Step 4

Design

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A well-designed small scale change is more likely to improve job quality that can be sustained. Take the time to carefully and systematically design the key aspects of your small scale change – your chances of success will be much higher.

The project design paints a comprehensive picture of how you can achieve change. This also makes it easy to monitor progress and communicate your results to staff, senior management and the board.

How do I design my small scale change?

The first step is to identify and agree on a job quality priority for your small scale change. Talk with workers (care workers, clinicians, managers and other staff) and other stakeholders who may be directly impacted by the change, to gain their feedback and set your priority.
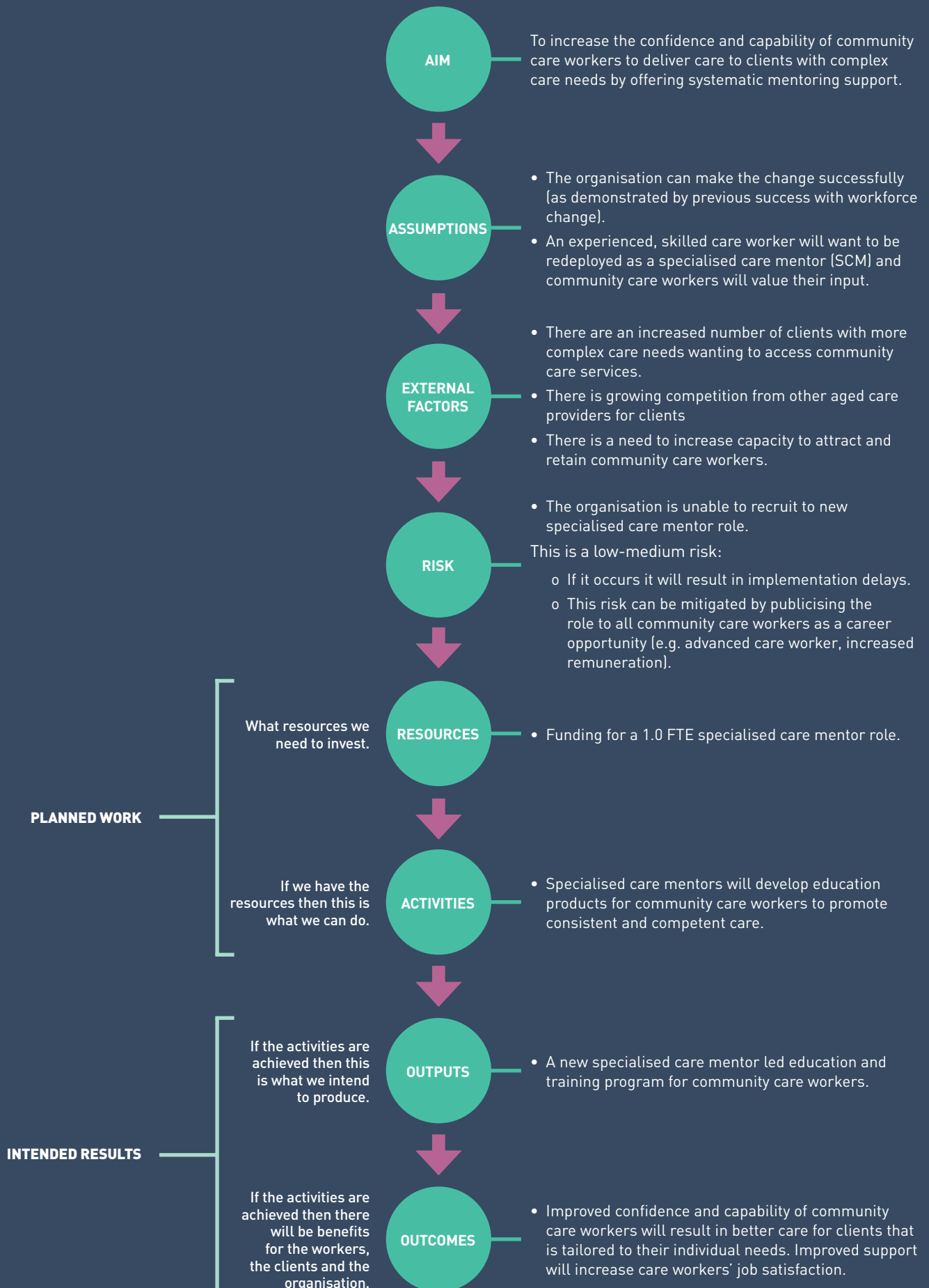
> **If you engage with stakeholders during the design phase, you are more likely to receive widespread support during implementation.**

Once your priority is set, the next step is to work out how to implement and evaluate your small scale change. It is important that this design process is careful and systematic so that there is a clear and measurable link between what you want to change and the outcome of implementing the change.

> **Good design is in the details.**

Designing small scale change for job quality

EXAMPLES FROM CASE STUDY: CARE WORKER MENTORING

AIM — To increase the confidence and capability of community care workers to deliver care to clients with complex care needs by offering systematic mentoring support.

ASSUMPTIONS
- The organisation can make the change successfully (as demonstrated by previous success with workforce change).
- An experienced, skilled care worker will want to be redeployed as a specialised care mentor (SCM) and community care workers will value their input.

EXTERNAL FACTORS
- There are an increased number of clients with more complex care needs wanting to access community care services.
- There is growing competition from other aged care providers for clients
- There is a need to increase capacity to attract and retain community care workers.

RISK
- The organisation is unable to recruit to new specialised care mentor role.

This is a low-medium risk:
  - If it occurs it will result in implementation delays.
  - This risk can be mitigated by publicising the role to all community care workers as a career opportunity (e.g. advanced care worker, increased remuneration).

PLANNED WORK

What resources we need to invest.

RESOURCES
- Funding for a 1.0 FTE specialised care mentor role.

If we have the resources then this is what we can do.

ACTIVITIES
- Specialised care mentors will develop education products for community care workers to promote consistent and competent care.

INTENDED RESULTS

If the activities are achieved then this is what we intend to produce.

OUTPUTS
- A new specialised care mentor led education and training program for community care workers.

If the activities are achieved then there will be benefits for the workers, the clients and the organisation.

OUTCOMES
- Improved confidence and capability of community care workers will result in better care for clients that is tailored to their individual needs. Improved support will increase care workers' job satisfaction.

What is my aim?

What are you trying to achieve? What will be improved as a result of the change? Identify the overall purpose of the change in job quality. The aim should be focused on one particular outcome (e.g. a better fit between care workers' actual and preferred hours), or it may include a set of outcomes that are interrelated (e.g. improved hours fit and increased staff retention; improved hours fit and increased client satisfaction).

If you have a specific aim for your small scale change then you'll have a:

- clear focus and direction for all participants involved in the change process
- necessary reference to evaluate whether the change was successful (i.e. did it achieve its aims).

What do I believe or assume about this change?

Assumptions are existing beliefs or ideas about how and why a particular small scale change is expected to work or not. These beliefs or ideas should be bought out into the open, discussed and captured in clear and direct statements. This process will help you to identify any gaps or potential risks that you'll need to address in your design.

What other factors outside my control could influence this change?

Think about which external factors are likely to influence your job quality change. External factors include any policy, funding or legislative changes likely to impact on worker conditions and how they provide services. Review your plans and address potential barriers or leverage potential supports.

What are the risks?

When you are planning your change it is important to identify any risks, the likelihood of them occurring and how they can be minimised, monitored or controlled.

What resources or activities will I need to achieve change?

Identify the resources required for all of the activities that the small scale change will involve (what you need). Key resources include people, partnerships, financial resources, time, technology, materials, equipment and space.

Detail the activities that you'll conduct as part of the small scale change (what will happen). These can include product development, services delivered, education and training, or changes to governance, roles, policy and procedures.

What will the results will look like?

Map out the intended results (outputs and outcomes) of your change. Identifying the intended results ensures that you get the most value from doing a small scale change. It is integral to the design process as it establishes a clear, measurable link between the aims, outputs and outcomes of change.

Outputs are what will be produced as a result of the small scale change activities. They are often expressed as quantities or the development of something new.

Outcomes identify what will be different or be improved as a result of the outputs. Outcomes should link back to the aim(s) of the small scale change, i.e. what is to be achieved or improved? This may occur over a longer time scale, such as weeks or months, and some outcomes may need to occur before others are possible.

How will I measure success?

Mapping the intended results (outputs and outcomes) is the first step to assess whether the small scale change was successful (i.e., did it achieve its aims). You can also conduct a process evaluation and/or an overall evaluation to get the most value out of your change. Strategic engagement with workers and other stakeholders will help you to create additional evaluations, and these can provide:

- opportunities to identify and fix problems as the change progresses (process evaluation)
- clear feedback on successes, failures and lessons learned (outcome evaluation)
- a clear sense of the small scale change's overall impact and the most appropriate next steps, such as whether and how to continue the changes into the future (overall evaluation).

It is important to consider not only to what type of evaluation(s) you will conduct, but also what you will measure or assess and when this information will be collected.

Various resources in the toolkit can help you to achieve a balanced, effective and efficient evaluation. The design worksheets will guide you through the design approach and outline an outcome evaluation. They can help you plan what you will collect as outcome evaluation data and information. You can also find out additional information and tools in Step Evaluation.

Designing your small scale change

Once you've chosen a job quality priority, you can design a plan to improve it. A careful and systematic approach to design is supported by the following worksheets. An outcome evaluation is embedded in their design, with additional tools provided to ensure the evaluation is balanced, effective and efficient.

Design Tool 1: Identify and document aims

Use this tool to set your overall aim or set of aims for the small scale change. The focus here is on identifying what the change is meant to achieve, including what will be improved as a result of the change, and who will benefit.

Design Tool 2: Assumptions, external factors and risk

Use this tool to reflect on the expectations, assumptions and external factors that relate to your small scale change. This information will help identify potential problems, challenges, supports and resources.

DesignTool 3: Design for small scale change

– Completing D3 will give you a comprehensive design for your small scale change. It maps the flow of logic from the resources and activities needed for the planned work through to the intended outputs, and whether these resulted in outcomes that met the aims.

Design Tool 4: Detailed plan – outcome evaluation of intended results

This tool helps you to plan how you will assess whether the small scale change achieved its intended results. Use this tool to make sure that there are clear links between: the aims of the small scale change; what successful change will look like and how it will be measured; and when the evaluation data will be collected.

You can also use these worksheets to consult with workers and other stakeholders on your design and as comprehensive documentation of the small scale change, once completed. This will contribute to evaluation, feedback to stakeholders and inform the planning of your next steps.

Additional resources

Design processes such as program logic are now commonly used in health and social care – here are some resources which support their use.

W.K. Kellogg Foundation Logic Model Development Guide, W.K. Kellogg Foundation 2004, viewed 18 July 2016

Enhancing Program Performance with Logic Models, University of Wisconsin 2002, viewed 18 July 2016

Logic model workbook, Innovation Network 2010, viewed 18 July 2015

This online resource has step-by-step guides to applying a program logic approach. The innovation network logic model workbook has tips for each stage of building and logic model and examples of the level of detail required for a plan.

Bibliography

Coyne, K & Cox, P 2008, Splash & ripple: Using outcomes to design & manage community activities. PLAN:NET Ltd, Vancouver.

Department of Environment and Conservation NSW 2004, Does your project make a difference?, NSW Department of Environment and Conservation, Sydney.

Innovation Network 2010, Logic model workbook, viewed 18 July 2015 **http://www.innonet.org/resources/logic-model-workbook**

Murray, C, Aylward, P, Cooke, R, Martin, M & Sidford, S 2001, Planning and Evaluation Wizard, Southgate Solutions, Flinders University School of Medicine, Adelaide, viewed 25 July 2016, **www.flinders.edu.au/medicine/sites/pew**

Patton, MQ 2002, Qualitative research and evaluation methods, SAGE, Thousand Oaks.

Pawson, R & Tilley, M 1997, Realistic Evaluation, SAGE, Thousand Oaks.

University of Wisconsin 2002, Enhancing Program Performance with Logic Models, viewed 18 July 2016 **http://www.uwex.edu/ces/lmcourse/**

W.K. Kellogg Foundation 2004, W.K. Kellogg Foundation Logic Model Development Guide, viewed 18 July 2016 **http://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide**

Weiss, CH 1998, Evaluation (2nd Ed.), Prentice Hall, New Jersey.

Case study:
Care worker mentoring

The challenge

To increase the confidence and capability of community care workers to deliver care to clients with complex care needs.

The response

An expanded mentoring program was developed for community care workers with specialised care mentors to provide ongoing peer support, education and training.

Clients with complex care needs include those living with dementia; those with high physical dependency; those requiring unfamiliar care tasks; those whose environment poses challenges for undertaking care tasks; and those with challenging psycho-social needs.

How was it planned?

All care workers in a large, metropolitan community care region had access to the expanded mentoring program. It was planned by the regional operational and human resource managers and the Quality Jobs Quality Care project researchers.

A planning worksheet was used to outline the design of the new mentoring model, expected benefits for job and care quality and how these would be evaluated

Who was consulted and how?

Interviews and focus groups were conducted with care workers, managers and other staff likely to be affected by, or involved with, the mentoring intervention.

New care workers thought that the support from buddy mentors was often too limited before they were scheduled to visit clients on their own. Buddy mentors thought that an expanded mentoring program would enhance the job quality of new care workers, particularly those with no previous experience who often felt overwhelmed by the job. There was also a general perception that an increasing number of clients with complex care needs required greater care worker capability and that this could be achieved through continuous access to peer mentor support, education and training.

Buddy mentors were an existing resource of more experienced care workers who had been previously 'buddied' with new care workers in a less structured way for up to two weeks on commencement of employment.

What was done?

Structured orientation was provided to all new care workers by the specialised care mentors (first day) and buddy mentors (next two weeks). The specialised care mentors then provided ongoing support, education and training to new care workers based on an assessment of capability at the end of orientation.

Specialised care mentors were also available to other care workers who could make a request for assistance, or be referred via the schedulers or a manager. Specialised care mentors provided support via phone and email and by attending home visits with care workers. Workers could book a time with mentors in advance, and they could also contact specialised care mentors by phone for any urgent matters that came up during a home visit. The specialised care mentors demonstrated the use of equipment or challenging care tasks, and helped with the introduction of care workers to new clients. The specialised care mentors also identified training needs and set up small group or one on one training sessions on technical priority topics, such as catheter care.

How was it done?

Three care workers were recruited internally to share one specialised care mentor position on a part-time basis. They worked closely with the existing buddy mentors to orient new care workers. The specialised care mentor's role in peer support, education and training was promoted at staff meetings, through managers and through other communication methods.

Initially, specialised care mentors focused on supporting care workers with the care of clients with complex needs. The specialised care mentors addressed immediate skill and knowledge gaps of care workers and used this information to set training priorities for education and training days. Specialised care mentors then produced a number of resources for workers to create consistency in their care work practices, such as the use of a particular hoist for lifting clients.

A number of other staff helped develop and implement the expanded mentoring program, including the Clinical Management Advisor, schedulers and managers.

Did it work?

Care workers and managers reported that the expanded mentoring program had improved the confidence and capability of care workers to deliver consistent, quality care to clients.

Organisational data showed that 'incompatibilities' experienced in scheduling care workers had reduced and 'compatibilities' increased.

Compatibility is when the client or carer accepts the care worker for the task and/or the care worker has the capabilities for the task.

Other benefits for care workers included improved efficiency and standards in tasks following instruction and modelling from specialised care mentors; reduced feelings of isolation; and improved safety for clients and workers.

I found it reassuring... when you're not confident because you've been thrown in the deep end and you're not sure what you're doing, they come out and [go] through it all.

Having them come out and show you and then I go back the next day, you're a different person because you get through it like that.
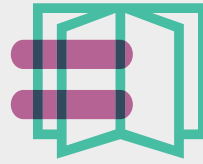
What we learnt

Initially, some care workers were not aware of the expanded mentoring program while others were wary. As the confidence of the specialised care mentors grew, the role was better promoted and understood.

Care workers thought that having more timely access to client information would enable them to ask for support from mentors in a proactive rather than reactive way:

...if I look at my schedule and I see tomorrow I've got to go to someone with a percutaneous endoscopic gastrostomy tube feed and I haven't done that for three months... I could ring them and say 'Can you come and run through this?'

The mentoring program revealed some areas of workers' skill and knowledge that needed improvement, which managers were previously unaware needed attention.

...there have been a couple of things that ...we weren't aware of ... so now we've been able to put the safer practice in play...

Recruiting experienced care workers to the specialised care mentor role resulted in immediate scheduling gaps that were difficult to fill. As the program progressed, managers found it freed up their time which helped them to better manage their workload:

...they're [specialised care mentors are] an extra arm for us... They can step in when ...we're tied up in a meeting...it saves our clinical going out if it's just for a dressing that they're able to handle.

The organisation has found the mentor role to be valuable and effective, and plans to explore the potential for roll out to other community care teams.