, the more contemporary models are not reaching nurses and therefore health promotion activity is often limited to health education (Irvine, 2007). As well as more training, the literature acknowledges the need for health promotion activities to be given greater importance by healthcare organisations (Kelley and Abraham, 2007) and therefore within workplace cultures which may not currently enable such activities (Casey, 2007).

Participants perceived two key challenges to promoting healthy ageing; firstly, the complex nature of healthcare contexts and secondly, achieving meaningful involvement of older people and staff to enable healthy ageing. It could be argued that these two issues are closely linked with the complexity of organisations and healthcare settings having an impact on the ways in which older people and staff are or can be involved in activities and/or developments to promote healthy ageing.

The notion of service user involvement is not new. There has been growing emphasis over recent years to consider the views of users in the development and evaluation of healthcare services (Poulton, 1999; Maslin-Prothero, 2003) and this has been reflected in the increasing number of policy initiatives that call for user involvement and the current ethos behind NHS reforms which emphasise the need to develop services around the needs of patients (Department of Health, 1998, 1999a, 1999b, 2000).

Specifically, the National Service Framework for Older People (Department of Health, 2001) identifies the need for the involvement of older people to ensure that care is based upon individual needs, circumstances and priorities.

However, despite this increase in rhetoric, there is currently a dearth of information in the nursing and healthcare literature to inform the effective involvement of users in research and development. For this to be achieved in the case of older people, Andrews et al. (2004, 307) recognise that 'commitment from the professional community and older people' will be required 'to challenge practice and the policies that shape it' and that this will need to go beyond consultation which is probably the approach to user involvement that is currently most commonly used (Andrewes et al., 2004).

Perhaps in recognition of the challenges of involving service users, the National Centre for Involvement has recently been launched to 'work with NHS staff and organisations to engage with patients and the public more effectively and implement change based on their information'. They have developed a set of key principles to inform effective patient and public involvement (The National Centre for Involvement, 2007). These include:

- Being clear about what involvement means
- Focusing on improvement
- Being clear about why you are involving patients and the public
- Identifying and understanding your stakeholders
- Involving people

Similarly, McCormack et al. (2006) have identified some person-centred principles which they state are required for user-involvement in research. They propose that these principles could be transferred to the involvement of service users in practice development work and it could also be suggested that they could be applied to facilitate the greater involvement of staff from all stakeholder groups. The principles are as follows:

- Investment in the time needed for active user involvement
- The preparation of the practice development setting for user participation
- The socialisation of practice developers to working in partnership with service users
- Recognition of the mutuality in the involvement process
- Negotiation and renegotiation of boundaries with users
- Seeking and gaining consent
- Representing views authentically
- Disengaging from the setting

(McCormack et al., 2006, p102).

Whilst the DPHAP did not enable the project teams to achieve the full involvement of older people and staff, the data suggests that the programme enabled participants to:

- Develop a greater awareness of what involvement means
- Develop an understanding of the value of involving older people and staff
- Start to consider the ways in which they could achieve involvement within the complex contexts within which they were working

4.2. Developing practice

The evaluation data suggests that participants particularly benefited from coming together, as this created valuable opportunities to learn from and with each other. The participants identified personal gains in terms of the development of knowledge and skills about practice development and healthy ageing, and also personal growth e.g. enhanced confidence and feeling empowered. These outcomes are similar to those identified as a result of the use of models of reflective learning (McCormack et al., 2006).

The recently published Realistic Synthesis of Evidence Relating to Practice Development (McCormack et al., 2006) may help to identify those elements of the DPHAP that could have made a positive contribution to the practice development undertaken by the project teams. This analysis of the published practice development literature, grey literature and telephone interviews with key informants in the field of practice development recommends that practice development projects should be able to demonstrate evidence of the use of the following methods:

- Agreed ethical processes
- Stakeholder analysis and agreed ways of engaging stakeholders
- Person-centredness
- Values clarification
- Developing a shared vision
- Workplace culture analysis
- Collaboration and participation
- Developing shared ownership
- Reflective learning
- Methods to facilitate critical reflection (e.g. action learning)
- High challenge and high support
- Feedback
- Knowledge use
- Process and outcome evaluation
- Facilitation of transitions
- Giving space for ideas to flourish
- Dissemination of learning
- Rewarding success

(McCormack et al., 2006, 124)

The evaluation data identifies that the DPHAP provided project teams with opportunities to use practice development methods that they may not have had access to if they had undertaken the project alone. In particular the following methods were used as an integral part of the programme during the steering group meetings, workshops and site visits; collaboration and participation, reflective learning, high challenge and high support, feedback, knowledge use, giving space for ideas to flourish, dissemination of learning and rewarding success.

There was also evidence of gains for the projects; for example, participants expressed that involvement in the programme helped with maintaining commitment and momentum even at times when situations in the workplace were very difficult. This is similar to the findings of previous evaluations undertaken by FoNS in 2005 and 2006 (see www.fons.org/ahcp_evaluations.asp) which identified the involvement of FoNS as external facilitators/funders added kudos and validation for the work undertaken by individuals and teams involved in the projects. Additionally, although little is known about the mechanisms, the involvement of external support systems are identified as having a positive impact on teams involved in the review of practice development literature by McCormack et al. (2007).

Despite this evidence, it is difficult to determine however, how much of this impact can be attributed specifically to the programme as opposed to what participants may have gained from being involved in the projects alone. This difficulty was captured on the self-administered questionnaire by one of the participants:

Hard to unpack this – the project was all about making changes – hard to say what came about as a result of the DPHAP or we would have done anyway. May have had more of an impact on how we looked at undertaking changes etc. and helping us to look at situations we were in differently.

4.3 Other issues

If it is acknowledged that project teams gained from their involvement in the DPHAP (in terms of the development of knowledge and skills about practice development and healthy ageing that consequently had a positive impact on the outcomes of the projects), it should also be recognised that there were costs associated with being involved, particularly in relation to the time taken out of practice by project team members to attend workshops and steering group meetings. It is difficult to quantify these costs against the potential gains but nevertheless it should be given consideration. Indeed, McCormack et al. (2006) recommend the development of a practice development costing model.

It is difficult to determine if the DPHAP and the four projects that were part of it created a wider interest in healthy ageing than would have been achieved by the four projects alone. Although there is evidence of interest in healthy ageing beyond those who were directly involved in the programme e.g. through the use of the website and download of publications, it is beyond the scope of this evaluation to establish what impact access to these resources had on the wider promotion of healthy ageing.

5. Key Messages from the Evaluation Data

1. Healthy ageing is a difficult concept to understand

This was evidenced by the project teams at the outset of the programme and is reflected in the current dearth of literature to clarify the concept and underlying assumptions.

2. There is a shortage of knowledge, skills and understanding of healthy ageing, health promotion and practice development

This was highlighted during discussions with participants and is reflected in the current healthcare literature.

3. Care is being provided within complex contexts

All practitioners are working within complex settings where change is a constant. Undertaking practice development projects and being involved in the DPHAP helped some practitioners through times of change by providing a focus which helped to maintain momentum and commitment.

4. Translation of priorities is difficult

Practitioners are aware of policies, guideline etc. outlining priorities for care however, in reality, these can be difficult to translate into practice due to competing agendas. The needs of older people may not be seen as a priority, particularly in acute healthcare settings.

5. User involvement is limited

Although practitioners may be aware of the need to involve service users in the development and delivery of healthcare, in many cases there is currently a lack of knowledge, skills and resources to enable them to achieve effective involvement.

6. Practice development is a process that enables effective and sustainable change towards the achievement of person-centred care

There is a need to increase capacity within healthcare organisations in relation to the knowledge and skills that are required to effectively lead and facilitate change. Practice development requires time but in the current healthcare context, time out of practice may be seen as a pressure rather than a benefit.

7. The programme approach to supporting developments in practice appears to make a difference

The DPHAP enabled the development of knowledge and skills around healthy ageing and practice development for both individuals and teams that are sustainable and ongoing.

6. Recommendations

For FoNS:

- Share findings of this evaluation widely to raise awareness and stimulate debate relating to the challenges faced by practitioners who are trying to promote healthy ageing
- Expand our funding base to enable ongoing development and evaluation of this programme approach of support which enables practice development/developers to contribute to the modernisation of health and social care services
- Provide support and facilitation to individuals and teams to enable the effective engagement of practitioners, service users and other key stakeholders in the development and delivery of care

For healthcare organisations:

- Consider how competing agendas and priorities may impact on the needs of different groups of service users e.g. older people
- Consider the ways in which practice development can enable effective and sustainable change towards the achievement of person-centred care within your organisation
- Recognise the need to increase capacity in relation to health promotion and leading and facilitating sustainable change and acknowledge that this may have resource implications that will need to be supported
- Provide incentives to enable individuals and teams to develop practice and opportunities to reward and celebrate success
- Consider ways in which other organisations e.g. FoNS, universities could support practice development within your organisation

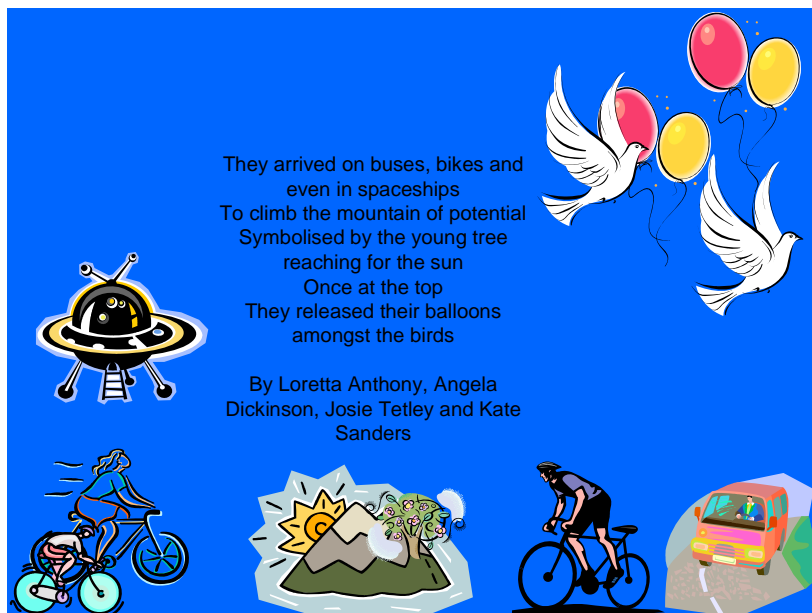
For individuals:

- Use FoNS as a resource to enable you to develop practice in your workplace
- Seek out support from:
 - Within your organisation e.g. practice development facilitators/teams, RCN learning reps, research and development departments, link universities
 - Others involved or interested in similar work e.g. Developing Practice Network, specialist nursing and healthcare networks, voluntary organisation
- Actively share innovations and developments with others e.g. through trust communication channels, writing for publication, awards schemes

7. Creative Poems about the DPHAP

The participants who attended the final workshop day were invited to participate in an activity to create poems about the DPHAP. An outline of the activity is provided in Appendix 5. The participants worked in small groups and created three poems. Some interpretation of the poems which was offered by the participants is provided below each poem.

These poems are offered as a closure to this evaluation.



Interpretations offered by group members

Buses, bikes and spaceships

A variety of forms of transport representing the different ways of getting to places, processes of doing or achieving things

Climb the mountain

Journey, sometimes difficult, sense of achievement when reach the top

Young tree

New beginnings, growth and potential

Sun

Warmth and nourishment

Balloons and birds

Full of potential, fly away to spread and share knowledge



Wearing a multi-coloured coat,
dressing gown and boiler suit
They boarded a boat for a
difficult journey
Bespectacled they travelled to
London to plant a seed that
became a tree
Feeling at home they left behind
doubt and questions and
banished the word 'no'

By Carol Welch, Phyl Runciman,
Belinda Dewar and Ros Taylor



Interpretations offered by group members

Multi-coloured coat

Lots of different perspectives coming together to create something quite unique

Dressing gown

Representing comfort

Boiler suit

Something that covers everything, protects it, but when unzipped reveals much
All enclosed outfit need to open it to see what is underneath

Boat

Can be a smooth or a rough journey, carries people along

Bespectacled

Need to look really hard

London

Where we met but also multicultural, sophisticated network

Seed

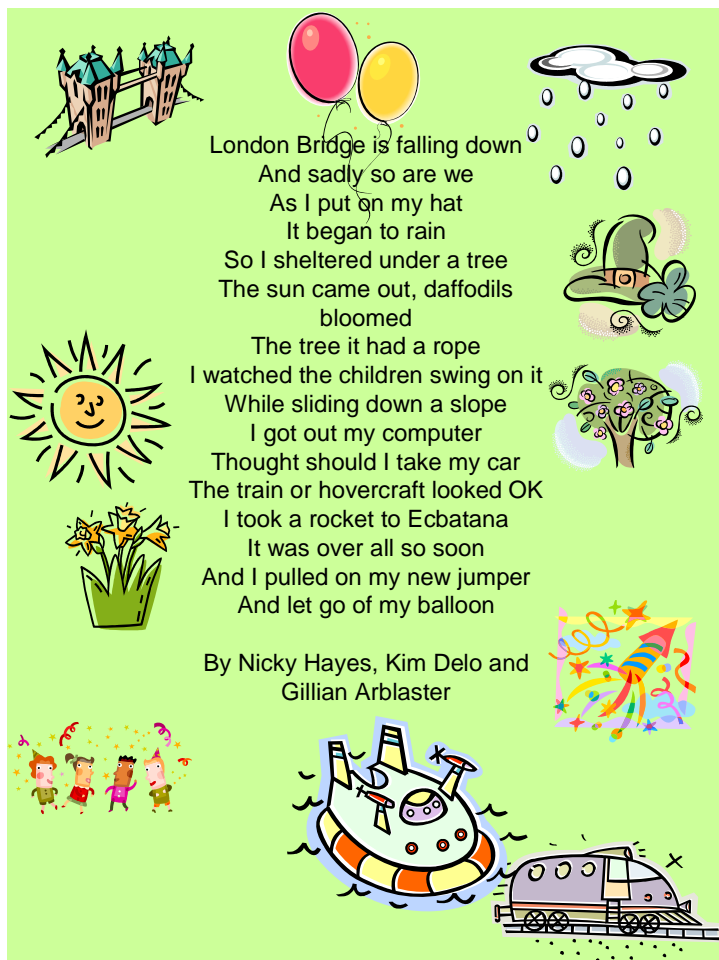
Only just the beginning

Home

Feeling valued, comfortable and secure

Doubt and questions

Trust the process



Interpretations offered by group members

London

Where programme and journey started, complexity of city and its commuter networks represents healthy ageing and support networks from the programme

Daffodils

Growth of flower from bulb which dies but regrows and multiples, new beginning, growth, development and blossoming, cheerfulness of individuals and projects, which despite obstacles and challenges have been re-established

Rope

Life line, make up of rope, the teams and projects that have made up the programme

Hovercraft

Something different and the concept of challenge, travelling across the unknown (sea) with hidden depths, journey that is bumpy but invigorating (representing spray from sea)

Ecbatana

A place in the apochryphal story "Tobias and the Angel". A participant sang in a community opera of the story. It therefore represented creativity (being in the show), opportunity (Tobias marries Sara there), resources (he also gets the gold) and challenge (he defeats the demon)

Jumper

Warm, comforting, something familiar, representing support

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Appendix 1 Sample application pack



Developing Practice for Healthy Ageing Programme

The Foundation of Nursing Studies

In Partnership with Pfizer Ltd

By 2020 the world's population will include more than 1000 million people aged 60 and older. The goal for nursing care is "to assist older persons in achieving optimal health, well-being, and quality of life, as determined by those receiving care or consistent with the values and known wishes of the individual", (*The International Council of Nurses*). The Foundation of Nursing Studies (FoNS) and Pfizer Ltd hope that the "Developing Practice for Healthy Ageing Initiative" will help nurses to realise this goal by empowering them to develop and deliver positive practice for healthy ageing.

The programme aims to support the development of innovative approaches to providing better health care, access and support for people towards the goal of 'Healthy Ageing'. The programme is now moving into its second year and we are seeking a further 3 nurse-led teams to take part. A grant of £10,000 will be given to each selected team and FoNS and our external advisors, The Royal Bank of Scotland Centre for the Older Person's Agenda will provide support and advice.

Focus for proposals

Project proposals should focus *either* on:

1. Implementing a specific activity/change in practice to promote healthy ageing.

or

2. Developing a strategy for promoting healthy ageing, perhaps across a directorate or an organisation.

For example, either type of proposal may address areas such as improving access to services, maintaining independence or enhancing a service delivery.

General criteria

The programme is targeting England and Wales¹ and will recruit multi-professional teams with clear and achievable practice development project plans. The teams will be funded for 12 months and professional support will be offered to help these teams achieving their aims.

The project proposals must:

- In the context of project, provide a working definition of the concept of “promoting healthy ageing”.
- Reflect a systematic approach to development or change that aims to result in sustainable improvement in practice that promotes healthy ageing
- Outline the knowledge base for the project. This may be from a range of sources, such as published research/evidence, local audit data, or from observations/reflections/experiences of key stakeholders including the project team and older people themselves.
- Demonstrate understanding of the complexity of developing and changing practice
- Show clearly how the project plan will be facilitated in practice
- Be fully endorsed and supported by the Trust/Healthcare organisation. **NB. It is an essential requirement that your Chief Nurse/Nurse Director signs the application form. To avoid the disappointment of missing the closing date, we strongly recommend you discuss your application with this person at the earliest opportunity and ensure you have their signature well before the closing date.**
- A link with an academic institution is strongly recommended and it is considered desirable to have a named person as part of your project team.
- Demonstrate how older people’s perspectives and views will be sought throughout this project.
- Describe clearly a plan for evaluating the project.

Exclusions:

- Establishment of new staff posts.
- Primary research and evaluation studies².

¹ The Foundation hopes to secure funding to spread this programme across the whole of the UK in the future.

² See www.rdinfo.org.uk which provides a wide range of information on other funding opportunities

General Conditions for successful applicants

Successful applicants will be expected to fulfil the following conditions of the programme:

- Project teams must be able to commence their projects by the 1st April 2005
- Progress reports must be submitted to FoNS on a 3 monthly basis
- A representative of FoNS must have full access to the project to review progress and development. For example, regular meetings with project team and steering group
- Project team members are expected to participate in a networking and support workshop day as part of the programme
- FoNS and Pfizer must be able to publicise the project
- FoNS and Pfizer's support must be acknowledged with any publications/materials produced as a result of this project
- The project leader/team must be committed to the wider dissemination of the project, for example, information sharing and conference presentations
- A full report and executive summary must be submitted at the end of the project (guidelines are available). This will be edited as appropriate and published as part of the Foundation's 'Developing Practice Improving Care' Dissemination Series
- It is part of the Foundation's policy to evaluate the longer-term outcomes of projects and initiatives and you may be contacted to contribute to this

Process for Submitting an Application

Stage 1: ^(Recommended) Discussion with one of the nurse advisors at FoNS
This stage ensures that in principle your project proposal fits with the general focus for the programme. Guidance can also be provided to assist you with preparations for stage 2.

We also recommend you visit the Healthy Ageing Website:

<http://www.fons.org/projects/healthyageing/index.htm>

The site provides information of projects that are already part of this programme and resources that may help you with your application:

Stage 2: Submission of a full application **by 26th November 2004**

Stage 3: Interviews and selection: Project teams **must** be available for the interview days which are the **10th and 12th January 2005**. The selection panel will comprise representatives from FoNS, Pfizer Ltd, The Royal Bank of Scotland Centre for the Older Person's Agenda.

Guidelines for Presenting an Application

Essential information

Application form: A single application form must be fully completed (you may fill in the attached form by hand or word-process it).

Curriculum vitae: A brief curriculum vitae highlighting the relevant skills and expertise of the lead applicant and team members. Only one copy of for each person is required.

Proposal: 6 copies are required and must be:

- Anonymised
- Clear and jargon free
- No more than 1500 words in length
- Typed, double-spaced on single sides of A4 paper

Suggested content and structure of proposals

This is for guidance, although it is recommended that applicants address all areas within their proposals.

Abstract or Summary	Overview of what the project is about.
Project Rationale	Purpose of the project, including how the project will promote healthy ageing, enable the development of individuals and healthcare teams and improve healthcare practice.
Background	Firstly, a review of the knowledge base for the project. Secondly, an overview of the context within which the project will take place and the potential enabling or disabling factors that may influence the progress of the project. An overview of the composition of the project team could also be provided here.
Project Plan	Describe the project plan and how it will be facilitated in practice.
Timescales	Linked to the project plan this should indicate the length of time for each phase of the project and the activities involved.
Evaluation	An outline of the anticipated outcomes of the initiative and clear details of how these will be measured/evaluated..
Dissemination Plan	In addition to the dissemination opportunities you will be offered as part of the programme. Applicants should indicate how they intend to publicise and spread information about the project within outside their organisation.

Funding & Resources Clear, realistic budget showing how the grant of £10,000 will be effectively used to support the project. Applicants should also indicate the contribution, commitment and support provided by the Trust/Healthcare Organisation.

References/Bibliography Include all literature referred to and/or relevant to the proposal using an appropriate referencing system.

Appendix relevant Inclusion of additional information, this must be **brief and relevant**

Requests for further information and submission of funding applications to:

Theresa Shaw, Chief Executive
The Foundation of Nursing Studies
32 Buckingham Palace Road
London
SW1W 0RE
Tel. 0207 233 5750
Fax. 0207 233 5759
Email: theresa.shaw@fons.org
Website: www.fons.org

CLOSING DATE FOR ALL APPLICATIONS

26TH NOVEMBER 2004

Developing Practice for Healthy Ageing Programme

The Foundation of Nursing Studies

In Partnership with Pfizer Ltd

Application Form

It is essential that this information be completed in full

1. Title of project proposal

2. Lead Applicant details

As lead applicant you will be the main contact person for the project and if successful must be willing to adhere to the general conditions for participating in this programme

Name of lead applicant:

Job title/position:

Signature:

Contact details

NHS Trust/PCT/Healthcare organisation:

Hospital/Branch:

Ward/Department:

Address:

Postcode:

Telephone:

Email:

3. Details of co-applicants/team members

Please include name, job title and place of work ^{if different from lead applicant} for each co-applicant/team member. Brief curriculum vitae highlighting the relevant skills and expertise of each person **must** be attached.

Name:

Job title:

Place of work:

*****Continue list of team on a separate sheet***

4. Endorsement and support of application:

This should be the Chief Nurse/Director of Nursing. Signing this means you are willing to support the implementation the project and adhere to the general conditions for successful applicants participating in this programme

Name:

Position:

Signature:

Contact details

NHS Trust/PCT/Healthcare organisation:

Address:

Postcode:

Telephone:

Email:

5. Academic link:

Please provide detail of the academic links you have to support this project if you do not have a representative as part of you project team

Name:

Institution:

Address:

Postcode:

Telephone:

Email:

6. Ethics committee approval sought: Yes/No (delete as appropriate & provide additional information/approval letter in the proposal appendix)

7. Data protection act: The Foundation of Nursing Studies complies with the 1998 Data Protection Act. When you send us this form your details will be held on our computer database. We need to hold your details so we can provide our services to you. Occasionally we may give your details to other nursing-related organisations, so they can send you information on subjects relevant to nursing.

If you do **NOT** want to receive information from other nursing organisations please tick here.

Return by 26th November 2004 to:

Theresa Shaw, Chief Executive
The Foundation of Nursing Studies
32 Buckingham Palace Road
London
SW1W ORE
Tel. 0207 233 5750
Fax. 0207 233 5759
Email: theresa.shaw@fons.org
Website: www.fons.org

Appendix 2.
Collages of participants' experiences of the DPHAP and the themes to emerge from them



Making a difference
Having courage to try
Use/take opportunities
Be creative in roles
Importance of people – patients and staff
Come together
Enhances confidence – grow and develop
Grounded
Learning new things from others
Challenge to continue/sustain
No way back – moving onwards



Adventure
Triumph – thinking in different ways
Brighter future – do it better – still achievements to be made
Creating a recipe
Network
Forum to share problems/ideas



Journey/treat/time

Process – growing, pains, nothing is perfect, drive to move forward

Ideas about healthy ageing – still anti-ageing around; challenge boundaries/perspectives; challenge of different contexts and how they impact on healthy ageing

New ideas/growth

Commonalities across projects – leadership, teamwork, evidence, data

Sustainability and dissemination

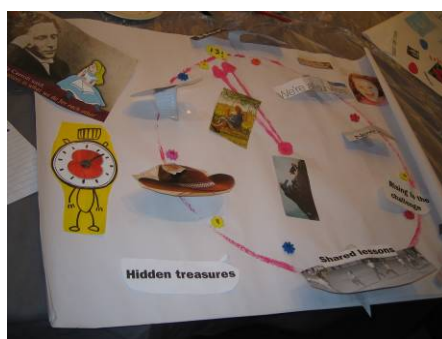
Connections



Challenging views about nursing with regards to healthy ageing



Ultimate purpose healthy ageing
Opportunities to network
Nurturing
Helpful tools
Creative tensions
Potential
Some things we have no control over
Spirals in and out



Set in clock – fitting into a time frame – extra hour
Challenge of involvement
Networking
Shared learning
Support
Encouragement
Rising to challenges
Learning through fun
Feeling valued/contributions
Empowered
Tall poppies – allowed to stand out and make a difference

Appendix 3.
Developing Practice for Healthy Ageing: Questions included in the Evaluation Questionnaire

1. What expectations did you have of the DPHAP?
2. How far were these expectations met?
3. What have you gained/learned about developing practice from being involved in the DPHAP:
 - For yourself?
 - For your work?
 - In relation to others that you work with?
 - For patients/service users?

4. Did you undertake/implement any changes yourself and/or with colleagues as a result of the DPHAP?

If yes, please describe.

Were these changes effective?

If no, were there any particular reasons?

5. Has the DPHAP had an impact on the long-term outcomes of your project?
Please describe.

6. What did you like most about the DPHAP?

7. What did you like least about the DPHAP?

8. What would you change about the DPHAP?

9. Any other comments?

Appendix 4. **Summary of Feedback from Evaluation Questionnaire and Small Group Discussions**

Expectations

The most common expectations of the DPHAP identified from the responses to the questionnaire can be summarised under the following themes:

- No expectations
- Project funding
- Support
- Networking
 - Sharing experiences
 - Learning from others
- Learning – gaining knowledge and experience of:
 - Practice development
 - Research
 - Healthy ageing

During the discussions, some participants explained that their expectations of the DPHAP had been based on previous relationships with funding bodies. In general, these followed a more ‘traditional’ approach such that funding was provided but project teams were left alone to ‘do the work and write a report’. Others stated that they had not been sure what to expect as this was their first experience of being involved in a funded project. These tended to be participants who were members of the project teams rather than the lead applicants. It was difficult to determine whether those participants who held the other expectations i.e. support, networking and learning, at the outset of the programme or whether they came to expect these as the programme progressed.

The external advisors identified expectations relating to learning, dissemination and healthy ageing.

For most participants, their expectations of the DPHAP were met. However, one participant who had not expected any involvement from FoNS and Pfizer stated that the *‘input and work undertaken as a result of the programme supported and developed the work more than we expected.’*

The external advisors had more mixed views on whether their expectations of the DPHAP had been met. One had expected to be *‘used’* more by the project teams; another would have liked more dissemination throughout the project and another suggested that the concept of healthy ageing could perhaps have been considered more.

Gained, learned and implemented

Participants expressed that they had personally gained support and confidence from being involved in the DPHAP. This had enabled them to:

- Recognise their own skills/abilities
- Feel supported by realising that others were experiencing similar challenges
- Take on and develop new ideas

The participants stated that from being involved in the DPHAP they had personally learned:

- To appreciate the context within which change was taking place
- That despite working in very different contexts, they shared many experiences of others involved in practice development work
- More knowledge about practice development and healthy ageing
- To consider skills related to leading/managing change

Only a few participants were able to say how these personal gains and learning had impacted on their work. This included being able to bring new ideas forward and being challenged to develop in ways that may not previously have been considered.

One participant identified that involvement in the DPHAP had impacted on their work by consolidating their teamwork. The opportunities for reflection provided by the facilitated meetings and visits incorporated in the DPHAP had enabled this process. Others identified that they needed to engage others e.g. nurses to try to get them *'on board'*. One participant felt the being involved in the DPHAP added value and status to their work which helped to keep people going during difficult times.

During the discussion, other participants also acknowledged that the workshops and steering group meetings had provided opportunities for reflection and critical questioning from different perspectives, both of which were reported to have been useful.

Although some participants acknowledged the importance of involving patients and service users in their development work, no tangible evidence was provided as to how the DPHAP had impacted on achieving this.

The participants found it difficult to identify if they had implemented any changes as a direct result of the DPHAP. This is summarised by one participant: *'very hard to unpack this – the project was all about making changes – hard to say what came as a result of DPHAP or we would have done anyway. May have had more of an impact on how we looked at undertaking change etc. and helping us to look at situations we were in differently.'*

Longer-term impact

In terms of longer term outcomes for the projects, participants felt that involvement in the DPHAP had endorsed their work and added credence and in one case may have helped with gaining ongoing funding from another source.

Liked most, liked least

The two strongest themes to emerge from what participants stated that they liked best about the DPHAP were the *'support'* and the *'opportunity to network'*. In the discussions, support was identified as a *'comfort blanket'* which gave people a sense of being able to *'recharge batteries'* and *'feel good'*. This helped to *'maintain momentum'* and *'create commitment'* which provided encouragement for some teams to keep going even when things were quite tough. One participant described this kind of support as *'unique'*. There was also the acknowledgement by participants that the programme understood the realities of practice.

Some also commented that the DPHAP had validated their work as the outside backing from FoNS and the external advisors gave it credibility. The creativity involved in the programme was positively highlighted by two participants.

Two participants however felt that the DPHAP involved too many meetings as this created time pressures for them at work.

Suggested changes

Participants suggested that there should have been greater clarity about the nature and purpose of the DPHAP at the outset. This included information about the relationships between the project teams, FoNS and the external advisors and the ways of working that would be used. Some also suggested that it would have been helpful to outline the commitment in terms of time that was expected from the project teams because whilst they acknowledged that there was an added benefit from being involved in the programme, there was also an added cost. Two participants suggested reducing the number of meetings.

Participants also suggested that the involvement of a service user could have been beneficial to the steering group.

One of the external advisors suggested that a more robust dissemination strategy/communication plan should have been in place which should have included project teams being expected to deliver articles on an agreed time line.

Appendix 5

Creating a Poem about the DPHAP

1. Have a plain piece of paper in front of you
2. Take a pen in your non-dominant hand
3. Relax and close your eyes
4. Listen and respond to a series of questions:

If the DPHAP was a way to travel what would it be?

If the DPHAP was something to wear what would it be?

If the DPHAP was something from nature what would it be?

If the DPHAP was something to be avoided what would it be?

If the DPHAP was a place what would it be?

If the DPHAP was something to let go of what would it be?

5. Open your eyes and re-write what is written to ensure clarity
6. Share with others what you have written, note any themes
7. Together, write a poem using what you have written

Adapted from Pontin, D., Kenny, G., Maddox, C., and Feetham, J. (2006) *Poetry and Work-based Learning in an Undergraduate Children's Nursing Curriculum*. Paper presented at the RCN Practice Development, Action Research and Reflective Practice 6th International Conference Edinburgh, Scotland 19 October 2006.