

How can inclusive strategic planning proceed in intellectual disability organisations?

Richard Jackson

MSc Nursing, BSc Nursing, RNT, RNID

**A Thesis Submitted to Dublin City University Business
School in Fulfilment of the Requirements for the Degree
of Doctor of Philosophy**

Research Supervisor: Dr. Melrona Kirrane

August 2019

Declaration

I hereby certify that this material, which I now submit for assessment on the programme of study leading to the award of Doctor of Philosophy is entirely my own work, and that I have exercised reasonable care to ensure that the work is original, and does not to the best of my knowledge breach any law of copyright, and has not been taken from the work of others save and to the extent that such work has been cited and acknowledged within the text of my work

Signed _____ **Student No. 10117504**

Date _____

Acknowledgments

I wish to thank a number of people who have supported me whilst completing the research. Dr. Melrona Kirrane my research supervisor who guided me through each stage of the PhD. Her encouragement and insightfulness have been invaluable to this final document. I would also like to thank Professor David Coghlan from Trinity College who gave me so much of his time over the eight years. His understanding of Action Research was fundamental to the production of this thesis. I would also like to acknowledge Professor Jan Reed who died in 2016. We met in 2010 and she encouraged me to start this work. Her insights into the application of Appreciative Inquiry into both the health and social care system in this part of the globe have been inestimable. Her legacy will live on.

I wish to thank and appreciate my wife Bridget, who has been a constant support over the last number of years. My Children, Nathan, Greg and Keren, who have been a constant source of encouragement and have helped keep me grounded during the whole process. My two grandchildren, Guennie and Mia, who have seen less of their Granddad particularly over the last year. I am looking forward to time with them again.

Finally, I wish to thank the service that this PhD is focused on. You were all incredibly willing to engage in this project. I grew to really respect what you all do and the people that you are. Thank you for the time we had together exploring the development of the service that you live in, enjoy a break-in, work-in, volunteer-in, provide therapy to, or support as a family member.

Table of Contents

CHAPTER 1: INTRODUCTION AND BACKGROUND TO THE RESEARCH.....	1
1.1 Introduction	1
1.2 Research aims and objectives	2
1.3 An introduction to the literature	3
1.4 Irish Public Service Policy, commitment towards change	4
1.5 The potential of this research project.....	6
1.6 An introduction to the research methodology, Appreciative Inquiry (AI)	6
1.7 The assumptions of the research.....	7
1.8 The evaluation	8
1.9 Reflexivity	8
1.10 Position of the Researcher	9
1.11 Background to the organisation	11
1.12 The notion of equality.....	12
1.13 Definition of key terms	13
1.14 Overview of the chapters.....	15
CHAPTER 2: LITERATURE REVIEW: THEMES IN THE STRATEGIC PLANNING LITERATURE.....	17
2.1 Introduction	17
2.2 Literature Searches.....	17
2.3 Overview of strategic planning.....	18
2.4 SP and organisational performance.....	20
2.5 SP and the environmental context	21
2.6 Deliberate versus emergent strategy.....	23
2.7 SP and process	24

2.8 SP and practice	25
2.9 SP and praxis	27
2.10 Lower ranks of employees taking part in SP	28
2.11 Elements of good communication in SP	29
2.12 Conditions for success and failure in strategic planning.....	32
2.13 Criticism of SP literature	34
2.14 Conclusion.....	35

CHAPTER 3: LITERATURE REVIEW: STAKEHOLDERS, ID SERVICES AND STRATEGIC PLANNING.....37

3.1 Introduction	37
3.2 SP in public services.....	38
3.3 Stakeholders role in organisational decision making.....	38
3.4 Involving external stakeholders in strategic planning.....	41
3.5 Involving marginalised people in decision making of services provided for them .	44
3.6 Organisational change in ID services	45
3.7 Changing the power dynamics in ID services.....	47
3.8 Intellectual Disability and the self-advocacy movement.....	48
3.9 A role for people with ID in the education sector	49
3.10 People with ID in participatory research.....	50
3.11 Involving people with ID and family members in SP	52
3.12 Summary and Conclusion.....	54

CHAPTER 4: AN OVERVIEW OF THE RESEARCH METHODOLOGY,56

4.1 Introduction to AI	56
4.2 Roots of AI	56
4.3 AI creating change in organisations	58

4.4 Critique of AI	61
4.5 AI and SP	63
4.6 Conclusion.....	64
CHAPTER FIVE: METHODOLOGY	65
5.1 Introduction	65
5.2 Rationale.....	65
5.3 Philosophical Approach: Social Constructionism	67
5.3.1 Assumptions of Social Constructionism	67
5.3.2 Social Constructionism in Communities	68
5.4 Action Research.....	70
5.5 Appreciative Inquiry (AI)	72
5.5.1 Principles of AI	73
5.5.2 The 4Ds of AI: Discovery, Dream, Design and Destiny.	74
5.6 The Overall Research Approach	76
5.7 Sample	76
5.8 Methods of Data Collection	77
5.8.1 Focus Groups	78
5.8.2 Workshops.....	81
5.8.3 The Nominal Group Technique	82
5.8.4 Reflective Diary.....	83
5.9 Tools used in the data collection	84
5.9.1 Flip Chart Data	84
5.9.2 Individual Written Questions	84
5.9.3 AI Conversations.....	85
5.10 Data Analysis.....	86
5.11 Validity.....	88
5.12 Ethical issues	90
5.12.1 Beneficence	92
5.12.2 Autonomy	92
5.12.3 Consent.....	93
5.12.4 Respect	94
5.12.5 Confidentiality	95
5.13 Conclusion.....	96

CHAPTER 6: THE FIRST FIVE CYCLES OF ACTIVITY98

6.1 Introduction	98
6.2 Cycle 1: The engagement period of the research.....	98
6.3 Transition from Engagement to Discovery	100
6.4 Cycle 2: Discovery.....	100
6.5 Transition from Discovery to Dream.....	101
6.6 Cycle 3: Dream	102
6.7 Transition from Dream to Design	103
6.8 Cycle 4: Design	105
6.9 Transition between Design and Destiny	106
6.10 Cycle 5: Destiny	107
6.11 Final Comments.....	109

CHAPTER 7: FINDINGS--- DATA FROM THE 4DS, DISCOVERY, DREAM, DESIGN AND DESTINY111

7.1 Introduction	111
7.2 Discovery Findings.....	112
7.2.1 Introduction.....	112
7.2.2 Theme 1: The service aims to deliver person-centered care	112
7.2.2.1 Individualised Care	112
7.2.2.2 Person-centred planning (PCP)	114
7.2.2.3 Establishing independence.....	114
7.2.2.4 Commitment to happiness	115
7.2.2.5 Developing relationships	116
7.2.2.6 Community Connections	117
7.2.3 Theme 2: Employee Motivation	118
7.2.3.1 Introduction.....	118
7.2.3.2 Staff members have a positive attitude to their job	118
7.2.3.3 Listening and responding	118
7.2.3.4 Participating in the fun	119
7.2.4 Theme 3: Positive Organisational Supports	120
7.2.4.1 Homes rather than residential houses	120
7.2.4.2 Teamwork.....	121
7.2.4.3 Support for Education	122
7.2.4.4 Respite Service	122
7.2.5. Summary.....	123

7.3 Dream Data	124
7.3.1 Introduction.....	124
7.3.2 Developing Independence.....	125
7.3.2.1 Maximising Independence	125
7.3.2.2 Community Involvement.....	127
7.3.2.3 Choosing where you live and with whom	128
7.3.2.4 Broaden Fulfilling Relationships.....	129
7.3.2.5 Volunteers trained to support independence.....	130
7.3.2.6 Transport and independence	130
7.3.2.7 Summary.....	131
7.3.3 Theme 2: Guiding the organisation into the future	132
7.3.3.1 The Dream Dialogue.....	132
7.3.3.2. Technology	133
7.3.3.3 Changing the name of the organisation.....	133
7.3.3.4 Improving Respite.....	133
7.3.3.5 Starting a Business.....	134
7.3.3.6 Caring for the people with ID in their older years.....	134
7.4 Design Findings	136
7.4.1 Introduction.....	136
7.4.2 Theme 1: ‘Living the life you want to live’.....	137
7.4.2.1 Supported Independent Living.....	137
7.4.2.2 Finding the right community for you	139
7.4.2.3 Living Accommodation	139
7.4.2.4 Mobility	140
7.4.2.5 Summary of the theme “living the life you want to live”	140
7.4.3 Theme 2: Developing the organisation	141
7.4.3.1 Technology	141
7.4.3.2 Partnership with families	141
7.4.3.3 Changing the name of the organisation.....	142
7.4.3.4 Respite resources	143
7.4.3.5 Starting a business.....	143
7.4.3.6 Caring for the older person	144
7.4.4 Summary.....	144
7.5 Destiny	144
7.5.1 Introduction.....	144
7.5.2 Theme 1: “Living the life you want to live” “ <i>Love Living</i> ”	145
7.5.2.1 “Living the life you want to live”	145
7.5.2.2 Transport “getting around”	149
7.5.3. Theme 2: Organisational Development ‘to infinity and beyond’	149
7.5.3.1 Technology	149
7.5.3.2 Family members’ increasing involvement in the service	150
7.5.3.3 House staff issues	151
7.5.3.4 Changing the name of the service.....	151
7.5.3.5 Opening a Business.....	152
7.5.3.6 Caring for the PWID as they get older. “Engaging with aging”	154
7.5.4 The implications of the Destiny data.....	156

7.6 Conclusion..... 157

CHAPTER 8: EVALUATION METHODOLOGY AND FINDINGS.....160

8.1 Evaluation Methodology..... 160
8.1.1 Introduction..... 160
8.1.2 Four generations of evaluation 161
8.1.3 The process of fourth-generation evaluation 162
8.1.4 AI as Evaluation 163
8.1.5 The Evaluation Methodology 164
8.1.6 Sample 165
8.1.7 Data collection..... 166
8.1.7.1 Questionnaire..... 166
8.1.7.2 Reflective Diary..... 167
8.1.7.3 Nominal Group Technique 167
8.1.8 Data Analysis 168
8.1.9 Validity..... 168
8.1.10 Limitations 168
8.1.11 Evaluation Methodology Conclusion..... 168

8.2 Evaluation Findings..... 169
8.2.1 Introduction..... 169
8.2.2 Evaluation question one..... 169
8.2.2.1 ‘Living the life you want to live’ 169
8.2.2.2 Getting a Job..... 174
8.2.2.3 Transport 174
8.2.2.5 Organisational Issues..... 175
8.2.2.6 Technology 177
8.2.2.7 Involving people with ID in organisational processes 177
8.2.2.8 Changing the name of the organisation 178
8.2.2.9 Respite Services..... 178
8.2.2.10 Caring for the older person 178
8.2.3 Selecting priorities for the future 179
8.2.4 The development of the ‘Explore Me’ program..... 179
8.2.5 The future of the service 183
8.2.6 Equality between the people with ID and staff members 184
8.2.7 The participants’ experience of being involved in the strategic plan 185
8.2.8 Conclusion 188

CHAPTER 9: DISCUSSION.....189

9.1 Introduction 189
9.2. The role of the SP Document as a support to the service..... 191
9.3 The achievements of the strategic plan 192

9.4 The Transition happened through staff making changes to their practice	201
9.5 The concept of living your own life in ID	204
9.6 The overall significance of the service entering a transition	207
9.7 The significance of the methodology for SP with stakeholders	208
9.8 The potential contribution of the research to the ID, Stakeholder & SP Research	211
9.9 Equality for all participants.	212
9.10 AI facilitated the development of the strategic plan.....	216
9.10.1 AI and the role of Appreciation	216
9.10.2 The contribution of the five principles of AI.....	219
9.10.3 The 4D process enabled the development of the strategic plan	221
9.11 How can inclusive strategic planning proceed in ID organisations?	222
CHAPTER 10: CONCLUSION	224
10.1 Introduction	224
10.2 Moving the theory within the research forward	225
10.3 Moving the Research Forward.....	227
10.4 This was a whole systems intervention.....	228
10.5 Building the capacity of people with ID to be involved in organisational decision making	229
10.6 What worked well in this research: Reflexive comment	230
10.7 Recommendations for practice	232
10.8 Recommendations for future research	234
10.9 Validity of the research	236
10.10 Study Limitations	237
10.11 Conclusion.....	239
REFERENCES.....	240
APPENDICES	276
Appendix 1: Consent Forms and Plain Language Statement	276

Appendix 2: Samples of Completed Question Schedules.....	288
Appendix 3: Samples Dream and Design Workshops	305
Appendix 4: Ethics Forms and the Ethics letter of approval for the research.....	318
Appendix 5: Sample of Themes from Burnard’s (1991) Thematic Analysis	333
Appendix 6: The Strategic Planning Document and the final goals and objectives ...	339

List of tables & Figure 1

Table 1: Data collected at each stage of the 4D process.....	79
Table 2: 14 steps of thematic analysis by Burnard (1991).....	87
Table 3: Discovery findings: The strengths and best attributes of the service.....	123
Table 4: Dream: The vision to support independence.....	131
Table 5: Dream: The participants vision for service change.....	135
Table 6: Decisions made that became part of the strategic plan and actions taken.....	155
Table 7: Evaluation Interviews that took place.....	166
Table 8: The level of achievement from Discovery to Evaluation and areas still to achieve.....	198
Table 9 Summary of the changes to practice staff made from the published SP document to the Evaluation.....	202
Table 10: Questions asked in Dream to draw out the participants Desires.....	220
Figure 1: How the Strategic Plan was Developed.....	218

List of Abbreviations

Abbreviation	Explanation
AI	Appreciative Inquiry
ID	Intellectual Disability
PI	Principle Investigator
SP	Strategic Planning

Abstract

How can inclusive strategic planning proceed in intellectual disability organisations?

Richard Jackson MSc Nursing, BSc Nursing, RNT, RNID.

Background

Recent changes in Irish government policy towards people with intellectual disabilities (ID) is informed by the United Nations convention for people with disabilities (United Nations, 2006). This research is a response to the need for change in ID organisations in order to comply with these recent developments.

Aims and focus of the research

The aim of the research was the creation of a strategic plan, using Appreciative Inquiry (AI), in an intellectual disability organisation involving all of its members including the core stakeholders, equally with all other groups. The research question was: How can inclusive strategic planning proceed in ID organisations? A strategic planning document was produced by the participants, put into practice and the process evaluated towards the end of the strategic planning cycle.

Approach and method

The research was driven by Social Constructionism which facilitated the cultivation of multiple ideas for the organisation's future to come to light (Burr, 2015). Appreciative Inquiry (AI) was used as the method to develop the Strategic Planning (SP) process (Reed, 2007). Data was collected over a one-year period through focus groups and workshops which were recorded, transcribed and thematic analysis applied (Burnard, 1991). An evaluation, combining AI with Fourth Generation Evaluation (Guber & Lincoln, 1989), using fourteen group interviews, was completed three years later.

Findings, Conclusions and Implications

By creating a strategic plan using AI, the ID organisation was able to engage in organisational change significantly enough to transition towards delivering greater personalised care for the people with ID involved in the service. Aspects of the strategic plan that addressed the research question are discussed. Developing a SP using AI has the

potential to contribute to both the literatures in organisational change in ID and other public sector settings, a need called for by Linehan (2015) in ID and by Bruña-García and Marey-Pérez (2014) in the public sector. Future recommendations for research and practice are made. The research is also discussed in the light of communication planning theory (Innes, 1995).

CHAPTER 1: INTRODUCTION AND BACKGROUND TO THE RESEARCH

1.1 Introduction

This research describes a period in the life of one small Intellectual Disability (ID) organisation which initiated and developed a strategic plan with all of its members. This organisation, based in Ireland, similar to other ID organisations, was funded by the Health Service Executive. The research was initiated in 2012 when services in Ireland were under pressure to engage in organisational change. This was due to the need to develop personalised services, able to facilitate people with ID to develop their own autonomy, including lifestyles of their choice, and an increased opportunity for full social inclusion in their local communities (Department of Health and Children, 2013; Health Service Executive, 2011). The principle investigator (PI) collaborated with the organisation due to his personal interest in developing a process to encourage organisational change in ID services. This research project was developed in two parts, the development of a strategic plan using Appreciative Inquiry (AI), and the evaluation of the strategic plan three years later. The first part of the research, the development of the strategic plan, included sixty participants who were part of an organisation for people with ID.

The purpose of this chapter is to present the context of the research project, followed by an introduction to the literature on strategic planning (SP) and organisational change in ID services is given. Recent public policy towards the involvement of stakeholders in service development is examined. This is followed by an exploration of the potential of the research and an introduction to AI. The assumptions of the research are then presented and key terms are defined. The concept of reflexivity is discussed followed by a presentation on the researchers and the organisations background. One of the main tenets of this research is that the core stakeholders, people with ID and family members, are involved in the research equally with all the other groups represented in

the research. Therefore, the meaning of equality in the context of the research is discussed. This chapter ends with an overview of further chapters in this thesis.

1.2 Research aims and objectives

The organisation decided to develop the research by engaging in a new cycle of SP, their third since 2007. Although people involved in the organisation had been consulted in the previous strategic plan, they had not been involved in its actual creation. The research question was developed from a desire in both the PI and the CEO of the organisation, to increase the collaboration between all of the people involved in the organisation so that they could influence its future direction.

The research question posed was: How can inclusive strategic planning proceed in ID organisations?

The objectives of the research were to:

- Create a SP document for an ID organisation
- Ensure equality of participation for all the participants in the process
- Evaluate the process with the participants
- Contribute to the academic literature concerning organisational change with reference to intellectual disability organisations and SP
- Make practice recommendations for developing SP in intellectual disability organisations into the future.

1.3 An introduction to the literature

SP has been a common practice in business organisations for many decades. However, its use in the public sector has been a recent phenomenon (Vinzant & Vinzant, 1996). SP is a tool that enables an organisation to be more effective in the development of its future and is defined as:

“A deliberate conscious set of guidelines that determines decisions into the future” (Mintzberg, 1979, pp 68).

In its early days, the SP literature was initially concerned with organisational performance and the capacity of the organisation to control its external environment (Wolf & Floyd, 2013). As the SP literature expanded there was greater emphasis on human processes, and how they can impact on SP. The literature has demonstrated that the involvement of lower-ranking employees and external stakeholders generally improves the SP process, as their involvement results in an increased number of relevant issues coming to the surface, rather than if managers were involved only (Ernst & van Riemsdijk, 2013).

The literature on SP in the public services highlights a concern that the core stakeholders need to be involved in the SP process (Handley & Howell-Moroney, 2010; Waxenburger & Spence, 2003). The core stakeholders are the people directly affected by the decisions made by the organisation. The involvement of the core stakeholders increases the accountability of employees and increases the likelihood of shifting the status quo in the organisation, in a way which is more likely to meet the stakeholder’s needs (Prior & Herriman, 2010). As SP became collaborative, it also became more open and transparent (Srinivasan, 2009). These trends overall opened the door to consider whether ID researchers can use SP as a tool to create organisational change in ID services, such that people with ID can determine their own lives and find greater social inclusion within the community.

1.4 Irish Public Service Policy, commitment towards change

Irish public policy supports the inclusion of core stakeholders in service policymaking, and service decision making (Department of Health and Children, 2008a & 2008b). The United Nations Convention on Human Rights for people with disabilities (United Nations, 2006), has set a direction for change in disability services in many countries, including Ireland. Within the convention, people with disabilities are given the right to determine their own lives, and it recognises that people with disabilities are treated the same as any other citizen in all of societies institutions. Ireland ratified the convention on March 2018, however, the convention influenced a number of Government and Health Service Executive policies from 2008, to promote change in ID services.

Two Irish reports set a new direction for ID services in Ireland. The report “Time to Move on from Congregated Settings” (Health Service Executive, 2011b), made a case to reduce living accommodation from up to 12 people per house to four people or less per house in order to deliver more personalised care. This was followed by the “Value for Money Report” (Department of Health and Children, 2013) which intended:

“To contribute to the realisation of a society where people with disabilities are supported, as far as possible, to participate to their full potential in economic and social life” (Department of Health and Children Ireland, 2013 pp. 5).

The report committed to adopting person-centred models that focus on individuals, in order to deliver personalised care. It also aspired to the full self-determination of people with ID. Together, these reports set a new direction for services to commit to working towards new ways of caring. Inclusion Ireland, the main family support body for people with ID in Ireland, was given the task of monitoring progress on service change in ID services. In their report, Meagher and Conroy (2013), concluded that there was a need for radical change in the present services in Ireland and that services were slow to develop pathways towards individualised care.

Complementary to the government's commitment to deliver change in ID services, 2008-2011 delivered reports that gave a commitment to the involvement of the core stakeholders in developing and designing the health and social services that they are involved with (Department of Health and Children, 2008a & Department of Health and Children, 2008b). The reports pointed towards managers, professionals, and stakeholders having the opportunity to develop and shape services that people need, rather than continue with the services that exist. The two reports recommend that the traditional service attitude of paternalism is replaced by real engagement by all parties in order to facilitate service development. The National Strategy for Service User Involvement in the Irish health service (Department of Health and Children Ireland, 2008a) lays out specifically how the core-stakeholders should be involved in improving their services. The report defines involvement as:

'A process by which people are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to achieve change' (Department of Health and Children Ireland, 2008a. pp6).

These and subsequent reports (Health Service Executive 2010 & Health Service Executive, 2011a) affirmed the commitment by both the government and the Health Service Executive to involve stakeholders in the future decision making of Irish health and social services. To summarise, the Department of Health and the Health Service Executive have laid the groundwork for collaboration with their core-stakeholders to create service change. Taken together, the different government reports on services for people with ID highlights the need for services to adapt such that people with ID are at the center of their offerings.

1.5 The potential of this research project

To include stakeholders in service change initiatives has the potential to offer a valuable contribution to how organisations can improve what they do, whilst meeting stakeholder needs more effectively (Meade, 2012). However, many ID services do not engage in service change projects such as strategic planning, due to a lack of accountability within the system (Linehan et al., 2015). In the literature, there appears to be limited guidance on how to change ID services. From a national policy perspective, due to the recent ratification of the United Nations Convention (United Nations, 2006) and the desire from people with ID for greater self-determination in their lives (National Institute for ID, 2009), it appears important that services do engage in organisational change (Eriksson, 2014; McConkey et al., 2013).

One way to engage in organisational change initiatives in ID services is to include the core stakeholders (people with ID and family members), in the process. However, at the present time, when they are included in organisational change initiatives they are not included on an equal basis (Duryan, et al., 2015; Riddington, Mansell, & Beadle-Brown, 2008). It remains unclear in the literature, how to include people with ID and family members in a process of organisational change in ID services where they are equal to other participants.

1.6 An introduction to the research methodology, Appreciative Inquiry (AI)

AI is a positive strengths-focused form of inquiry, which enables organisations to develop themselves by focusing on the best aspects of the organisation. Using AI, the organisation creates a vision from the desires and knowledge of the participants, to enable the development of the organisation's potential (Lewis, Passmore & Cantore, 2008). AI is collaborative in its practice (Cooperrider, Whitney & Stavros, 2008). It has a stance where all the people who take part are equal, and all organisational hierarchies are flattened for the duration of the research (Powley, 2004).

Therefore, the use of AI as a methodology in this research had the potential to enable all stakeholders in an ID service be involved in service change. Its future orientation and its overall purpose of improving an organisation's function made it a potentially valuable methodology for SP. Despite its advantageous features, AI has had limited use in both ID research, and in SP research, and is therefore relevant to both sets of literature.

There were four potential benefits to this research: Firstly, it had the potential to create change in an ID service through the development of a strategic plan; secondly, to involve people with ID and family members equally with all the other participants; thirdly, to contribute to improving the lives of the people with ID involved with the service, and finally, to contribute to the SP literature such that it could signal the contribution of developing a strategic plan with stakeholders in public services, using AI.

1.7 The assumptions of the research

The assumptions of the research are based in Reed (2007 pp27-29). The assumptions act as expectations of how the AI process can support the SP process:

1. The research focuses on what works in the organisation rather than the problems within.
2. The research carries forward the best of the past of the organisation. The best of the past is used to support the participants in developing the organisation's future.
3. The language used, as well as the information participants focus on, will contribute to the new reality of the organisation. Therefore, conversations can be used to change things for the better.
4. The multiple realities that exist within the organisations are discovered by inquiring into them. Potential new realities develop that can be deployed by participants in considering how their future can emerge.
5. Differences are valued as-well-as consensus. It is inquiring into and appreciating the differences in participants' knowledge and perspectives, that adds to the quality of changes that the organisation will make.

1.8 The evaluation

Three years after the initial research, an evaluation of the strategic plan was initiated. The evaluation was structured using Fourth Generation Evaluation (Guba & Lincoln, 1989), which facilitated research participants to not only evaluate the achievements of the strategic plan but also to orientate themselves around the future of the organization beyond the strategic plan. This was so that they could continue any momentum towards change in the organisation. AI procedures were used to develop the evaluation.

1.9 Reflexivity

Reflexivity has been a way of dealing with potential bias in qualitative research (Finlay, 2002). Its role in AI research has been debated (Gergen & Gergen, 2000; Grant, 2006; Van der Haar & Hosking, 2004). The role of reflexivity is to situate the researcher within the research process, to show how their personhood and their experience plays a role within the research. It can be used to unpack the PI's responses to interpersonal dynamics (Finlay, 2002) and to explore the incongruities within the research (Enosh, & Ben-Ari, 2016). It is a conscious effort on behalf of the researcher to take responsibility for how he/she acts within the research (Berger, 2015) and to tell the truth as it unfolds (Gergen & Gergen, 2000). The PI in this research was a significant part of it because he led the process and completed the initial analysis at all stages. Therefore, it is important to establish how he kept the research grounded within the participant experience, rather than his own bias (Doyle, 2013).

AI researchers question the use of reflexivity because AI aims to develop the world of the participants through the multiple voices of all the participants (Gergen & Gergen, 2000). This begs the question, does the inclusion of reflexive entries of the PI, bring bias into the research, by making the voice of the PI too dominant? However, Van der Harr and Hosking (2004) perceive that reflexivity within AI is important. There is a need to support the power of the marginalised in the research, as well as showing how the PI kept the integrity of the research so that their needs

were considered equally with all the other voices within the process. Reflexivity also supports the PI in taking responsibility for the effect of the self within the research process (Berger, 2015). There are a number of reflexive accounts within the research to keep both of these issues in mind.

1.10 Position of the Researcher

The PI gained access to the service through the CEO. As he entered the organisation to develop the research project, he entered as an outside insider (Coghlan & Brannick, 2005), meaning that the PI was not a member of the organisation, however, was knowledgeable of its purpose and function. Below is a reflexive account of the experience and mindset that the PI brought to the research.

Reflexive account on the PI's career and values that had the potential to impact on the research project: August 2012

Between 1981 and 2000, I worked in ID organisations as an ID nurse, in institutional homes, cluster bungalow settings (a small complex of several bungalows with between six and twelve people with ID in each of them), and community homes, that had between one and seven people with ID living in them. I enjoyed a range of experiences, including working as a staff nurse and CNM 2 in residential services, day activity organiser, workshop manager, and music activity organiser. From 2001 I worked as a lecturer teaching student nurses who, when qualified, would work in ID settings.

My core motivation in practice settings over the years was to help people with ID find activities in their everyday life that were meaningful for them and, ideally, gave them a greater sense of purpose for their lives. My experience of services when staff members don't engage in this way was confirmed by

Mansell et al. (2002) who found that people with ID can spend many of their days not doing anything constructive.

As an academic, in a combination of reading literature, working with student nurses and observing services more from the outside, I began to wonder if service change was an important factor in finding ways to support people with ID. Could service change provide one piece of the jigsaw to support people with ID to develop their potential in the things in life that were important to them? I was surprised to find very few articles that directly researched organisational change in ID services. Therefore, I began to focus on organisational change in ID services as an important issue for the future of the people with ID that accessed them.

With the decision made in 2010 to develop a PhD in organisational change in ID services, I brought values to the research. Self-awareness of these values developed having embarked on coaching and counseling courses between 1996 and 2004 for my own personal development. These would influence the remainder of my career. In my initial reading around the issues of organisational change in ID services, I recognised these values at some level would impact this research project. These are written below, followed by my personal belief around each value:

- Personal-Development: All people have the capacity to engage in a process of personal development. Personal development enhances lives often making them more meaningful.
- Encouragement: All people need to be believed in so that they can learn, achieve and make progress in their lives.
- Creativity: Every person has the capacity to be creative in what they do. Staff members and people with ID should be encouraged to express their creativity.
- Kindness: Kindness shows an understanding of others and treats them with respect.

- Transparency: Progress is made in an ID service when people are honest and open in any situation, where politics is second to achieving fulfilling and purposeful lives.
- Commitment: If a service is going to change for the better, this will take commitment from a number of people to apply themselves to making it happen.
- Autonomy: Ground floor staff members should be autonomous and encouraged to use their autonomy in how they do their job. People with ID should have autonomy on how they want to live their lives.
- Justice: People with ID have a right to a life that is right for them. This could mean that an organisation may need to adapt to the person with ID, rather than expecting people with ID to adapt to the organisation.

I entered the organisation confident that I had something to bring and yet nervous of my limited experience in managing a participative research project. On entering the organisation there was a realisation that the immediate task ahead of me, was to encourage people involved in the organisation to take part, so that the potential of the research I had chosen to initiate, could unfold.

1.11 Background to the organisation

A small service for people with ID in Ireland was the subject of this research. The service was initiated in the 1980's, catering for the needs of a small number of people with ID in two community houses. The service expanded in the 1990's and a nursing administration team took over, promoting care-planning as the main tool of care. In 2007, the service officially adopted the social model of care, where both nursing and social care staff acted as leaders in various capacities. The social model recognised concepts such as normalisation and social role valorisation where people with ID have a legitimate role in, and a life to lead in, in their local community (Tøssebro, et al., 2012). A CEO was placed in charge of the service at that time. All the people living in the service had an ID. At the time of the research, the majority could manage

everyday tasks, however, many required some form of support in varying situations. A small number had behavioural issues and/or minor physical disabilities.

When the research commenced, the service had five residential houses, with one to four adults with ID living in each of them. There were also two single-person apartments attached to two of the houses, there was one administration house and one respite house. The latter accommodated the needs of four people with ID at any one time. There were fourteen people with ID living in the five residential houses and two apartments, at the time of the research. All of the people who lived in the service attended local day centers from Monday to Friday, run by other ID services. The service functioned from 4 pm in the evening until 10 am in the morning, with 24-hour care at the weekends and holiday periods. This meant that the service closed when all of the people with ID were in their day services. Approximately fifty people with ID attended the respite service at different times in the year. Forty staff worked in the service from a few hours per week up to full- time. Staff members included:

- The CEO and HR manager
- 5 House Leaders (one ID nurse and four social care staff)
- 27 House Staff (all social care staff)
- 2 Supported Living Staff
- 4 Therapists (two art therapists, one music therapist and one reflexologist)
- 2 Administrators

1.12 The notion of equality

Equality is a universal value (Kangasniemi, 2010) and is one important thread throughout the research. People with ID are often not treated equally with other groups in ID services (Eriksson, 2014). This section considers the meaning of equality in this research. Equality has been researched in the context of politics (Collins, 2003), health (Duff, 2018), education (Peel & Posas, 2009) and social inclusion (Divan, et al., 2016). Equality in this research means developing a design for it that enables inclusion of the more vulnerable groups, where they can contribute the same as other participants (Peel & Posas, 2009).

Kangasniemi (2010) provided a concept analysis of equality in the context of nursing ethics. The facets of the concept she developed included equality of being; equal treatment for all within the organisation; accommodating difference and being open to developing an awareness of the power dynamics in a situation, with the view to giving adequate power to vulnerable groups. Equality requires structures within the organisation that proactively promotes it. Within the structures, there are supports for the more vulnerable groups so that they have the opportunity to contribute at the same level as other groups. Duff (2018) adds that equality requires that marginalised groups have meaningful activity within organisational processes.

To add to the meaning of equality, Powley (2004) observed three aspects to equality within the AI research process. Firstly, normative consciousness, that an awareness of the other is nurtured so that each group recognises that the other groups have something of value to contribute. Secondly, holistic collegiality, the development of a whole system perspective that leads to all groups perspectives being part of the final outcomes in some way. Finally, communal conviction, where all groups have equality of opportunity to contribute to the developing of a project in some way. The provision of equality in this research is essential because there is little evidence that equality has been provided for people with ID in their involvement in the development of services (Fyson & Fox, 2014). The issue of equality in the research is evaluated as part of the discussion.

1.13 Definition of key terms

Intellectual Disability (ID): Each person with an ID is a unique person, with both abilities and disabilities common to all people (Gates & Barr, 2009). To have an ID means to have difficulty in processing information. Memory, comprehension, language, abstract thinking, processing, reasoning and coordination are all impaired at some level. People with ID generally have some level of impairment with everyday living skills (Gates & Barr, 2009). ID is the international term used however the UK uses the term Learning Disability. The term Learning Disability is

used on a few occasions in this research particularly in relation to Learning Disability Partnership Boards. A further definition of ID is as follows:

“Intellectual disability is characterized by significant limitations both in intellectual functioning and in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills. This disability originates before age 18” (Schalock et al., 2007 pp118).

The term ‘people with ID’, is used throughout this research. The reason for this is that the PI believed that terms normally used in ID services, such as ‘client’, ‘resident’ or ‘service user’ takes away from the concept of equal citizenship (United Nations, 2006). If people with ID are citizens, in the same way as non-disabled people, then the PI believes that they are neither ‘clients’, ‘residents’ nor ‘service users.’ Therefore, the term people with ID, in the context of this research, is the correct term.

Stakeholder: The term stakeholder is used to describe all those people or groups with a role in the life of the service. It is defined as:

“Stakeholders are people or groups who have an interest in a company's organisation's affairs” (Collins Dictionary, 2018).

The literature refers to the term stakeholder meaning all groups involved with the organisation. However, the terms internal stakeholders and external stakeholders are also used within the literature (Freeman, Wicks & Parmar, 2004). Internal stakeholders in the literature are the employees, managers and board members. External stakeholders are the groups that are associated with an organisation that are either dependent on or interdependent with the organisation in some way. People with ID and family members in this research are referred to as core stakeholders because ID services exist to support both groups (Freeman, 1984). To avoid confusion in this research, the term stakeholder is not usually used to refer to employees, managers or board members.

1.14 Overview of the chapters

The literature review is presented in two chapters. Chapter 2 presents an in-depth overview of the main elements of strategic planning. It then focuses on recent literature on the communication aspects of strategic planning. Chapter 3 begins with an in-depth consideration of stakeholders and their involvement in SP resulting in organizational change. It continues by exploring the organisational change literature in ID services and the extent to which it is participative in nature. The chapter then explores the power issues in ID services, followed by the involvement of people with ID in the self-advocacy movement, their involvement in the education sector, their involvement in participative research and their involvement in SP via the Learning Disability Partnership Boards.

Chapter 4 gives an overview of AI as a potential method to enable ID organisations engage with strategic planning. Chapter 5 presents the methodology used in this study. The philosophy of social constructionism is detailed; showing its potential to facilitate people in organisations to understand and change what they do. The role of Action Research in the process is described. AI is then explored in terms of its principles and procedures. This is followed by the methods of data collection and analysis. Plans to meet validity concerns in the research are described, followed by the ethical issues, particularly those concerning people with ID are outlined.

Chapter 6 shows the process of the five cycles of action that developed the strategic plan. The initial engagement and establishment of the research is described, followed by each of the 4D cycles (Discovery, Dream, Design & Destiny). Chapter 7 portrays the findings from the 4D cycles and how the outcomes from the research process generated a number of goals and objectives for the future development of the service that were agreed by all the participants.

Chapter 8 presents the evaluation which took place three years after the completion of the SP document. The chapter starts with a section on the evaluation methodology, 4th generation evaluation (Guber & Lincoln, 1989), combined with AI. The chapter goes on to describe the evaluation findings: the extent to which the SP goals had been met, followed by an inquiry into the future of the organisation, to assist the participants in clarifying their options on how to build

on any achievements up to that stage. The chapter concludes with the participants perceptions and learning from the research and conclusions on how well the evaluation contributed to answering the research question.

Chapter 9 discusses the main findings of the research. It considers the impact of the research on ID services, on ID practice and SP practice. This is followed by a discussion on the contribution of AI on the research process. Chapter 10 draws the research to a conclusion and provides some recommendations for future research with respect to ID and SP practice with the potential for future research using AI in both ID organisations and other public service bodies. Issues of validity and the limitations of the research are discussed.

CHAPTER 2: LITERATURE REVIEW: THEMES IN THE STRATEGIC PLANNING LITERATURE

2.1 Introduction

The purpose of this literature review is to establish the general territory of the SP literature and give a background to how it functions in organisations. A thorough understanding of SP is required before thinking through its applications to ID services. Firstly, an overview of the historical development of SP is given. This is followed by three sections, SP and organisational performance, the context of the environment and deliberate versus emergent strategy. The literature review continues with three sections on the nature of SP in terms of process, practice and praxis. Literature on the participation of employees in SP is followed by a section on communication and strategic planning. The conditions for success and failure in SP are considered, and finally, the criticisms of SP are discussed. All these facets of the SP literature establish the general territory of it.

2.2 Literature Searches

The literature review is covered in both chapters 2 and 3. A method for searching the literature was conducted through peer-reviewed journal articles, published research, academic books and government reports. Various electronic databases were searched. Keyword searches were performed in Web of Science and EBSCO's Academic Search Premier, Business Source Premier, CINHALL, PsycArticles, and PsycInfo databases.

Search terms used are presented in alphabetical order and were used in various combinations using the word *and* between the two terms. The predominant research terms searched for are highlighted in bold: The search terms used were: Dialogue, Disabilities, Education, Employee Participation, Evaluation, Family Members, Human Rights, **Intellectual Disability**, Intellectual

Disabilities, Learning Disabilities, Learning Disability Partnership Boards, Organisational Change, Organisational Decision Making, Participation, Participation in research, Participation in health services, Public Sector, Public Services, Self-Advocacy, Service Change, Service Decision making, Service development, Social Constructionism, **Strategic Planning, Stakeholders and Stakeholder participation.**

The literature review was completed using a method developed by Machi and McEvoy (2012), who recommended combining different combinations of keywords. Relevant articles were extracted that were predominantly peer-reviewed articles. The purpose of the literature review was to arrive at a comprehensive sample of research articles that were directly related to SP, stakeholder participation in SP, organisational change in intellectual disability organisations and the participation of people with ID in organisations, as well as their involvement in research. Articles not related to these topics within the searches were discarded. This resulted in 120 articles on strategic planning, 55 articles on stakeholder participation in organisations, 6 articles on organisational change in disability organisations and 65 articles of people with ID participating in research or in aspects of organisational life, relevant to them. All of these articles were accepted for the literature review. The many ideas within the literature were noted along with the key arguments. Articles were grouped that covered similar terrain. Each group of articles was written up as part of the literature review. What was known from the literature was therefore recorded and conclusions made.

2.3 Overview of strategic planning

SP is a series of concepts, procedures and tools that assists thinking and action to support organisations in achieving their potential (Rezvani, Gilaninia & Mousavian, 2011; Rigby & Bilodeau, 2013). SP plays an important role for every organisation when determining its future (Wolf & Floyd, 2013) as it is a conscious attempt to integrate decision-making across all its features (Mintzberg, 1981). It defines existing problems and then seeks alternatives for solving

those problems (Wolf & Floyd, 2013) and thus it is a creative and systematic process which results in the organisation directing its efforts towards desired and practical outcomes (Gratton, 2000). SP has a number of functions: it sets a clear direction for the organisation, coordinates activity, defines the identity of the organisation, explains the organisation's context to its employees, sets out organisational policy, aims to emulate good practice, and aims to provide consistency in the organisation (Ahlstrand, Lampel, & Mintzberg, 2001; Ugboro, Obeng, & Spann, 2011).

During the SP process, a SP document is produced, a tool that communicates and makes sense of the organisation's present direction (Spee & Jarzabkowski, 2011). It becomes an artifact that has been influenced by the participation of those producing it and also by the politics behind its final production (Wolf & Floyd, 2013). It is a 'blueprint' for developing the potential of an organisation (Mintzberg, 1994a). The final written format influences how the strategic plan is perceived (Wolf & Floyd, 2013). It needs to be clear and precise so that it can be clearly understood and allow for ease of implementation (Liedtka, 2009). It needs to be both appealing and relevant to protect it from being ignored and to support it being embraced by employees (Wolf & Floyd, 2013).

Strategic plans have a life cycle: They are conceived, created, acted upon, and come to an end in cycles of approximately six months to several years depending on different variables in both the organisation and the environment (Ahlstrand, Lampel & Mintzberg, 2001; Harrington, 2005). A good SP process provides exploratory interactions with the relevant groups involved, develops clear guidelines for the process and produces plans for a period of time (Campbell, 1999).

There are many definitions of SP. The following two definitions are particularly relevant for the focus of this research. The first definition incorporates the importance of desire and ambition as motivators to improve the organisation (Dooris, Kelly & Trainer, 2004):

"SP concerns an ability that is awakened by the human appetite to better our condition"
(Dooris, Kelly & Trainor, 2004, pp. 5)

The second definition draws out SP as a collaborative social process. This reflects the literature that recognises the human participation aspect of SP which makes it as much a social process as a rational one (Whittington, 2007):

“SP is conceptualised as a situated, socially accomplished activity, while, strategizing comprises those actions, interactions and negotiations of multiple actors and the situated practices that they draw upon in accomplishing that activity” (Jarzabkowski et al., 2007, pp7-8).

2.4 SP and organisational performance

Much of the early articles written by academics on SP focused on the role of SP in improving organisational performance. SP started in the 1950s as a response to the increasing numbers of managers being employed in business (Dooris, Kelly & Trainor, 2004). The process of SP was initially completed by the CEO of a company or senior management team. Their main focus was to gain some control over the destiny of the organisation and improve the organisation’s internal decision making to improve performance (Mintzberg, 1994b). The early SP literature between 1960 to 1980 carried an implicit assumption that an improved organisational performance derived from a formal and comprehensive strategic plan (Shrader, Taylor & Dalton, 1984). In this period, the researchers concluded that SP improved organisational performance and that a poor organisational performance was associated with the poor implementation of a strategic plan (Aldehayyat & Anchor, 2010). However, according to the literature review by Wolf and Floyd (2013), findings were not always conclusive in this regard, perhaps due to inconsistencies in the methodologies applied. Schrader, Taylor and Dalton (1984) as a conclusion of their critical appraisal of SP literature, recommended that research should move on from the direct question of whether or not SP improved performance, and believed this would result in a more rounded perspective on strategic planning.

Recent research has identified the conditions in which SP does improve performance in organisations. When managers mediate the SP process well and follow through on agreed goals, organisational performance is improved (Elbanna, Andrews & Pollanen, 2016). Performance is also improved when the strategic plan is of high quality and employees are proactive in putting it into practice (Hahn & Powers, 2010). When employees respect the history of an organisation and spend time developing a vision for its future, performance is improved (Kornberger & Clegg, 2011). Finally, constructive collaboration by all the groups of employees involved in developing a strategic plan improves performance (Schmidt et al, 2014).

2.5 SP and the environmental context

Strategic plans to be effective require some alignment with the environmental context (Mintzberg & Rose, 2003). Environmental factors include: funders, national trends, stakeholders, demographic trends, economic changes, technological developments and industrial contexts (Mintzberg & Rose, 2003; Wolf & Floyd, 2013). All of these factors have to be managed. Turbulent conditions within business environments means that higher managers rely on strategic decisions being made by ground-floor managers, who have to respond to situations on the ground (Grant, 2003). An Academic Paper by Herbert (1999) highlighted this factor by recommending that SP into the future, would benefit by becoming more collaborative, as more employees needed to be involved so that the environment could be managed more effectively.

The financial crisis in the 1970s created a response by the business world to attempt to control an ever-changing environment through SP (Dooris, Kelly & Trainor, 2004). The 1970s crisis led to a more ambiguous environment which meant that senior management teams created short-term and medium-term strategic plans only, as the long-term future could no longer be predicted

(Grant, 2003; Kukalis, 1989). This led to organisations creating an overall strategic direction with milestones rather than firm targets (Grant, 2003). Companies that used SP in order to learn from the environment and were prepared to innovate, tended to do better than companies that did not (Miller & Friesen, 1983).

Contingency theory (Boehe, 2016) was popular during this period of the twentieth century, when organisations were particularly environmentally-focused (Ahlstrand, Lampel & Mintzberg, 2001). Contingency theory claims that successful SP requires balancing significant factors in the organisation with significant factors in the environment. Wolfe & Floyd (2013) in a comprehensive literature review, discovered that contingency theory was useful in understanding key environmental factors at play, such as complexity versus stability, certainty versus ambiguity and growth versus hostility. It has therefore been used to help find a good fit between both environmental and organisational factors (Boehe, 2016).

Traditional SP documents survived this period of turbulence even though SP practice itself was changing. Research discovered that a good SP document provided a context for the situation and generally provided good information that was useful for interpreting what was happening on the ground (Grant, 2003). Kukalis (1989) found that a SP document showing a clear direction was useful to help keep the organisation stable. It kept the organisation focused when minor distractions occurred in the environment.

During an economic downturn in the 1980's, because the environment was becoming more complex, some researchers were proposing that organisations focus more on the internal state of the organisation than on the external (Furrer, Thomas & Goussevskaia, 2008; Liedtka, 2008; Whittington, Cailluet & Yakis-Douglas, 2011). The researchers claimed that management of the environment was more effective if the organisation engaged in a period of development, evolution and growth. This helped employees to develop the capacity to respond to environmental influences more effectively (Srinivasen, 2009). Education had been used as part of the planning process to impart the knowledge and skills required (Cvelbar & Dwyer, 2013). Focusing on

internal factors also enabled organisations to manage their resources more effectively (Liedtka, 2008; Telesford & Strachan, 2017). The research indicates that organisations focusing on developing the internal factors of the organisation, as well as monitoring the environmental factors, are more successful than those that focus on environmental factors alone. The literature therefore over time, developed a balance recognising that organisations need to analyse the environment and focus on developing the capacity of the organisation too.

2.6 Deliberate versus emergent strategy

Mintzberg, an academic who devoted much time researching SP concluded that outcomes from a strategic plan may not be the outcomes anticipated within the plan (Ahlstrand, Lampel & Mintzberg, 2001). Mintzberg and Walters (1985) distinguished between deliberate and emergent strategy and proposed that strategic planning, as well as being a deliberate process, has the potential to become a learning process which can lead to a strategy emerging from the strategic plan that has a positive effect on the overall development of the organisation.

A deliberate strategy was usually developed by senior managers who aimed to put their intentions for the immediate future of the organisation into a document (Mintzberg & Waters, 1985). However, when a deliberate strategy commences, it is unknown what the eventual outcome will be. Something unexpected or unintended can emerge once put into action (Mintzberg & Waters, 1985). When the organisation responds to what is emerging, this can result in a learning curve that is helpful for its overall growth (Quinn, 1982). It is possible therefore that an emergent strategy may become more important to the organisation than the intended strategy (Ahlstrand, Lampel & Mintzberg, 2001). The emergent is also important as it can contribute to the renewal capacity of the organisation and ultimately contribute to the organisation's future survival (Burgelman, 1991). It is often the lower ranks who are first to notice or to have to deal with emerging factors. Therefore, the emergent means that SP becomes more reliant on lower-ranking employees to analyse what is happening on the ground and

respond to what is developing as the strategic plan is put into practice (Wolf & Floyd, 2013). Thus, there is a challenge for organisations to include more employees in the SP process. The capacity for change increases when emergent factors are integrated into the overall strategy of the organisation (Harrington, 2005).

2.7 SP and process

Early in the 21st Century, literature on SP focused on process, on how strategy was created, applied and evolved over time (Whittington, 2007). Research emphasised that the CEO needed to be involved in the process at all stages and there must be clear processes for decision making (Ocasio & Joseph, 2008). The decision-making process affects how a strategic plan is put into practice (Dutton & Duncan, 1987). According to Dutton and Duncan (1987), implementation required focus on the right issues at the right time with the right approach. Politics and lack of awareness could result in important issues being neglected (Narayanan & Fahey, 1982). In an inquiry into the literature, Narayanan and Fahey (1982) concluded that senior managers need to understand the politics of a situation, increase their awareness of the organisation and its environment, and pre-empt employee resistance to a strategic plan.

One factor that decreases employee resistance to SP is giving them autonomy within the process. Research has found that autonomy builds the capacity for employees to learn from their experiences of implementing a strategic plan and managing strategic interventions (Burgelman, 1991; Casey & Goldman, 2010). As employees improve their skills in SP over a number of cycles of the planning process, dynamic capability becomes possible (Wolf & Floyd, 2013). SP becomes a resource in itself, rather than being limited only to the production of a plan (Burgelman, 1991). Campbell (1999) found that when the strengths of employees were matched with the organisation's processes, the impact on them was generally positive. Burgelman (1991) found that good managers combined clear direction with empowerment of their employees. When employees were given the authority to experiment, new strategic directions emerged from within the organisation. Combining learning from work experiences, spending time understanding the

organisational issues and working in a style that employees were comfortable with. These factors enabled the creativity required to create good strategic plans (Casey & Goldman, 2010). By managing the impact, the strategic plan had on employees (Campbell, 1999), some aspects of their function changed.

Another aspect of research on the SP process was the recognition to develop a clear vision for the organisation. A vision which is easy to follow and employees are motivated to deliver (Giuse et al., 2013; Preston & Karahanna, 2009; Tyler, 2015; Williams & Johnson, 2013). Vision can be developed through a formal planned process (Preston & Karahanna, 2009) or by using more creative approaches with the use of the arts (Tyler, 2015). A vision needs to be aligned with the various parts of present organisational functioning so that employees can work towards it with ease (Giuse et al., 2013).

2.8 SP and practice

In recent decades, due to the need for support for the senior management team, a SP profession has emerged which has created a cluster of literature on strategy as practice (Whittington, 2017). This new profession has created the conditions to move SP beyond the academic concern of SP as process alone (Jarzabkowski & Seidl, 2008; Vaara & Whittington, 2012). Whittington (2007) achieved advancement of the research by putting SP through a sociological lens. This opened up the study of relational dynamics in SP and led to the study of practice and praxis.

Considering the social dynamics of SP, paved the way for the development of qualitative research to complement traditional quantitative research (Wolf & Floyd, 2013). Social processes include the general discourse within the organisation's narratives, rhetoric and the ways the organisation collaborates with others, such as formal meetings, informal discussions, etc. (Jarzabowski, Balogun & Seidl, 2007). The research on strategy as practice studied the social context of strategic planning, the philosophical attributes and political boundaries of strategy (Vaara &

Whittington, 2012). For example, Jarzabkowski (2003) showed that when acting on strategic plans, social processes were fundamental to changing patterns of behaviour. Vaara and

Whittington (2012) found that practitioners who understood the empowering and constraining forces of the organisation and responded to them strategically were able to shift the status quo. Studying practice includes research on aspects such as meetings and workshops. Jarzabkowski and Seidl (2008) studied the role of meetings in strategic planning. They found that meetings could hinder or promote the SP process. Effective meetings could shape the emergent and bring greater authority to the process. Similarly, Hodgkinson et al. (2006) studied workshops and showed that these were successful when organisers understood and worked effectively with the organisation's social processes. Workshops are helpful in that all the usual organisational practices and rules are suspended. This enables a focus on change (Wolf & Floyd, 2013). Healey et al. (2015) researched the role of workshops and found that success was more likely when the workshops improved relationships between employees, improved communication, clarified goals, clarified the purposes of strategies, and fully involved stakeholders in the process.

To be successful, strategy often requires improvisation as well as formal procedures. Practitioners who develop a reflexive capacity can facilitate improvisation (Vaara & Whittington, 2012). As strategy-as-practice developed, SP moved from being a formal approach to one where skills such as adaptability, innovation, creativity and working with employee motivation were needed (Wolf & Floyd, 2013).

The strategy-as-practice literature recognised that SP has moved beyond the business sector into the public sectors, including public services, health, education and environmental sectors (Vaara & Whittington, 2012). Good practitioners in any sector can facilitate iterative cycles of SP which have the potential to develop a momentum for change (Hodgkinson et al., 2006). Hodgkinson et al. (2006) in their research concluded that the skill of the practitioner is as important as the analysis of the organisation. Within the strategy-as-practice literature, recommendations were made for more research into understanding how outcomes develop and on expanding the links

between the macro, meso and micro-practices of SP (Jarzabkowski & Spee, 2009). These are explored in the next section.

2.9 SP and praxis

Praxis in SP studies what people actually do to develop strategic plans (Vaara & Whittington, 2012). Praxis has the potential to become a form of practice theory (Wolf & Floyd, 2013). SP as praxis has three areas of research: the experience of participants during strategic planning; the interface between SP and the organisation's processes; and the development of SP at an industrial level. This encompasses research at micro, meso and macro levels (Jarzabkowski & Spee, 2009). At the micro-level, research investigates practitioners and explores the capacity of employees to go beyond their responsibilities to make agreed strategies happen (Mantere, 2005). The relationship with the key practitioner leading the strategic plan is said to make the difference in employees being motivated to implement the strategy or not. Their actions and attitudes empower or disempower employees. Rouleau (2005) found that, at a meso level, managers can change organisational processes to create the conditions to enable a strategy to be put into place and succeed. Vaara, Kleymann, and Seristö (2004) showed how, at a macro level, several organisations within an industry worked on strategy together to create outcomes that were beneficial to the industry as a whole. Praxis research delves deeper into what is happening to influence strategy, e.g. how employees interpret strategy which then influences how it is put into action (Vaara & Whittington, 2012), or how creativity affects the development of strategy (Wolf & Floyd, 2013).

One of the main areas of praxis research is investigation into the use of tools in strategic planning. Tools that provide good information give credibility to the overall process (Wolf & Floyd, 2013) and strengthen the case for sustainable change (Malekpour et al., 2016). SP tools provide information to enable decision-making in complex environments. They are used to support activities such as developing clear direction, developing vision and implementing strategic plans (O'Brien, 2011).

Research has shown that hard tools are those such as financial analysis and project management, which are the two most widely used tools in the development of strategic plans (O'Brien, 2011). Other tools are known as soft tools or management science tools. Perhaps the most widely-known soft-tool is the 'Strengths, Weaknesses, Opportunities, Threats analysis' tool, known as SWOT analysis (Wysocki, 2014). This is a traditional SP tool that helps employees to identify relevant issues of focus. This allows the organisation to identify the right issues to address in a strategic plan (Comino & Ferretti 2015; Lagarda-Leyva, Castaneda-Rodriguez & Soto-Fierro, 2016). SWOT analysis can provide good information, particularly when combined with other tools. Van Wijngaarden, Scholten and van Wijk (2012) critiqued SWOT analysis and found that it is a useful tool, where results come from the people in the lower ranks of the organisation. However, they point out danger, that SWOT analysis, often being controlled by top management, can be used to manipulate their agenda, thus decreasing the level of democracy in the organisation.

Research studies have demonstrated the effectiveness of tools which helped change the status quo in a particular organisation, increasing commitment to change. Rigby and Bilodeau (2013) reviewed the twenty-five most popular tools used in SP and concluded there is no right tool, but that managers need to select the tools relevant to their situation. In the public sector, the main tool used for SP is that of goals and objectives (Johnson, 2016). The development of goals and objectives was considered a pragmatic tool for developing public services. Johnson (2016), however, criticises their use, in that tools used in a routine way, tend to be ineffective. It becomes an exercise rather than a vibrant part of developing the organisation.

2.10 Lower ranks of employees taking part in SP

When a SP process includes lower-ranking managers, shop floor staff and other less powerful groups, a wider range of organisational issues are explored, resulting in better outcomes (Elbanna et al., 2016). Therefore, involving shop floor employees in the SP process makes more information available to the organisation (Baleghizadeh & Shari, 2017). Malshe and Sohi (2009) found SP was more successful when middle managers were involved. Middle managers enabled

organisations to meet targets set by strategic plans (Toklu, Erdem & Taskin, 2016). However, assessment on their overall effect on strategic plans is mixed (Burgelman, 1991; Cornut, Giroux & Langley, 2012; Wolf & Floyd, 2013). On the positive side, middle managers can be the shapers of a strategic plan. On the negative side, they can become embroiled in politics, increasing barriers to organisational change.

In order to engage the lower ranks effectively, the process needs to be meaningful, open, transparent and focused (Liedtka, 2008; Srinivasan, 2009; Whittington, Cailluet & Yakis-Douglas, 2011). Employees become more expert in what they do when they are trusted and given the autonomy to take a role in achieving a strategic plan (Burgelman, 1991). Their involvement integrates bottom-up and top-down knowledge (Healey, 2003), which enables frontline staff gain a better overview of the organisation and its role within the environment. Their involvement can also facilitate the integration of a strategic plan into the organisation's culture (Cowburn, 2005). Therefore, the literature indicates that involving different ranks of employees in SP produces a more rounded approach to it which allows a greater understanding of the organisation and the environment. This produces better outcomes.

2.11 Elements of good communication in SP

Spee and Jarzabkowski (2011) researched the communication processes of SP as an essential part of collaboration. They identified that within the social processes of an organisation, dialogue is a key element. Creating good dialogue with all the relevant parties can enrich the strategic plan that emerges (Miles, Munila & Darroch, 2006). Fenton and Langley (2011) found that the commitment to change in a strategic plan developed from the many conversations between the relevant groups. They also found that the use of narratives within dialogue communicated both theory and practical direction for a plan. Other research discovered that dialogue between different groups in the organisation were important and it was the authenticity of the conversations and the quality of the communications which influenced decision making

as to how the organisation should change (Johansen & Valne, 2011; Miles, Munila & Darroch, 2006; Servillo & Van Den Broeck, 2012).

SP goes through a number of cycles of dialogue that can be recorded as a written document at the end of each cycle. As the cycles develop, the process builds into clarifying potential strategies for use (Spee & Jarzabkowski, 2011). Spee and Jarzabkowski (2011) found that within this process, each cycle brought increased authority to what was written. After a number of cycles of dialogue and written documentation, both managers and employees were able to commit to change. Both text and talk gained power as the process developed. When the written text is inspirational, meaningful and unifying this has greater effect on employees (Cornut, Girouk & Langley, 2012). An authentic process of dialogue, followed by inspiring text, together created commitment from employees to follow through on a strategic plan and make it reality (Liedtka, 2008; Cornut, Girouk & Langley, 2012).

Another aspect to a good communication process is providing good facilitation (Chadwick-Coule, 2011). Good facilitation in SP means clear communication, providing technical expertise, procedural expertise, and knowledge management (Legacy, 2012). Effective facilitation enlarges thinking which supports decision making on what to implement and how to implement agreed plans (Legacy, 2012). Tegarden et al. (2016) facilitated a communication space to develop a strategic plan. The result was a plan that developed from a number of different groups. Facilitated workshops have been identified as an important way for organisations to develop a space to create the necessary dialogue that can lead to the development of a strategic plan (Duffy & O'Rourke, 2014). Workshops provide an opportunity to explore other people's ideas and develop a flow of thinking that results in collaborating towards agreements on future strategies. Chadwick-Coule (2012) found that the use of workshops in a process showed lower ranks in the organisation that management were genuinely seeking the involvement of the workforce in future decision making. This resulted in increased commitment to the strategic plan. Therefore, a good communication process is more likely to lead to collaboration among the different groups in an organisation to realise a strategic plan (Malshe & Sohi, 2009).

Malshe and Sohi (2009) researched two departments in an organisation that had to put into action the goals and objectives of a strategic plan. They discovered that collaboration between the two groups required three elements: groundwork, making sense of the new strategy together, transfer, putting the strategic plan into practice and follow up, engaging in formal and informal exchanges to keep communication vibrant during the process. These three factors were essential in realising the strategic plan. Liedtka (2009) found that good collaboration provided a space where relationships, capabilities, creativity and emotional bonding came together. This assisted in communicating, clarifying and putting into action the chosen strategic direction for an organisation. A more collaborative approach can increase trust among participants and can also result in a greater diversity of activity in the delivery of change (Cornut, Girouk & Langley, 2012). When the various communication processes are working and the relevant groups are involved, the strategic plan is more likely to be implemented and it is easier to embed the strategic plan into the organisational culture (Chadwick-Coule, 2012).

Communicative planning theory is relevant to the communication process in strategic planning. It has its origins in Innes (1995) who assumed that progress is made in SP through the nurturing of good relationships. Elements of the philosophies of Habermas, Giddens, Foucault and Bourdieu contributed to the development of communicative planning theory. The values encapsulated in it are sincerity, legitimacy, comprehensibility, truth, openness, inclusiveness, reflexivity and creativity (Healey, 2002). According to Communicative Planning Theory, a plan emerges through dialogue, moral debate and by the telling of good stories to illustrate possibilities for the future (Healey, 2003). Within the communication participants seek understandings (Healey, 2002). Healey (2002) claimed that:

“Within the argumentation of these communicative processes, all dimensions of knowing, understanding, appreciating, experiencing, and judging may be brought into play” (Healey, 2002, pp242).

Participants interact, create a plan for the future and make decisions on how they will collaborate together to develop the future (Healey, 2003). Planning is a process that respects and celebrates

diversity and defends legitimate boundaries. Through mutual respect and belief in a moral dimension (a commitment to do what is right in the situation), a unique construction develops from the process (Healey, 2003). Participants struggle together in the communication process, make sense together and agree on changes they want to make (Healey, 2003). Communicative planning theory can effect change, improve conditions and change power dynamics through revealing how power in the organisation functions giving an opportunity for communication on how participants want to see change within the power structures.

To summarise, there is a cluster of research literature that emphasises the need for communication in strategic planning. A number of cycles of dialogue help in developing a strategic plan. Dialogue requires good facilitation which, when done well, can lead to collaboration to develop a strategic plan. Communicative Planning Theory (Healey, 2002) offers a moral dimension to the communication process in strategic planning, where all groups involved have an opportunity to seek what is right for the situation as well as seeking their own interests.

2.12 Conditions for success and failure in strategic planning

When success and failure are considered in SP research, it is more successful when it becomes a series of iterative cycles, rather than an annual task (Noda & Bower, 1996). Organisations that go on to engage in a number of cycles of SP are more inclined be successful, knowing when to take risks to advance the organisation (Bachmann, Engelen & Schwens, 2016). Over time, a number of cycles can lead to new practices that become sustainable and eventually strengthen or expand the organisation (Giuse et al., 2013).

Strategic plans are likely to succeed where managers nurture a strong, innovative change culture (Mintzberg, Alstrand & Lampel, 2001). Organisations that are proactive and are persistent in working towards the change implied in their strategic plans, have a tendency towards greater success than other organisations (Quinn, 1982; Rezvani, Gilaninia & Mousavian, 2011). Logical,

incremental steps create a momentum for change and small changes over time eventually create significant change (Burgelman, 1991; Dutton & Duncan, 1987). Breaking down challenges into small steps provides an easier process to follow making success more likely (Quinn, 1982). Mantere (2005) found that SP tended to be successful when organisations focus on maximising their strengths when combined with continual adjustment to the local, national and global environmental conditions. Miller and Friesen (1983) found that modifying organisational structures to meet environmental demands facilitates the achievement of goals or targets. However, the changing of organisational structures risks the danger of employees returning to behaviours that maintain the status quo, particularly if the changes do not favour them (Noda & Bower, 1996).

Research has found that managing the workforce in particular ways can also help in making SP successful. Managers need to know when *not* to engage, as strategies require space and time to allow new things to evolve (Ocasio & Joseph, 2008). Giving employees the freedom to use their creativity and to experiment with developing a plan allows ideas to emerge that have the potential to create greater success for an organisation than continual management interference (Burgelman, 1991). In their research, Kash et al. (2014) identified a number of advantages to SP: employees engaging in SP were more supportive of the organisation's culture and values; there was more accountability in the human resources and financial departments; general planning in the organisation was more coherent; leadership in initiating change improved; and employees found they had better access to information which empowered them to be more effective in what they did.

Some disadvantages to SP have been identified. For instance, reporting on their research experience, Ahlstrand, Lampel and Mintzberg (2001) concluded that SP can be subject to seeing the world in particular ways that may not be based in reality due to managers having a world view that has not been properly compared against the real situation. Overreliance on a strategic plan can lead to complacency, such that leaders in the organisation stop being vigilant to both the organisation and the environment, which may change over time (Mintzberg & Waters,

1985). Also, in their research, Lega et al. (2013) identified a trend whereby managers may use SP as a tool to keep the status quo, rather than as a tool to create change in the organisation.

Mintzberg (1994a) criticised SP for its potential misuse by managers to control employees' behaviour, rather than as a tool to improve and bring growth to the organisation. On the other hand, employees may resist strategic planning. Institutional theory, founded in the 1970s, gives some explanation as to why this may occur (Tolbert & Zucker, 1996). Stability in an organisation creates secure structures and a comfortable culture (Ahlstrand, Lampel & Mintzberg, 2001). SP as an organisational change strategy, therefore, becomes a threat to the status quo, leading to acquiescence, compromise and avoidance behaviours by employees (Wolf & Floyd, 2013). This leads to inappropriate responses by them, to both the internal pressures in the system and to poor interaction with the environment which in the long term has a negative impact on the organisation.

2.13 Criticism of SP literature

The main criticism through academic papers that critique SP literature is that the early SP literature had a too-narrow focus on performance only (Mintzberg & Rose, 2003). This meant that the full expanse of what could be researched had been neglected. Mintzberg (1994b) claimed that more research on visionary and learning approaches to SP were needed in order to give better insight into the uncertainty and ambiguity that he believed existed in SP. Traditional performance research that relied on analysis was unable to break down the more ambiguous parts of SP. Knights and Morgan (1991) concluded that strategic planners needed to move away from a rationalist approach towards a more reflective approach, paying attention to the history of the organisation and to how SP develops through the social processes of the organisation. They argued that this approach is more likely to find new research directions that are more fruitful in understanding strategic planning. Healey (2003) also made the case that SP is much more than a rational analytic approach. She recommended combining critical analysis with creativity in the research. She suggested a need to inquire into the development of relationships

between key groups and players, knowledge development and the management of political dynamics in a positive way.

Phillips and Moutinho (2014) found that more recent SP literature had fallen into a similar trap to the early performance researchers, with much research focusing on SP practice rather than considering wider issues, e.g. present methodologies that lacked the flexibility to manage the complexities of including stakeholders. Adaptable methodologies could meet and improve situations on the ground (Bruña-García, & Marey-Pérez, 2014).

In their literature review, Wolf and Floyd's (2013) main criticism of SP literature is its poor theoretical foundation. The main theory used in the initial research was contingency theory. The literature claimed that problems in SP are posited to various contingencies, rather than developing a broader view by looking at SP through other theoretical lenses. The formal approach to early SP resulted in the development of norms for practice. However, this constricted the capacity to develop research into new areas. Wolf and Floyd (2013) believed that developing the theoretical base of SP will develop the breadth that it requires so as to fully understand all of its attributes. Vaara and Whittington (2012) pioneered theories based in sociology. Brews and Hunt (1999) pioneered SP as a resource-based phenomenon. A broader view of the research will push research boundaries more and potentially bring complexities together to provide a more rounded view of SP.

2.14 Conclusion

This literature review has considered SP literature during the last four decades. SP has a number of functions: It defines the identity of the organisation, it sets a clear direction for it and guides how the organisations should coordinate its activity over a period of time (Ugboro, Obeng & Spann, 2011). During the process, a SP document is produced which becomes a 'blueprint' for the development of the organisation (Mintzberg, 1994a). Literature on SP as process, practice

and praxis was explored, followed by the conditions for success and failure in strategic planning. Whittington (2007) opened up SP research using a sociological lens.

The involvement of lower ranks in the SP process enables a broader view of the organisation to develop which facilitates an organisation to deal with the various issues more effectively. Well facilitated dialogue appears to be an important part of developing a strategic plan. This can impact on the motivation of employees to deliver the strategic plan once it is finalised. The authenticity of conversations and overall quality of communications influences the potential for change (Johanson & Valne, 2011; Miles, Munila & Darroch, 2006; Servillo & Van Den Broeck, 2012).

The main criticism of SP appears to be that the research can get stuck on issues such as performance and practice, rather than considering the wider issues. Wolf and Floyd (2013) believed solutions are in developing theory to expand the options for further research. SP, however, is a way for an organisation to focus on its future. Organisations that engage in it in an open and inclusive way, with an attitude to improve the organisation have the potential to develop a more innovative successful organisations than those organisations that don't.

CHAPTER 3: LITERATURE REVIEW: STAKEHOLDERS, ID SERVICES AND STRATEGIC PLANNING.

3.1 Introduction

The aim of this research was to develop a strategic plan in an organisation for people with intellectual disabilities (ID) using AI. The motivation for the research was to authentically involve people with ID and family members in the process as well as to build on the scant literature on organisational change in the field of ID. Chapter 2 has shown that SP initially was thought to be a technical exercise in developing a plan to improve the organisations performance. However, the literature moved on to recognise the importance of inquiring into human processes: how the process was facilitated, how it developed, as well as the quality of the discourse, are all important factors. The significant literature reviews on SP (Harrington,2005; McCallum & Hopkins 2011; Whittington, Cailluet &Yakus-Douglas 2011; Wolfe & Floyd 2013), all acknowledge the importance of human processes including the need for different individuals and groups to collaborate together, to develop a plan that enables better decision making and better outcomes for the organisation involved.

This chapter builds on the previous chapter to develop a context of SP for this research. It starts with the development of SP in public services and the inclusion of stakeholders in the SP process. A section follows on exploring that literature on organisational change initiatives in ID services, followed by an exploration of the involvement of people with ID in organisational processes. There is an examination into the power issues in ID services, with implications for how equality should be established for people with ID into the future. The final section looks at SP and ID, including a focus on the Learning Disability Partnership Boards literature in the UK.

3.2 SP in public services

The success of SP in the business sector has not naturally transferred over to the public sector, including public services, health services and educational establishments (Vinzant & Vinzant, 1996). There are two reasons for this: a lack of coherence between the private and public sectors, and a lack of consensus on how to develop SP in public institutions. SP became standard practice in all three sectors during the 1990s (Dooris, Kelly & Trainor, 2004; Stewart & Canberra, 2004). Research has found that general performance in the public sector improves by producing strategic plans (Brews & Hunt, 1999; Buck, 2016; Federo & Saz-Carranza, 2017; Ishfaq & Raja, 2015; Kash, et al., 2014). SP can inform local policy and align local services with national policy (Elbanna, Andrews & Pollanen, 2016).

The SP process, when initiated in the public sector, usually comes with constraints at government level, limiting what managers can initiate (Lega et al., 2013). This presents a challenge to finding strategies that are politically acceptable and financially feasible. Political orientations of senior managers in the public-sector can also mean that decisions are not always made in the best interests of all the groups involved. When the management are open, engaged and accountable, decision making overall is improved, and there is the potential for greater integrity throughout the system (Nadler, 2004; Pugliese et al., 2009). However, this is not always the case (Lega et al., 2013; Maier, 2001; Spee & Jarzabkowski, 2011).

3.3 Stakeholders role in organisational decision making

An organisation can have a wide range of stakeholders from government agencies, business suppliers, other organisations, community groups and marginalised groups (Donaldson & Preston, 1995). The term stakeholder can be defined as:

“Any individual or group who affects or is affected by the organization and its processes, activities and functioning” (Carroll & Nasi, 1997).

Stakeholders can be internal, or external and are the groups associated with the organisation that have some kind of legitimate claim on the organisation (Freeman, Wicks & Parmar, 2004). Internal stakeholders are the employees, managers and board. External stakeholders are the groups that are associated with an organisation that are either dependent on or interdependent with the organisation in some way.

Stakeholder Theory was developed by Freeman (1983) who made a case for organisations behaving in an ethical way. The theory states that managers are accountable to and have a moral obligation towards all of their stakeholders from the most to the least powerful (Mitchel, Agle & Wood, 1997; Phillips & Moutinho, 2014) and that there is an ethical obligation to treat all stakeholder concerns as legitimate (Ackerman & Eden, 2010; Donaldson & Preston, 1995; Phillips & Freeman, 2003). However, Senior managers have been noted to be on a continuum, where they either have a close relationship with their stakeholders or they perceive the relationship with stakeholders as unimportant. If the latter is the case, they do not pay any significant attention to them (Mitchel, Agle & Wood, 1997). Jensen (2002) claims that the theory does not go deep enough and can be seen as a theory to appease stakeholders, with no genuine motivation to change things for them. Stakeholder theory is significant in the light of inquiring into SP in ID organisations. It develops a case for managers to recognise their responsibility towards their stakeholder's and exercise accountability towards them.

Research shows that organisational decision making that includes the external stakeholders leads to better outcomes: Their involvement: builds a case for organisational change (Baur et al., 2013; Berneaur & Gampfer, 2013; Stona et al., 2016); builds consensus for specific changes (Bostrom et al., 2017; McCabe, 2010); enables projects to gain a greater relevance to employees (Bowen et al., 2013; Phoenix et al., 2016); and generally improves outcomes (Baur et al., 2013; Ernst & van Riemsdijk, 2013; Hill et al., 2000; Le Bellec et al., 2012).

Schmidt et al. (2014) claim that the main benefit of involving both employees (internal stakeholders) and external stakeholders is that the flow between the different layers of the organisation brings what the organisation does best to the surface. The process of engaging with

all groups involved with the organisation, enables the employees' role and functions to become clearer (Yu, 2013), leading to an overall increase in their contribution to the organisation (Shaheen, Gupta & Kumar, 2016). Each external stakeholder has unique knowledge that complements employee and professional knowledge (Bruña-García & Marey-Pérez, 2014). Each one provides something that the organisation can learn from (Lopes & Videara, 2016; Snape et al., 2014).

Senior management need to be genuine in their intention to involve all employees and external stakeholders on important issues from the early stages of a project (Bernauer & Gampfer, 2013; de Wit et al., 2013). A flexible adaptive approach is required (Franzen, Hammer & Balfors, 2015) where methods used are shaped to suit different external stakeholder needs (Forsythe et al., 2016). A deeper partnership between employees and the external stakeholders occurs as the external stakeholders are involved in influencing organisational policy (Hill et al., 2000; Social Care Institute for Excellence, 2004; Carr, 2004). This reinforces trust between the various groups and disperses skepticism between them (de Wit et al., 2013; Heldt et al., 2016). In the long term, responding well to all stakeholder needs can make the organisation more sustainable (Schmidt et al., 2014). According to McKay, Murray and Hui (2011), there are four principles when involving external stakeholders in organisational projects. The right people need to be involved; time to take part needs to be put aside by all parties; knowledge and competencies required to inform the process need to be identified, and a clear process must be developed that is acceptable to all parties.

There are some barriers to external stakeholder involvement in organisations. The organisational culture and professional's attitudes will determine whether an organisation will work effectively with external stakeholders or not (Mielke et al., 2016). An authoritarian culture is potentially less open to external stakeholders than a democratic culture (Scott, 2003). Strong leadership in favour of external stakeholders can overcome an organisational culture that is skeptical of stakeholder involvement (Ruano, Sebastian & Hurtig, 2014). Another barrier is the external stakeholders themselves, who can feel out of their depth, perceive a lack of knowledge on what to do, are too

shy to talk, feel undervalued, feel threatened by jargon and can feel dismissed when they contribute (de Wit et al., 2013). They need an appropriate level of support to overcome these difficulties (Given & Slevin, 2011). Involving them incurs a financial cost, and a lack of finances provided to include external stakeholders meaningfully limits their contribution (Kuchler & Lövbrand, 2016).

It can be concluded, therefore, that involving external stakeholders in a genuine way is determined by the overall attitude of managers and the attitude within the organisational culture as to whether there is an openness to their involvement (Mitchel, Agle & Wood, 1997). Organisations must be prepared to take their needs seriously, provide the appropriate finances to include them, and be prepared to adapt processes to facilitate their involvement (de Wit et al., 2013). Tokenistic attitudes frustrate stakeholders, whereas genuine engagement empowers them to contribute (Riddington, Mansell & Beadle-Brown, 2008). When external stakeholders have political influence, this can result in greater respect for the stakeholder's position and give them place within the organisation (Benneworth & Jongbloed, 2010).

3.4 Involving external stakeholders in strategic planning

It was in the 1960s that the need to involve external stakeholders in SP first appeared in the literature, with the work of Thompson 1967 (cited in Donaldson & Preston, 1995) who acknowledged that SP needs to take cognizance of external stakeholder needs. External stakeholders' interests in SP are included in business, health and the public services literature. The common thread in these research studies is that when external stakeholders are engaged in the SP process, their reasonable claims upon the organisation are generally fulfilled (Handley & Howell-Moroney, 2010; Prior & Herriman, 2010). The advantage by their inclusion, for all parties involved, is that the complexities of the current organisation and the environment come to the fore. Once the complexities are understood by all parties, better decisions can be made

(Waxenburger & Spence, 2003). Therefore, to involve stakeholders in SP improves the situation for both the organisation and themselves.

However, in the health sector, the involvement of external stakeholders in strategic decision making tends to be tokenistic (Bostrom et al., 2017; Ruano, Sebastian & Hurtig, 2014). There are a few examples where involvement occurs at deeper levels, some examples in the literature point to better outcomes when stakeholders are involved equally with professionals (Huotari & Havrdová, 2016). For example, Wayne, Alken and Buchanon (2008) found that wider stakeholder involvement was vital in the effective re-design of a maternity service.

Studies have found that in SP, better and more credible outcomes occur when administrators feel genuinely accountable to their external stakeholders in what they do (Prior & Herriman, 2010). Better services result from forging partnerships with them (Heath & Milne, 2002). Prior and Herriman (2010) discovered that when public servants sought a more ethical stance in their involvement with external stakeholders, their role changed from dominant player to that of facilitator, where they integrated professional and community knowledge more effectively. When this happened, more long-term solutions to problems were found and stakeholders themselves started to network more within the community, producing better outcomes. Including stakeholders in an equal partnership role can increase this effect (De Beer & Rensburg, 2011). Establishing equality within the SP process curbs the domination of powerful groups and is a fundamental value that enables effective external stakeholder engagement (Gedikli, 2010). This can lead to better decision-making in local situations and stakeholders generally are happier with the outcomes (Jackson, 2001).

Bruña-García and Marey-Pérez (2014) on discovering the importance of involving external stakeholders in issues of public interest, found that there are insufficient methodologies available to facilitate democratic decision making between the different parties. The literature that includes external stakeholders in the research process, have used the following methods: interviewing anonymously participants who are stakeholders in the organisation (Tegarden, et al., 2015; Wayne, Aiken & Buchanon, 2010), using a survey (Handley & Howell-Moroney,

2010), or interviews (Bostrom et al., 2017; Ruarno, Sebastian & Hurtig, 2011). These techniques mean that the stakeholders cannot directly influence the final decisions made, or influence the final outcomes. There is a need to develop methodologies that include external stakeholders in a seamless way. Bruña-García and Marey-Pérez (2014) argue that participation of the external stakeholders in organisations is an important part of democratic processes. Stakeholder involvement increases the knowledge available to make better decisions. It helps reduce conflicts between all parties and enables agreements to be reached. It can also improve networking between the various stakeholder groups (Prior & Herriman, 2010).

Stakeholder Theory showed the involvement of stakeholders to be an ethical decision. However, it is also a political one (Chadwick-Coule, 2011; McKay, Murray & Hui, 2011). The challenge for managers in involving external stakeholders is to risk changing the overall political dynamic, threaten the dominant groups and challenge the status quo in the organisation (Kaplan, 2008). Evidence suggests that external stakeholders have the potential to exert their political influence well in organisations (Lopes & Videira, 2016). Lopes and Videira (2016) found that external stakeholders had knowledge of a project that profoundly affected decision making for the better. Effective political involvement by external stakeholders can improve policy, shift the status quo (Bernauer & Gampfer, 2013; Stona et al., 2016), challenge issues of justice (Lange & Hehl-Lange, 2011) and break inertia in the organisation (Parakhina, et al., 2017).

In their research, McCallum and Hopkins (2011) found that the way to stop the most powerful groups dominating was to encourage them to take an active engaged approach to SP, rather than a laissez-faire approach. This facilitates the exploration of many perspectives from the different groups involved (McCabe, 2010). Strengthening of relationships through good engagement and finding ways to collaborate can defuse the worst of politics and create a process that produces relevant outcomes for all parties (Johanson & Vahlne, 2011). The most ethical way for the more dominant groups to function is to nurture a capacity to do what is right in the situation rather than dominate with their own interests (McKay, Murray & Hui, 2011).

Some public services avoid the involvement of external stakeholders in the SP process. Administrators can rationalise the exclusion of stakeholders because of a lack of staff available to engage with the process, or that too much time would be required to develop consensus among the different parties (Lega, Lango & Rotolo, 2013). They exclude stakeholders from the process because it saves time, is less expensive, and management can focus on outcomes convenient to their needs (Ziafati Bafarasat, 2015). The idea of involving stakeholders in organisations creates skepticism among some managers (Stainer, 2004). Lega, Lango and Rotolo (2013) found that SP in health services was used to appease stakeholders, with no commitment to changing anything. Management can create a smokescreen in the planning process that detracts from the important issues being discussed (Brunia-Garcia & Marey-Perez, 2014).

We can conclude that the business, health and public service literature makes a case for the involvement of external stakeholders in strategic planning. The theoretical literature brings both ethical arguments for involving them (Mitchel, Agle & Wood, 1997) and the literature makes political arguments for their involvement too (Chadwick-Coule, 2011). Involving stakeholders can potentially enable an organisation to shift the status quo and make relevant changes beneficial for the organisation, employees and stakeholders (Bernauer & Gampfer, 2013; Stona et al., 2016).

3.5 Involving marginalised people in decision making of services provided for them

The idea of including the marginalised within service decision making was first identified in the 1920's (Resnick & Birner, 2010). It was recognised that the people experiencing poverty were not involved in any of the decisions made by local authorities, but that they should be. For decades, literature did not include the external stakeholders, particularly those with less power, as a legitimate part of the service decision-making process (Freeman, Wicks & Parmar, 2004). However, the need to involve marginalised groups in public service decision making has evolved due to policy changes (Department of Health & Children, 2008a; Meade, 2012). In recent years,

both governments and public services recognise that marginalised people have a legitimate right to influence the direction of the services that are provided for them (Hill et al., 2000).

3.6 Organisational change in ID services

The search for literature on organisational change in ID produced only a small number of articles. In several academic papers explored: ID organisations becoming learning organisations, was argued as a way to stimulate organisational change (Isles, 2003), Schippers, Zuna & Brown (2015) built an argument for better outcomes in ID services through aligning organisational processes with a quality-of-life focus. Gomez et al. (2013) developed profiles of people with ID in order to improve service decision making on issues that affected them. Duryan et al. (2015) demonstrated that placing preferences of people with ID and family members on cognitive maps lead to improved decision making by administrators in ID services. This is because the perspectives of both people with ID and family members became easily accessible to them through the maps. Notwithstanding these examples, even though there is pressure on services to provide greater social inclusion and more personalised lifestyles for people with ID, there are few researchers focused on the service change aspects required to facilitate both needs.

It is evident in McConkey et al. (2013) that some services are undergoing organisational change. They are finding ways to empower their stakeholders towards greater autonomy and social inclusion. However, the actual topic of service change has not been discussed at length in the literature. The valuing people document (Department of Health UK, 2001; Department of Health UK, 2009) and the World Report on Disabilities (Officer & Shakespeare, 2013), focused their perspective on service change as developing standards, developing training and managing complex needs. There was no focus on how services make decisions on what they do and whether decision-making impacts on service structures. Services in the UK were to be changed through the learning disability partnership boards (pp 52). However, the boards did not deliver to their potential, e.g. there was little progress on service change issues (Riddington, 2012). The literature makes a call for service change, however focuses on issues such as: professional practice change, rather than organisational change itself, e.g. in social inclusion (Lau et al.,

2010), in self-determination (Algozzine et al., 2001; Martinez-Tur et al., 2015) and in self-advocacy (Clarke, Camilleri & Goding, 2015).

There appears to be limited literature that focuses on cases where services have successfully changed or failed to change. One reason for this could be that much of the literature is developed by professionals or academics that have a particular focus on particular interests or needs within the sector they are responsible for. A further barrier to change in services is that in recent years, the neoliberal agenda of austerity is leaving services underfunded and disempowered to make appropriate changes (Campbell, 2009; Dowse, 2009), economic arguments therefore taking precedence over people's needs (Simpson & Price, 2009). With these external factors as-well-as internal factors, such as a history of resistance to engaging in service change (Linehan et al., 2015), there is much to overcome for ID services to be open, transparent and accountable to their core stakeholders. Administrators and professionals are in danger of failing to focus on the meeting of needs from the perspectives of the people with ID and family members (Linehan et al., 2015). Eriksson (2014) believed that the present culture in ID services is focused on the professions and on maintaining service systems rather than having a central focus on the needs of people with ID, and the implications their needs have on service systems.

The 2006 United Nations Convention on the Rights of People with Disabilities (United Nations, 2006) encourages ID services to engage in organisational change (Hillman et al., 2012; Johnson, Walmsley & Wolfe, 2010). The convention acknowledges that people with ID are citizens with the normal rights of any citizen (Lecompte & Mercier, 2007). According to Lecompte and Mercier (2007), equal citizenship implies services adapting and changing so that they can support the autonomy and self-determination of people with ID. The United Nations Convention (United Nations, 2006) expects services to develop their organisations in a way that genuinely provides social inclusion in local communities and equality in all aspects of their lives. This implies that their capacity is fully respected and they are given the support to function fully in society (Hallrup, 2014). Therefore, administrators, are encouraged to align their service systems with what their stakeholders want and need (Clement & Bigby, 2011). Without this shift, it is

suggested that service provisions may fail to contribute to meaningful lives for people with ID (Hallrup, 2014; Johnson, Walmsley & Wolfe, 2010). Moreover, Kaehne (2013) commented that failure to provide services focused around the needs of the people with ID and family members generally leads to a deterioration in services that already exist.

3.7 Changing the power dynamics in ID services

Historically, people with ID have lacked power within the services they receive (Oakes, 2012). Oakes (2012) traces the historical lack of power that people with ID have experienced back to the nineteenth century, at the beginning of industrialisation. It is from that time, up to the 1960s, that thousands of people with ID spent most of their lives in institutions. This changed in the 1960's where governments and services realised the damaging effects of institutionalisation. Most people with ID in care, over the next thirty years, were moved to community houses or residential cluster bungalows (Health Service Executive, 2011).

Björnsdóttir and Traustadóttir (2010), drawing on the life stories and experiences of six people with ID, showed that they were continually oppressed by the services with which they were involved. Some people with ID can clearly identify when they experience oppression by services and by local communities. They were aware that they had less power than they should have (Fudge-Schormans, 2014). Fudge-Schormans (2014) also found that participants were able to imagine freedom from oppression and were able to create pictures of their future empowerment in services. Jenkinson (1993), through disability theory, challenged all groups and services that have had some power over people with ID to develop an attitude of equality towards them and change present power dynamics.

One way of balancing the inappropriate power dynamics is for services to develop a role for people with ID to have an equal input into how their services are run (Dearden-Phillips & Fountain, 2005). However, professionals in services tend to hold a perspective that people with ID have a disempowered identity (Antaki, Finlay & Walton, 2007). Therefore, they are not

automatically treated as equal within the system which ultimately affects their overall power within it.

Björnsdóttir & Traustadóttir (2010) in their research, recommended that people with ID should be supported to promote their identity as competent able citizens who can shape their own lives and take an active position in the institutions they attend. Full citizenship includes developing democratic procedures in service decision making so that people with ID can be involved in shaping their services (Dearden-Phillips & Fountain, 2005). The onus is on professionals and administrators to adapt so that real change in services can take place (Eriksson, 2014). The need for diversity of voice also presents a challenge within the topic of power and ID. The full spectrum of people with ID needs to be fully respected, which includes people with severe and profound ID and people with challenging behaviour (Lotan & Ells, 2010).

3.8 Intellectual Disability and the self-advocacy movement

Self-advocacy is a movement that started in the 1980s to empower people with ID to voice their needs and opinions on how services should be organised (Clarke, Camilleri & Goding, 2015). It was established as a way for people with ID to fight common causes within a group context (Ryan & Griffiths, 2015). It has been successful in the sense that many ID services now have an advocacy group, however, very few self-advocacy groups are independent of their service-systems, which limits their capacity to have political influence within it (Buchanan & Walmsley, 2006). Advocacy groups need a clear distinction, a clear identity, independence from the system, and to be given support from independent citizens to organise effectively, including the capacity to network and to form coalitions (Buchanan & Walmsley, 2006; Waltz et al., 2015). However, because the self-advocacy movement has not gained sufficient weight within the politics of ID organisations, it has contributed little to effect organisational change.

Clarke, Camilleri and Goding (2015) show that on joining a self-advocacy group there are four stages that people with ID go through: joining, engaging in self-development, developing self-

determination and being empowered to act on behalf of others. Barnes (1997) intimated that the self-advocacy movement is more about enabling people with ID to achieve an adult status than about increasing their influence over ID services. Within the self-advocacy literature, the focus is on the first three stages, rather than on the last one. The literature, therefore, shows that the self-advocacy movement has had a role in helping people with ID to develop themselves, to improve their overall capacity to be assertive and develop other life skills (Clarke, Camilleri & Goding, 2015; Gilmartin & Slevin, 2010; Ryan & Griffiths, 2015; Waltz et al., 2015), but that it has had limited success in influencing organisational change (Buchanan, & Walmsley, 2006).

3.9 A role for people with ID in the education sector

Literature in the education sector demonstrates the capacity of people with ID to contribute to adult education and to be treated on equal terms with lecturers (Atkinson & Williams, 2011; Bollard, Lahiff & Parkes, 2012; Beadle, Needham & Dearing, 2012; Nazurjuk, Bernal & Southgate, 2013). Roles that people with ID have assumed have varied from sharing experiences with students on what it is like to have a disability (Atkinson & Williams, 2011), challenging students' perspectives on being disabled, and contributing to curriculum development (Bollard, Lahiff & Parkes, 2012). Benefits for both people with ID and lecturers included reciprocal feelings of empowerment, ownership and being valued (Read, Corcoran & Jackson, 2011). To take part as educators, people with ID require the following supports: the educational project must have a clear purpose, appropriate support must be given to each person, and there needs to be a genuine appreciation of the expertise that the people with ID provide (Antaki & Crompton, 2015; Hurtado, Timmins & Seward, 2014).

3.10 People with ID in participatory research

People with ID have also contributed to the research sector, starting in the early 1990s (Oliver, 1992; Stone & Priestley, 1996; Walmsley, 2003). The movement has found an appetite among people with ID to be involved in collaborative research (McDonald, 2012; National Institute for ID, 2009). People with ID want to be involved in research in a way that is respectful of their human rights. They want equal opportunities, autonomy in what they do, to have their strengths illuminated, their contributions acknowledged and their voice heard clearly in the findings (McDonald, 2012). Common values of collaboration, partnership and equality prevail in participative research projects and there is importance placed on all groups having clear roles and responsibilities (Garcia-Iriarte et al., 2009).

Examples of collaborative research include Campbell and Martin (2010), who involved people with ID as health reviewers in fifteen health boards; Abell et al. (2007), where people with ID collaborated with other researchers to develop projects relevant to the people with ID involved; and The Inclusive Research Network (2010), who completed research studies on friendships, relationships and supports which were explored by people with ID interviewing other people with ID.

The collaborative research literature considers that research should take opportunities to improve the lives of the people with ID (Garcia-Iriarte, O'Brien & Chadwick, 2014). It needs to focus on the things that they are interested in (Carey, Salmon & Higgins, 2014; Garcia-Iriarte, O'Brien & Chadwick, 2014; Johnson & Walmsley, 2003). Bigby, Frawley and Ramcharan (2014) added that when collaborating with people with ID, researchers should aim for shared perspectives with them. The process requires dialogue between disabled and non-disabled researchers, the sharing of expertise and learning together (Walmsley, 2001). Power-sharing is important in working together, respecting what all groups bring to the research. The analysis of the research needs to involve the people with ID where relevant (Chappell, 2000). The research process needs to be flexible, taking regard of the diversity among ID participants (Woelders, et al., 2015). The process requires accommodation when the person cannot take part in the same

way as non-disabled people. Research methods therefore need to be adapted so that there is equity in the process (Bigby, Frawley & Ramcharan, 2014). Walmsley (2001) concluded that people with ID need opportunity to collaborate fully in the process; to have some control over the process; to have access to information at all stages in a format they understand; and to understand the outcomes that further their interests with time to work through the implications of the research in their local

area. Garcia-Iriarte, O'Brien and Chadwick (2014) claim the latter as an ethical responsibility for the non-disabled researcher.

People with ID themselves have said clearly that in collaborative research they need respect from other groups, patience when they make mistakes, accommodation when they need it, and that they want to be valued and trusted (Abell et al., 2007; McDonald, 2012). Involving people with ID in research can also be a way of enabling self-advocacy. By researching the issues that are important to them, they find a way to make their views known to services and government authorities (Abell et al., 2007; Johnson & Walmsley, 2003). Barnes (2014) concluded that collaborative research is important with any group that struggles for full inclusion in society.

In summary, the literature shows that people with ID have a right to be involved in services in such a way that they can influence their overall direction and outcomes. The self-advocacy movement has become a means whereby many people with ID have been able to engage in self-development and have found a way to be more assertive in their own lives. People with ID have gone on to show their competence in their involvement in the education sector and the research sector. Collaborative research in ID has shown clear expectations in how both the researcher and people with ID as researchers should function within their different roles and responsibilities. Recognising the expertise that some people with ID have developed in the last twenty years indicates that this may transfer into the area of service development.

3.11 Involving people with ID and family members in SP

By bringing the SP, stakeholder and ID literature together, there is the potential for managers and administrators to include the core stakeholders, people with ID and family members in SP initiatives. This has the potential to improve both the organisation by giving it clarity on how to support its core stakeholders (Prior & Herriman, 2010), giving them opportunity to increase their voice within the organisation and to collaborate in partnership, similar to the education and participative research literature.

In the UK, the document *Valuing People* (Department of Health, 2001) set a direction for the improvement of services, including the setting-up of Learning Disability Partnership Boards. The Boards were to bring together service administrators, local council administrators and representatives of people with ID and their family members to develop strategic plans for local areas. This included clear financial plans and action plans for the development of services. There was also the goal of improving services and the lives of people with ID into the future (Department of Health, 2009; Riddington, Mansell & Beadle-Brown, 2008), which included improving the capacity for greater inclusion within society (Fyson & Fox, 2014).

The foundational values of the boards were equality, partnership and democracy (Fyson, McBride & Myers, 2004). The overall remit was to develop a clear vision for the future of services, provide plans for service development, develop effective financial plans, and influence the daily practice of professionals (Department of Health UK, 2001). It was important for people with ID to be fully included in the process, including genuine involvement in financial and policy decision making (Nicoll, 2004; Riddington, 2012). The Boards were one way of making administrators in local councils and ID services more accountable to the external stakeholders in their decision making (Nicoll, 2004).

People with ID wanted to be involved in the Boards (Nicoll, 2004, pp 37). Yet the Boards struggled to include people with ID and family members fully in the decision-making processes (Riddington, Mansell & Beadle-Brown, 2008). For example, financial decisions were controlled by the administrators and failed to become part of the democratic decision-making process

(Riddington, 2012). People with ID were generally included in the running of the Boards, however, their input on many occasions was not taken seriously. Overall, studies in the Partnership Board literature suggests that the administrators prefer to keep the status quo in the Boards, and also fail to put consistent pressure on services to change (Fyson & Fox, 2014).

In the early years, the partnership board literature focused on “*what should be*”. The published literature expressed the desire that people with ID and their families should be fully included in the decision making on the future of services and that administrators should commit to service change. Frustration was expressed when the Boards failed to deliver (Fyson, McBride & Myers, 2004; Redley & Weinberg, 2007; Riddington, Mansell & Beadle-Brown, 2008). More recent literature shows that, although the Boards are more inclusive of the people with ID and family member representatives, nevertheless, they are still not involved in important decision-making (Fyson & Fox, 2014). Fyson and Fox (2014) also concluded that the Learning Disability Partnership Boards have not influenced services enough to provoke change and have also failed to promote the full social inclusion for people with ID in their local communities.

In recent times, government policy has overridden the Boards, making them even less effective and less democratic (Fyson & Fox, 2014). *Valuing People*, published by the Department of Health (2001), aspired to provide services that would increase social inclusion and adapt services more to the needs of people with ID. However, the general trend has been that people with ID generally have to fit into the services provided (Bigby, Bowers & Webber, 2011; Campbell & Martin, 2010). What is required to change the status quo in services is the development of SP initiatives that focus on meeting real human needs and on delivering real change in disability services (Todd et al., 2000). Eighteen years after Todd et al. (2000), the real organisational change the Boards aspired to has only been delivered in a few areas in the UK.

Therefore, the literature shows an attempt in the UK to democratically involve people with ID and family members in decision making on what services should be provided and how they should be run. A shift in service culture was desired in which external stakeholders were included in SP on an equal basis to other groups. However, the potential of the Learning Disability

Partnership Boards and the potential identified within the stakeholder and ID literature as a whole, has not materialised. The reassuring finding within the literature, however, is that people with ID and family members are being included in SP processes (Fyson & Fox, 2014). The involvement of people with ID and family members, however, remains largely tokenistic, minimising their impact on the overall Learning Disability Partnership Board process, thus reducing their influence over service development.

3.12 Summary and Conclusion

Research has found that the general performance of public services improves by developing strategic plans and that it is a useful tool for aligning the organisation with national policy (Brews & Hunt, 1999; Buck, 2016; Federo & Saz-Carranza, 2017). There is also a cluster of literature that considers the involvement of external stakeholders in strategic planning, and demonstrates that their involvement can improve employees' awareness of issues and bring greater clarity of change required to improve the organisation and the situation for the stakeholders (Bowen et al., 2013). However, due to power dynamics, there can be a resistance from managers to involving external stakeholders (Lega, Lango & Rotolo, 2013). When there is an openness to involving stakeholders in SP processes, there is a dearth of methodologies available to make the best use of their involvement (Bruña-García & Marey-Pérez, 2014).

The second part of the literature review focused on ID services. Organisational change in ID services has been a neglected area of study, with only a small number of articles available. Internationally, it has been noted that there has been a resistance to change in ID services due to a general lack of accountability within the system (Linehan, 2015). The United Nations Convention on the Rights of People with Disabilities (United Nations, 2006) strongly recommends that people with ID gain equality and full inclusion in their local communities and in their relationships with services provided for them. This includes making decisions on how their services are developed and run (Dearden-Phillips & Fountain, 2005). There is a cluster of literature on Learning Disability Partnership Boards in the UK, where people with ID and family

members are involved in the SP of services in local areas. However, after more than a decade, their involvement remains largely tokenistic (Riddington, 2012).

There is a need, therefore, to develop research on organisational change in ID services that includes people with ID and family members in a democratic way (Dearden-Phillips & Fountain, 2005; Redworth & Phillips, 1997; Todd et al., 2000). This review identified oppressive power dynamics in ID services that can result in a lack of equality for people with ID in dealing with their service managers (Oakes, 2012). However, people with ID have developed their capacity in self-advocacy, in the education sector and in participative research. In the latter two, people with ID have been involved in collaborative projects where they are involved on an equal basis with professionals. The SP literature has demonstrated that involvement of stakeholders improves the overall development of an organisation (Prior & Herriman, 2010), and also meets stakeholder needs more effectively (Bernauer & Gampfer, 2013). It could, therefore, be beneficial to research the involvement of people with ID and their family members in SP in ID services.

CHAPTER 4: AN OVERVIEW OF THE RESEARCH METHODOLOGY, APPRECIATIVE INQUIRY (AI).

4.1 Introduction to AI

The purpose of this chapter is to introduce Appreciative Inquiry (AI). The CEO and PI believed that AI was the right method to develop this research due to its positive focus and inclusive stance. AI is a methodology that aims to improve communities and organisations, helping them to reach their potential (Reed, 2007). It focuses on what is working and seeks to inquire into an organisation, to find out the many ways it could operate so that the employees and stakeholders can discover how they want to engage in organisational change (Cooperrider, 2013). This chapter explores the roots of AI, followed by an inspection of the literature on its capacity to create organisational change. There is a particular focus on the health literature that has been prolific over the last fifteen years. The review then concludes by surveying the literature on the use of AI in SP.

4.2 Roots of AI

AI is a research method developed by David Cooperrider during the 1980s (Grieten et al., 2017). He developed AI as a practical methodology to outwork the philosophy of Social Constructionism (Cooperrider & Srivasta, 1987). Social Constructionism provides a theoretical basis for how communities explore different ways of constructing their reality so that they can influence and ultimately improve what their community does and how it functions (Burr, 2015). It states that through the social processes of an organisation, focused inquiry has the potential to reveal the many alternatives to the traditional ways of working. This can be particularly beneficial to marginalised groups because any community (including organisations), can work towards improving their situation for the benefit of the whole community, rather than the dominant groups alone (Gergen, 2009).

In 1987, Cooperrider and Srivasta (1987) wrote the first published article using the words 'Appreciative Inquiry'. An inquiry begins with a focus on what can be appreciated within an organisation, followed by an inquiry into discovering new possibilities that potentially create a better future for it. Consequently, AI is a positive methodology, meaning that it focuses on what is constructive and functional within the organisation, rather than what is problematic and dysfunctional (Cooperrider, Whitney & Stavros, 2008). AI is defined as:

"A philosophy and a worldview with particular principles and assumptions and a structured set of core processes and practices for engaging people in identifying and co-creating an organisations future" (Coghlan, Preskill & Catsambas, 2003, pp6).

AI can be used as both a form of action research and a form of organisational development (Reed, 2007). It starts an inquiry by identifying when and where the organisation functions at its best (Whitney & Schau, 1998). Participants are brought through a process where they are invited to develop a new vision that is applicable, compelling and motivating for their situation (Cooperrider, 1995). It is a process that encourages participants to listen, learn, and collaborate with each other (Whitney & Schau, 1998). AI endeavours to develop a process where participants can identify the positive values in an organisation, its strengths and its opportunities (Stavros, Cooperrider & Kelly, 2003). An inquiry relevant to an organisation is initiated, which harnesses the positive forces present within it (Reed, 2007). The overall positive focus has the potential to stimulate fresh thinking that can develop new ideas that can galvanise participants towards changing the status quo within the organisation (Bushe & Coetzer, 1995).

AI identifies the collective will, desires and perspectives of participants, and harnesses them towards the development of a collective vision that is sufficiently motivating to inspire collective action (Bushe, 1995). Through dialogue, a greater sense of the organisation's meaning and purpose is generated (Trajkovski et al., 2013). It encourages individual responsibility, relational responsibility and community responsibility among its participants (Gergen, Mcnamee & Barrett, 2001).

4.3 AI creating change in organisations

Early AI interventions were generally whole system interventions (Browne, 1998; Bushe & Kassam, 2005; Miller et al., 2005; Powley et al, 2004; Reed et al., 2002). The interventions were orientated towards the future, encouraged both participation and collaboration, appealed to both mind and emotion; and aimed to keep participants motivated, focused and ultimately committed to organisational change (Bramson & Buss, 2002). Whole systems interventions included a summit where all groups of employees and stakeholders met, typically over one to three days (Browne, 1998; Whitney & Cooperrider, 1998). AI has been used in many areas of society, e.g. in business (Lundgren & Jansson, 2015; Miller, 2005), the development of leadership potential in management (Borema, 2011), the tourist industry (Raymond & Hall, 2008), education (Calabrese, 2006) and climate change (Glavas, Senge & Cooperrider, 2010).

AI has five core principles and clear procedures wrapped up in what is called the 4D process (Bushe & Kassam, 2005). These are both explained in Chapter 5. The starting point of AI is appreciation. To appreciate includes what participants enjoy and respect in the organisation, its values and various qualities. It also means recognising what is functional in the organisation and how it meets the needs of all its stakeholders (Cooperrider, Whitney & Stavros, 2008). It is ultimately seeking what happens when the people involved in the organisation experience positive life-giving energy from it (Cooperrider, 2013). It also needs to be collaborative, provocative (tapping into participants motivation and energy), and applicable to the present situation. Using the early AI literature, that expresses appreciation using certain words, the meaning of these words can be explored using the Collins Dictionary (2018). The keywords are: “mystery (true identity of the organisation)”, “awe (inspiring)”, “wonder (seeing something new in the organisation that is attractive)”, “reverence (respect for aspects of the organisation)”, “miracle (surprising, appreciation of the unexpected)”, (Cooperrider, 1990; Cooperrider & Srivasta, 1987; Cooperrider, Whitney & Stavros, 2008). Brought down to their essence, these words produce insight into the life-giving elements of the organisation (Reed, 2007) and thus validate the organisation for what it is, and help participants grasp its potential for the future.

The early literature in AI nurtures the idea that an organisation is a mystery, and that by appreciating the beauty and mystery of it, its assets, strengths and what is uniquely impressive about it will come to the surface (Cooperrider, 1990; Cooperrider & Srivasta, 1987; Whitney & Trosten Bloom, 1995). Taking an appreciative perspective nurtures a willingness to learn, promotes mutual respect and enables cooperation between the different groups within an organisation (Lewis, Passmore & Cantore, 2008). It is a deliberate focus on the ‘life-giving’ elements of an organisation (Whitney & Schau, 1998; Cooperrider & Whitney, 1999) which empowers people in it to work towards its potential (Bushe, 1995).

The health literature has led the way in providing AI research in caring organisations. Such studies have focussed primarily on improving health care practice (Carter, 2007; Hung et al., 2018; Lazic et al., 2011; Jackson et al., 2014; Naaldenberg et al., 2015; Page et al., 2016; Scerri, Innes & Scerri, 2015; Reed, et al., 2002; Wright & Baker, 2005). There are a number of articles that focus on the evaluation of health services (Reed, Jones & Irvine, 2005; Reed & Turner, 2005); the introduction of new care packages (Amador et al., 2014; Curtis et al., 2017); the development of a new, non-judgmental language, into a mental health service culture (McCarthy, 2017); giving people from marginalised groups a greater voice in their care (Bonham, 2011; Page, Rowett & Davies-Abbot, 2017) and promoting more compassionate care environments in health care organisations (Dewar, 2012; Dewar & MacBride, 2017; Curtis et al., 2017). Examples of research studies include: Jackson et al. (2014) who reduced infant deaths through an education program for African-American women. Wright and Baker (2005) who improved staff retention in a pediatric setting and created a better working atmosphere which resulted in decreasing staff sick leave.

AI is a flexible methodology that can be adapted to each situation, using different forms of data collection methods (Reed, 2007). Data collection methods that appeared to work well in AI interventions were: group discussions in workshops (Carter, Cummings & Cooper, 2007; Naaldenberg et al., 2015; Reed et al., 2002; Taylor et al., 2012); focus groups (Curtis et al., 2017; Lavender & Chapple, 2004); group interviews (Dewar & MacBride, 2017; Kavanagh et al., 2010; Wright & Baker, 2005); personal reflection to improve professional practice (Chapman

& Giles, 2009); one-to-one interviews (Bonham 2011; Salyers et al., 2015); and surveys (Yoon et al., 2011).

Different research projects have included comment on what particularly worked well in them. Powley et al. (2004) found that for an organisational intervention to be successful it needed to be viewed as democratic and open, rather than perpetuating a management perspective. Bushe and Kassam (2005) reviewed over twenty cases of whole systems interventions in AI. They found two common factors that corresponded with significant organisational change. Firstly, participants gained a new perspective, from which, they were able to identify and think through a number of options for improving the organisation. Secondly, management support played a significant role in helping participants orientate themselves around creating change.

Other researchers have reported the following: Page et al. (2016) through identifying the core life of a service for transgender peoples, they were able to build a picture of what an improved service for transgender patients would look like. This led to significant changes in transgender care in mental health services. Scerri, Innes and Scerri (2015) found that quality care was uncovered through AI interviews. The interviews uncovered the core life within the organisation which created meaningful discussion that assisted the organisation to move forward. Lavender and Chapple (2004) using AI through focus groups found that using AI uncovered perspectives from midwives that challenged the profession. Reed and Turner (2005) found AI successfully evaluated cancer services in the NHS. They found that what worked in various projects was to be inclusive, show persistence, commitment, be credible, positive and realistic. These factors allowed shared concern come together. Reed et al. (2002) found that by encouraging a non-judgmental open discussion within the AI process, the defensiveness of participants was reduced. Using AI, Bushe and Pittman (2008) found in working with a business organisation it was important to believe in the participants and expect them to change. Wright and Baker (2005) discovered that open interviews helped motivate staff to improve practice. Liebling (1999) dug deep using the 4D process and uncovered best practice in a prison. AI questions provided inclusive and meaningful dialogue. Shendell-Falik, Feinson and Mohr (2007) found that the 4D

process helped to develop a number of practice development projects and improved staff relationships in a health system.

The 4D process (pp 75) can illuminate best practice, promote collaboration (Lazic et al., 2011) and develop good care, even for complex patients (Carter, Cummins & Cooper, 2006). Carter, Cummins and Cooper (2006) found that workshops at the latter stages of the 4D process helped to find the key issues that required addressing. The literature overall shows AI to be a method that helps participants develop information that enables them to create changes that are relevant for the future of the organisations that they are involved in.

Considering the impact on AI in the health system as a whole, system-wide changes require effective senior management support which can be difficult to muster (Curtis et al., 2017). Much of the health care research has focused on improving one part of the system, or one group of professionals, without trying to affect the whole system (Carter et al., 2007; Lavender & Chappell, 2004; Wright & Baker, 2005). Dewar (2012) is an exception to this trend, pioneering her work in small sections of the health system, with a long-term vision for creating change in the system as a whole. However, the overall trend in caring organisations in the public sector is to research a part of the system, meaning that studies researching the organisational system as a whole are not as apparent as they were in the early years of AI. Therefore, there is scope for initiating research to inquire into whole systems. This will increase knowledge in the health sector on how to develop AI interventions to impact the system as a whole.

4.4 Critique of AI

The main critique of AI has been concerned that the positive leads to a number of problematic issues, particularly the absence of the negative (Cameron, 2008; Fineman, 2006; Grant & Humphries, 2006). These critics believed that there is the need for the negative to draw attention to some important parts of an inquiry that would otherwise be left if only the positive was focused on. Positive and negative provide balance to each other and are both required in AI

research. To focus on the positive alone can surface repressed feelings that require some ventilation. Negative focus can allow ventilation of repressed feelings. Therefore, the positive without the balance of the negative is capable of gaining power that can lead to it becoming a repressive force (Dewar, 2011).

Dewar (2011) also questioned the issue of power versus equality in AI. AI assumes that all the voices within its research will be heard. However, is this possible with a positive focus alone? How will dissenting voices be heard? Does the positive therefore have too much power? Fitzgerald, Oliver and Hoxsey (2010) wrote on the shadow side of AI. The positive polarizes an issue, and within the positive frame there is always a shadow negative side. The shadow requires attention in some situations and to inquire into it can bring life to the organisation in the same way that inquiry into the positive brings life to the organisation. Therefore, in AI, both the positive and negative can be focused on. Bright, Cooperrider and Galloway (2006) point out that with every positive image there is a negative counterpart. Recent AI researchers recognised the importance of the negative being accepted as part of the research (Cooperrider, 2013). Cooperrider on reflection believed that it is not about the positive versus the negative, but that AI is an inquiry on what gives life to the organisation (Greitan, 2017).

The debate on the positive versus the negative has been instrumental to AI researchers to focus on the generative potential of AI (Bushe, 2013; Cooperrider, 2013; Zandee, 2013). Generativity changes how people think and helps people develop their motivation to take effective action (Bushe, 2013). This, in essence, is what AI is focused on that people and organisations become involved in thinking differently about their world leading to proactively shaping it (Cooperrider & Srivasta, 1987). The debate on the positive versus negative, therefore, has moved on via a turn to the generative focus. Bushe (2015) recognised that the overall critique of AI concerning the positive is valid in that AI has not reached a full understanding of how a non-deficit method works. Therefore, the debate on its value within the academic world requires further investigation to be clearly understood.

4.5 AI and SP

Having considered what AI is and how it has been applied in different settings, it is important to investigate the small amount of AI literature within strategic planning. AI finds out what is unique about an organisation and brings it beyond its present boundaries (Stavros, Cooperrider & Kelly, 2003). AI is also unique in that it can impact SP by focusing on the strengths of the organisation rather than focusing on its problems (Whitney & Cooperrider, 1998). An AI approach to SP encourages best practice, involves stakeholders in the process, encourages relationship building through open dialogue and seeks to build the capacity of the organisation (Stavros, Cooperrider & Kelly, 2003). The AI focus potentially motivates participants to look forward to the future of their organisation and can motivate them to take responsibility for its development (Peery, 2012; Waters, White & Murray, 2012). It enables people within the organisation to discover solutions for the future within themselves and others (Bell & Dodds, 2012).

The SP literature in AI was introduced by Stavros, Cooperrider and Kelly (2003), who developed the 'Strengths, Opportunities, Aspirations, Results' (SOAR) method. SOAR is a positive version of the SP analysis tool SWOT. Hinrichs (2010) and Mellish (2011) both demonstrated the practical application of SOAR and found it beneficial in practice. In using SOAR, Mellish (2011) found that participants were able to discover an organisation's values, its opportunities and organisational priorities, and the employees' aspirations.

AI SP literature also uses the 4D process to improve the organisation. The aim of the 4D process is to create real and sustainable change (Zandee, Cooperrider & Avital, 2010). It has been used in a number of studies in SP including Bell and Dodds (2012), Flanagan, et al. (2010), Gordon (2011), Harmon et al. (2012) Waters, White and Murray (2012). AI summits (Peery, 2012) and AI workshops (Stratton-Berkessel, 2010) have been used to develop strategic plans. Both summits and workshops provide a space for different conversations that engage both mind and heart (Bushe, 2011), build closer relationships between colleagues, and enable participants to consider the many options an organisation has to improve what they do (Bell & Dodds, 2012).

AI, as a form of strategic planning, has been used in developing organisations in the health sector, education sector and the business sector. In health, Harmon et al. (2012), Flanagan et al. (2010), Schueth (2011) and Steil and Gibbons-Carr, (2005) were all able to create a strategic plan and implement them. The articles show each strategic plan impacting on local situations. However, the articles cited above came largely from practice journals, with little detail available as to how they constructed the process that they used in each of the interventions. AI used in SP, as yet, does not appear as part of the mainstream SP literature. There is potential for better quality research in AI, that details the method used to create change in an organisation so that it has the potential to be included in the mainstream SP literature.

4.6 Conclusion

AI provides an alternative to rational approaches to engaging in strategic planning. This section overall has identified many sectors that AI is used in, including examples of its use in SP. AI has been identified as a positive organisational change methodology that treats all stakeholders in an equitable manner. The few examples of literature from practice journals where AI had been used in SP were explored. The overall stance in AI beckons that it be explored further in the field of SP as a method of organisational change in the ID sector, where people with ID and family members are included in the process. Chapter three showed that there is also a call for new methodologies where external stakeholders become a democratic part of the SP process in the public sector (Bruña-García & Marey-Pérez, 2014). Therefore, the use of AI as a methodology to develop SP initiatives that includes a range of stakeholders, could be used as one methodology to fill the identified gap.

CHAPTER FIVE: METHODOLOGY

5.1 Introduction

This chapter describes the methodology used to develop the strategic plan. The research method chosen was AI which was utilised to inquire into the whole organisation. The rationale for the research is presented here, followed by an explanation of the overarching philosophy adopted, Social Constructionism. This is followed by a section on Action Research that focuses on how cycles of action facilitated the development of the inquiry. Following on from chapter 4, the next section presents the five principles of AI, followed by an introduction to the 4Ds of AI: Discovery, Dream, Design and Destiny. The chapter continues with a look at the overall research approach, followed by the research sample. The methods of data collection are then explained. These are focus groups, workshops, the nominal group technique and a reflective diary. Some techniques used to collect data are described, including the use of flip charts and individual written questions. The system of data analysis is detailed. The penultimate section covers the research quality, where a method of validity from Herr and Anderson (2005) is used; finally, the ethical issues are discussed including beneficence, autonomy, consent, respect and confidentiality are examined.

5.2 Rationale

When thinking about strategic planning, organisations need to focus on their own development, rather than their competitors or the environment they are functioning in (Srinivasan, 2009). As the research has developed some studies have included lower-ranking employees and external stakeholders, as they can broaden the scope of exploration and identify a wider range of needs that need to be addressed for both the organisation and stakeholders (Bostrom et al., 2017; Elbanna, Andrews & Pollanen, 2016; Schmidt et al., 2014). Bruña-Garcia and Marey-Perez (2016), recognised a need for the emergence of new methodologies to increase the level of change

in organisations by maximising the contributions of external stakeholders. Organisations do not always embrace full inclusion of all stakeholder groups because the power dynamics within the organisation might be changed in favour of the external stakeholders with less power (Healey, 2003; McCabe, 2010), resulting in the managers and the more powerful stakeholders having to adjust the organisation and their interactions in ways to accommodate other groups.

The literature on organisational change in ID services is limited, the literature review only revealing a handful of research studies. Research has documented a historical resistance by ID services to engage in service change, owing to a general lack of accountability within the system (Linehan et al., 2015). There is an organisational culture in services where the needs of professionals and the organisation tend to prevail over the needs of people with ID (Eriksson, 2014). This has resulted in an unequal power balance for many years for people with ID in the services they depend on for support (Oakes, 2012). The consequence of this is that people with ID are limited as to what they can do with their lives (Anderson & Bigby, 2017; Jenkinson, 1993). Studies that investigate organisational change in ID services (Duryan et al., 2015; Isles, 2003; Schippers, Zuna & Brown, 2015) have not directly involved people with ID in the change process. People with ID want to and are capable of being involved in service development (Dearden-Phillips & Fountain, 2005; Nazurjuk, Bernal & Southgate, 2013; Nicoll, 2004). The Learning Disability Partnership Board literature includes representatives of both people with ID and family members in the process of developing strategy for the coordination of and improvement of ID services in local areas. Yet after a decade of research, the literature concludes that the involvement of the core stakeholders in the boards is largely tokenistic (Riddington, 2012; Fyson & Fox, 2014), despite an equality approach being strongly advocated.

It remains unclear how to involve people with ID and their family members in a process of SP and resultant organisational change in a matter that is equitable and inclusive. AI is a methodology that develops a service from an appreciative stance which enables participants to collaborate together and create a vision for a better future for the service (Cooperrider, Whitney & Stavros, 2008). It includes all internal and external stakeholders on equal terms and as such, is

a fully inclusive methodology (Grieten et al., 2017). It aims to flatten the hierarchical structures during the planning process (Powley et al., 2004) in order to ensure that all the people involved, have an equal say in how their organisation is developed into the future. The future focus of AI also accords well with the calls for new methodologies to SP that involve external stakeholders (Bruña-García & Marey-Pérez, 2014).

5.3 Philosophical Approach: Social Constructionism

The philosophical approach underpinning this research is Social Constructionism, which is a postmodern philosophy. Postmodern philosophies were developed from the 1950s as a reaction to the modern age. In research, Post Modernism holds that the values of traditional science, such as objectivity, prediction and control, constrain potential and prevent a community from seeking to change the status quo within its institutions (Gergen, 2009a). Many forms of Post Modernism developed over the subsequent thirty years. However, it was in the 1980s that postmodern ideas found a place in academic literature (Bertens, 2005).

Social Constructionism claims that what shapes a situation is the social dynamics (Gergen, 2009a). It provides a theoretical basis for how communities explore different ways of constructing their reality so that they can influence and ultimately improve what their community does and how it functions (Burr, 2015).

5.3.1 Assumptions of Social Constructionism

Social Constructionism holds three key assumptions (Gergen, 2009a):

- People understand what exists in the world through their relationships via the social interaction and authentic dialogue they create.
- Language is at the base of what exists in the world. Words and phrases form constructions that inform a community how to approach their world. Language can

be changed so that communities can approach their future in new ways, forming new constructions.

- The future wellbeing of any community is based on how well they reflect on their traditions and values. When understood, traditions and core values have new possibilities and potential for growth. Engaging at this level means that communities are in a position to challenge the status quo by creating new realities.

5.3.2 Social Constructionism in Communities

Social Constructionism takes a critical stance towards ‘taken for granted’ ideas. The social constructionist stance is that there are many ways to describe something. Many possibilities exist within the descriptions made (Burr, 2015). Within communities, people form their identities and are socialised into a culture, a way of being in that situation (Berger & Luckman, 1991). This gives people in a community a context of what life is and how it should be lived (Burr, 2015). By communities inquiring into who they are and what they do, there is the potential for multiple theories about community life, multiple ways to understand their lives, and ultimately multiple ways to live their lives. From an inquiring position, communities can build consensus on what to change in their situation and negotiate how they will live their lives in the future (Gergen, 2015). Communities, therefore, have the capacity to decide how to use the knowledge gained about their situation to develop a better future for themselves (Searle, 1995).

Various interpretations of words and phrases make more constructions available (Burr, 2015) and lead to the inviting possibility that, by agreement, a community can change the meaning of the language it is using, which is key to changing aspects of community life. This idea is expanded by Derrida (1976, cited in Burr, 2015) in his philosophy of deconstruction. Traditional scientific ways of thinking leave more unsaid than said, meaning that many possible constructions are ignored. Being open to different interpretations of words, phrases and constructs breaks the cycle

of interpretation of words and phrases from traditional ways of understanding. Language, therefore, has the capacity to open up people's thinking to new possibilities and new ways for communities to function (Wang, 2016). Therefore, forming new constructions through language has the potential to break the status quo and open up possibilities for change (Burr, 2015).

Language becomes active rather than passive and when put into a vibrant relational context, it creates something new (Gergen, 2009b). From the relational context, agreements can be made on what action to take (Rorty, 1999). The social constructionist position is that communities have the power to change their worlds, their patterns and their paradigms for living that leads to different and often more effective ways of functioning (Gergen, 2009a).

The absence of exploring new ways of thinking is often at the expense of groups that have less power in society (Gergen, 2009a). Dominant groups in communities can suppress or reject ideas which might help a community develop in beneficial ways for all of its members (Burr, 2015). Social Constructionism, therefore, challenges communities to widen their debates on important issues of concern, by exploring alternative ways of thinking and by seeing new possibilities that their whole community can benefit from (Burr, 2015).

Cooperrider and Srivasta (1987) believed that Appreciative Inquiry was a practical expression of Social Constructionism. The strategic plan was going to be constructed by the many participants who provided the many voices within the organisation. There was a need for authentic dialogue to explore the many options for change. An alternative philosophy would have been critical theory which is about using research to liberate the vulnerable groups in an organisation, in this case, people with ID (Grant & Humphries, 2006; Ridley-Duff & Duncan, 2015). However, in this research it was desired for the people with ID to co-construct the strategic plan with other participants, on an equal basis with others, rather than being liberated into a new way of being. For the people with ID to be part of creating a new future for the organisation the principles of social constructionism would facilitate this. The participants in this research were provided with an opportunity to understand their organisation as it currently existed and then to explore the kind

of organisation they wanted to create for the future. Within the space created for them to do this, they were able to explore their language, words, phrases, values and motives, which were harnessed towards finding the many options available to construct the next phase of the organisation's development.

5.4 Action Research

Action Research has been described as a family of research methods that have a common goal of developing knowledge through action (Bradbury-Huang, 2010). There is a full range of methods in Action Research, including Action Science (Friedman, 2001), Participatory Action Research (Cassell & Johnson, 2006) and Cooperative Inquiry (Heron, 1996). Action research can be defined as:

'A way of generating knowledge about a social system whilst attempting to change it' (Hart & Bond, 1995, cited in Drummond & Themessl-Huber, 2007, pp 432).

The overarching purpose of Action Research concerns the liberation of mind and spirit in search of a better world. Its objective is to encourage flourishing communities and to build healthy, sustainable societies (Reason & Bradbury, 2001). Action Research differs from other forms of research methods as it concerns action as well as the collection and description of data (Coghlan & Brannick, 2005). It aims to be constructive rather than observational. Action Research involves carrying out research *with* people rather than the norm where researchers carry out research *on* people (Munn-Giddings & Winter, 2013). Participants in many forms of Action Research become co-researchers who participate in researching, developing and improving their situation (Heron, 1996; Munn-Giddings & Winter, 2013).

Action Research is anchored in the philosophical thinking of Freire, Marx, Habermas and Feminism (Coghlan & Brannick, 2005). However, it was Kurt Lewin's work in 1946 that set down a marker for the development of Action Research, in which it attempts to develop a wider knowledge and theory base which challenges the status quo (Lewin, 1946). Research topics in

Action Research are based on concerns or interests of the group under investigation (Reason & Bradbury, 2001). The focus of an Action Research inquiry can lead to pragmatic changes in an organisation to improve it in some way, or emancipatory changes, creating a more just system for people who have traditionally held less power in it (Bradbury-Huang, 2010). All participants work to engage in and to learn from the research process (Bradbury-Huang, 2010). This process has the potential to create growth and development in each person who participates (Heron, 1996), as well as within the organisation in which they are based. Action Research has the capacity to create knowledge beyond the research setting and uses conventional research methods as part of the process (Coghlan & Brannick, 2005).

The practice of Action Research occurs through developing cycles of activity. Lewin (1946) proposed the idea of experimenting in the workplace through clearly identified cycles of activity, where changed patterns of thinking could occur. Cycles over time unravel the focus of the inquiry to the point where productive change can take place. All versions of these cycles, as described in the literature, have four stages. The first step, construction (or pre-cycle) concerns exploring the purpose of the cycle and the feasibility of doing a research project. This first stage promotes the idea of inquiry (Heron, 1996). The second stage is planning action which includes planning the collection of data (McNiff & Whitehead, 2006). The third stage happens through taking-action, and the fourth stage is evaluating or reflecting on the action, including analysis of the data collected. This final stage informs the next cycle (Coghlan & Brannick, 2005; Heron, 1996). Fundamentally, Action Research is about cycles of action and reflection (McNiff & Whitehead, 2006) with the purpose of generating knowledge and changing social systems (Drummond & Themessl-Huber, 2007). The transition between cycles takes imagination, motivation and a degree of logic to move a project forward (Heron, 1996). Cycles may not be linear; however, they build on each other (Whitehead & McNiff, 2006). A process occurs where the project and the participants become entwined, and something new emerges as a result of this interaction, which progresses the original focus, often to a point of significant change (Drummond & Themessl-Huber, 2007).

Cooperrider and Srivasta (1987) when exploring the concept of AI wanted to develop a form of action-research based in appreciation rather than problem-solving. This is expressed as appreciative action research (Sharp et al. 2016). Sharp et al. (2016) believed that appreciative action research is people involved in an organisation “playfully” working together, in their research, to work out what people living or working in a situation, really need. Appreciative action research was originally developed by Egan and Lancaster (2004). They completed a study on exploring the boundaries between action research and AI. Through appreciation of the organisation, the participants went on to develop an action research process where goals and objectives to develop the organisation, were created. This research used a similar approach as it sought to develop a strategic plan by utilising a combination of conversations and activities to enable participants collaborate towards developing a strategic plan. This research utilized action-research as six cycles within the research process. The research process worked towards goals and objectives that made up the substance of the strategic plan.

5.5 Appreciative Inquiry (AI)

AI is the method which was used to drive this research project. Cooperrider and Srivasta (1987, pp25), in their seminal work on AI, placed AI firmly in the camp of Action Research and claimed it was a form of generative Action Research. Being generative means that the research develops through thinking differently and using imagination to create something new (Cooperrider, 2013). AI has been explored in chapter 4, however, in this section, the principles of AI and the 4D process are both expanded. In utilising AI this research commits itself to inquiring through appreciation, rather than problem-solving (Egan, 2006). The participants explore what is working in the organisation and when this is established, they build a vision for the development of the organisation. In ‘Design’ and ‘Destiny’, the participants go on to inquire into how the vision can be developed into something that meaningfully develops the organisation for all its members, particularly the people with ID and family members.

5.5.1 Principles of AI

In any research undertaken in AI, the assumptions and principles provide the core concepts and values that form the basis of the methodology (Reed, 2007). The assumptions of AI (pp6) are based in Social Constructionism and exist to challenge the interpretation of the present way of doing things in an organisation, creating awareness of possibilities for change (Cooperrider & Srivasta, 1987). AI research is grounded in five principles which facilitate the participants in using their creativity to develop change in the organisation (Bushe & Kassam, 2005). The principles are the constructionist principle, simultaneity principle, anticipatory principle, poetic principle, and positive principle.

The constructionist principle states that the organisation's reality is constructed by the social processes within the organisation (Stratton-Berkessel, 2010). AI works to make the social realities known. This results in a number of possibilities for the future of the organisation which are then used to construct and evolve a better situation (Ashford & Patkar, 2001).

The simultaneity principle states that inquiry and change are not separate processes, but are simultaneous processes which lead to new ways of thinking and acting (Reed, 2007). Change begins the moment the first inquiry question is asked about an organisation (Bushe & Kassam, 2005). The consequence of asking the question is that something will change (Adams, Schiller & Cooperrider, 2004). Questions are used to liberate people in the organisation to new ways of thinking which are fundamental to creating new possibilities for change (Ashford & Patkar, 2001).

The anticipatory principle is whereby the behaviour of people within an organisation is determined by the kind of future they anticipate for it (Mohr & Watkins, 2002). Thus, it is possible that the main resource for change in an organisation is the collective imagination of the people in it (Cooperrider, Whitney & Stavros, 2008). Shared conversations can spur people in the organisation to anticipate a better future for the organisation. This, in turn, motivates employees to improve what they do (Lewis, Passmore & Cantore, 2008).

The poetic principle considers the organisation to be an open book waiting to be co-authored, at any stage, by the people in it (Cooperrider, Whitney & Stavros, 2008). People author their worlds continually (Reed, 2007), and, similar to good poetry, the essence of people's feelings and experiences can be harnessed to create something inspirational and new at any stage in the organisation's life (Bushe, 2008). Together, the participants co-author the future of the organisation (Reed, 2007).

The positive principle is finding that which is of value and creative within the organisation (Cooperrider & Avital, 2004). Turning towards the positive is similar to a plant moving towards the sunlight (Ashford & Patkar, 2001). The harnessing of positive emotion, including hope and the desire for change, combined with the harnessing of positive relationships, can inspire people to be part of creating a better organisation (Watkins, Mohr & Kelly, 2011). A relational bonding occurs through the positive atmosphere that AI creates (Greitan, et al., 2017). People are more likely to engage when an inquiry is positive and find within themselves the motivation to change the organisation (Coghlan, Preskill & Catsambas, 2003).

5.5.2 The 4Ds of AI: Discovery, Dream, Design and Destiny.

The 4Ds of AI were developed for practitioners as a means of putting AI into practice (Bushe & Kassam, 2005). They were developed to illustrate the cyclical, iterative nature of AI (Reed, 2007). In this research the 4Ds were used as four cycles of activity to develop the strategic plan. The first is 'Discovery', inquiring into the best of the organisation. The second is 'Dream', which enables participants to develop a vision for the future, based on the participants' knowledge and desires. 'Design', the third 'D', explores the organisation's capacity and the participants' capacity to develop the vision, encouraging collaboration towards a new reality. 'Destiny', the fourth 'D', involves putting the results of the process into action. It allows participants to take responsibility for change and increases momentum and motivation to create an improved organisation (Reed, 2007).

The aim of 'Discovery' is to stimulate and inspire participants towards engagement with the organisation at a new level (Cooperrider, Whitney & Stavros, 2008). The purpose of 'Discovery' is to find the core positive aspects of the organisation that have the potential to lever change (Cooperrider & Whitney, 1999). The process aims to discover the unique qualities and strengths of the organisation (Lewis, Passmore & Cantore, 2008; Trajkovski et al., 2013), identifying when the organisation functions at its best (Cooperrider & Whitney, 1999) and the root causes of its success (Bright, Cooperrider & Galloway, 2006).

The 'Dream' cycle involves an exploration of the potential of the organisation (Cooperrider, Whitney & Stavros, 2008). Participants develop a vision and build the synergy towards challenging the status quo (Bright, Cooperrider & Galloway, 2006). Dream thinking is thinking 'outside of the box', making the positive core of the organisation as large as possible (Whitney & Schau, 1998).

'Design' considers what is required to bring the vision to life (Lewis, Passmore & Cantore, 2008). The process crafts together the elements of the vision to be able to develop it from the present reality (Whitney & Cooperrider, 1998). The outcomes of 'Design' are proposals to deliver concrete, potentially sustainable plans to develop the organisation (Bright, Cooperrider & Galloway, 2006). The 'Design' process encourages the development of provocative propositions (Cooperrider, Whitney & Stavros, 2005; Reed, 2007). These are short catchy statements that encapsulate the ambitions of the organisation in a way that brings energy and motivation for participants to act on the future (Bright, Cooperrider & Galloway, 2006). These propositions challenge the common assumptions of the organisation and form the proposals to motivate participants towards change (Reed, 2007).

'Destiny' creates an energy shift to orientate participants towards commitment and change (Bright, Cooperrider & Galloway, 2006). The process includes recognising the strengths and competence available in participants that can create change. During the 'Destiny' process, part of what is happening is the re-patterning of the system (Cooperrider, Whitney & Stavros, 2008).

The collaborative and creative potential of the participants are harnessed, tracking what is happening in the organisation that has the potential for growth and finding the people who are motivated to create agreed changes (Bright, Cooperrider & Galloway, 2006; Bushe, 2010).

5.6 The Overall Research Approach

This study took an Appreciative Action Research approach (Sharp et al. 2016). Six cycles of action took place: Firstly, the entry into the organisation, followed by the '4Ds', Discovery, Dream, Design and Destiny, and finally the evaluation of the project. The first five cycles took place over fifteen months from October 2012 to December 2013. The evaluation cycle took place over four months from November 2016 to February 2017.

5.7 Sample

Qualitative purposive sampling was selected for this research whereby the researcher developed a sample to satisfy the needs of the research (Robson, 1993). This meant that the people who were knowledgeable about the service were invited to take part in the research (Palinkas et al., 2015). The decision to include anyone involved with the organisation was to maximise the many different perspectives and understandings of the organisation that could lead to creative ideas for its future (Cooperrider, Whitney & Stavros, 2008). Sampling in this research involved establishing with the research participants the what, when and where of taking part in the inquiry (Sarantakos, 2012). The researcher spent three months getting to know people involved with the organisation. The time spent with the potential participants may have contributed to the high number taking part. Sixty out of seventy-five potential participants took part. Reasons given for not taking part were due to pressures outside of work, and a group of older parents who felt that they did not want to take part due to their age.

The sample involved in the creation of the strategic plan included 13 people with ID, 6 family members, 4 volunteers, 3 therapists, 25 frontline staff, 5 house managers, 1 CEO, 1 HR manager and 2 staff who were working on a supported living project that was separate from the main service. Most participants took part at all stages, however, there were a small number who, owing to other commitments, chose to take part at certain stages only. Two participants from the supported living project took part during 'Destiny', where their experience and their perspective were particularly relevant; however, they did not take part at other stages of the research. They did not see the relevance of their involvement.

5.8 Methods of Data Collection

There is no singular approach to data collection in AI. Data collection concerns building a suite of data that progresses the focus of the research (Reed, 2007). Data collection in AI is about making, creating and developing information so that the organisation can build the knowledge necessary to plan for change (Reed, 2007).

In this research, data was collected in a number of ways, using: focus groups, workshops, the nominal group technique and a reflective diary. There were also some recognised techniques used in collaborative research: individual written questions (Stratton-Berkessel, 2010), flip-chart data (Delbecq, Van de Ven & Gustafson, 1975) and AI conversations (Lewis, Passmore & Cantore, 2008). Table 1 (pp 70) shows when the data was collected, which parts of the 4D process it was collected in and the methods used for data collection. The suite of data collection methods captured all of the participants' thoughts and ideas that would pinpoint and combine their main aspirations and practical sense of what should be included in the final strategic plan.

5.8.1 Focus Groups

Focus groups were used to collect the information in the ‘Discovery’ and ‘Destiny’ cycles. Focus groups started in 1926 and increased in popularity in the 1940s. They bring together groups with a common interest to explore and discuss the important issues of a particular topic (Gates & Waight, 2007). Focus groups are a way to obtain information in a relatively relaxed and non-judgemental atmosphere and allow the distillation of thoughts, feelings and perceptions from participants (Krueger & Casey, 2009). They work well for people in marginalised groups (Kidd & Parshall, 2000). The decision to use focus groups was made to allow a free-flowing discussion that allowed participants to experience the perspectives of other participants, and to have their voice heard by a group of people involved in the organisation. Cooperrider, Whitney and Stavros (2008) recommend that each participant interviews another person in the organisation in ‘Discovery’. However, the PI believed that as both he and the participants had not experienced AI before, that a more structured approach in the early part of the research was required. The PI also believed that the people with ID needed to gain confidence around being involved in the research before attempting to interview others in the organisation.

The purpose of the focus groups in ‘Discovery’ was to find the attributes of the service that could be built on to create the strategic plan. In ‘Destiny’, the focus groups gave participants an opportunity to give final input into the strategic plan and allowed any final issues to emerge that would influence the final SP document. The ‘Discovery’ focus groups included at least three representatives of the different participant groups, e.g. house staff, volunteers, people with ID, etc. The rationale for this was to expose all the participants to different groups’ perspectives on what the service was like (Reed et al., 2002). The ‘Destiny’ focus groups were made up of single groupings, house staff, family members, etc. The rationale for this decision was to make sure that each group’s interests were represented in the final SP document.

Table 1: Data collected at each stage of the 4D process

Time: 2013	4D cycle	Data Collection Methods Used	Other information
January - February	Discovery	8 Focus Groups	Each focus group was audio recorded
April - May	Dream	One Workshop run on two occasions Nominal Group Technique	Audio recordings of conversations in small group work and large group final discussions Flip-Chart Data Individual written questions with written answers
May - June	Design	One Workshop run on two occasions Nominal Group Technique	Recorded conversations of small group work and large group final discussions Flip Chart Data Individual written questions with written answers
October - November	Destiny	8 Focus Groups 1 single interview	Each focus group and the single interview were audio recorded

Question schedules were created from best practice in both AI and focus group formats (Krueger & Casey, 2009; Whitney et al., 2002). AI questions are imbued with the assumption that participants have positive experiences of the organisation and desire to work towards a better future (Whitney et al., 2002), e.g. ‘Discovery’ questions gave the participants the time required to identify the core qualities of the organisation. AI questions prompt participants to engage with their capacity for creative thinking and have the potential to increase awareness of new possibilities for the organisation (Cooperrider, 2001). In ‘Destiny’ for example, some questions were designed to provoke participants to think about how they would act on the strategic plan and achieve it.

Question schedules were developed to provide a systematic way of inquiring into the development of the strategic plan. In focus groups, it is important for a question schedule to engage both the cognitive and emotional processes of the participants in order to get to the heart of each participant involved in the process (Morgan & Krueger, 1997; Krueger & Casey, 2009). In developing the question schedules, the following recommendations from Krueger and Casey (2009) were included: Questions were orientated around the purpose of the study; a preamble was presented to participants before the question was asked; fewer than twelve questions were used in each session; questions were phrased to be easily understood; they were created to evoke conversation; and, finally, they were clear, short, open-ended and one-dimensional, with clear directions (Appendix 2). Questions were worded simply and without jargon (Morgan & Krueger, 1997). However, they also had the aim of being desirable, energising and inviting a creative or imaginative response (Whitney et al., 2002). For example, in ‘Discovery’ participants were asked: *Can you tell me about the best day you ever had in the service?* The ‘Destiny’ phase group questions were designed to create an energising future-focused orientation of the service (Whitney et al., 2002): e.g. *Pick one goal that you really want the service to achieve: What do you think the impact on the service will be if it is achieved?*

The main argument against focus groups is that they tend to intellectualise rather than tap into the unconscious behaviour (Krueger & Casey, 2009). However, Krueger and Casey (2009) argued that this is true of other interview techniques too. To counteract this, some the questions used were in an AI format which aimed to evoke emotional responses (Whitney et al., 2002). A second criticism is that focus groups may produce trivial responses. This, however, happens when the groups are too large and/or topics are complex (Krueger & Casey, 2009). The PI kept groups to eight people or under and worked to make sure all the data collection methods were within the capacity of the people taking part.

5.8.2 Workshops

Two six-hour workshops were designed for both the 'Dream' and 'Destiny' cycles. The workshops were anchored in the values of inclusion, authenticity and democracy (Powley et al., 2004). The purpose of the 'Dream' workshop was to facilitate the development of a vision for the future of the service. The purpose of the 'Design' workshop was to enable participants to collaborate in translating the vision into goals and objectives. Each workshop was run twice in order for the organisation to continue to function whilst workshops were taking place. Six facilitators were required for the small group work. They were chosen from the group of participants as they would be familiar to the other participants. The facilitators were trained in the use of the nominal group technique (Delbecq, Van de Ven & Gustafson, 1975). There were five ground rules to adhere to in each question asked in the small groups:

- *Each person has time to think before questions are answered*
- *Each person shares their ideas in turn so that everyone gets a chance to speak*
- *Each idea is written on a flip chart*
- *Each idea is discussed and clarified in open conversation*
- *Each person votes on significant decisions so that what everyone thinks is important.*
- Guidelines on the systematic use of the flip chart were also used (Delbecq, Van de Ven & Gustafson, 1975). These guidelines included:
 - *Write each idea down in words the person used, writing brief words and phrases*
 - *Omit duplications by agreement*
 - *Number completed sheets*
 - *Identify common themes in the data*
 - *Work to get a group perspective on each theme.*

A schedule was worked out for each workshop. The 'Dream' workshop schedule is in Appendix 3.

Facilitators were also orientated to the basic concepts of AI and the support for people with ID was discussed. A step-by-step process was created to help facilitators lead the workshops, with clear directions devised for each stage. Time allocated in the workshop was divided between whole group work and small group work (Appendix 3). The 'Dream' and 'Design' workshops ran to a similar schedule to help provide some consistency to the process.

The main argument against workshops is that they can become "formulaic and ritualistic" (Hodgkinson et al., 2006), that a more improvised, emergent approach to strategy produces better outcomes (Hamel & Prahalad, 2005). However, Hodgkinson, et al. (2006) argued that this criticism arose in the 1990's when workshops were more a tool of management to push their agenda. They argued that SP has become a vital collaborative venture due to complex environments emerging. Therefore, planned well, workshops can be an important part of an organisation's development. In this research workshops were part of developing a more collaborative approach to SP and were therefore relevant to this organisation.

The facilitators' debriefing discussion at the end of the workshop was created for them to debrief and to create some early perspectives on the data collected. It was helpful for the PI to hear other participant's initial perspectives on the data (Krueger & Casey, 2009). The researcher wrote a report after each of the two workshops for participants to reflect on before the next stage of the research process.

5.8.3 The Nominal Group Technique

The Nominal Group Technique (NGT) (Delbecq, Van de Ven & Gustafson, 1975) was used to collect data as part of the workshops. This method assumes equality among the participants in the research and enables them to make decisions on how to make progress on pressing issues (Delbecq, Van de Ven & Gustafson, 1975). This was the rationale for using it. It allows a lot of information to be covered in a short space of time (Owen et al., 2016). The NGT sets boundaries around a discussion whereby all opinions are recorded on a topic or question and each

contribution is given an equal hearing by the group (Redman et al., 1997). There are five phases to the NGT which are replicated in the workshop section (pp72). The process was developed in order to ensure that agreements develop from individual thought, rather than participants agreeing with the dominant people in the group (Delbecq, Van de Ven & Gustafson, 1975).

Potter, Gordon and Hamer (2004) argued that the NGT although seeks consensus, the consensus may not be appropriate to the situation. However, in this research, the NGT was used to support listening to individual voices as well as the group voice. Consistent with AI, a range of opinions of each topic were sought after and acted upon in the data. Agreements of what to do are reached by considering all the possible inputs from the participants. It has been used by both Carter (2006) and Reed et al. (2002) in AI workshops. The NGT supports groups in achieving their objectives and enables participants to feel a greater sense of ownership of a project (Mosley & Green, 1974). Researchers have also used it effectively with people with ID (Owen et al., 2016;

Tuffrey-Wijne et al., 2006). In summary, the NGT allows a range of ideas to be expressed, encourages everyone to participate and incorporates democratic procedures for group decision making (Owen et al., 2016). It is regarded as a valuable tool in supporting group cohesion and increasing motivation for developing an organisation (Delbecq, Van de Ven & Gustafson, 1975).

5.8.4 Reflective Diary

A reflective diary was used to capture the insights of the PI that occurred during the research process. The diary played a role in describing events, evaluating them and, at times, giving insight into how to proceed with the research (Heron, 1996). The role of reflection was also used to systematically record events, dates and the participants involved (Coghlan & Brannick, 2005). The reflective diary became useful in phases between the 4D cycles of the research, providing an opportunity for the PI to clarify his thinking (Johns & Freshwater, 2002).

5.9 Tools used in the data collection

5.9.1 Flip Chart Data

Flip charts are an essential part of the NGT as they record all the responses from the participants (Delbecq, Van de Ven & Gustafson, 1975). They were used for this reason and to keep an accurate record of all of the ideas being generated. Flip charts enables participants in small groups to reflect on what they have written in order to clarify their thinking. They facilitate discussion, record and bring order to common themes (Stratton-Berkessel, 2010). Krueger and Casey (2009) commented that the overuse of the flip chart recording method can stifle conversation, because the focus on writing inhibits the flow of conversation. This was managed by using two facilitators in each group: one person to focus on the overall facilitation of the group and the other to record what was said on the flip chart (Delbecq, Van de Ven & Gustafson, 1975).

5.9.2 Individual Written Questions

Answering questions in a written format was an adaptation of the voting system used within the NGT (Delbecq, Van De Ven & Gustafson, 1975). Facilitators had been trained to seek both individual and group voices in the small group work, as recommended by Delbecq, Van de Ven and Gustafson (1975). Nevertheless, the purpose of the individual questions in a written format was to provide another medium for individual voices to be captured in the data. Short questions were asked in order to obtain individual responses in both of the workshops. The ‘Dream’ and the ‘Design’ workshops had two questions each. The ‘Dream’ questions were:

- *What was one thing that inspired you today?*
- *What three things from today do you think the service needs to put into action?*

The first question sought to bring some insight into the real desires of the participants and the second question brought individual thinking on the changes that participants wanted to see within the service. In the ‘Design’ workshop the short questions were as follows:

- *Name up to three parts of the plan that you really, really want the service to achieve over the next three years.*
- *Should the following six ideas be part of the plan? Tick the box beside each idea that you want to be part of the plan.*

The purpose of the first question in 'Design' was to make sure that the real desires and priorities of the participants were present in the data. The second question was used to help develop an agreement over ideas from the 'Dream' workshop that did not have a clear enough majority for being part of the strategic plan. This would help decide whether each area became part of the final strategic plan or not.

5.9.3 AI Conversations

AI is a conversational approach to organisational change (Lewis, Passmore & Cantore, 2008 pp 29). Conversations were an important part of the data collection. Speaking is commonly regarded as the most influential element of human activity (Torbert & Taylor, 2008). Minds that meet in communication can create new ideas (Lewis, Passmore & Cantore, pp 72).

The aim of AI conversations was to open up a communicative space and to develop cooperative open discussions to create agreements on how to develop the organisation (Reed, 2007). The various exchanges were aimed to develop new patterns of thinking that had the potential to lead to change (Gergen, Gergen & Barrett, 2004). The essence of the conversations initiated was that they would be a simple and honest representation of what participants believed was important (Lewis, Passmore & Cantore, 2008). Both small and large group discussions during the workshops were recorded and transcribed.

5.10 Data Analysis

A boundary within the analysis was required to define and contain the research (Reed, 2007). This boundary was established by using a form of thematic analysis by Burnard (1991). The purpose of the data analysis was to represent the thoughts and feelings of the participants in a systematic and honest way (Burnard, 1991). Data analysis in AI is shared analysis between the researcher and the participants. In AI the focus of analysis is concerned with identifying what is currently functioning well and to outline the means by which a sustainable, vibrant future for the organisation can be reached (Reed, 2007). Every participant voice required inclusion (Lewis, Passmore & Cantore, 2008).

Thematic Analysis is a process for encoding qualitative information (Walcott, 1994). It is an analytic method, rather than a methodology (Clarke & Braun, 2014). Thematic Analysis can be used at both the descriptive and the interpretive levels of analysis. For this research, the main focus of analysis was descriptive in order to identify themes that would capture participants' perceptions and thinking about the future of their organisation. Themes were generated by looking for patterns in the raw data. Focusing on themes enabled the digestion of data which supported the inquiry into the organisation (Walcott, 1994). Themes are threads whereby the reality of the conversations developed can be understood. Important ideas were used and developed towards the next stages of inquiry.

From an AI perspective, the focus on developing themes was to enable the participants to focus on what brings life and energy to the organisation (Watkins, Mohr & Kelly, 2011). Thematic Analysis has been utilised successfully by a number of AI research studies (Curtis et al., 2017; Scerri, Innes & Scerri, 2015). The PI developed an initial set of themes by listening to and transcribing the tapes of the AI conversations from the focus groups and workshops. This was followed by communication to all the participants via easy read documentation. The participants were encouraged to give formal and informal feedback to the PI between each part of the 4Ds. They also had opportunity to give feedback to the whole group at each stage of the 4D process. The choice to complete the analysis through this method was largely due to cost. Each hour the

employees spent on the process; they were paid. The budget given for completing the research by the organisation, covered time for the focus groups and workshops, but there was no budget for small group work for groups to develop the initial analysis. However, the advantage of this method was it gave the participants time to look at the initial analysis so that they could make their own assessment of the information, as to whether it was accurate and potentially meeting the needs of the group they represented.

The challenge of thematic analysis is to find the meaningful data within the text (Clarke & Braun, 2014). Application of a systematic method is therefore essential. There are fourteen stages to Burnard's (1991) thematic analysis method (Table 2). Stage 6 was omitted in this research, as it was the participants who validated the data, rather than two academics. This was done at stage 12 of the process. The collaborative nature of the research meant that the participants were in the best position to comment on the data.

Table 2: 14 steps of thematic analysis by Burnard (1991)

1. The PI made his own notes after the group session
2. The PI transcribed and read each set of data in order to become immersed in the text
3. Transcripts were read again and headings placed beside the text for potential themes. The PI, in this case, used Microsoft Word documents, creating a table of two columns, with the data on one side and headings for themes developed on the other column.
4. The list of headings was studied by the PI in order find common themes with an eye to collapsing the list of headings from stage 3 into manageable amounts.
5. The list of headings was continually broken down until there were a number of headings that sat well with the initial raw data
6. 2 colleagues were invited to make their own categories to check against the PI. (This stage was omitted as it was the participants who checked the categories at stage 12.)
7. The scripts were re-read to see if the chosen headings were consistent with the patterns in the data
8. Either coloured pens were used to highlight the text or they were highlighted on the computer in each category
9. Each section was cut out and placed on A1 paper to get the relevant group of text under each heading. N.B. original copies of text were kept on file
10. Sub-headings were made on each sheet as appropriate

11. Sections were put together for writing up the findings and a draft document was written up by the researcher for the service
12. Participants reviewed and confirmed the categories in an initial draft of the findings
13. The findings were adjusted once the feedback had been given
14. Findings were presented at the next part of the process with an invitation for more feedback.

5.11 Validity

In quantitative research, the standard of the research is tested using terms such as validity and reliability. Validity asks the question, ‘Does the research clearly reflect the world being described?’ (Bloomberg & Volpe, 2008). Reliability considers whether the results can be replicated by another researcher (Cormack, 2006). Qualitative research uses the terms trustworthiness, credibility and dependability. Trustworthiness means is the research honest and truthful (Bloomberg & Volpe, 2008)? Credibility asks whether the data can be trusted and reveals what the participants think? Dependability implies whether the procedures can be tracked and replicated by others (Polit & Beck, 2004).

Action Research is different to quantitative or qualitative research in that the participants take-action in their exploration of an issue and they change something (Coghlan & Brannick, 2005). Bradbury and Reason (2001) explore validity as a concept in Action Research and point out the ongoing debate in Action Research as to whether such a term is relevant. Their overall conclusions are that Action Research must show that that the research has improved practice; that quality was assured both within the research process and the delivery of good practice; within the action taken, that participants were empowered to make changes and that a contribution to the academic literature is made.

There are a number of ways to explore the quality of the research. The PI had to find a validity method that aligned with the research. Guba and Lincoln (1989) recommend that research be judged within its own methodological criteria. However, AI was found to have limited ways of

judging itself. Bushe and Kassam (2005) developed a set of criteria through meta-analysis, to establish when AI achieved transformation within a research study. There were four criteria: The first was the creation of new knowledge. Was there a change in thinking in how the participants perceived their world? Secondly, the development of a generative metaphor, were meaningful symbols created by the participants which became a focal point? Thirdly, breaking new ground is testing if the initial assumptions of the organisation had been sufficiently challenged so that they were altered or changed in some way. Finally, the use of an improvised approach to develop the organisation from the agreements on what to do to develop the future.

The PI initially rejected these criteria on the basis of concerns about the first and fourth criteria. To assess changes in thinking in people with ID could prove problematic, due to their cognitive challenges. In the fourth criteria, the PI believed that to expect the organisation to agree to an improvisational development of the research could also be problematic. ID organisations have a hierarchical history and tend to use managers to develop change (McConkey et al., 2013). When the decision of a method of validity was made, the PI was concerned that the service would not be open to an improvisational way to developing the plan. At that point in time, he was not clear as to how he would manage this issue. He planned to give the managers the information on the AI approach to change at the 'Destiny' stage, and let them decide what to do from there.

These factors led the PI to seek another set of criteria. He turned to Action research and decided that a set of criteria developed by Herr and Anderson (2005) who state that validity needs to show both trustworthiness in the inferences drawn from the data and transferability of the data outside of the research. They identify five validity criteria suitable for a broad range of Action Research methods. The five criteria are: outcome validity, process validity, catalytic validity, democratic validity and process validity.

Outcome validity demonstrates that the research delivers something of value for the participants. Process validity demonstrates that the research was delivered using a sound research process and there is evidence that the inquiry delivered a process from which something can be learned. Democratic validity focuses on the level of collaboration that occurs in the research and is

concerned with whether the results of the research truly benefitted the main group for which it was intended. Catalytic validity questions the level of energy or motivation in the participants to create change in the organisation. Finally, dialogic validity requires the research to be peer-reviewed. The research must be exposed to peers so that other researchers can judge and critique the research.

All five criteria in this research were relevant to it, however, its alignment with the five principles and core aspects of AI requires comment: Outcome validity is echoed in the poetic principle in that the participants use the knowledge gained, to create a new world that improves the situation they are in. Process validity is relevant to this research in that a sound research process was required to give it credibility. This echoes the constructionist principle in that the research was required to be developed in a way to enable the participants construct their organisation on common agreements on what they wanted to see happen and in developing the potential within the organisation. Democratic validity is an implied assumption within AI principles (Powley, 2004). Catalytic validity echoes with the core of AI which is to find the core energy, core life within the organisation (Copperrider, Whitney & Stavros, 2008). Dialogic validity is an academic criterion for research. This is relevant in the context of the research objectives to contribute to the academic literature. Therefore, there is evidence that the validity criteria chosen are close enough to allow the reader to judge the level of quality and credibility within the research.

5.12 Ethical issues

The PI sought approval for the project from the university ethics committee. The pressing requirements for the ethics committee was evidence of a well thought out research process and adequate protection for the participants, particularly the people with ID. The ethics committee on reviewing AI were concerned of the potential for heightened expectations among the participants, that could not be fulfilled. On reflecting on various drafts of the ethics forms, the following principles were agreed to manage this potential risk:

1. To keep some realism as to what was achievable. This was particularly achieved in the 'Design' process, through the development of goals and objectives that participants would have to commit to achieving.
2. Give people enough time to process information. This was achieved by good written documentation and making sure interaction happened at the pace the people with ID could understand the information.
3. The PI would be available to participants to discuss the research at any point in the research process.
4. To help participants recognise that change includes loss of some aspects of the present.
5. Clear communication of what it takes to be involved in a research study. This was achieved by taking three months in the early part of the research study to communicate with participants.
6. The PI to provide good facilitation skills and to build trust with the participants. This was achieved through careful planning at each stage and the PI using his experience of working with groups as an academic.
7. Different participant groups had a named person they could talk to should they have any concerns regarding the research.

The other core issue that concerned the ethics committee was the consent process for the people with ID. This and other core ethical issues are discussed in this section and excerpts of the final ethics form and the letter of approval for the research project are in Appendix 4.

The ethical concepts of beneficence, autonomy, consent, respect, and confidentiality are explored in the rest of this section. Involving people with ID requires an onus on the researcher to not only go through the usual normal ethical issues within these concepts but to explore the necessary adaptations that the people with ID require. This ensures that their involvement in the research is authentic and genuine (Gates & Barr, 2009). People with ID require special consideration because of their history of being undervalued, which can lead to exploitation in situations in which they are involved (Northway, 2010). This section, therefore, has a particular emphasis on the ethical process put in place for the people with ID. Each section starts with the general ethical issues for all participants, followed by the issues for the people with ID. McDonald (2012) discovered that

people with ID, when involved in research, want equal opportunities, to have their strengths illuminated, to have their contributions acknowledged, and for their voice to be clear within the findings.

5.12.1 Beneficence

Beneficence states that research must have an intention of benefiting the participants in the research or of benefiting society (Silva, 1995). When involving people with ID in research it is important to improve their lives through it (Northway, 2010). There is also a responsibility within beneficence to ensure that participants are not harmed in any way (Brink & Wood, 2001). Polit and Beck (2004) point out that the benefit of taking part in research can be that the participants can talk about their lives, understand themselves and the organisation better, and gain the satisfaction that they have improved the organisation. These were all potential benefits of this study. AI as a method has a core responsibility to work towards benefiting the people within the organisation (Reed, 2007). One of the main purposes of the strategic plan was to develop a plan that would improve the lives of the people with ID, thus meeting the requirements of beneficence. At the analysis stage of the research, the researcher consulted the data coming from the people with ID to ensure that their voices were being heard in the research process as a whole.

5.12.2 Autonomy

The principle of autonomy states that the person has a right to full self-determination in the research, a right to freedom from coercion and a right to an open consent procedure (Polit & Beck, 2004). Each participant also has a right to be treated as an individual and not as part of a group (Brink & Wood, 2001). The main issue around autonomy for all participants was that the project would take up to one year to complete. It was important therefore to have flexible arrangements so that the participants could feel free to disengage from the research at any stage (Herr & Anderson, 2006). The challenge placed on people taking part was that the 4D process within the

research would require four periods of engagement. Many staff members potentially had secondary roles to play, such as taking part in the logistics of the research, taking on the role of facilitator or being given extra responsibility as key-worker in supporting people with ID through the process. This meant that the principle of autonomy was vital: that all participants wanted to engage in the research at all stages in a variety of ways.

The people with ID were supported to find a place in the research that they were happy with. Some people with ID took part the same as the non-disabled participants and others had their key-worker or a support person with them at all stages of the research. Tritter & McCallum (2006) made a case that people with ID need to contribute to a project in a way that they are comfortable with. This principle was used in this research. This meant that data collection would happen around the needs of the person with ID, rather than expecting the person with ID to fit into the way the data was being collected. This meant that if they did not want take part in a focus group, for example, they could be interviewed on their own with their key-worker (Reed, 2007).

5.12.3 Consent

Consent implies informed consent, which means ensuring that the information about the research had been given in a manner that was understood by the participants (Herr & Anderson, 2006). Information was given through prepared consent documentation and through conversations with the PI. The plain language statement (Appendix 1) and other written information was given at least a week ahead of the official consent meeting. The PI met each participant individually so that they did not feel any peer pressure to take part. The CEO and house leaders did not interfere with the consent process and they made it clear that taking part in the research was extra to normal working duties. This was done to reassure house staff that there was no coercion involved in taking part. A similar approach was taken with the other groups involved. Consent was treated as an ongoing process and therefore could be reviewed, with an option of withdrawal at any stage during the project (Arscott, Dagnan & Kroese, 1999; Reed 2007).

The dilemma in obtaining consent from people with an ID is whether the person fully understands the process. If they do not understand the process, they cannot give informed consent (Cameron & Murphy, 2007). If the person is unable to give informed consent, a question arises as to whether they should participate at all. When people with ID are excluded from research, however, this means that their voice is excluded from the research process, which is unethical (Oliver, 1992; Johnson & Walmsley, 2003; Walmsley, 2001). Thus, research in this field has identified processes by which people with disabilities can take part (National Disability Authority, 2002; Walmsley, 2004). This research included people with ID with a range of abilities. Therefore, the consent process was adapted to suit the requirements of each person. A process for including people with ID rested on work by Cameron and Murphy (2007) and The National Disability Authority (2009). Easy-to-read materials were made available and were given to the person one week ahead of the scheduled meeting (Appendix 1). The person's key-worker supported them in reading the material. Each consent session proceeded at the pace of the person with ID, a key-worker was present to observe the process and supported the person with ID to communicate to the best of their ability. The PI and key-worker sought to communicate with the person in a way that they were comfortable with; the process was halted at any stage if the person with ID indicated to do so; both key-worker and the PI had to agree that consent had been given, before it was accepted that the person had given consent. The result was recorded on a specially designed form (Appendix 1).

5.12.4 Respect

Respect in action research is translated as humanity, empathy, developing trust and behaviours that reinforce autonomy (Coghlan & Brannick, 2005). True respect means a commitment to democratic processes (Herr & Anderson, 2006). It means a commitment to hearing all voices (both group voices and individual voices) and involvement of all participants in the processes of the project (Coghlan & Brannick, 2005). The space created in AI research is one in which all

voices are treated with equal weight (Grieten et al., 2017). All participants had access to the PI's phone number and email. Normal hierarchies in the service were flattened during the time set aside for the research (Powley et al., 2004). The research was led by the PI who was independent from the service; the CEO and managers took part in the research process for the same amount of time as everyone else. All participants received the reports after each of the 4D phases were completed. The PI sought to make sure that each report was representative of all the participant groups.

McDonald (2012) highlighted the meaning of respect for people with ID when involving them as research participants. People with ID want to be involved in the design of the research; they want the research to focus on their strengths and abilities and not their deficits; they want to say what they think and to be listened to, and they want to be asked questions in a way that they can understand. The PI and facilitators of small groups worked to include the people with ID at each stage of the process. People with ID were given support from their key-worker and two advocates and the PI. All of the findings were written in easy-to-read documents so that participants could assess whether their voice was being heard. Snacks were provided in the short sessions and snacks and lunch in the full-day workshops. This was something McDonald (2012) stated that people with ID believe is an important aspect in showing them respect.

5.12.5 Confidentiality

Much AI research is in public, so confidentiality is a challenge (Reed, 2007). In the small group work, a ground-rule of confidentiality around personal information shared was established (Brydon-Miller, 2008; Williamson, 2002). Sharing of small group information with the wider group was negotiated by all the members of each small group. Standard academic protocols for confidentiality were put into place and were respected (Polit & Beck, 2004): Data was kept in a locked office and computers were encrypted. Identification of participants and the service was disguised to avoid identification of the organisation.

5.13 Conclusion

This chapter explored the methodology used in this research to enable an ID organisation to develop a strategic plan. The underlying philosophy of Social Constructionism draws out an expectation that participants can discover new possibilities available for changing the organisation. AI is a methodology where all participants take part on an equal basis. The 4Ds of AI in this research provided a cyclical process of appreciating what's good in the organisation in 'Discovery', imagining the future in 'Dream', forming goals and objectives in 'Design' and delivering a SP document in 'Destiny'.

The second half of the chapter explored the methods of data collection and data analysis, that worked together to support the process of developing the strategic plan. Herr and Anderson's (2005) five validity criteria were employed to focus on the quality issues of the research. This allowed a judgment on the quality of outcomes for the participants, the rigour of the research process, the level of equality in the research among the participants, the level of motivation among the participants to achieve the strategic plan and the potential for the research to be peer-reviewed. The section on ethics showed the complexities of involving people with ID in the process. It showed the importance of the methodology to be flexible enough that it can adapt to the needs of the people with ID and yet still show rigour.

CHAPTER 6: THE FIRST FIVE CYCLES OF ACTIVITY

6.1 Introduction

This chapter describes the research process in each of the first five cycles of the research. It is based on the work of Coghlan & Brannick (2005, pp 22) who describe the action research cycle in four steps: diagnosing the issues, planning what steps to take, acting and evaluating action. The five cycles took place from September 2012 to December 2013. The first cycle was the engagement period of setting up the research project. The other four cycles were the 4Ds of AI: Discovery, Dream, Design and Destiny. The PI's reflections on the research process are included in this chapter as well as reflexive comment.

6.2 Cycle 1: The engagement period of the research

The engagement period lasted from September 2012 to January 2013. The main purpose of this period was to meet with all the potential participants, establish relationships and describe the research for their consideration. In planning the initial engagement with the participants, the PI met with the house leaders to enlist their support. The leaders were unsure about doing a whole-systems intervention. Interventions in the organisation normally happened in small groups to accommodate its everyday functioning. However, they were willing to go ahead and facilitate the practical organisation of the research if enough people in other groups in the service were interested in taking part.

With the help of the house leaders, the PI set up meetings for house staff, people with ID, family members, volunteers and therapists. The best time to meet house staff was in their monthly house meeting. Meetings with the people with ID occurred in their homes during the evenings or in a social club for people with ID that they attended weekly. During this time, the challenges of including some of the people with ID who had communication issues came to the fore. The PI was concerned to ensure that the contributions of the people with ID would be equally valued

with other groups. There was also a danger that their vulnerability could inhibit their understanding of the research process (Cameron & Murphy, 2006).

Reflection: A meeting with a house leader and people with ID in one residential house

Although the house leader did most of the talking for the people with ID, she was careful to say the things about each person that would be useful for me to know and that each person would probably not mind me knowing. All the people with ID living in this house has communication issues; most of them have only a few words. As each person's story of leisure activities and family were told, their non-verbal communication was one of looking pleased, smiling, laughing and joking, with gestures and at times definitely showing pleasure that they were "in the spotlight". I realised at this point, that I needed to find and develop a way to help the people with ID communicate their perspective in the research so that their voice would be included with those of others.

The PI met with a speech therapist to discuss how best to support the people with ID. Strategies developed were as follows: adaptation of group sessions to suit each person with ID, easy-read documentation made available at each stage of the process, the support of a key-worker for each person with ID to prepare for each session, along with two advocates available to them throughout the process.

Once enough house staff had given consent for the project, the PI gave time to training keyworkers and communicated with them regularly to make sure that they had no concerns about the participation of any of the people with ID. The key-workers understood, from previous training in the service, that they needed to separate their voice from the voice of the person with ID when communicating about the person. As the interactions developed, the PI believed that key-workers were going to do their best to make sure that the voice of the people with ID would be heard.

Two volunteer advocates were recruited and trained for the research by an expert advocate who had been working in the health system for a number of years. The two advocates met with the people with ID in an advocacy meeting on three occasions over six months. They checked that the people with ID were comfortable with the research project and able to take part in a manner that suited them (Trittter & McCallum, 2006). Finally, the consent process took place towards the end of the engagement cycle, by which time participants were in a position to evaluate whether they wanted to be involved (pp84).

6.3 Transition from Engagement to Discovery

After the engagement period, the PI sent an easy-read document that communicated information on what to expect during the 'Discovery' focus groups. The transition periods also gave the PI time to plan for each stage, involving the CEO, HR manager and house leaders at different times. The transition from engagement to 'Discovery' required the practical organisation of the focus groups, i.e. placing participants into groups, preparing question schedules, finding a suitable venue, etc. House leaders had to plan dates with the PI, as it was a logistical exercise to involve most of the people in the organisation in the research.

6.4 Cycle 2: Discovery

The main issue for 'Discovery' was to make sure that all the participants experienced a range of perspectives that would challenge and enlarge their thinking (Cooperrider, Whitney & Stavros, 2008). The involvement of the people with ID throughout the research process ranged from occasional contributions; regular contributions; taking part in group discussions, and taking a full part in all the activities of the research. Each person was encouraged to manage their own involvement with the support of their key-worker. Pictures were used to help communicate each focus group question. Non-disabled participants were generally very supportive of the people

with ID taking part. The pace of each focus group was adapted to support their contributions. The norm of the staff culture to listen and respond, found in the ‘Discovery’ data, transferred into the focus groups. The reflection below shows how some of the people with ID rose to the challenge of engaging fully in the ‘Discovery’ focus groups.

Reflection on one Discovery question

In the next question, we moved onto values. I was quite insecure about talking about values. Would people with disabilities, in particular, understand the concept? When I spoke to the two people with ID in the group, I talked about things we like and are important to us. To my amazement, both people with ID were able to keep up with what was going on, as participants shared their values. At times one of the people with ID had a frown on her face and I wondered what she was thinking? Was she coping with being in the focus group? However, whenever it was her turn, her face would light up and she would give a relevant response. Before we finished the question on values, we went around the table one more time and each person, in turn, was able to say something. When it was this lady’s turn, I wanted to help her. However, I stopped myself and managed to keep silent. “Attitude,” she said. “You have to have the right attitude.” She was articulating that she had learned that she needed to be open to making life in the service work for her. This was a key for her enjoyment of being in the service. After all the preparation for the research, it was great to experience the people with ID contributing to the data. I was now confident that they would play their part.

6.5 Transition from Discovery to Dream

This transition phase required the PI to develop the themes in the ‘Discovery’ stage and prepare for the ‘Dream’ workshops. Prompt analysis of data was required to give the participants time to absorb and reflect on what they had said to prepare them for the ‘Dream’ workshop. An easy-read document was sent to all the participants attending the ‘Dream’ workshop, three weeks prior to the first workshop. The PI took opportunities to have informal conversations with the participants to get feedback on the process and the data. Participants affirmed the process and that the data was an accurate description of their understanding of the service.

6.6 Cycle 3: Dream

The first set of two workshops was initiated to develop a vision for the future of the service. The overriding challenge for the workshops was to work towards each group developing a vision for the service in the six hours available. The workshop included two sessions with everyone in a large group and two sessions with all the participants taking part in a number of small groups. The PI took responsibility for the large-group work and twelve trained facilitators ran the small groups. The facilitators captured data through the recorded conversations, the use of the nominal group technique, flip charts and an art activity to develop each groups vision for the service. Reed (2007) recommends a variety of data be collected.

In preparation for the workshop, the PI spent time with the facilitators. The PI developed a short document as a guide for each facilitator in learning how to create the vision and record commentary (Appendix 3). AI concepts and the Nominal Group Technique were explained to them. A bank of positive questions was made available to help develop discussion on the vision.

Reflection on working with the facilitators

Spending time with the facilitators, I realised that they are each positively contributing to the service in their own way. I recognised an awareness-building among them of the potential for the future. Generally, there appeared to be a positive mind-set in the facilitator group, however, only one person is really understanding the potential value of AI. There is however an openness to the AI concepts. Just taking opportunities to have continual conversations with people I believe is an important part of the research to continually convey the AI thinking that can assist people to imagine developing the potential of the organisation.

The PI and keyworkers also worked together to plan how to prepare the people with ID. The keyworkers used the easy read information sent as the basis for the preparation. The PI met with an Art Therapist who taught him a simple method of using art in order to capture people's imagination onto paper. According to the art therapist, having limited choices of materials defined the boundaries on what could be used, which the art therapist said would help focus on the vision more than worrying about what materials to use. Cooperrider (2001) recommended developing a sequence of activity that brought people to a place where they could start to imagine

something new. After time with the Art Therapist, the PI believed the art session would achieve this. Themes from the artwork were captured in the text as three people from each group explained their artwork to the other groups. The explanations were recorded so that the PI could analyse the themes from the artwork.

The actual day proved to be a great success. Participants worked hard in their groups to articulate a vision for the future and visually represent it, putting much time into the art work. Each of the six small groups shared their work with the other participants in the workshop. Once all of the pictures were created, the six visions were integrated with the analysis of the spoken data to develop an overarching vision for the service as a whole (appendix 3). After the workshop, the PI analysed all of the data to determine common themes that could become part of the overall vision. Ideas that were common to four or more groups were considered to be contenders for the final vision. Ideas developed by three groups or less were returned to all participants for further consideration in an attempt to achieve greater agreement on them.

6.7 Transition from Dream to Design

Feedback from participants indicated that the ‘Dream’ workshop had been a success. A person with ID, for example, wanted to know when the next workshop would be, as she had really enjoyed the one that she had attended. The two main tasks between workshops were to analyse the ‘Dream’ data and prepare for the ‘Design’ workshops. Copies of the draft analysis of ‘Dream’ in easy-read and Word formats were prepared, followed by some information on the ‘Design’ workshops. This material was posted to all participants two weeks before the ‘Design’ workshops.

Reflexive piece on preparing the Design workshop: April -May 2013

Putting together the Design part of the process has been a challenge. How much do I make it technical around the SP aspects? Design is about developing the motivation to act and tends to be improvisational which I have found at times, ambiguous (Bushe, 2010). However, Watkins and Mohr (2011) do focus on making the process more concrete with developing goals and objectives at the Design stage. At some point in the SP approach, I believed a clear direction had to be set. I did, however, realise that developing the process of goals and objectives for an organisation that had no experience in doing this collaboratively, was a risk. I was feeling more nervous about this workshop than the Dream workshop and realized my credibility was at stake. This made me feel uncomfortable.

I wanted to develop a process that brought all the participants beyond tokenism and into participation at the decision-making level of the organisation. I wanted them to engage in developing the organisation at a deeper level. I believed that the route to this was to develop workshop activities that both employees and stakeholders could take part in. However, I became aware of my personal ambition as part of the dynamic. I was working out my initial desire to involve the core stakeholders in an organisational change process.

My feelings of anxiety drew me out to seek help from others as I was aware that up to this point of preparing the way to develop goals and objectives was not as clear as I wanted it to be. Conversations developed with house leaders on various ways of organising group work. I was conflicted with the AI approach and from my clinical experience as to what was required on the ground. At times AI, to me, appeared too ambiguous for an ID setting. I was feeling that the participants required a concrete process rather than an improvisational one. Stratton-Berkessel (2010) recommends that you need to develop a process right for the context. I was also aware, at another level, that part of me was trying to keep control rather than letting go and allowing the process to unfold.

I concluded that I was outside of my comfort zone however I would have to believe that I could find a way through this. In keeping conversations going with other participants, one volunteer knew someone who was a SP

consultant. I wondered if I could meet him. The volunteer managed to organise a consultation with the person. On meeting the consultant, we worked out a clear process for developing goals and objectives that could be understood by many of the participants. By training small group facilitators, it would be possible to develop a goal setting exercise that might work. Even though I was responsible for facilitating the research process, I learned from this period the importance of including others as much as possible. We did find a way forward. I realised that this period I was grappling with uncomfortable feelings that were rendering me vulnerable and yet with a genuine desire that would find a way forward to help develop the strategic plan. After planning the process, I met with the facilitators to train them to develop goals and objectives. Their feedback was positive enough for me to have confidence that we had developed a process that would help to move the research forward.

6.8 Cycle 4: Design

The challenge for Design was to develop a method of bridging the gap between vision and reality in practice (Lewis, Passmore & Cantore, 2008). This involved working with the participants to create goals and objectives. To do this, the PI utilised both SP and AI literature. Developing goals and objectives is a recognised part of the SP process (Bana, et al., 2013; Carmen et al., 2009; Isoraite, 2006; Rezvani, Gilaninia & Mousavian, 2011). It is also regarded as important in the AI literature (Stratton-Berkessel, 2010; Watkins, Mohr & Kelly, 2011).

Group work began by participants discussing each of the four elements of the vision they were allocated to discuss. They discussed how each could become reality in the organisation over the life of the strategic plan. Once they agreed that one part of the vision could be developed in the organisation during the lifetime of the strategic plan, they went on to develop a goal and objectives for it. The method used to develop goals and objectives was congruent with the Nominal Group Technique and comprised the following steps:

- *Decide on one area of the vision to focus on*
- *Brainstorm a number of directions that the participants would like this part of the vision to develop into*
- *Decide on the overall direction that the group wants to commit to*
- *Write a simple description of a goal*
- *Check each goal written has a verb and a noun in it (examples were prepared)*
- *Decide if the goal describes something all participants in the group want the service to achieve*
- *Repeat the process until the group has goals, they are all happy with.*

Participants went on to develop two to five objectives for each goal to provide a pathway to attain each goal.

Some groups successfully developed goals and objectives. However, some participants wanted to discuss issues rather than create the goals and objectives. In these groups, the facilitators thought the technical exercise of goal-setting might confuse participants. Overall, the day was more challenging for participants than anticipated. There was a general agreement that the ‘Design’ workshops were not as vibrant as the ‘Dream’ workshops had been. However, enough information had been developed in the data to create a set of draft goals and objectives in each part of the strategic plan, for the participants to consider. It was also evident from some facilitators feedback, that a number of the people with ID had managed to engage positively in the process.

6.9 Transition between Design and Destiny

The PI collated all of the data to create a ‘Design’ report for all the participants, in Microsoft word and easy-read formats. An integrated draft set of goals and objectives were produced. This report helped to identify how the appreciative approach had assisted the research. During the transition from ‘Design’ to ‘Destiny’, a decision was made to have participants work in their own groups for the ‘Destiny’ phase. This allowed individual issues from each group to emerge. Communication took place with house leaders and key-workers as in previous parts of the 4Ds

to help prepare the ID participants and organise the practicalities of the final focus groups. The PI met with a cross-section of participants to gain their feedback on the question schedule in advance of the session. They agreed that the questions were logical, comprehensible, clear and thorough enough to engage both mind and heart and allow for the articulation of the strategic plan. The PI reflected on the degree of change the participants might want to make to the service.

Reflection before the Destiny groups

There is overall a really positive attitude in the service that pervades among all that take part. There seems to be an openness to each other and with an energy comes a desire to improve things. Many participants mentioned values of honesty, respect and valuing of people; these values appear in the data. I am however nervous about the independent living section in the draft report. If they accept a supported living model for some of the people with ID, this is a completely new direction for a residential service. I am hoping that participants are prepared to discuss the changes they want to see. We need final goals and objectives that help the present residents to move on. Making changes will be a challenge to the service and they won't attain any more resources. If the service chooses to stay in the present frame in how they do things, it won't produce greater independent living. With four people living in one house and with the present resources, you still end up with communal living. I am convinced structures have to change to achieve real independent living.

6.10 Cycle 5: Destiny

The purpose of 'Destiny' was to bring the development of the strategic plan to a conclusion, exploring the outcomes of the research to this point, and consolidating the learning from the project. As part of 'Destiny', it was important that participants reconnected with the process and made their views known on the goals and objectives produced from the 'Design' data. It was important that each participant group could identify their voice within the final strategic plan. It was also an opportunity for participants to share their learning from the process and share their thoughts on the best ways to take action on the strategic plan during the following three years.

The questions for the 'Destiny' groups covered a number of areas: establishing the satisfaction level with the strategic plan, seeking feedback on the draft goals, developing provocative propositions, communicating group interdependence needs (Cooperrider, Whitney & Stavros, 2005), and identifying the key elements that would help develop the plan over the following three years.

During the focus groups, one question allowed the participants to brainstorm 'provocative propositions.' These are statements that: '*Bridge the best of what is and what might be*' (Reed, 2007, pp11). The purpose of 'provocative propositions' was to be able to make the connections from the 'Dream' into giving participants the necessary images for putting the agreed vision into action (Lewis, Passmore & Cantore, 2008). Provocative Propositions are supposed to create an "oh wow" response (Watkins, Mohr & Kelly, 2011). Reflecting on 'Design', the participants were too distracted creating goals and objectives to take up the challenge of creating provocative propositions. They just had not materialised. The 'Destiny' focus groups provided a quieter setting where the participants were able to reflect more on the proposed goals and objectives. Watkins, Mohr and Kelly (2011) found from experience that provocative propositions tend to be created when a group is able to spend time working the right-hand side of the brain. There were less distractions in 'Destiny' and therefore perhaps easier under these circumstances to create provocative propositions. In the 'Design' workshop a lot of left-brain activity had been used in trying to develop goals and objectives. This is perhaps why they had not materialised in 'Design'. However, even in 'Destiny', it was only three groups that achieved good results. One such group was the therapists who within their profession, would have been more practiced at using the right-hand side of their brain. Eventually, there were enough catchy phrases to support participants in the final SP document to put the strategic plan into action. Similar to Reed et al. (2002) the provocative propositions perhaps assisted in helping the participants understand the practical implications of the themes. The provocative propositions created are in quotations marks beside the title of each goal in the two tables of goals and objectives (Appendix 6, pp363).

Overall in Destiny, the various groups all were happy with the Strategic Plan, several groups suggesting minor adjustments. However, when considering the experience, the PI discovered that the final goals met many of the participant needs for the future of the service. Below is a reflexive account of naming the final themes. Inadvertently the PI and professionals gave the goals titles that were “professional” rather than title the core stakeholders may have preferred.

**Reflexive account on the naming of the final themes of the strategic plan
December 2013.**

I developed an initial analysis of the main themes in Destiny. Titles such as: Transport, Relationships, Rostering. The final goals for the strategic plan had been agreed and participants were happy with the wording. Yet, I recognised that we had chosen a professional way of describing things with the exception of “living the life you want to live” and some of the provocative propositions such as “taking a break” for respite and “getting around” for transport. However, these ideas had come from people who did not have a disability. Eriksson (2014) and, Anderson and Bigby (2017), both pointed out that administrators and professionals are content to dominate which means that people with ID are unable to be themselves and express themselves as they want to. The process of change created by the strategic plan had started within the organisation, however, I recognised that I had missed an opportunity to name the final goals of the strategic plan within the terms of the people with ID. Myself and the professionals perhaps misguidedly assumed that using professional terminology in the initial title of each goal, was the right thing to do.

6.11 Final Comments

This section has detailed the key issues to focus on, planning and actions taken to deliver the strategic plan. A SP document was produced. In all stages of the research, cycles were developed and supported by consulting the PI’s supervisor, critical friends and the CEO of the service. Over its course, however, the research participants increased their involvement, taking on the role of facilitator, critiquing questionnaires, deciding on the interpretations of the data, and deciding on the final goals and objectives that would become part of the final strategic plan. The participants, therefore, grew into the research as it unfolded. After ‘Destiny’, and the official launch of the

strategic plan soon after, the participants were left to implement the strategic plan and make it a reality in the organisation. The PI would join them again for an evaluation, three years later.

CHAPTER 7: FINDINGS--- DATA FROM THE 4DS, DISCOVERY, DREAM, DESIGN AND DESTINY

7.1 Introduction

The aim of the research was to develop a strategic plan for a service for people with ID. The process included the use of the 4Ds of AI: Discovery, Dream, Design and Destiny. This chapter presents the findings from each of the 4Ds. The ‘Discovery’ process allowed the participants to identify the best elements of the service. The ‘Dream’ component allowed the participants craft a vision for the future of the service. The ‘Design’ phase involved an exploration of how to turn the vision into reality while the ‘Destiny’ period involved the participants deciding what would go into the final strategic plan.

The conversations were recorded from both the focus groups, the small group work in the workshops and the final large group discussion in each workshop. The chapter reveals the findings through quotations from many of the participants. In AI, all voices are an important part of the research. The quotations from the different participants are coded to identify the person’s group and numbered to identify the individual participant within the research. The two senior managers (CEO and HR manager) have been numbered as part of the House Leader group in order to protect their identity. The codes used for each group are listed below:

HL = House Leaders (1-7)

HS = House Staff (1-17)

PWID = People with ID (1-13)

FM = Family Members (1-5)

T= Therapists (1-3)

V= Volunteers (1-4)

SL= Supported Living Staff (1-2)

7.2 Discovery Findings

7.2.1 Introduction

The 'Discovery' phase entails identifying the best of the organisation, its strengths and its positive functionality at the time the research started. The findings emerging from this phase act as core building blocks for the future development of the organisation. Three core themes emerged from the thematic analysis. These were:

Theme 1: The service aims to deliver person-centered care.

Theme 2: Employees are motivated to do a good job.

Theme 3: Positive organisational supports exist.

In the text, each core theme is broken down into a number of sub-themes. Participants were able to identify fourteen assets in the service (Table 3 pp123). These would be used to help build the strategic plan.

7.2.2 Theme 1: The service aims to deliver person-centered care

This theme identified that individual needs are regarded as paramount and the service's core aspiration is that each person is cared for as an individual. This theme was supported by five sub-themes:

- Individualised care
- The introduction of a Person-Centred Planning (PCP) system
- Developing independence
- Developing connected relationships
- Commitment to happiness.

7.2.2.1 Individualised Care

Individualised care meant that the service aimed to orientate around individuals, rather than around groups of people with ID living in the residential houses. All house leaders spoke about the personalised care that prevailed in the service. The house leaders worked to establish a cultural

attitude of “*one person at a time*”, so that eventually each person was individually supported. The first step the house leaders embarked on in order to achieve individualised care was by ensuring consistent staffing in each house. The house leaders believed that this had created greater stability for the people with ID and gave the staff more energy to focus on each person:

“When I started, there would have been 18-20 people working out of that house which would have been a little bit crazy” (HL1).

This led to the development of core teams that enabled staff build better relationships with the people with ID. Staff reported that this made them more secure within their home environment. House staff then tried to facilitate activities that were important to each person. For example:

“I think John's art exhibition was a really good day that I remember in the service, seeing how happy he was to walk around and showing everybody, his artwork and you know he was really proud” (HS1).

One person who had very limited speech showed snapshots of his lifestyle as evidence of his individuality being respected:

The pictures included his enjoyment of art, his friends living in the house with him, gardening in his day service, going out to a formal dinner, going swimming, and enjoying a cup of tea and a scone (PWID7).

Data from other stakeholders endorsed these sentiments. Volunteers were recruited to support the notion of individualised care and built a relationship with the person based on common interest: For example, one volunteer described having developed a number of individual activities with the person they spent time with:

“I heard she likes dogs, one day we did take my dog for a walk. We just did totally simple things like we played ball with the dog. So, I am planning on going to the library too, things I would normally do” (V3).

Family members and therapists expanded on how it was more than just activities, that staff really got to know what is important for each person with ID:

“Yeah, I think the quality of care each client gets is fantastic because their needs are met on a physical level on an emotional level on a mental level, whatever level is needed something is brought to the table that will help” (T2).

7.2.2.2 Person-centred planning (PCP)

The PCP process is a systematic method that enables people with ID to identify and achieve their own aspirations and identifies areas for personal growth. The introduction of a PCP system was identified by many participants as a core tool for assisting staff members to focus on the individual desires of each person with ID. The house leaders believed the introduction of the PCP system (3 years previously) had fundamentally changed individuals' lives:

“I suppose really the PCP system is a key driving force, it gets you motivated more, and the great thing to is the process identifies where the person needs more support” (HL5).

The PCP system helped some people with ID connect with people or groups in the community:

“Yeah, my keyworker has gone through a lot of my goals and she is getting me into doing training with kids now, I am training with them doing football” (PWID9).

The PCP system, therefore, had an important role in developing the lives of the people with ID.

7.2.2.3 Establishing independence

Helping people with ID establish their independence was regarded by staff as an important part of supporting their individuality. The house leaders believed that each person with ID being assigned a keyworker had helped to support their independence. Independence was demonstrated by each person having their own bedroom, developing house skills, being independent in accessing the community and having transport to get around the community:

“They get to do up their rooms in any way they want painting, furniture and stuff like that. And I think that’s really important because that’s their personal space” (HL1).

A number of the people with ID had developed everyday housekeeping skills:

“The two people have become a lot more independent. Yet they don’t expect you to do it. They help prepare their dinner and clean up and all the normal stuff you should be doing in your home” (HS5).

The people with ID concurred with the staff emphasis on house skills. One person was glad to recount his autonomy in such skills:

“Well I like doing the routine, making beds and doing my own laundry and different things and you get support from staff from time to time” (PWID8).

Family members were glad that their adult children were learning to be independent. One spoke of 'letting go' to allow his daughter become more independent by being involved in travel training:

“The bus driver used to ring us that she was on that bus and we would be standing at the door waiting for her to make sure. Now we don’t have to do that, I’m not as nervous now to be honest” (FM2).

The organisation had established a norm that the people with ID had an opportunity to develop their independence skills. The participants appeared to be stating that this was an important success for the organisation.

7.2.2.4 Commitment to happiness

One volunteer expressed how an activity a person enjoyed doing, contributed to their happiness:

“I enjoy being with [Name] seeing him ... you know... being happy. That he gets to go out golfing with someone that enjoys it as much as he does” (V1).

The therapists observed that the house leaders and house staff were particularly concerned around the happiness of each person with ID:

“I think each staff member does their best to make sure that they are happy and I think that is wonderful to see. Their happiness is paramount; It’s not just their care but it’s their happiness” (T2).

Family members also reported on their relative’s happiness within the service:

“My daughter’s very happy. I haven’t seen one of the clients unhappy in the service” (FM 2).

The people with ID conveyed their happiness by describing the high points of being in the service:

“Yeah, the thing I enjoyed doing most is when we went to a hotel in [Name]. And when I was there, I had a facial, I went on a horse and carriage ride around the city, Uhm...I also tasted different cocktails” (PWID2).

The dialogue on happiness appeared to be a way for participants to express that this organisation was a good one.

7.2.2.5 Developing relationships

The importance of staff helping the people with ID build strong family relationships emerged in the data:

“[Name] has a good relationship with her family but it is on-going and we’re all trying to help the process now and getting more interaction with her family” (HS9).

People with ID who attended respite were pleased that they could attend respite with their friends:

“Well this week it was me and [name] and another guy called [name]. We went down to town to eat with the staff like. Yeah, it was great. Just sitting around having a laugh” (PWID4).

These examples show that staff members were willing to support the people with ID in the relationships that they did have.

7.2.2.6 Community Connections

People with ID described individual activities they enjoyed during the week, occasional events and holidays:

“We went to Bon Jovi. I went with [name], we had a hot dog” (PWID6).

There was one person with ID who was particularly well linked into the local community:

“I met a friend in the village and introduced the person I was with [name]. And he said sure I know [Name] from the football. He draws the numbers for us when we have the draw there at the weekend. I learned that day that he has far more links in the community than I actually knew about” (HS11).

Each person with ID living in the service chose their own community services (GP, hairdresser, etc), to foster a sense of connection with the people who delivered them. Many participants with ID did one activity during the week which linked in with people in the community. They were also involved in choosing their annual holiday. Conversations on holidays and one-off events identified a core success of the organisation in meeting the needs of the people with ID. However, being well connected into the community was achieved only by a small number of people with ID.

7.2.3 Theme 2: Employee Motivation

7.2.3.1 Introduction

Employee motivation was reflected in the overall positive staff attitude to the job; in their careful listening and responding to the people with ID, and in their preparedness to join in the fun generated in the life of being in the service.

7.2.3.2 Staff members have a positive attitude to their job

In various ways it was communicated how committed staff members were, which included being highly motivated in their job: The house leaders demonstrated their commitment to the job by adhering to what was written in the previous strategic plan:

“We do follow our strategic plan as much as we can and enable individualisation, as I have worked in a lot of places where they pay lip service you know” (HL3).

Family members, therapists and volunteers were united in their belief that the staff were highly motivated in caring for the people with ID:

“The impression I get from the service is that all the staff members take your jobs seriously, that its more than a job to you” (V2).

Staff motivation towards the job was being identified by the participants as a huge strength for the development of the future of the service.

7.2.3.3 Listening and responding

All groups endorsed the staff's capacity to listen well and respond effectively to what they heard. Staff perceived this as big part of their role. A number of house staff expressed confidence that they could bring their concerns to management, as they knew that they would be listened to:

“If the service user needs something ...it's never not done... it does not matter how big or how small it is. It is always explored” (HS12).

When asked what contributed to making the service work really well, there was agreement with this comment:

“Listening, listening is really important to listen to the guys. It might take them time for them to really say what they want to say” (HS1).

One person with ID provided an example of being listened to when he requested a change of bedroom:

“Yes, I went to the CEO and the team leaders and we sat down and we did a plan. Yes, and they said it takes time and they said 3-6 months” (PWID8).

Both the family members and therapists endorsed that listening and responding was an important asset for the organisation:

“I would have said listening and acting upon. I feel ... everything It is listened to and it is tried to be acted upon” (FMI).

7.2.3.4 Participating in the fun

Staff were able to rise to and be part of any spontaneous fun going on in the lives of the people with ID. This is another indication of staff commitment to and motivation in their job:

“I was in tears laughing after being on the dodgems; then we went into the fun house where there are no words to describe the laughing” (HL1).

In this context, one house staff commented on watching a television game show on a Saturday evening:

“When Winning Streak is on everyone will be roaring and screaming and you have all that craic going on” (HS3).

Most of the focus groups included some fun aspect to the conversations on the highlights of organisational life.

7.2.4 Theme 3: Positive Organisational Supports

This section shows three areas where the organisation had shown the strength of the organisation: providing homes; developing teams and support for education.

7.2.4.1 Homes rather than residential houses

The service tried to make each residential house homely. Each house had its own individuality, to the extent that staff who worked in an unfamiliar house could find it hard to adapt. This is unlike some other services where different houses have a similarity that makes it easy to adjust from one to the other:

“I think that every house is so different, if I went into another house, I wouldn’t have a clue. I don’t mean that in a bad way, every house should not be the same. Each house is completely individualised to the people that live in that house” (HS4).

Therapists and family members validated the staff perception that they created homely environments:

“Being in the houses, it just feels a more family environment. I find it’s like walking into someone’s home” (TI).

The respite element of the service used to be in one house that was half respite and half residential. One house leader recounted how they managed to make the residential house homelier once the respite service had been moved to its own premises:

“I suppose the big thing for us is when our house stopped being a residential and respite house. It was a huge benefit for the two people with ID living in the house. For them it became more like their home. [Name] has really developed his skills since that time” (HL5).

House staff gave various accounts of having helped people with ID move into a new residential house setting. One house team experienced a level of anxiety in the process:

“I think it was only a week when she started calling it home saying “I want to go home”, that was a big indication that she wanted to “go home”. Her behaviour has come on a lot more and she is a lot more secure in herself as well” (HS9).

Overall it appears that houses being homely was associated with the person being more secure and able to develop their capacity to function positively within their home environment.

7.2.4.2 Teamwork

Providing consistent teams in houses appeared to support the people with ID and team members. The house staff focused on the good relationships they had with each other which included being open to each other’s ideas:

“There are team meetings and everybody knows each other so well that it is easy to approach each other with ideas” (HS14).

Family members confirmed that staff teams were a real asset to the service. They felt extremely fortunate that their family member was a member of this service due to the overall quality of care given. They were also confident that staff teams would support their children well when they themselves were no longer able to do so:

“There have been times I have felt ... what am I going to do if I take a heart attack tonight or I have a stroke or die you know... what would be the consequences. I now have no worries at that end of it as far as my child is concerned. If there is no family to support him... staff would support him” (FM1).

7.2.4.3 Support for Education

The service recognised the value of education and supported all those people in the service who chose to take part. One house leader expressed that his best days in the service were in giving educational input to the staff:

“I like chances to educate staff, it’s kind of interesting particularly when people bring their own experience to it” (HL6).

House staff endorsed the connection between being supported in further education and delivering a better work performance:

“I got skill tech level 5 with help from the service. Yeah, it definitely helped me and the course had an awful lot of involvement with the residents on it too. It helped me improve my work and I achieved something for myself” (HS9).

Some of the people with ID also recognised that being in college was a significant and important experience for them:

“Um the best time I ever had was when I started in College. I started in 2011. It was great with all my friends and the tutors” (PWID2).

Education perhaps was one of the reasons for the organisation doing as well as participants were describing.

7.2.4.4 Respite Service

Both family members and people with ID who attended respite said that the respite care was the best in the area. Most of the people attending respite were adults who lived at home with their aging parents. Spending time in respite was an opportunity to spend time with friends and to go into the community. The people with ID really enjoyed attending respite and family members had no concerns when their family member was there:

“We hear from families and from others very positive feedback. and it’s partly the warmth of staff and its partly there’s a nice atmosphere you know and it’s partly the friends getting together and having a bit of fun” (HL6).

Most of the people with ID recounted stories of their enjoyment in respite:

“Yes, in respite I love going to the pictures, to town; everyone in respite goes” (PWID5).

7.2.5. Summary

It appears that the organisations strengths are in doing their best within a residential and respite context, to provide a service that encourages individuality, development of skills, continuity within the person’s relationships, and for the people living in the service, the provision of a home. The main goal generally was to enhance the happiness of the person. Staff members were highly motivated, formed functioning teams that listened and responded to their core stakeholders. Participants found support through education. The recruitment of volunteers brought support to individual people with ID and reinforced the goals of individuality and connection in the community. However, to a degree, both core stakeholders were passive recipients of care albeit they were very satisfied with what was provided. Table 3 on the next page, summarises the ‘Discovery’ findings.

Table 3: Discovery findings: The strengths and best attributes of the service

Themes & Sub-Themes	Summary of Findings
Theme 1:	Person-centered Care
Individualised care	The service tried to support individuals rather than groups of people with ID.
Person-Centred-Planning tool	A person-centered planning tool established goals that each person with ID wanted to achieve each year.
Independence training	The people with ID had achieved a level of independence from house skills to traveling alone in the community.
Commitment to happiness	There was a genuine concern in the service for the happiness of each person.

Developing Connected Relationships	Staff put effort into keeping good family connections and helping the people with ID maintain their friendships.
Community connections	Leisure time was spent in the community, pubs, concerts, etc. People with ID chose their own local community services, GP, etc.
Theme 2:	Highly Motivated Staff
Positive staff attitude	The majority of staff were intrinsically motivated in the job they do.
Listening and responding	Staff at all levels had a strength in listening to the people with ID followed by working together to make an appropriate response.
Having fun	Fun was part of everyday life.
Teamwork	Teamwork was the platform to make positive inputs into the lives of the people with ID. Family members found this reassuring.
Theme 3:	Positive Organisational Supports
Creating homes	Many of the employees worked hard to make residential houses homely.
Valuing education	Education was valued at all levels of the organisation and one reason for the organisation's success.
Respite	Both family members and the people with ID said that the respite care service was the best in the area.
Volunteers	Volunteers were recruited to work with one person. They were matched on the basis of common interests.

7.3 Dream Data

7.3.1 Introduction

The 'Dream' part of the process invited participants to collectively build a vision for the organisation's future. Two themes emerged from the process: developing independence and developing the organisation. From the first theme, six sub-themes emerged included maximising independence; community involvement; housing;

developing relationships; expanding the role of volunteers; and establishing transport options to support the independence process.

The second theme described guiding the organisation into the future. Six sub-themes evolved. The first four were directly related to the organisation: expand the service in keeping with the service culture; work towards a greater partnership with people with ID and family members; integrate technology into the organisation; change the name of the service to reflect its present purpose; establish a plan for caring for the older person in the service and, finally, develop a coffee shop as a hub for the organisation and the local community.

7.3.2 Developing Independence

7.3.2.1 Maximising Independence

The major thrust of the vision illustrated in Theme 1 was that each person with ID should be given the opportunity to gain as much independence as they desired. As the vision developed, most of the sub-themes revolved around this central corporate desire. This, however, would come with a challenge for the organisation:

“Can we change as people change” (HL6).

There was also a suggestion that natural community supports should be allowed develop. This meant staff or volunteers working to train members of the community, over a period of time, to support a person with ID rather than the service providing the support, allowing the person to be independent of service input at different times in any one month:

“If I brought [name] to a football match on a few occasions, I could find a group of supporters who might get involved with him, who could then support him at future games” (HS11).

Some participants believed that rostering one staff member with the role of supporting people in independent living. Several participants suggested adjusting service funding from being allocated to houses, to funding individual people. One house leader shared his knowledge of his experience to this suggestion:

“The management team have discussed as to how individual funding can be addressed. Changes to funding may take 4-5 years to negotiate with the HSE. If successful, the changes may then allow funding to go with individual needs” (HL6).

The participants were grappling with how greater independence could be achieved in the organization. However, they went ahead and developed a clear vision for the future with the following poem:

My life, My choice.

“I thought it was my home and now I am on my own

Visit me anytime my life is finally mine

Choice was just a word but now it is my world

Today when I visit Tesco

For a tea, coffee or espresso

I am greeted because I'm staff

Rather than how I was known in the past

My label has finally left me

At last now I am free”

People with ID joined in the conversation by telling participants their own thoughts on independence: they wanted to engage in travel training so they could go into the town unaccompanied; they wanted more freedom to do ‘normal’ things. This conversation led to a one-person with ID telling others of a recent venture to be more independent:

“Me and [name] went to the pub on our own. We decided to go so we just did it” (PWID6).

With help, one person with ID with communication difficulties wrote down what was important for her independence:

“I'd like to experience a job; I'd also like to try living on my own” (PWID11).

The people with ID affirmed the sentiment in the poem and were reaching out for greater independence.

7.3.2.2 Community Involvement

Participants agreed that there was a need to build on the success of developing community activities. Participants also mentioned employment and volunteering in the community as part of social inclusion:

“Community living is pretty much what we are about. Basically, to be more involved with the community and to build a personal level of community involvement for each resident” (HL2).

Two groups recorded what was important on their flip chart:

More choices and options as people’s need and desires change. People need to explore options and be given time to absorb those options. We should support people to try different things (Excerpt from Group 1’s flip chart).

In the group conversations, people with ID told their groups what they are interested in doing in the community:

“I want to go to more concerts. I like going and watching the aeroplanes landing and taking off. I want to do travel training and go into town on the bus on my own” (PWID6).

Volunteering in the community was suggested by one group to increase community connections:

“There is opportunity in volunteering in the community, things like meals on wheels going shopping and getting groceries for an elderly person and you know making friends with that person” (HS1).

One person with ID shared how he wanted to volunteer in the community:

“I want to help with the Irish Heart Foundation” (PWID4).

Overall the participants were realising the challenge enabling greater social inclusion. Their approach to this was to be more systematic in developing options as well as broadening the possibilities, e.g. volunteering in the community.

7.3.2.3 Choosing where you live and with whom

Participants believed that each person needs to live close to the people and facilities with which they want to be involved. Participants thought that some people living in the service could live in an apartment or house semi-independently and that it was important for their overall wellbeing that they be given the opportunity to move on from residential living:

“We need to help people realise that they are not stuck in a residential house forever ... that things can always change. Life changes” (HL4).

Some participants challenged staff members that the people with ID should be able to choose who they live with:

“The service needs to consider people that might want to live together and to support them in this process” (T2).

One group developed a narrative to communicate their vision using a character called Alan, who lived in an apartment close to his friends:

“In the year 2017, Alan is 32 and he is living in an apartment near his family home in Brinsley. Today is Tuesday, it is 8:00 am and he texts his support person to say he is getting ready for work in the local shopping center and he gets his bike from the hallway”.

One person with ID wanted his own key to his present house. Two others wanted the opportunity to live in their own apartment: but realised that for them this would be a challenge:

“I would like to look at options for living independently but I might be lonely so I want to link in more with my friends in the service” (PWID9).

Participants were articulating that there were other options to residential living. The vision perhaps was sowing seeds for a different way of living for some of the people with ID.

7.3.2.4 Broaden Fulfilling Relationships

A number of groups communicated their desire to support the people with ID in making friends. For some participants, this was a very important area for the service to address. Several participants articulated that this was a pressing need:

“Life is about contentment and it is also about being around the people that you want to be around. It is about supporting people in very different relationships, including intimate relationships” (HL7).

The continuation of Alan’s story communicated the service vision of the kind of relationships that they wanted the people with ID to experience in the future:

“Alan is looking forward to catching up with Dave after work who is his own age and lives with his girlfriend in Ballybridge and has two kids. They will go off to the fitness center where he gets half an hour on the weights. Then he meets Tracey afterward for a bite in Fernando’s. He has been getting on well with her recently and might ask her back to the apartment for a drink.”

When people with ID were asked about relationships, some focused-on family relationships and others on the enjoyment of doing activities with others. Others communicated the importance of having friends:

“You need to live with your friends and go socialising with your friends” (PWID8).

One family member realised the importance for the people with ID to have good relationships and wrote down:

“Relationships are for all of life, they create happiness” (FM3).

The participants were realising that the best of the service, maintaining present relationships was limited for some people with ID leading to a lack of fulfilling relationships. Seeds were being sewn to shift the status quo in this area.

7.3.2.5 Volunteers trained to support independence

Four groups thought developing greater independence included expanding or developing the volunteer program. Proper training could give volunteers the expertise to support independence.

One volunteer expressed this well:

“If I got some training, [name] could be more independent in three years’ time. She would be doing more of her interests and more things on her own” (V4).

Some participants were acutely aware that to increase independence, more people were required to support this. Volunteers for some participants was a potential answer to bridge the gap. This was because there was no funding available for more paid personnel.

7.3.2.6 Transport and independence

Several participants made a case for the service to provide more cars and to increase travel training to support independent living. The first issue communicated was to get rid of mini-buses in the service because they represented a symbol of the old institutions:

“Travelling in a minibus makes people stand out” (HS13).

One volunteer volunteered for a person with a physical disability and stated the following:

“Access to a car will help me to go out more as I don’t really want to use public transport. This means we could go to the cinema or bowling. It gives us the freedom to do what we want” (V3).

Some people with ID wanted a car to be able to access more places in the community:

“Every house needs to have its own car” (PWID8).

Two groups suggested that advancing the travel training scheme would enable more people to travel on their own. Some people with ID agreed that they wanted more travel training:

7.3.2.7 Summary

The narrative on Alan finished with the following sentence, these final few words summed up the vision:

“This is the kind of life we hope that we can support people to live. A life that suits the person.”

The participants were starting to put together the jigsaw on what greater independence would mean. Independence was a proactive direction the service would need to explore. It would include increasing living options, expanding ways of being in the community, broadening relationships, creating more access to transport and recruiting and training volunteers to support people with ID in their independence.

Table 4 below summarises the ‘Dream’ data to support independence.

Table 4: Dream: The vision to support independence.

Sub-Themes	Key elements
1 Maximise Independence	Focus resources around enabling independence.
2 Community Involvement	Increase opportunities in leisure, employment, and volunteering in the community.
3 Housing	Develop an alternative to residential housing.
4 Developing Relationships	Support people to increase the number of fulfilling relationships in their lives.

5	Volunteers	Involve volunteers in maximising people's independence, rather than just focusing on shared interests.
6	Mobility	Make cars accessible to maximise independence and increase travel training.

7.3.3 Theme 2: Guiding the organisation into the future

7.3.3.1 The Dream Dialogue

The 'Dream' dialogue resulted in five areas that were focused on the organisation:

organisational challenges, changing the name of the organisation, improving respite, starting a business and planning to care for the older person.

Many participants wanted to see the organisation expand because they believed in the strengths of the service. They were also keen to preserve its present friendly, warm culture:

"The service needs to be expanded but it needs to happen slowly so the person-centeredness is not compromised" (FM3).

Two people with ID wanted to be involved in the service orientation procedures for new staff and to be involved on interview panels too. One person with ID explained why she wanted to be involved in the service at this level:

*"We don't want someone working with us with an attitude problem, we want staff who will work **with** us"* (PWID9).

This idea was one way of developing continuity from the strategic plan to making the stakeholders part of everyday organisational decision making.

7.3.3.2. Technology

One group believed that the future vision for the service included taking on the challenge of technology:

“I suppose keeping abreast of technology is difficult for us all but supporting technology and using technology and learning how to use technology is necessary” (HL7).

Two groups suggested re-launching the service newsletter on-line to help general communication in the service. This was the first time that technology had been included in the conversations.

7.3.3.3 Changing the name of the organisation

The service name had the word “residential” in the title. One group made a case to change the name of the organisation in order to reflect the community-focused work of the service:

“Residential gives the wrong kind message on how we are structured. We are a community service and the name community should be in there somewhere” (HL2).

The group brought the idea to the final discussion in the workshop where other participants showed interest in the idea. Perhaps changing the name of the organisation was a way of expressing the changes that the strategic plan could make to the service.

7.3.3.4 Improving Respite

Two groups discussed the respite service. Both of them wanted to see more respite houses opened. One group thought that any new houses should be in different areas of the main city so that the people with ID would have the opportunity to attend respite closer to home, in their own community:

“People need respite closer to where they live so they have less travel time to their day service” (HL6).

Respite family members also noted their long-term desire:

“We need more respite for people with ID, where the service eventually becomes a home” (FM5).

All the people with ID who attend respite wanted more activities in respite. One person with ID was specific on wanting more swimming and bowling, however, the overall sentiment on the topic was revealed in this quote:

“More ice-cream, more fun, outings, cinema, eating, socialising and more entertainment”
(PWID4).

Family members and ground-floor staff wanted to see the respite expand whereas the people with ID were much more practical in wanting more individualised activity.

7.3.3.5 Starting a Business

One workshop group spent time on an idea of starting a business that would facilitate a point of contact for all the people involved in the organisation and a point of contact with the local community. It would also be an informal way for family members to get to know the service. The idea was presented to the other two groups that attended the workshop:

“The residents could open a coffee shop in the future, being a place where people hang out, both staff and service users working there” (T3).

The presenting group were very enthusiastic about developing the coffee shop. Some members of the larger group recognised the potential of it for employment and developing independence for the people with ID. Some participants really liked the idea of its inclusion of community members to help the people with ID make community connections.

7.3.3.6 Caring for the people with ID in their older years

Caring for persons in their older years was the final theme in the ‘Dream’ phase. A number of groups discussed the topic. They were passionate that the service should develop the capacity to manage older people. This was initiated as many staff members were upset that three previous residents had to move on from the service because they were older and had some health issues.

They did not want the present people with ID to be forced to move to a nursing home. The sentiment from many participants was summed up by this quotation:

“The service is for all of life, support people from admission to death” (HL3).

However, the desire to be a service that could manage older age issues raised the need for policies, proactivity and creativity to address the financial and nursing needs for the older years. Bereavement was also identified as an important issue to be addressed in the strategic plan. For example, one person said this:

“As we are dealing with people that are aging, there is going to be a lot of bereavement and loss. Staff need to be strong and know how to support people through that” (HL4).

Only one person with ID mentioned the older years:

“There needs to be more fun created for retirement when people get old” (PWID8).

Table 5 below shows the participants vision for service change.

Table 5: Dream: The participants vision for service change

1	Organisational challenges	Expand the service however keep the present culture Integrate technology into the organisation. Involve people with ID and family members in every-day organisational processes.
2	Changing the name of the organisation	Give the organisation a new name so that it reflects the present function of the service.
3	Improving respite	Increase the respite population.

		Increase the number of individual leisure activities that can happen in any one week in respite.
4	Starting a business	Start a coffee shop, run by the service, that becomes a hub where people connect people in the service and people in the community.
5	Caring for the older person	Older people with ID can stay in the service even if they have health issues.

There were a number of strands coming together to improve the organisations functioning. Some participants wanted the organisation to expand so that more people with ID could benefit from what the service had to offer. Conversations started of involving the stakeholders more in everyday organisational decision making. Innovative ideas included changing the name of the service, starting a business and embracing technology. The vision also brought out the emotional feelings some staff had of people with ID having to leave the service due to ill health in their older years. They wanted this to be addressed. The vision for organisational changes overall was not as clear as the vision for developing independence for the people with ID. However, there were some organisational issues that could potentially be addressed in the strategic plan.

7.4 Design Findings

7.4.1 Introduction

The purpose of the ‘Design’ workshop was to create a bridge between the vision developed in ‘Dream’ and the current reality of the organisation. The aspects of the vision that people wanted to continue to pursue, would evolve into goals and objectives which would inform the final strategic plan. Two overarching themes emerged from ‘Design’ which were:

1. It is important that people with ID are able to live their own lives.
2. In order to support the overall vision, the organisation needs to develop in a number of ways.

Some people with ID joined in with the groups in creating the goals and objectives, others listened and did not take an active part. They spoke about different aspects of their lives at certain points in the day such as wanting a job, more friends or going on holiday. For those experiencing respite, doing activities in the community was still the focus of their attention.

7.4.2 Theme 1: ‘Living the life you want to live’

7.4.2.1 Supported Independent Living

One group of participants decided to combine five areas of ‘Dream’ together, because they believed that combined, they were all part of a person living an independent life. These areas were supported independent living, housing, community connections, relationships and volunteers. They were all put together as one set of goal and objectives, under the title “*Living the life you want to live*”. This group’s suggestion was accepted by the other groups of participants:

“We have decided to put on the flip chart, ‘Living the life you want to live’. We are saying that everything else follows on from that. The community links, the relationships and all that” (HL4).

Some participants realised that the idea of “*living the life you want to live*” would be a challenge for the service. The importance of encouraging creativity and risk-taking was acknowledged. The participants believed the service needed to find a way of making “*living the life you want to live*” the dominant model in the service, rather than the present model of residential care:

“I agree with everything that is being said that care needs to be individualised more, we need to start working 1-1 with each person” (HS17).

The group thought that increasing the level of partnership with family members would be an important part of this future:

“So, if we want to bring in the families more and have a greater partnership with them, we need to put that into our objectives” (HL5).

One group suggested that the people with ID be encouraged to volunteer in the community. Other participants wanted to revise the rostering system as one way to support independent living. One House Staff suggested:

“We need to be creative around rostering to facilitate extra staff at the weekends and bank holidays” (HS1).

Due to limited staff and financial resources, it was proposed that only a small number of the people with ID would engage fully in *“living the life that you want to live”*, where they could change any part of their lives that they wanted to. The rationale was that if the service could find a way for a small number to engage with the service in a more personalised way, it should then be possible for others to follow.

It was also reiterated that the person with ID *‘sits in the driving seat’* on what happens:

“We need to see the people with ID as our employer, and their family as co-leaders with us if they are happy to do that” (HL4).

These ideas pointed to finding practical ways in delivering greater personalised care as well as articulating a shift in the power dynamics between the core stakeholders and employees.

Another subject that was discussed was how to organise holidays in the future. This was on the agenda because the people with ID believed that this was an important area to discuss. By the end of ‘Design’, it became clear that holidays were part of *“living the life you want to live”* and that individual holiday choices would progress as the people with ID were supported to develop their own lives.

7.4.2.2 Finding the right community for you

One challenge articulated was people with ID need to be supported to find community places where they feel they belong in order to build community relationships. One story illustrated how some people might prefer spending their lives in the community that they grew up in, rather than spending time in the local community around the service:

“I had to bring a service user to [place name] last week and they said, “I know the way.” Just get out to the school and I’ll show ya. She kept saying “so and so lives in there and so and so lives in there.” Maybe keeping the person in their own community if they would prefer is the right thing to do” (HS11).

This would be a challenge to the service because it would mean relocating if some people with ID wanted that to happen. This could directly affect some staff members; however, staff were not objecting to exploring the possibility of this type of change.

7.4.2.3 Living Accommodation

The participants had a discussion on where the people with ID might choose to live in the future. One House Leader said:

“It is the community that the person wants to live in that is important” (HL4).

The second issue was how the service would support people in alternative housing. One family member suggested that perhaps not all people with ID would need twenty-four-hour care:

“Is it necessary in all cases to have staff 24/7? Perhaps staff could work between two houses” (FM3).

It was noted at this point, however, that most staff believed that most of the people with ID would still need significant support to live in mainstream community. To achieve living in normal community housing was going to be a challenge for the organisation.

7.4.2.4 Mobility

To support independence, means by which people with ID could be more mobile was discussed:

“There is a huge need for a car because the guys coming into respite for example, really want to get out and about into the community” (HS16).

Some of the participants in favour of more cars realised that family members could be more involved in transport issues to help devise ways of purchasing cars:

“I don’t think that families are aware of the transport issues in our service. They take it for granted. I don’t think that they are aware of the present transport arrangements” (HL3).

It was hard for some participants to be optimistic regarding the purchase of cars because of the financial challenges in the service. These participants were not convinced the purchase of cars was the solution. They wanted mobility objectives to focus on travel training:

“The other thing we need to think about is travel training and bus passes etc. So, when and where possible people with ID should be using public transport” (HL2).

7.4.2.5 Summary of the theme “living the life you want to live”

“Living the life, you want to live” had become a phrase that encapsulated the main vision for the future of the service. Three sets of goals and objectives were developed from the data. These were: One set of goals and objectives on living the life you want to live, one on volunteering in the community and one on future mobility (Appendix 6 pp363).

7.4.3 Theme 2: Developing the organisation

Six elements were identified to the theme '*developing the organisation*': Technology, partnership with families, changing the name of the organisation, respite resources, starting a business, and caring for the older person:

7.4.3.1 Technology

It was agreed that the organisation needed to develop its digital capacity and that the people with ID needed support in the use of mobile phones, tablets, and computers. Some staff members were nervous at the idea of having to work with technology. Participants recognised the need for leadership: and suggested a group of interested people should lead technology development:

“Now the jigsaw pieces are falling together, we really need to get a team together on technology because this is how it will work” (HL2).

It was agreed by both groups that communication in the service would be enhanced by upgrading the service's website. One person with ID wanted the website to be improved so that it provided details of staff rosters. He wanted to find out who is on so that if he needed to, he could communicate with them before arriving. One staff member spoke for the person:

“Jim has said that he would really like photographs of what staff will be in for the week on the website. He wants to know the staff plan for the week and who is going to be in” (PWID3).

Some participants wanted to train the people with ID in the use of iPads:

“It is important to include people with disabilities in technology They should all have iPads. It is amazing how you can communicate through iPads. You can get in touch with your day service and you can communicate with your staff” (HL7).

7.4.3.2 Partnership with families

Staff members wanted a closer partnership with family members into the future. They observed that in the present Irish system there is a danger that family members lose influence once the

person with ID is admitted to the service. They wondered if some parents in the service might be affected by that culture:

“There has to be a balance between supporting families and not taking all of the power away from them” (HL3).

Some participants wanted to see a more equal partnership evolve over the lifetime of the new strategic plan:

“If we were to move towards this family partnership, working towards individualised care over the next four years, I think this would help in moving away from residential services” (HL3).

With partnership at a political level in the service, participants focused more on the involvement of family members than on including people with ID at that level. Their ambition for the people with ID was to empower them to live their own lives, rather than be subject to a residential service.

7.4.3.3 Changing the name of the organisation

Many participants discussed changing the name of the organisation and were in favour of doing so, suggesting that the term ‘residential homes’ be dropped:

“I think we should keep the first part of the name only” (PWID8).

It was believed that the change of name was significant:

“I think the name change is more than just changing the name; really it is about changing our whole mindset on how we work as an organisation” (HS18).

Aims and objectives were developed for creating a new name for the service as part of the strategic plan. Changing the name of the service appeared to be part of the significance of the desire to empower the people with ID to develop their own lifestyles.

7.4.3.4 Respite resources

Many participants wanted to increase the use of respite, to accommodate at least two more people per week. However, the house leaders in the group thought that financial constraints would prevent them from employing more house staff to implement this:

“The problem is that unless the health service is willing to pay staff, we can only have three or four service users in the house at any one time” (HL6).

It was agreed that developing a new respite house in the area where a large number of people with ID came from was a good idea. This would allow the people with ID to be more independent when spending time in respite:

“I suppose in terms of future planning we are working towards people having a service closer to their home” (HL7).

Overall the CEO believed this to be a desired, but long-term project due to the complex negotiations required with the Health Service Executive.

The people with ID who attended respite, talked about the things in the community that they wanted to do. They did not have an interest in the expansion of respite. Going out to different places in the community was important for them. It was agreed that in order to make this happen, respite would need volunteers and the provision of a car.

7.4.3.5 Starting a business

There was general agreement that setting up a coffee shop would help to create a point of contact a “hub”, a point of belonging. There were a number of participants who really believed this might help the people with ID as they engaged in independent living:

“It would be great to have a connection point because they are not going to have five people living next door to support them” (HS16).

Some house leaders and house staff, however, were not convinced by the idea of starting a business. The original idea was diluted by the ‘Design’ groups. A number of them believed that

too much resources would be depleted by the venture. Providing a hub for social activity, rather than running a business emerged from the discussion. Goals and objectives were created to start a business in the service because many participants were still interested in the idea.

7.4.3.6 Caring for the older person

Some felt there was a knowledge gap in the service regarding the overall approach to older care that needed to be addressed. Similar aging issues to the ‘Dream’ data were discussed. Some participants identified in the objectives that there was a need to develop a training package for staff and that a funding source would be required. Providing both funding and training would potentially enable a high standard of health care. Enthusiasm for catering for older age issues was as still as vibrant as it had been in Dream.

7.4.4 Summary

Two themes emerged from the ‘Design’ data: *“living the life you want to live”* and developing the organisation. These were translated into eight goals and sets of objectives that, if agreed in ‘Destiny’, these would become the main focus of the final strategic plan. Design had been a challenge to develop goals and objectives that aligned with the Dream data. However, the participants believed the goals and objectives should be set for each area of the vision (A copy of the final goals and objectives are at the end of Appendix 6, pp363).

7.5 Destiny

7.5.1 Introduction

The purpose of the ‘Destiny’ focus groups was to gain agreement on the aims and objectives for the eight goals in the strategic plan and to gain commitment to change aspects of the service. It was also to make sure that the participants believed that their voice was part of the final strategic plan. The ‘Destiny’ part of the research was organised through a series of focus groups, in which

all the participants met with others belonging to their existing peer group within the service, i.e. people with ID, house staff, etc. The 'Destiny' data also involved a group interview with a separately-funded team within the organisation who were developing a supported living project. This project supported a small number of people with ID to develop a life for themselves within the community. This section of the service was run separately from the main service. Their initial remit was to support people with ID who were not part of the service. However new funding had made it possible to include people due for admission to the service. Since the main theme from the 'Design' data "*living the life you want to live*" had much in common with the Supported Living Project, the leadership team believed that one focus group in 'Destiny' should be with the supported living team, because they believed that their perspective would be of value to the research.

The 'Destiny' data revealed the final thoughts of the participants, their endorsement or otherwise of the goals and objectives, and a number of areas that they were already acting on, even though the strategic plan had not officially started. The people with ID expressed their satisfaction with the strategic plan and emphasised a number of areas during their focus group discussion. For instance, they wanted to tell the story of one house that had purchased a new car as a result of the 4D process. Others communicated that they wanted to engage in volunteering in the community and reiterated that developing more leisure activities was important. They were keen to be involved in making the strategic plan happen and they agreed that they would need support in doing so. When shown pictures of the various goals agreed in 'Design', they identified that the one on developing more friends was particularly important to them.

7.5.2 Theme 1: "Living the life you want to live" "*Love Living*"

7.5.2.1 "*Living the life you want to live*"

In 'Design' the participants had agreed that "*living the life you want to live*" included the themes of being independent, community links, relationships, housing and volunteers. Therefore, they

agreed that all of these areas be part of that same goal. The house leaders recognised the resources challenge involved:

“It is very hard for the service to break away from the residential model entirely” (HL7).

In order to manage present resources, they suggested that independent living should be focused on the new supported living program for which the service had already secured separate funding. This would mean that any new admissions would explore fully *“living the life that you want to live”*. This strategy had the potential for new admissions to avoid the residential system completely if they wanted to. Present residents would thus not be included in the early stages of what had become the main thrust of the participants’ attention. The house staff were not happy with this idea:

“Well, there should be something in independent living say for the people in the residential houses. It is important that it’s not put on the long finger and forgotten about” (HS11).

The other non-disabled groups agreed that the *“living the life you want to live”* strategy should include the present people with ID living in the service. This is where the groups below management, really influenced the outcome of the strategic plan. Management wanted to try it out with non-residents first however they listened to the other groups. House staff recognised the potential for the service to develop a more personalised service, however they also recognised the challenges involved:

“Definitely there is room to grow if there are more choices made available. I think with more volunteers we will be able to expand it. There are restrictions on what we do, however. At the moment if [Name] wanted to go to a nightclub I can’t bring him because of the other three people in the house” (HS1).

The house staff also believed that greater involvement by family members would help to support their relatives in becoming more independent. They could go out with their relative so that the

person with ID had an opportunity to be in the community without employees from the service.

One person reported that in her house this had already been initiated:

“[Name] went to a concert with his brother recently. There was no staff involved so it was brilliant that more independence is starting to happen” (HS1).

This goal also incorporated the objective of the people with ID living in their own rented house.

The house staff were surprised that management were open to moving away from residential housing:

“I never thought that management would think like that, so I thought yeah, [Name] would love to do that. She is looking for another place to live, so the service might be able to rent a 3-bedroom house. She could then have her family over to stay” (HS4).

The family members, too, thought that the development of supported living was a good idea:

“I think the ideas around independent living are great. A few weeks ago, my daughter hit us for six as she said that she wanted her own apartment. She was able to name out everything that she was putting in it. She has thought about this for a long time seemingly. Things that you thought were impossible are now possible” (FM6).

As the conversation developed the family member realised that her daughter was free to experiment with her life. The parent could see the potential of the strategic plan to provide an alternative to the old residential system:

“Rather than putting someone into a residential house and say that is your life now, end of story. The support will be there now. If a new living arrangement doesn't work out then it doesn't work out. I think that is fantastic” (FM6).

The supported living team thought that people with ID should be involved in structuring the

“living the life you want to live” part of the strategic plan. They agreed with the idea of integrating housing, community links, etc. into a single set of goals and objectives:

“The strategic plan is now moving towards an individualised model rather than having a number of projects in the strategic plan that don’t interface” (SL2).

Most groups agreed that the service should explore developing beyond the residential service system and support people with ID to also move beyond it. The spirit of the change was that it be done at the pace the people with ID want. For example, one person living in a residential house said he was comfortable living there and did not want to move:

“No, I don’t want an apartment on my own, I like to be living with everyone” (PWID8).

The people with ID were also interested in the idea of volunteering in the community. For example, one person with ID was already volunteering in a local church and told the other people with ID what he was doing:

“Helping out, sweeping up the yard, helping out the front of the building, helping out” (PWID13).

On hearing this, others in the group also wanted to try volunteering in the community:

“Yeah, yeah, that would be good” (PWID2).

‘Destiny’ crystallised the awareness that supporting the people with ID in the development of new friendships was a challenge for the service. The supported living team had a different attitude to the topic of friendship. They considered that the key for the development of good relationships was to focus on developing the person’s sense of self, followed by helping them express this in what they do. They believed that friendships would come from this:

“Life is all about relationships. You don’t need loads of structures to do it, however, the person does need some support” (SL1).

There was a general agreement that supporting the people with ID to develop both, their lifestyle and friendships was important: the following quote is an example of how participants were thinking:

“One of the clients voiced to me that they wanted the space to have their own friends over” (T2).

7.5.2.2 Transport “getting around”

Since the ‘Design’ workshops, many participants realised that cars were an important part of “*living the life you want*”. Both house staff and people with ID were happy that the Strategic Plan included the objective to purchase cars for the service. Two people with ID came to their focus group, very pleased to tell the story that their house had purchased a car:

“*Car*” (PWID7 pointed to the picture of his new car).

His friend joined in the conversation:

“*It’s red, we just bought it*” (PWID6).

This was another way that the lower ranks of employees and stakeholders had really influenced the outcome of the research. Management initially had been in favour of focusing on travel training, believing there was no funding to support cars. However, when management spent time engaging with the issue, they changed their mind.

7.5.3. Theme 2: Organisational Development ‘to infinity and beyond’

Developing the organisation comprised four main elements: technology, rostering, the involvement of people with ID and family members in organisational processes, and house staff wanting more support from management in supporting independence for the people with ID:

7.5.3.1 Technology

The participants accepted that the organisation needed to develop the use of computers, mobile phones, iPads, etc. The house staff recognised their own limitations in mastering technology. However, while laughing at their inabilities, they accepted the challenge. The acceptance of tackling the issue of technology was an important step in making the development of technology a reality. One participant stated:

“*There’s no way of getting away from it*” (HS15).

One person with ID was able to share her competence in working on computers. She shared what happened when she was asked to do some computer work in her job. This illustrates the potential to involve people with ID in new challenges:

“I was excited but surprised at the idea. Surprised that somebody asked me” (PWID2).

The participants, therefore, affirmed the need to integrate technology into the service system and to support the people with ID to become competent in the use of it.

7.5.3.2 Family members’ increasing involvement in the service

Family members taking part in the research really wanted to support the service in developing the strategic plan. One house leader had completed a survey specifically for family members on their perspectives on the service. This was a first step in including them more in the decision-making of the organisation:

“I have got surveys back from families and they are looking for more involvement with the service” (HL7).

The management in the service decided to appoint two more family members to the Board of Directors, bringing the total family representatives to four. However, the management did not appoint any representative of people with ID. The family members were now firmly represented in the decision making of the service into the future.

The people with ID also showed a willingness to become more involved with the service at a deeper level. However, management chose not to appoint people with ID to the Board and at the time they did not give a reason for this decision. The service recently involved people with ID in interviews. When asking one person with ID which of the SP goals he was looking forward to, he wanted to be in the middle of organisational projects:

“I would like to do more things with the leaders, I have volunteered already” (PWID8).

7.5.3.3 House staff issues

House staff were concerned that only one member of staff was allocated to each house on any one shift. This was seen as isolating for staff members and possibly limiting the development of “*living the life you want to live*”. However, one member of house staff had found a solution. The house leader had made time to be on duty with each house staff for several hours per week. This improved communication, gave time for more community activities to happen for the people living in the service and dealt with house staff feeling isolated.

“Our meetings are short now as we have that time with the house leader rostering herself on when house staff are on. We talk about things on the shift together so we don’t have to wait for the monthly meeting to bring issues up” (HS1).

House staff requested that management consider introducing a similar solution in other houses. They also wanted management to improve the rostering system so that it could support personalised living. It was the house staff who were working out how personalised living could occur at ground level as they were the group experiencing everyday life in the residential houses.

One house leader had already developed a way of promoting supported independent living in the employment of new house staff. She had issued contracts that were specific to a person, rather than to be a general employee:

“We have new staff on shorter contracts at the moment. This is a specific purpose contract. That person may be part of the organisation but they are employed for a specific purpose and person” (HL3).

7.5.3.4 Changing the name of the service

There was final agreement among the participants that changing the name of the organisation would proceed. For house staff, the change of name of the service was not considered to be

important. They were willing to adopt a new name for the service, providing the first word in the name remained.

One person with ID talked about the name change:

“I think community services should be in the name” (PWID8).

7.5.3.5 Opening a Business

A number of participants believed that opening a coffee shop was an excellent idea:

“I think it is a marvelous idea” (PWID3).

The people with ID viewed the idea as a social venture:

“Tea and coffee and chat with friends that’s what comes to mind when I think about the coffee shop idea” (PWID2).

However, a significant minority of participants thought opening a business should not become part of the final strategic plan. Some house staff, for example, thought that neither they nor the people with ID would want to get involved with the work of managing a business. House leaders and family members believed the coffee shop to be a social venture, a neutral place to meet. However, they became aware of the overall cost and wondered if perhaps it was not the right venture for the service at that time:

“The hardest goal is the one on starting the coffee shop. The cost of renting places is horrendous” (FM1).

The supported living team believed that each person with ID should be involved with the community as much as possible and should spend as little time as possible in service-based projects. This is because it leaves the person attached to the service rather than the person living their own lives. Their view of the coffee shop was it should not happen:

“If it was a coffee shop just run by people with disabilities, I would hate it” (SLTI).

During the ‘Destiny’ period of the process, the leadership team decided to block the idea of the coffee shop, with full support from the Board. They decided to change the goal and objective from starting a business to a goal around employment. Their rationale for this was that several people with ID had said in the data that they wanted to get a job. Starting a business was the only goal to be rejected by the management team and board. They supported all the other 7 goals.

Reflexive account on the Board’s decisions against the overall agreements

The board made a decision to change the goal of starting the coffee shop to a goal on employment. My value of everyone making the decisions together was compromised. I felt sad for the participants and sad for the project. Not all decisions for the strategic plan would now be agreed by all the participants. During the meeting I was in conflict as to what I would do. In the same meeting, the board members decided to appoint two more family members to the board, increasing their numbers from 2 to 4. There was no mention of doing the same for the people with ID. Again, I felt sad for them that they would not get the opportunity. I decided that I had to let both decisions go and not challenge them. At the time I believed that the service had to work out how they were going to move forward to develop the strategic plan. Now that developing the strategic plan was coming to an end, I felt that I had no remit to challenge at this level. I was the outside insider (Coghlan & Brannick, 2005) however, at this point I experienced that I was now definitely an outsider. I realized that my task was almost done. My influence for the next three years was over. I had to concede that even an organisation as good as this one, the service could not give full equality to all the stakeholders including involvement in all the decision making into the future. Even though the service had made a lot of progress, and had achieved much during the past year, democracy in some areas of the service, was still not a reality.

7.5.3.6 Caring for the PWID as they get older. “Engaging with aging”

Participants realised that caring for the older person was an important issue for the service. It was agreed that the strategic plan would include a goal of creating a plan for the older years. One of the therapists gave her thoughts on why caring for the older person needed to become part of this strategic plan:

“The service generally over the years has had a young active clientele. It’s only now that this is starting to change” (T3).

Overall, the different groups did not add anything new to the discussion on the older person. Now that the idea seemed to have gained traction, one therapist observed an anxiety in some of the house staff in looking after an older person with ID:

“I suppose the long-term care of the residents was one of the areas that seemed to be a stumbling block to take it to that next level. Comments were made like, ‘would we be trained’” (T2).

The house leader’s realised staff would need support as the service engaged in planning for the older years.

The decisions made that became part of the strategic plan are in table 6 on the next page. However, the change in the management stance towards older people had clearly come from the house staff whose articulation of the issue in Dream enabled reflection during the process and agreement in ‘Destiny’ to make a plan for older age issues.

Table 6: Decisions made that became part of the strategic plan and actions taken

Area	SP decisions made by the participants during Destiny
Goals and Objectives	The eight goals and objectives from Design were agreed with the exception of starting a coffee shop.
“Living the life, you want to live”	Participants were committed to moving the service towards “ <i>living the life you want to live</i> ”. This would happen slowly due to limited resources and it was required to occur at the pace of each person with ID.
Choosing where you live	Some people with ID would have an option to explore living in a mainstream community setting.
Relationships	The service staff would work to support the people with ID to develop more fulfilling relationships in their lives.
Community Activity	The service was committed to support the people with ID in developing more options for community activity. Cars were to be purchased to support this.
Technology	The service decided to integrate digital technology into the service systems and support the people with ID to use digital technology.
Rostering	It was agreed to improve rostering so that it could accommodate more personal choices of the people with ID.
Changing the organisations name	The name of the service would be changed to a name that was reflective of the present focus of the organisation.
Support during the older years	The service committed to making a plan to support people with ID in their older years.

Respite	The service would work to increase the numbers of people attending respite. A car was to be purchased and volunteers recruited to create more opportunities to engage in the community.
Employment	The goal for starting a business was replaced with a goal to support employment.
Actions taken to achieve the plan during the Destiny period	
Transport	One residential house purchased a car to support the people with ID to become independent.
Family partnership	Family members on the Board were increased from two to four members to increase the partnership approach. A survey was sent to family members from HR to clarify their perspectives on a number of topics.
New staff contracts	A number of new staff contracts were created around specific people rather than the organisation. This was a step towards <i>“living the life you want to live”</i> .

7.5.4 The implications of the Destiny data

The final strategic plan was agreed by all the groups. The main focus was developing a way for the people with ID to become more independent. This included the challenge for the service to make the transition from a residential service to becoming a personalised service, one that could accommodate *“living the life you want to live”*. The strategic plan would run for four years. The implications from the data were that if the plan was successful, in four years’ time the following things would have happened in the service: Some people with ID would live and work in new places, some would have new friends and some would be doing new things in the community. People would be more independent in getting around the community, seeing more of their family and friends. Better transport options would be in place for them. The use of digital technology would have increased both in the service and in the lives of the people with ID. The service would

have changed its name and there would be a plan in place to care for people with older age issues. Family members and people with ID would collaborate more with the service in helping to develop it. Respite would have expanded and the present respite house would have a car and volunteers to support involvement in the community.

One house leader reflected on the strategic plan and how it would be possible to change the service during the lifetime of the strategic plan:

“One thing that strikes me is that this is a four-year plan. Four years is a short period in an organisation. It isn’t that we are going to change the whole world in four years. Sometimes it is around building on what we are already doing and bringing it to another level” (HL6).

This quote encapsulated the challenge for the service. In ‘Discovery’, the service recognised that the service did the best job it could in providing good practice in residential care; in ‘Dream’, shared a desire for a more personalised service, where the people with ID could find a new level of independence; in ‘Design’, they developed the phrase *“live the life you want to live”*. The challenge presented in the ‘Destiny’ was for the service to develop itself at a new level so that the people with ID were living more their own lives, with fewer limitations from being part of a residential service. There was also the challenge of changing the name of the service, developing technology, including stakeholders more in the organisational processes, building more capacity into the respite service and making provision to keep the older person in the service for as long as possible.

7.6 Conclusion

The process of one year had brought the participants through a journey to develop a strategic plan. The participants discovered the service strengths which they then used to build a vision for the future of the organisation. The participants then endeavoured in ‘Design’, to discern whether the

strategic plan could deliver the 'Dream'. In the 'Destiny' groups, there was a clear desire among the participants to work towards a more personalised service, where the people with ID would have the option of living their lives in a way that they wanted. All the answers of how they were going to achieve the plan had not been given. The SP document had set a direction for the organisation and the participants had agreed to eight sets of goals and objectives. The final wording of the strategic plan was put together by the PI and adopted by the Board. The SP document was printed (Appendix 6) and the strategic plan was officially launched with copies of the plan given to each participant.

CHAPTER 8: EVALUATION METHODOLOGY AND FINDINGS

8.1 Evaluation Methodology

8.1.1 Introduction

The research project to develop a strategic plan in a service for people with ID was evaluated using fourth-generation evaluation (Guba & Lincoln, 1989) combined with the principles and procedures of AI. This section describes the process undertaken to gather and analyse the data for the evaluation. The second part of the chapter presents the findings from the evaluation.

Evaluation is an essential element of SP (Buck, 2016). This evaluation was also essential as many AI interventions do not substantiate the claims of success that they make (Van der Haar & Hosking, 2004; Walker, 2015). Therefore, in carrying out this evaluation, the evidence for the contribution of this research had the potential to be made clearer. The value of this evaluation was in establishing the level of progress to the goals committed to, and identifying paths for future action. Moreover, the evaluation had the potential to allow practical applications of the contribution of this study to be identified.

The aim of the evaluation was to inquire into the achievements of the strategic plan and the insights gained from having taken part in developing it.

The objectives of the evaluation were to:

- Discover the participants' perceptions of what they believe was achieved in developing the strategic plan.
- Explore what the participants perceived the service should focus on in the final year of the strategic plan (immediately after the evaluation).
- Identify evolutions of the strategic plan 2014-2017, which may require development into the future.
- Capture the learning participants have gained from developing the strategic plan.

The reason for the evaluation was to fulfill the original objectives and to ascertain whether the participants thought that the strategic plan had been worthwhile, what the achievements were and how they perceived SP worked in the service. The evaluation also returned to the research question: How can inclusive strategic planning proceed in ID organisations? In the objectives of the evaluation, it was agreed to evaluate the achievements of the strategic plan. This would establish how effective the strategic plan was for the participants. The second objective was created for the participants to inquire into what they thought needed to be achieved to get the best out of the present cycle of strategic planning. The third objective enabled insight on what the service should focus on during their next cycle of strategic planning, giving continuity to the SP process. The fourth objective captured the learning from the SP process to inform the research. Finally, the evaluation facilitated inquiry into the fourth and fifth objectives of the initial research. These were to contribute to the academic literature and bring insight into recommendations for SP in ID services into the future.

8.1.2 Four generations of evaluation

The evaluation framework rests on work by Guba and Lincoln (1989) who identified four generations of evaluation. The first generation emerged from a positivist paradigm in the early part of the 20th century and focused on determining the effectiveness of interventions. The second-generation evaluation evolved in the 1930s from work in the education sector and focused on the provision of surveys, such as satisfaction surveys. Third-generation evaluation evolved in the 1960s and created standards in which practice can be measured against. Fourth-generation evaluation concerned the techniques that involves stakeholders in the evaluation process (Guba & Lincoln, 1989). Fourth-generation evaluation is appropriate for this research due to the overall participative approach employed.

Fourth-generation evaluation has the potential to offer authentic perspectives from the core stakeholders, the people with ID and family members. These are the groups with less power in the organisation, thus allowing a greater variety of perspectives and voices be heard (Abma &

Widdershoven, 2014; Azzam & Levine, 2015; Thomas & Parsons, 2017). When the different groups in an organisation are represented in an evaluation there is greater transparency, which can lead to greater accountability in future decision-making made by managers (Baur et al., 2013). The inclusion of the core-stakeholders allows them to feel more valued and affords them greater influence on the constructed reality that emerges (Guba & Lincoln, 1989). The values of fourth-generation evaluation include equality, collaboration, participation, continual improvement and the development of competence (Abma & Widdershoven, 2014; Azzam & Levine, 2015; Guba & Lincoln, 1989; Snoeren et al., 2016). These values accommodate a fully democratic process where the evaluation is tailored to the people who stand to benefit from it (Pawson & Tilley, 2015). Fourth-generation evaluation is therefore congruent with AI and SP.

8.1.3 The process of fourth-generation evaluation

The purpose of fourth-generation evaluation is to identify factors that can lead to the development of the organisation and to establish a consensus on future paths of action (Guba & Lincoln, 1989). Each step of the evaluation seeks to link itself with the next one in a logical fashion. The role of the researcher is to become a facilitator, collaborator and technical advisor rather than ‘the expert researcher’. The outcome of the evaluation should reveal a new reality that the people in the organisation can work towards (Guba & Lincoln, 1989).

Guba and Lincoln (1989) developed ‘responsive evaluation’ from fourth-generation evaluation. Responsive evaluation has the capacity to break down the complexities of real worlds. It works to develop a partnership between the stakeholders and employees in an organisation and has been particularly used in the caring sector (Abma & Widdershoven, 2014). Baur et al. (2013), for example, used responsive evaluation to empower the elderly people in a nursing home to become involved in how they wanted their nursing home to be run. The older people ceased to be ‘consumers’ of their nursing home and became ‘citizens’ who had a voice and could shape how

they lived in the home. Responsive evaluation looks at the different melodic lines going through the research that keeps its diversity intact, meaning that the diversity of voices is brought together to create the eventual outcomes (Baur et al., 2013; Seponski, Bermudez & Lewis, 2013). This is congruent with AI as it seeks the multiple voices within the data collection (Reed, 2007).

8.1.4 AI as Evaluation

AI has been used in evaluation since the turn of the millennium (Patton, 2003; Rogers & Fraser, 2003; Reed, Jones & Irvine, 2005; Tzavarus Catsambus & Webb, 2003). AI as an evaluation tool has the potential to become a creative act, as well as a fact-finding mission that is the usual focus of evaluation (McNamee, 2003). AI considers evaluation as part of an ongoing process in the organisation's development. In the context of this project, evaluation is used to embed the strategic plan further into the organisation (Coghlan, Preskill & Tzavarus Catsambus, 2003).

In completing this evaluation, whilst there was a need to provide a systematic process, there was also a challenge to provide a free-flowing process so that participants could actively contribute to it (Coghlan, Preskill & Tzavarus Catsambus, 2003). Similar to Fourth-Generation Evaluation, AI as evaluation is best jointly constructed by the participants in a way that is helpful for them (Van der Haar & Hosking, 2004). Information shared by the participants is used to help them realise that they are part of the story of the organisation, resulting in their becoming part of the process of improving it (Van der Haar & Hosking, 2004). Once the information is assembled, the organisation can work towards an agreement with the participants about the future of the organisation, as well as evaluate the current strategic plan. The future of the organisation may take the form of developing consensus or finding common ground in some areas of organisational life, where change can occur (McManee, 2003). As the participants act on the results of the evaluation, greater commitment to the situation is possible, leading to the potential for better outcomes for the organisation overall (Preskill & Tzavarus Catsambus, 2006). This will also show the level of commitment towards developing SP into the future.

The process and findings of an AI evaluation process are grounded in partnership and dialogue (Walker, 2015). Similar to responsive evaluation, stakeholders fully participate in the process (Preskill & Catsambus, 2006). By fostering active listening between the participants, the multiple voices can be used to construct something that would not exist if only the dominant voices were present (Reed, 2007). Data can be collected via interviews, focus groups, small discussion meetings, workshops, questionnaires and the collection of stories (Jacobsgaard, 2003; Reed, 2007; Stratton-Berkessel, 2010). Conventional data analysis processes are employed to make sense of the data (Christie, 2012).

8.1.5 The Evaluation Methodology

Fourth-generation evaluation methodology (Guba & Lincoln, 1989) is systematic and acts as a robust framework in which AI capitalised. In both approaches, common ground is found that the participants can act on. There are nine steps of fourth-generation evaluation which were used in this evaluation:

1. **Agree to complete the evaluation:** The Principle Investigator (PI) and CEO agreed to complete the evaluation.
2. **Plan the evaluation:** The plan was to explore the depth and breadth of organisational life under the remit of the strategic plan. The researcher was given access to all the groups in the organisation, including people with ID, family members, frontline staff members, house leaders and board members.
3. **Develop procedures for collecting information relevant to the stakeholders:** Data was collected through small group interviews, the use of the nominal group technique and a reflective diary created by the researcher. Easy-read material was available for the people with ID.
4. **Develop joint constructions through dialogue on issues relevant to the stakeholders:** Small group interviews took place, with questions based on the four objectives of the research. 'Discovery' and 'Dream' were part of the evaluation, in that the participants were

able to focus on the achievements of the strategic plan, combined with their ideas and desires for the future of the service.

5. **Test and enlarge the constructions to develop the ideas:** In this step, the PI made an initial analysis of the data.

6. **Provide the information for a relevant agenda for the organisation:** A draft report was developed for the participants in an easy-read format.

7. **Review the information with the participants and prioritise what needs to be addressed:** The PI met with a cross-section of the participants to go through the data, discuss the report, make recommendations for the completion of the strategic plan, and make recommendations for the development of the next cycle of strategic planning.

8. **A new round of data is collected if required:** A new round of data would have been collected if the group of participants thought it was required. In this case the participants believed they had the relevant information and therefore they did not require a second round of data collection.

9. **A final report is developed for the organisation:** The PI integrated the feedback given by the participants and the final report was delivered to all the participants.

8.1.6 Sample

Similar to the development of the strategic plan, the evaluation was open to anyone in the organisation who wanted to take part, both the internal and core-stakeholders. At the time of the evaluation, there were no volunteers or therapists in the organisation. Sixty-four participants took part in the evaluation:

- 11 people with ID who lived in the organisation
- 7 people with ID who attended respite
- 18 family members
- 7 board members
- 6 house leaders
- 15 house staff

8.1.7 Data collection

Data was collected via:

1. a questionnaire for the small group interviews
2. the deployment of the nominal group technique
3. a reflective diary.

Table 7: Evaluation Interviews that took place

Number of groups interviewed	Group Profile	Number of participants in each group
1	Board members and CEO	7 Participants
1	Family members	18 Participants
4	House leader with frontline staff	3-6 participants
1	House leader	Single interview
5	People with an ID with support workers	2-5 participants
2	People with ID with no support	1-2 Participants
Total Interviews: 14		Total participants: 64

8.1.7.1 Questionnaire

A semi-structured interview schedule was developed, appropriate to the needs of participants. The questions were designed in an AI format (Whitney et al., 2002; Reed, 2007; Stratton-Berkessel, 2010), integrated with focus group information (Kruegar & Casey, 2009) and evaluation information (Wadsworth, 2011). The information sought was the participants' perceptions on the following: the main achievements of the strategic plan 2014-16; locating the energy of the

organisation at the present time; establishing the participants' priorities for the final year of the strategic plan; participants' desires for the future of the organisation; learning that had occurred over the three years of the strategic plan relevant for the future; and an opportunity to share any other information considered relevant to the participants or to their thoughts on the strategic plan.

The researcher followed up on the issues that naturally occurred in the conversations, taking cues from the participants as the conversations developed (Preskill & Tzavarus Catsambas, 2006). This was to make sure that issues the participants considered important for them, became part of the data. The questionnaire for the people with ID was adapted and written in easy-read format. Their questionnaire explored what had been achieved in the strategic plan, what participants had learned from taking part in it, and their perspectives on developing the future of the service.

Participants were interviewed in their natural groupings in the service: people with ID, family members, house staff, house leaders and board members. The reason for this was practical: this caused the least disruption for the participants within their normal routines, and there was no funding available to run alternative ways of collecting data.

8.1.7.2 Reflective Diary

The PI kept a reflective diary during the process, based on his perception of the interviews and any informal interactions with people in the service during the time period of the evaluation.

8.1.7.3 Nominal Group Technique

The nominal group technique was also used during the evaluation in order to encourage individual thinking, as well as group thinking during the group interviews. This enabled each person's voice to be heard (Delbecq, Van de Ven & Gustafson, 1975). Four parts of the procedure were used because a flip chart was not needed for the group interviews:

- Each person (or pair), jots down their thoughts on the question asked
- Ideas are shared in turn
- All ideas are discussed
- If necessary, a vote is had on relevant questions.

8.1.8 Data Analysis

Thematic Analysis by Burnard (1991) drove the analysis of the data (pp87). An initial evaluation report was drafted by the PI and submitted to a cross-section of participants. These participants focussed on critiquing the analysis and considering the meaning of the data and its implications for the service into the future. The PI then produced a final report that was submitted to all participants.

8.1.9 Validity

This evaluation was judged against a set of criteria developed by Herr and Anderson (2005), as set out (pp88).

8.1.10 Limitations

The risk within the AI approach to evaluation is the danger of missing some negative data that may prevent desired changes from happening (Rogers & Fraser, 2003). However, the researcher aimed to provide an open non-judgmental atmosphere where negative comments and voices could become part of the data within the overall evaluation (Fineman, 2006; Fitzgerald, Oliver & Hoxsey, 2010). Honest accounts of how well the organisation was doing were to be included in the final report, both the points where the organisation was excelling and points where the organisation needed to improve.

8.1.11 Evaluation Methodology Conclusion

Fourth-generation evaluation combined with AI was deployed to complete the evaluation. The purpose of the evaluation was to understand the achievements of the strategic plan and to identify what was important to develop into the future of the organisation. A cross-section of the participants analysed the data and made recommendations for the future of the organisation. These were used to create a final report which was made available to all participants. The report was also used to inform the organisation's next cycle of strategic planning.

8.2 Evaluation Findings

8.2.1 Introduction

This section presents the findings of the evaluation of the strategic plan.

8.2.2 Evaluation question one

Focusing on the last three years, what do you think the service's main achievements are?

The responses to this question are presented with comments on the achievements of each of the goals of the strategic plan.

8.2.2.1 'Living the life you want to live'

It was agreed in 'Destiny' that *'living the life you want to live'* encompassed a number of areas in a person's life. This included the overall direction of a person's life, housing, relationships and support from volunteers. The goal was: *Initiate a pilot project to explore the potential of 'Living the life you want to live' for up to 3 residents in the service.* The goal was structured in this way as it was unknown what resources could be developed to support more than three people to develop a level of independence beyond residential living.

Overall, the feedback indicated that this was the goal on which most progress had been made. Most of the residents had been affected by the goal in some areas of their lives. Several residents were exploring their lives in a deeper way, considering how they wanted their future to develop. The Board believed that the momentum towards the development of *'living the life you want to live'* was the biggest achievement in the service during the three years of this strategic plan:

"I think the concept of individualised lives is more prevalent than it was three years ago. Even the families are on board and are more familiar with the concept. I think we are realising that people are there to have the life that they want to have, you know, and that's a good thing" (B4).

Goals developed for each person are deeper than the person-centered planning goals presented in the 'Discovery' data (pp113). Employees improve their relationship with each person in order to

understand the types of goals that the person would really like to achieve. Goals are then created that are intrinsic to each individual. As a result, house staff believed that the people with ID were more involved with shaping their own lives. A change was also reported in the power dynamic between the staff members and the people with ID:

“It is one of the few places that I have worked that when you are a support staff, you are actually supporting; you are not leading the person” (HS25).

Family members thought that the people with ID had a far greater capacity to make individual choices than they had three years ago. The service found ways for the people with ID not to be with a group when they wanted to do individual things:

“I find that if my daughter doesn’t want to go on a trip and the people in the house are going, she doesn’t have to go ... it is her choice to do what she wants, whereas before she would have to go along because that’s the way it was with staffing” (FM6).

As with many ID services, most people with ID had not chosen the house that they lived in. They were offered a service after the family members spent a lot of time negotiating with the main funder, the Health Service Executive. At some point, the present residents in the service were offered a place in this service. This service did a lot of work before the person came to the house to make sure that they were happy to do so. However, the evaluation showed that only three people living in the service had chosen the house that they lived in a similar way to how non-disabled people would choose where they live. One objective set in the strategic plan on housing was: *“Explore the type of house and community the person wants to live in”*.

The development of the strategic plan had increased the participants’ awareness that people with ID need to have a choice in where they live. The evaluation showed that managers and house staff were no longer content with delivering residential care only:

“In the service, we thought that where people lived was the ‘bee’s knees’ until we started questioning, ‘Is this really a home?’ So, these are the discussions that we need to have going forward” (B6).

During the lifetime of the strategic plan, the service supported one person with ID who wanted to live on her own, to do so. However, this did prove challenging for the service structures:

“[Name] has had a lot of change in the last six months, two housemates left. The organisational decision would have been to keep one housemate there. But we listened to what [Name] wanted. It was not the easy way out by any means” (HL11).

The evaluation showed that during the lifetime of the strategic plan, four people with ID were considering whether they wanted to continue living in residential housing. The service was willing to embrace the challenge if any of the people with ID wanted to move out of residential accommodation. During ‘Destiny’, one person with ID was certain he wanted to remain in a residential house, however, three years later, his opinion was changing:

“Oh yeah I am happy to live here and then in the future I am hoping to move out” (PWID 8).

Increasing fulfilling relationships and developing community links became one objective in the strategic plan because it was realised that what people do in the community is linked to the relationships they have. Developing more fulfilling relationships was an objective of *‘living the life you want to live’*. The objective was: *Increase natural support networks of each person that includes the development of relationships and a number of community links.*

Efforts had been made to build relationships between people with ID through:

- Identifying the people that they know and like to spend time with outside of the service
- Encouraging people with ID to take part in a local ID friendship network
- Reconnecting with relatives that they want to connect with, but don’t see enough of.

For two people with ID, their volunteer had become a personal friend. One house staff commented on the friendship network that people living in the house she works in had joined:

“So, it’s quite nice to see them going out and meeting people in the network, and the phone is going the whole time” (HS20).

A small number of people are now in romantic relationships. One person declared her enjoyment of having a boyfriend:

“Yes, I see him outside of the club we both go to, as well I see him out and about for dinner and tea sometimes. And I met most of his friends ... Oh yeah!” (PWID2).

One person with a more severe disability gave this response to his friends. He was quite clear that he enjoyed going out with them:

“Friends yeah, very good, cinema ...bowling ...” (PWID14).

In ‘Destiny’, the service had admitted that helping people make friends was a challenge. However, in the evaluation, it was clear that some progress had been made. The people with ID were quite clear that making new friends was really important for them, and they wanted ongoing support to continue doing this:

“I think life is about friendships and having more time with people” (PWID 2).

Evidence emerged of staff thinking more creatively about community engagement. Staff were experimenting and working with the people with ID to try new things they might like to do:

“It’s nice to see people trying new things, not just going to things for people with disabilities. I definitely see staff looking for different things that people might want to do in their lives, and staff being more confident to support people in what they want to do. We are starting to think outside the box” (HL4).

Staff were supporting the people with ID to try activities out so they could evaluate if they were meaningful for them:

“What we are trying to do is to encourage people to try something. It doesn’t matter if it doesn’t work. Community engagement has definitely moved on ... it is still hard to achieve but we are definitely on the right road” (HS18).

One example of developing community links was people with ID trying out active leisure activities. For example, attending golf lessons:

“I love that game ...all the golf balls in the plastic bucket” (PWID15).

During the development of the strategic plan, the main support for the people with ID in the community was improving their leisure time. However, house staff were encouraging the people with ID to develop community inclusion in other ways. One person developed his artwork during the development of the strategic plan and was selling it online. One house staff was grappling with how she could support one person with ID who loved education:

“I am thinking that she has such an interest in academic education, where do we go from here with her? We will eventually come up with something” (HS21).

Another objective from the goal *‘living the life you want to live’* was: ‘Expand the volunteer program to support the independence of people with ID’. A group of volunteers were recruited that proved to be very successful during the first two years of fulfilling the strategic plan. However, the number of volunteers in the service decreased over the course of the third year. There were a number of reasons for this. As mentioned, a few had become personal friends, others left for personal reasons. Some had got on so well with a particular person that they were

employed to support that person. This was part of a new strategy to build people around a person who really had some kind of affinity with them:

“She was on the volunteer list, she got from being a volunteer to being one of the staff members for the service. She gets on so well with [Name]” (HS19).

During the evaluation, the absence of volunteers was noticed. The commitment in ‘Destiny’ to involve volunteers in supporting independence had not happened as anticipated. However, it was realised in the evaluation the extent of the success they had had with the volunteers. A commitment was made by senior staff in the service to revive the volunteer scheme within the following two years.

8.2.2.2 Getting a Job

The goal was: *Support any person with ID that would like to get a job to attain one.* There was evidence in developing the strategic plan that more people living in the service wanted to be employed. The members of the Board were concerned that employment for the people with ID must be genuine rather than tokenistic. They had realised that it is important for the people with ID to have work that fitted their personality:

“People with ID need to do what is legitimate and authentic. Nobody wants to play the charade of a job, the job that’s made up as opposed to the job that’s a real job” (B1).

Several people with ID have managed to get new part-time jobs they were happy with during the lifetime of the strategic plan. One person got a job with a local craft beer producer:

“I work in Jason’s, it’s the beer makers place. It’s good and I enjoy it” (PWID6).

8.2.2.3 Transport

The transport goal was: *‘Improve present transport options that will help people with ID to get to places in the community and keep in touch with family and friends.’* More than half the houses

now had their own car. This was seen as essential to get the people with ID into the community more, and also it meant they had an alternative to unnecessary day-service minibus trips:

“Having the car means they get a straight run instead of having to get the one bus to one center that then puts them on another bus to another center” (HS1).

The respite family members reported that having a car was a huge advantage:

“Just after dinner, they are able to shoot down to the beach for a nice walk. Something as simple as that. So easy with a car but so difficult to do with public transport, so having a car is a real asset” (FM7).

8.2.2.4 Summary

To summarise, the people with ID were being supported to live as independently as possible. Housing was being explored with a commitment to accept the challenge once a person with ID identified what their housing wishes were. The people with ID were developing new relationships, finding new things to do in the community and some had found employment. More than half the houses had a car. The volunteer scheme, although successful in the first two years of developing the strategic plan, had lapsed in the third year, leaving a number of people with ID without volunteers.

8.2.2.5 Organisational Issues

There were five organisational goals that were reviewed as part of the evaluation. These were organisational processes and technology; involving core stakeholders in organisational processes; changing the name of the service; respite care and caring for the older person. The first goal was a challenge to: *‘Align the organisational structures to changes taking place as a consequence of the development of the strategic plan’*. Staff rosters had been radically changed to support the independence of the people living in the service:

“I think if you look at the rosters now and how they are laid out, it’s very individualised now. We are trying to make our second staff individual to a person and do what they want to do” (HL8).

As well as this, roster gaps were filled by regular team members and not by relief staff:

“It’s seeing what works and what doesn’t ... who works together well and who doesn’t ... and it’s not just names on a roster anymore (HL8)”.

Some staff members were now prepared to challenge structures that were not working for a person with ID. Before the strategic plan, staff accepted the limitations of ID service norms. However, since the development of the strategic plan, staff members were advocating for the people with ID if the person wanted to live their lives in a way that did not fit within these norms. An example of this was to work towards changing day-services that were provided by other service providers. A few people with ID were not happy in their present day-service. Staff advocating for them was producing results:

“But yeah, even looking back at years ago like, there would have been no scope for this service to provide a day program of any description whereas now you can already see it is happening for a few people” (HS16).

The service had initiated individualised staff training around specific people, rather than the norm of giving general training that covers any person with an ID:

“The training is for her specific team. So, it wasn’t just for everyone who has challenging behaviour in the service, it was very specific to her. And she is responding to the strategies well with her core team” (HL9).

Frontline staff were given more autonomy to make decisions on the ground. This meant that decision-making was being pushed down to the lower ranks in the service as much as was

possible. This allowed house staff to use their creativity to help a person with ID improve their lives:

“Problems now are our issue and we have to come up with a solution as opposed to posing the problems as before ... which I like” (HS16).

Family members noticed that the CEO and house leaders were managing the organisation really well. The way managers were running the organisation was leading to better outcomes for the people with ID:

“I am saying that with this service there are better outcomes than other services I know. The people who run it are more in charge of what happens and they are more aware of the issues than other services we know” (FM6).

8.2.2.6 Technology

As part of the strategic plan, staff committed to developing technology. The service launched its new website. Most of the people with ID were using social media and purchased mobile phones and had either iPads or computers and were using them for their own interests:

“He uses FaceTime on the iPad maybe twice a week. He uses certain apps on it that the speech and language therapist recommended, then he has painting apps and he will use it to look up songs in the evenings that he likes and stuff” (HS1).

8.2.2.7 Involving people with ID in organisational processes

Participants at the end of ‘Destiny’ were committed to include the people with ID in some organisational processes, such as interviewing and staff orientation. In the early part of the strategic plan, the people with ID had been included in interviewing new staff. One person with ID said:

“They haven’t done interviewing with me for a while” (PWID8).

Senior staff said that this was due to various changes going on in the organisation which made this difficult to achieve in recent times.

8.2.2.8 Changing the name of the organisation

The goal for changing the name of the service was: *'The service will invite people to engage in changing the name of the service to a name that reflects the present service direction'*. The name of the service was changed during the third year of the strategic plan.

8.2.2.9 Respite Services

The goal for the respite service was: *'Increase the capacity of the respite service'*. During the evaluation, the people with ID affirmed how good the respite service was. Their focus was on increasing opportunities for getting out in the community. The service had worked hard to achieve this by purchasing a car and rostering an extra staff member to facilitate more activity in the community. Several volunteers were recruited as one of the objectives of the strategic plan, however, they had left during the three-year period and had not been replaced. The respite service had not increased its capacity to facilitate more people with ID to avail of respite.

8.2.2.10 Caring for the older person

The goal committed to was: *'Respond to the individual aging needs for each resident and person who comes to respite with the aim of supporting each person through each stage of the aging process'*. At policy level, the service committed to developing a plan for older people in the service in order to be proactive on the issues of older age, rather than waiting for an older age crisis to occur. The policy was in place, however, the service failed to develop more extensive plans. Additional older-age issues were developing in the service at the time of the evaluation.

However, the staff were confident that they would find solutions for the older-age issues and that the management would support them to do this. This revealed a change in attitude on older-age issues and that the service was increasing in confidence to advocate for and find solutions for the people with ID as they approached older age.

8.2.3 Selecting priorities for the future

As the strategic plan was entering its final year, participants were asked to indicate the goals that were most important to achieve before the present cycle of SP came to an end. The purpose of this question was to help participants focus on the delivery of the final year of the strategic plan. The feedback was quite clear. The majority of participants said that *'living the life you want to live'* was the most important thing for the service to focus on. Some of these participants also mentioned that more needed to be done to increase community connections which included the purchase of more cars for the service. The second issue was the care of the older person. Participants acknowledged that they had not done enough to plan for the older years of the people living in the service. The final area focussed on by the participants was improving day services, which included employment for the people with ID. Improving day services was the only new area that the participants wanted more focus on. The other areas were consistent with the 'Destiny' data three years earlier. In their session, the Board initiated a discussion on making the changes in the organisation sustainable. They realised the need to attend to the organisational structures if the momentum for *'living the life you want to live'* was going to continue.

The people with ID were consistent in their feedback, as they had been during the development of the strategic plan. They were interested in improving community connections, making more friends and keeping family relationships going. Opportunities such as college, employment and improving their day service were also important. The family members had four clear priorities for the future: develop *'living the life you want to live'*, increase the number of cars in the service, improve technology, and support the older person in the service for as long as possible.

8.2.4 The development of the 'Explore Me' program

The organisation's commitment to supported independent living gained traction through the introduction of the 'Explore Me' process (see note 1 next page). After the strategic plan was developed, staff members in the service realised they required support in developing independent living. The senior managers went for training to

a local organisation whose role was to support innovative ways of caring for people with ID. They were particularly interested in services finding ways to let people with ID determine their own lives.

The 'Explore Me' program is a practiced based program (Dittmeier, 2012), and aims to help staff members get to know people with ID in a different way. It focused on recognising:

1. A person's assets are hidden in the experiences they have had in their lives
2. The person's skill base and their interests will help them develop their lives
3. People with ID have roles to play in relation to other people and places to function in the community.

"Explore Me" is about appreciating the person and helping them to develop a vision for their future. It includes finding people who could support them and recognising the resources they have at their disposal (Dittmeier, 2012). This method gave the people with ID and the staff members a way to develop "*living the life the you want to live*".

The 'Explore Me' process aimed to get to know a person with ID in a new way. The person with ID was brought on a journey to discover themselves by spending time talking about and learning about their history. This was done with a staff member who got on well with the person and a trainer. Through the process, they discovered the person's aspirations for the future. Staff members learned from the process and were challenged to support the person to find how life really works for them. It also sought to find the person's natural supporters, the people that the person wanted to be involved with. Different perspectives discovered in the data on the 'Explore Me' approach to care follows.

Note 1: Please note that the 'Explore Me' program was actually called Discovery, a program developed by a local agency set up to encourage innovative new ways of caring for people with ID. To have called it the Discovery program in this research would have confused it with the AI Discovery of the 4D process. Therefore, the term 'Explore Me' was used.

One house leader compared the ‘Explore Me’ process with the person-centered planning method that the organisation had previously used to encourage independent living:

“In ‘Explore Me’, we are trying to get the right fit for everyone in achieving a good life. This is looking at the whole person’s life which is the way it should be. Whereas the person-centered method was very much a paper exercise. There are your three goals, get to them, and tick them off for the year” (HL9).

One example of this was in the reflection below on one person with severe ID who was taking part in the ‘Explore Me’ process:

When interviewing one person with ID, there was clear evidence that she was being supported to develop her own lifestyle. She was clearly comfortable in her own home; with support from her keyworker, she told me about her two friends, going to yoga classes, being involved in Drama (she smiled at that point) and keeping in touch with her siblings. The energy for [Name] appears to be in doing the things that she likes doing and allowing the expression of herself happen, e.g. in her love of colour. There is also energy in her being with people, including staff whom she has some kind of relationship and affinity with. It was clearly evident the staff are on a journey with her to find out how she wants to live her life.

House leaders have created staff teams that are capable of supporting individual people. Consistent teams in ‘Discovery’ meant creating stability so that the people with ID had a better quality of life. Staff teams and staff rosters were being created to give each person the best support to live a more independent life. Staff sought to tune into how each person would like to spend their day. This meant that staff were seeking to build house routines around the person’s rhythm of living:

“I started in the organisation 5 years ago, I could tell you every Thursday night what I was doing, every! Shopping was done. This is done on this night and this is done on that night, so regimented, that’s gone” (HL4).

Some staff were learning to facilitate the autonomy of the person with ID, rather than trying to get the person to conform to service norms:

“[Name] was clearly telling us every morning ... ‘No ...I’m not going to the day service’. So, I decided to spend time with her at home discovering what she did want to do during the day. And then slowly she did miss what was going on in the day service, and we then worked with the day service to find what she wants to be doing during the day. Things overall are better for [Name] at the moment” (HL9).

Life in the service was increasingly viewed through relationships, rather than rules and regulations. As part of the ‘Exploring Me’ process, staff worked to help the people who lived in the service to spend time with people they enjoyed. They also were thinking more creatively around what each person might like to do:

“I think the new ‘Exploring Me’ works and has shifted everyone’s opinion in a good way. Before we would have been thinking that person can’t do that. Now it is like, what is the worst that can happen if we try that?” (HL9).

Using both the ‘Explore Me’ process and guidance from the strategic plan, staff members were working out how to put greater independent living into place. For example, house leaders were given control over house budgets and staff rosters with encouragement to use both resources to support *‘living the life you want to live’*. Some house staff became key-workers to one person with ID doing the ‘Explore Me’ process with them. They were appointed with the agreement of the person with ID so that their key-worker was a staff member that they had an affiliation with. The key-worker was allocated three hours a week to spend with the person they were responsible for. One house staff explained how this helped in changing her perspective of the person with ID she was working with:

“Because we kind of are hanging out together for those three hours, I am seeing him differently and he is seeing me differently” (HS16).

The Explore Me program meant families took on a new role and became a pivotal part of the process. They were needed to be an active part of the chain of support as their relative with ID worked to live in a more independent way:

“I think the concept of individualised lives is more prevalent than it was. And even the families are on board and are more familiar with the concept” (B3).

Some of the people with ID were happy to be involved in the ‘Explore Me’ process:

“I am on ‘Exploring Me’ with myself, key worker and house leader. We are going through the options, its good. The staff want me to continue doing the project one day a week. I want to do that” (PWID8).

8.2.5 The future of the service

This section reports on the perspectives of the participants on the future of the service. House staff were keen for the service to help the person with ID develop every area of their lives, including the day service for which the service was not officially responsible:

“We want to take ownership of the day aspect of people’s lives... that people would no longer be going to day services that they don’t want to. That we would have more of a life service than a residential service” (HL8).

One house staff identified a more meaningful day for one person with ID:

“[Name] would prefer to be going somewhere, going golfing or maybe working in a golf shop something that just isn’t his day service” (HS1).

The people with ID communicated some things that they wanted to do in the future. Some people with ID wanted to move to a new apartment or to a new job. One person desired to be involved in helping out in the organisation. Many wanted to continue doing simple leisure activities and requested more holidays, both of which give them a sense of having a good quality of life. One person who struggled to communicate pointed to the picture of a person working:

“Which picture, oh the digging, work options, keeping your job is important for you” (HS1).

“Yeah” (PWID7).

The family members wanted the service to continue doing what it is doing and they trusted the managers to develop the service in the right way for their relatives. The Board members as a group were clear on the future service direction:

“The core of what we are here for is that service provision is going to be individualised and that is something that we need to get our own minds around. It was at a pilot stage when this strategic plan started, but it has grown beyond the pilot stage and will be one of the big issues for us from here to the end of 2020” (B7).

The Board realised the reality that they needed to spend time on the organisational structures and organisational resources to make this new direction sustainable.

8.2.6 Equality between the people with ID and staff members

There was evidence that there was greater equality between the staff members and people with ID. Staff were seeing the people with ID as more their equals rather than the normal staff client relationships within services:

“I asked one of the team leaders what was the big thing for her last year...she said I now treat people in a real way. I said what do you mean? And she said the same as you

and me, as equals, whereas before there was that sense, they've got a disability and we've got to take care of them" (B4)

The sharing of knowledge on an equal basis was factored into the method of developing the research. One house staff commented on how much they valued the participation of the people with ID and how this affected their contribution to the research:

"I would think it makes the staff think. We would probably have our own goals and all that and it makes us think, what should we be doing? I can see this person we support going out and mixing more in the community from the plan" (HS4).

It was also evident to the PI that staff were treating the people with ID more normally, almost as citizens, with ordinary lives to lead, particularly those engaging in the "exploring me" process. It was the house staff job, working with management to support the person with ID to live a normal life. This is illustrated in the reflection below:

Reflection on treating people with ID 'normally':

The way the service cares about people with ID is changing. People are starting to stop looking at the system provided, but at the people that they are providing it for. Treating people normally is really important, treating them as ordinary citizens. This puts into question the type of care that services generally give. Often, we do things when caring that are not really normal. As the service is grappling with 'living the life you want to live' It is evident that staff are treating the people with ID normally, as equals. This is providing an example of good practice in the care of people with an ID.

8.2.7 The participants' experience of being involved in the strategic plan

This final section covers what the participants had learned by being involved with the strategic plan. The house leaders had learned that it is possible to change the organisation and support people with ID to change their lives:

“Yep, I think that when you look at the strategic plan and you kind of go that would be great if we could do that, but we CAN do that. That is something that we have done, we are able to do that. So, the learning is that we are able to do those things” (HL12).

The house leaders believed that the participative venture within the research had been a success and had pointed to a new way of doing things in the service:

“There is real learning in this. The researcher really involved people at all levels. For me that is big learning really, power is in the people in the service” (HL7).

New staff members thought having a strategic plan was an asset for the service:

“I don’t even know if we had a strategic plan in the last place I worked in and if we did it wasn’t followed. But here it is nice to see that there is a plan and it seems to be in the right kind of mindset that I’d agree with anyway” (HS19).

House staff thought that the strategic plan had been well broken down into steps and was easy to follow. The house staff learned the value of working in small groups to develop the organisation:

“When you have an idea on your own you think it’s daft, but as you work together one idea builds on another” (HS4).

They had noticed some changes occurring in the service that they attributed to the SP process, e.g. some houses were finding it easier to access funding for projects they wanted to initiate:

“We are more creative now as to how we do things. There doesn’t seem to be as many limitations anymore” (HS16).

The house staff also observed growth occurring by their involvement:

“I think the strategic plan was good to help the residents growing over the year and I’ve seen how vocal they had become, they really got into it” (HS1).

Similar to other groups in the strategic plan, the people with ID enjoyed the artwork in the ‘Dream’ session. The group that had bought a new car were really happy with the venture and wanted to show the PI the pictures of it. They enjoyed talking about their lives, particularly their leisure interests. When the people with ID were asked if they enjoyed being involved in the strategic plan, they all said they enjoyed it with two people saying:

“It was brilliant” (PWID1&3).

One person with ID said the following:

“I think it was very good being involved. I liked the plan on transport, that was a very good idea and I liked trying to get the plan together” (the Design workshop) (PWID12).

Two family members had increased their understanding of the organisational processes:

“I know how the whole thing works. I didn’t before. I know now more what is going on” (FM4).

The family members really enjoyed the workshops and they really valued the participative process:

“I think in the participative process people feel that they were listened to. You couldn’t take on board every-bodies views. I think however everybody had an imprint on the final plan” (FM1).

One family member said that the strategic plan had been a way of engaging with the truth about the service. The family members also thought that the goals were very achievable, realistic and not too ambitious. Towards the end of the evaluation group session, family members spent a long

time comparing this service very favourably to other services and endorsed this service as the one they want their child to be involved with into the future.

The final evaluation report given to the service was endorsed by the participants. A staff member made the following comment:

“I think the final evaluation report was a very accurate reflection of the service, a lot done and more to do kind of thing” (HS18).

8.2.8 Conclusion

The evaluation described the progress that had been made to all of the goals of the strategic plan. Most goals had moved forwards. The service was working towards developing the capacity to provide independent supported living, as well as residential care. A number of people with ID were developing greater independence through the ‘Explore Me’ program that had been initiated during the previous eighteen months. The participants identified what they wanted to achieve in the final year of the strategic plan and what they anticipated beyond the life of the strategic plan. Generally, participants were hopeful that the service would continue to progress in the direction of *‘living the life that you want to live’*, rather than the people with ID having to live within the limitations of a residential service. The staff were gaining confidence that they could be involved in changing what they do in the service and that they can work with the people with ID to change their lives. The people with ID were happy with the changes in their lives and were glad that they took part in developing the strategic plan. Family members had learned more about the service by doing the strategic plan and were happy their initial belief was confirmed, that the service was fully committed to their child. Finally, the Board realised that in the next strategic plan they would have to develop the structures of the organisation to make the continuing progress in the organisation sustainable.

CHAPTER 9: DISCUSSION

9.1 Introduction

This research project developed a strategic plan with the collaboration of sixty participants in a small ID organisation in Ireland. The method used to develop the strategic plan was AI. The strategic plan was developed over a one-year period and its implementation was evaluated three years later. The research took a participative approach where the core stakeholders, people with ID and family members, took part in the decision making of the strategic plan, in the same way, that all the other groups took part. Such an approach is unusual in this field (Eriksson, 2014; Riddington, 2012) and thus represents a contribution to both theory and practice.

The organisation initiated the research because their present SP had run its course and wanted the PI to initiate a project to create a new strategic plan. This need within the organisation was an opportunity to develop a service change initiative that would open the organisation up to input from all stakeholders and embed the principles of equality, inclusion and participation in the development of the service. AI was used because it embraces these principles and it is also a methodology that uses the strengths and assets of the organisation, as well as using the participants knowledge, ideas and desires to create an improved organisation.

The research question posed was: How can inclusive strategic planning proceed in intellectual disability organisations?

The objectives of the research were to:

- Create a SP document for the organisation
- Ensure equality of participation for all stakeholders in the process
- Evaluate the process with the participants
- Contribute to the academic literature concerning organisational change with reference to ID organisations and SP
- Make practice recommendations for developing SP in intellectual disability organisations into the future.

The purpose of this chapter is to discuss the main findings and contributions of the research project. The chapter attempts to answer the research question and is orientated around the two main contributions of the research study. These are:

1. Through the strategic plan, the service was supported to transition from being a residential service only to one that had the capacity to deliver an increased level of personalised care. This is significant because by implementing the strategic plan the service was able to create enough change to steer the organisation towards a new way of working with the people with ID.
2. The methodology developed in this research has the potential to contribute to the organisational change literature in ID and to be used in other public sector settings, where strategic plans are being developed with a number of stakeholders involved. This is significant because the SP literature is acknowledging the need to involve stakeholders however, is lacking methodologies to do this effectively (Bruña-García & Marey-Pérez, 2014).

Within this chapter, the main thread is that in creating a strategic plan using AI, an ID organisation was able to engage in organisational change significantly enough to make progress on delivering personalised living for the people with ID involved in the service. This is an important need in ID services at this present time (Inclusion Ireland, 2018; Linehan, 2015; McConkey, 2013). The people with ID were involved in the decision making as to the changes that would take place in the service. This chapter has three elements: Firstly, the role of the strategic planning document is discussed, followed by the core achievements that developed from the strategic plan. This includes a discussion on what was not achieved and why that might have been the case. This is followed by a discussion on how the transition occurred, making it possible for the service to develop beyond residential services to a service capable of delivering personalised care. The significance of the transition is discussed through work by McConkey et al. (2013). The concept of 'living a life, you want to live' is also discussed through work by Johnson, Walmsley and

Wolfe (2010). This is included in order to develop insight into what the core theme from the findings chapter means for people with ID.

The second element of the chapter provides a discussion on how the development of the strategic plan, contributed to the organisational change literature in ID services. This is important, as this research found one way to support ID organisations to develop change relevant to people with ID, and meet national and United Nations obligations. As the organisational change literature in ID moves forward into the future, it needs to align with national directives and the United Nations Convention on the Rights of People with Disabilities (United Nations, 2006). This is followed by a discussion on the potential contribution of this research to SP literature in the public services.

The final section is to acknowledge the contribution of AI. AI was fundamental to developing the strategic plan through appreciation, the operation of the five principles within the research and by initiating the 4D process. The three elements fundamentally provided a structure to build each of the themes that eventually became goals and objectives for the SP document, which guided the organisation towards putting the strategic plan into practice. The chapter ends with the meaning of the research in the context of the research question.

9.2. The role of the SP Document as a support to the service

It is important to comment on how the strategic planning document supported the participants to develop the future of the organisation. Staff members reported that the plan was broken down into steps, which made it easy to follow. New staff found it a useful guide to help them know what they should be aiming for. One new staff articulated that following a strategic plan was unique to his previous work experiences. Some believed that the collaborative nature of the strategic plan had given it more power and made it more successful. House staff expressed that the strategic plan had helped the creativity of staff and they had used the strategic plan as a rationale to secure funding for projects they wanted to run. A number of participants articulated that they thought the plan was achievable. One participant said she learned from putting the strategic plan into

practice, that it was possible to create change. The strategic plan, therefore, proved to be an asset to the organisation as it set about developing its future over the three years between the development of the document and the evaluation.

The construction of the SP document was developed in a way that was congruent with the SP literature. The document was created to inform everyone involved with the organisation. It showed the direction that the organisation was heading in. It provided a context for the situation and could be used to interpret what employees needed to aim towards in their job (Grant, 2003). It was clear, precise and easy to follow (Liedtka, 2009). The PI also worked to make it appealing and relevant (Wolfe & Floyd, 2013). It was written in easy read (appendix 6) and a graphics designer was employed to make it pleasing to the eye (Barrow, 2011). In easy read, it set the tone that the document was for everyone in the organisation. Two hundred copies were made so that all the participants could have a copy. It was an artifact in that it was there to shape the organisation (Wolf & Floyd, 2013). The strategic plan acted as a tool to make tangible what the organisation was trying to do (Mintzberg, 1994). It was a document that could encourage discussion, and provided flexibility so that participants could make their own contribution to it (Grant, 2003).

9.3 The achievements of the strategic plan

The first part of this section shows the achievements of the strategic plan, followed by a discussion on what was not achieved and why that may have been the case. The Section goes on to discuss why the transition from a residential service to a more personalised service may have occurred. The overall significance of the findings is discussed. This is followed by a section on what this service had achieved in developing more meaningful lives for the people with ID. The section ends with the potential impact that the changes made had on both the ID and SP literatures.

The main achievement of the strategic plan was that the people with ID were supported by staff members in finding ways to live greater individualised lifestyles. The overall outcome was that

the service at the time of the evaluation was in transition from a residential service, to one that could also provide independent supported living for people with ID. Individual lifestyles had developed at some level for all the people living in the service, their achievements such as new friendships, new community activities, finding employment, etc. are in this section.

The Board acknowledged that the change in the service during the previous three years, had made such an impact on them, that they had realised that the future of the service was in facilitating people with ID to determine their own lives:

“The core of what we are here for is that service provision is going to be individualised and that is something that we need to get our own minds around. It was at a pilot stage when this strategic plan started, but it has grown beyond the pilot stage and will be one of the big issues for us from here to the end of 2020” (B7).

In the area of independence, during ‘Discovery’, the participants reported that people with ID were making progress on developing independence skills. However, in the Evaluation, five people with ID were exploring how independent they wanted to become. This shows that the service moved from supporting independence skills to having conversations with people with ID of what kind of life they wanted to live in the future. One lady chose to live in her own rented house and was developing her own lifestyle in her own way. This meant that she could develop her own lifestyle without the pressure of having other people with ID living with her.

In ‘Discovery’, staff prided themselves in making residential houses ‘homely’. Other groups of participants confirmed this perspective, complementing staff on the good job they did. However, as the inquiry progressed there was a realisation of the need to explore with each person with ID on what home meant for them. The strategic plan had shifted the participants perspective from home being homely residential houses, to home being the place where the person with ID themselves should be able to identify how and where they wanted to live, and with whom.

Relationships became an objective in ‘*living the life you want to live*’. In ‘Discovery’, staff members did their best to support people with ID to maintain their friendships and family relationships. However, in the ‘Dream’ data it became evident that many people with ID in the

service did not have enough fulfilling relationships in their lives. The outcome in evaluation showed a variety of things were happening to help the people with ID gain more friendships. Two volunteers had become personal friends of the person that they supported. Some people with ID had made friends through an ID friendship network. A small number of romantic relationships were developing. During the planning of each person's life, friendships were part of the conversation. This showed a shift had occurred. The following comment encapsulated the change:

“So, it's quite nice to see them going out and meeting people in the network, and the phone is going the whole time” (HS20).

Community connections at the beginning of the research were mainly to enjoy eating out, going to other community leisure facilities and going on an annual holiday. The evaluation showed there was a greater variety of community activities going on and there were more active leisure activities being pursued, including being involved in yoga, drama and learning to play golf. Staff members were also exploring education and volunteering in the community as options for people with ID to pursue. As one staff member said:

“We are starting to think outside the box” (HLA).

In 'Discovery', volunteers were recruited to link up with one person, where they did activities based in common interests. The first two years of putting the strategic plan into action, the volunteer scheme was shown to be successful. Two volunteers were employed by the service to support the person they volunteered for because the relationship had worked out so well. There was also a new development where volunteers were supporting the people with ID attending respite.

Employment had not featured during the early part of the research. The participants accepted that the majority of people with ID were attending day programs. However, a goal was created to promote employment. In the evaluation, people with ID were talking about their part-time jobs. One person with ID was selling his art online. Several people with ID had part-time employment. One person had three part-time jobs during any one week. Employment, therefore, was more a

feature of the conversation and there was a greater interest by many participants in the people with ID being employed. Transport started in 'Discovery' as naming travel training as a success for the service however a few participants mentioned cars as a way to support independent living in 'Dream'. The outcome in the evaluation was the purchase of four cars to support personalised lifestyles.

Several organisational issues came to the surface during the research. In 'Discovery', the biggest asset identified by the participants was that the service had sought to employ intrinsically motivated staff. Participants also recognised that the support of education at all levels had a positive impact on the service. As the research developed, staff strengths were increased as the need to improve technology came the fore. Staff also accepted the need to improve rostering to support independent living. The evaluation showed that rostering had been handed over from senior managers to house leaders. Participants were clear that the new rostering system had really helped to change the organisation. Technology in the service had also improved. The service upgraded their website. People with ID were also being supported to engage with digital technology and most were using a mobile phone laptop or tablet with support. Partnership between family members and service increased with four family members being elected to the Board instead of two. This reflected the desire by family members to support the service in the changes that the service wanted to make. Also, the name of the service had been changed to reflect its present purpose.

The respite service in 'Discovery' was appreciated as the best respite service in the area. During the research, the people with ID articulated that they wanted more community activity and family members and house staff were keen to increase the numbers of people attending respite. At the evaluation, the increase in community activity had been achieved through the purchase of a car, by recruiting volunteers and by being able to increase staff numbers at the right times during the week to allow personal choices be accommodated more often. Finally, the 'Dream' data showed a clear desire for the service to support people with ID in their older years. In 'Discovery' it had

come to light that staff members had experienced three people with ID having to leave the service due to older age issues. This had been difficult for them as they wanted them to remain with the service. In the evaluation, participants articulated an attitude change in the service. There were some older age issues occurring in the service at the time of the evaluation with two people with ID needing a retirement program, one of them also had health issues. The staff members were confident that the service would be able to support the people involved and were working to develop a retirement program for them.

However, it was also apparent that there were some goals that were agreed that had not been achieved. The first was that the service had not developed new housing options for the people with ID. The one person that was living in a rented house, this house was part of the services housing stock. The congregated settings report (Department of Health and Children, 2011) recommended that services purchase dispersed housing in the community in partnership with the local authority housing departments, to achieve this. This type of change required input at Board level. The Board recognised that the frontline staff members had created a lot of change for the people with ID. However, the Board had not initiated an exploration of new housing stock. In their defense, they did recognise that this was an important challenge for them.

The objective to increase volunteers, and find community members to support people with ID in activities so that the person would have part of their lives away from the service, also failed to transpire. One reason for this not happening could have been that the service managed to improve rostering so that there were more staff available at the times when people needed individual things to happen for them. Therefore, neither people in the community nor volunteers were needed as much as when the strategic plan was developed.

Two houses were still to purchase cars. One of the houses had people living there who were competent in using public transport. Sharing a car had become a viable option for them. People with ID did not get more involved in the organisations processes, as one person with ID was keen to initiate. The CEO said they had considered employing one person to be part of the administrative team, as-well-as including people with ID on the Board, however, decided against it as they did not want to breach confidentiality of client information. Also, there had not been

any attention paid to expanding respite. One explanation is the CEO that was interested in the venture left the service. The initial enthusiasm to increase the capacity for respite did not transpire into reality. However, the service did respond to the people with ID's main concerns for respite. The need for more individual activities. These were achieved through the recruitment of volunteers and the purchase of a car.

Finally, a more detailed plan for caring for people when they were older had not been developed. In earlier data, the phrase "*The service is for all of life, to support people from admission to death*" had been repeated by a number of participants. The service had failed to make the plan in this strategic plan, however, house staff did perceive an attitude change in managers and had confidence that managers would support them in finding a way to keep someone in the service for as long as possible. This level of confidence was absent in Dream when house staff spent time ventilating on the issue.

There are a number of possible general reasons why some of the areas highlighted were not tackled. The strategic plan took nine months to start. It was September 2014 when it was officially launched. This was because the Irish quality control organisation, HIQA, visited for the first time, one month after the completion of the strategic plan. The house leaders were distracted for more than nine months with various changes that HIQA required. Many ID services around Ireland were struggling with the same issue in 2014. This meant that for that period of time the strategic plan was no longer a priority. The CEO changed one year into the strategic plan. It would have taken time for the new CEO to gain momentum for the strategic plan (Ling et al., 2008). McConkey et al. (2013) reported that ID services are slow to change and that this is the norm and needs to be accepted. The PI was not involved in the three years between the SP document and the evaluation. According to the simultaneity principle in AI, the inquiry itself is part of what creates change in the organisation. Inquiry supports employees to change (Grieten et al., 2017). However, there was no funding to continue the research at that point in time. Table 8 below shows the level of change that occurred in each area between 'Discovery' and the Evaluation in each area of the SP, with the areas that were still outstanding to be developed.

Table 8: The level of achievement from Discovery to Evaluation and area still to achieve

Goal/Objective	Discovery	Evaluation	Outstanding areas for development
<p>Living the life, you want to live.</p> <p>3 people to develop a whole of life plan.</p> <p>Other people with ID to develop new aspects to their lifestyles</p>	<p>The service was encouraging all people with ID to take part in independence skills</p>	<p>Five people with ID were exploring their lives to move away from the residential system</p> <p>Individual lifestyles had developed at some level for all the people living in the service</p>	<p>The service needed to continue to develop a pathway to support people to live a sustainable life in the community</p>
<p>Explore the type of house and community the person wants to live in</p>	<p>The service made residential houses 'homely'</p>	<p>One person had their own rented home</p> <p>Four people were working with staff on moving to their own accommodation in the community</p>	<p>New housing was needed in the community to help these people move away from residential living</p>
<p>Support the people with ID to have more fulfilling relationships in their life</p>	<p>Staff members did their best to support people in maintaining the relationships they had</p>	<p>Closer family ties were being created</p> <p>More time was being spent with friends</p> <p>Some people with ID were taking part in an ID friendship network</p> <p>2 Volunteers became personal friends</p> <p>A few people had started romantic relationships</p>	<p>There was still a need to develop friendships with non-disabled people living in the community</p>
<p>Community Links</p>	<p>People enjoyed ordinary leisure activities, e.g. cinema, eating out, etc.</p>	<p>Several people had a variety of activities during the week.</p> <p>More active leisure was happening, e.g. yoga, drama and golf</p>	<p>Connections needed to be made in the community where people with ID could be supported by people in the community</p>
<p>Expand the volunteer program to support "Living the life you want"</p>	<p>Volunteers were recruited based on common interests with one person with ID</p>	<p>Some volunteers had made a transition from volunteer to personal friend</p> <p>Two volunteers had been employed as staff to work with the person they volunteered for</p> <p>Two volunteers worked in Respite for the first two years of the strategic plan</p>	<p>A new group of volunteers was required to be recruited as most of the present volunteers had moved on</p>
<p>Support any person that would like to get a job to attain one</p>	<p>Employment did not feature in Discovery</p>	<p>Several people with ID had new part-time jobs</p> <p>One person sold his art online</p>	<p>The service needs to move away from traditional day services when people with ID indicate they want to do something different</p>

To improve present transport options to support independent living	The service invested in travel training, two minibusses and one car	Four houses had their own car and travel training continued. One house-made plans to purchase a car during the evaluation. Mini-buses were taken out of the service	Two houses were still to purchase a car
Align the organizations structures to reflect the new strategic plan.	House leaders worked to have a minimum amount of staff on the roster of one house to allow continuity Two family members were on the board of management. Staff training was generic	The focus of rostering became to support individual lives Family membership on the Board was increased from two to four family members Some staff training became focused on specific people rather than a generic training	People with ID needed to be represented on the Board of management and take part regularly in interviewing and staff orientation etc.
Improving technology	Technology was not a priority in Discovery and did not come up in the data	People living in the service purchased new phones or iPads etc and were finding ways to use them, that supported their lives The service developed a new website	The new website needed to become interactive as a place to communicate for the respite users
Changing the name of the service	Changing the name of the service was not mentioned in Discovery	The service name had been changed, to reflect what the service does	
Increase the capacity of the respite care service	Respite was considered the best in the area by all participants	Volunteers were recruited and a car was purchased to increase more activity in respite. Individual chosen activity increased	A new respite house had not opened up New ways of doing respite had not been explored
Care of the older person	Three older people had to go into a nursing home early on in their illness, were remembered with affection	The Board and management were committed to finding new ways to manage the older person to keep them in the service for as long as possible. Staff members were confident that this would happen	A more detailed plan of how to manage older age issues in the service required creation

The themes around staff good practice in ‘Discovery’, were not followed through in ‘Dream’.

These included building on the positive staff attitude, teamwork, listening carefully and

responding, and valuing education. They were not purposely built on by the participants. However, from the evaluation findings, the quotes and the overall changes to practice made by the staff members show that all of these factors had been utilised to help develop the strategic plan. For example, some staff members developing capacity to understand the routine that the people with ID wanted to live by rather than a person with ID having to comply to the service routine. This could only be achieved through good attitude, teamwork, careful listening and being open to learning. This demonstrates building on staff capacity identified in 'Discovery'.

There were also the two factors of commitment to happiness and having fun in the service that were part of the discovery data. They too did not have a clear focus on the other three Ds. The participants focused on Living the life you want to live and on a number of organisational issues. However, there was a commitment to developing individuality and more time in the community. As one person with ID said:

“More ice-cream, more fun, outings, cinema, eating, socialising and more entertainment”
(PWID4).

It was evident the service achieved more time in the community for the people with ID and they also spent more time developing a better relationship with each person so that house staff could understand, in a deeper way, what made each person happy.

There was also a desire to expand the service so that more people with ID could benefit from the service. This was a recognition of how positive the participants felt about the service. Managers were only too well aware that the Health Service Executive would not give the funding to make the service any larger. In fact, in the previous two years, the HSE had thought about incorporating the service with one of the larger services. The CEO had managed to resist this move. The CEO, therefore, did not follow up on expanding the service as he knew that politically this would not be a good idea. No participants mentioned expanding the service in Design or Destiny, with the exception of expanding respite.

9.4 The Transition happened through staff making changes to their practice

This section shows the changes to staff practice that occurred from the actions taken to achieve the SP document. The achievements shown in the previous section culminated in a transition towards a service able to accommodate personal lifestyles and needs in a way that was moving the service away from providing residential care only. This section includes the changes that staff made to practice through the 'Explore Me' program, identifies the core stakeholder's involvement in the process and how the strategic plan supported employees in the service. The significance of changes made to practice was that the staff members were uncovering how to support a person with ID to develop their own lives, the core element of the final strategic plan.

In 'Discovery', staff members were helping the people with ID develop independence skills. Their hope in 'Destiny' was to support independence at a new level. The evaluation showed that their approach to care moved away from managing a group of up to five people with ID in one residential house, to one of proactively seeking ways to deliver greater personalised living for each person with ID. The staff approach to their job had changed, and management were encouraging them to take an experimental approach to it. As the lives of people with ID were changing, the organisation would have to work out how to accommodate those changes.

Most changes to practice were achieved through the 'Explore me' program (pp179). The findings show that through the "Explore Me" process, the staff members discovered that building a deeper relationship with each person with ID enabled them get closer to how the person might want to live their lives, e.g. keyworkers were allocated three hours per week to spend with each person they were responsible for.

Each staff member was trusted to build a relationship with a person with ID in their own unique way. Staff members had learned that the relationship was more vital than protocols and systems in place to achieve progress. This is because an expanded relationship allowed staff to learn what the person really wanted to do with their lives. This made planning easier because what the person

wanted to do with their lives became clearer. This had an impact on the kind of goals that were developed. The following quote encapsulated this idea:

“We are learning more about the full person, I think we’re getting a better understanding of what peoples’ ‘real goals’ are going to be” (HL 8).

Organisational routines were no longer as important as finding the routines led by the person with ID. This concept was tested by one person with ID that did not want to attend her day service. She was supported to take time out of her day service. She returned wanting to be there and staff were able to renegotiate her day-program with staff members in the service. House staff had been given the authority to use their autonomy and be creative in how they work with the person. The people with ID in one house were saying to the staff that their day program was not meeting their need anymore. Staff members worked out the men were getting older and the day program they were involved in was no longer appropriate. They required a retirement program. This meant the service would have to consider an alternative which may include the service finding the resources to fill the gap. Staff were given the freedom to consider these options and to advocate for new options with service managers.

Several staff articulated how they realised that they were working to support the person in how they wanted to live their lives rather than expecting the person to fit in with an organisational routine. Staff in one house, for example, explained how they were helping one person with ID develop their own lifestyle (pp181). Table 9 below, summarises the changes to staff practice that took place in the service so that the people with ID could explore living their lives closer to their authentic self, rather than having to live a life that was dominated by residential care limitations.

Table 9 Summary of the changes to practice staff made from the published SP document to Evaluation

More time was taken to understand the person, their past, present and desired future so that goals and lifestyles were developed in a way that was congruent with their personality.

Staff were developing a sensitivity to how each person wanted to live their life in the everyday routines etc. They worked out how to adapt to that. Routines, therefore, were developed around people rather than the organization.

Building a relationship with the person was more important than what the person does or what staff do.

House staff were given the authority to use their autonomy and be creative in how they worked with the person with ID. A learning flexible approach was taken.

Staff rostering was orientated around 'living the life you want to live', e.g. some house staff were rostered to support individuals rather than groups.

This section links into both the ID and SP literatures. Firstly, Anderson and Bigby (2017), trained a group of people with ID in self-advocacy. The People with ID used the experience to empower themselves to develop their own identities, to explore their true selves and to do things in life that were an expression of that. Anderson and Bigby (2017) concluded that people with ID require a space where they can develop their own identity. ID services are often focused in other directions to allow this to happen. In this research study, staff members were changing their behaviour to give the people with ID the space that they needed in order to understand themselves and build the kind of lives that they wanted to live. The group of staff members in this research were providing the space necessary in a residential setting to allow a similar level of development, that Anderson and Bigby (2017) had to do in a self-advocacy setting. This research, therefore, builds on Anderson and Bigby (2017) showing another way to help people with ID build their own identities. This is a potential method for truly supporting people with ID to find their independence and ultimately find ways to determine their own lives. The strategic plan had created a focus in “living the life you want” that led staff to find ways of developing independent lives, culminating in the ‘Explore Me’ process.

Burgelman (1991) found that an important element to developing a strategic plan in an organisation was to give the employees the autonomy and the permission to experiment to find the best way of developing the strategic plan. Management in this research gave the staff members permission to use their autonomy and creativity to develop the main strategy, *‘living the life you want to live’*. This empowered staff members to try things out with the person with ID, find the best way of working with each person and spending time finding out each person’s true internal goals. House staff felt empowered by the change to make improvements:

“I think the new ‘Exploring Me’ works and has shifted everyone’s opinion in a good way. Before we would have been thinking that person can’t do that. Now it is like what is the worst that can happen if we try that” (HL 9).

Burgelman (1991) stressed that autonomy is important for the evolution of strategy. As employees are allowed to experiment, it allows competence to develop. By giving autonomy to the staff to develop the strategy brings energy to the situation and creates something that will improve the organisation. Mantere (2005) this helps them to take ownership of the strategic plan. With management support they found out what works, in this case, to support a person with ID develop their own lives. Mantere (2005) found that encouraging autonomy and experimentation was more effective than employees being under pressure to meet targets. One house staff commented on her learning from being involved in developing the strategic plan:

“We are more creative now as to how we do things. There doesn’t seem to be as many limitations anymore” (HS16).

There was a belief among house staff that they were moving away from normal residential service behaviours and developing a new approach to caring. This research affirms the work by Burgelman (1991) and Mantere (2005) who found that organisations make significant progress on their strategic plans when employees are given permission to do what they think is best and are encouraged to learn from the process. This research confirms their findings and shows that they apply to the ID service setting. This section brings some insight into the research question, that the autonomy of house staff is important in realising a strategic plan in ID services. Bushe (2010) describes how empowering the ordinary employee, is fundamental to the action phase of an AI project. The organisation was finding a way to improvise change.

9.5 The concept of living your own life in ID

This section explores what it is to *‘live the life that you want to live’* through work by (Johnson, Walmsley & Wolfe, 2010). The inquiry into developing a strategic plan unearthed the core life

within the organisation (Grieten, et al. 2017). This was to encourage the people with ID to live their own lives as opposed to a residential life. Unearthing the positive core of the organisation enabled the service to pursue personalised care. The hope was that some people with ID in the service would eventually move on from group living in a residential house to authentically live their own lives.

Johnson, Walmsley and Wolfe (2010), explored the concept of people with ID living a normal life and concluded that it concerns a number of issues. Using a philosophical approach, they argued that a normal life is based on three things: freedom balanced with constraint, the pursuit of happiness, and a number of experiences in life that a person chooses to initiate that results in a level of personal growth. The first component refers to the freedom to live a life as the general population live in mainstream society, along with the recognition that there are the constraints to life in society that all people experience, e.g. financial constraints, home responsibilities, etc. The second is the pursuit of happiness in fulfilling relationships, personal development and the pursuit of personal interests. They concluded that the elements of a genuine good life, or meaningful life, will emerge from within the person as a result of their experiences and is subtler than material wealth.

Johnson, Walmsley and Wolfe (2010) go on to attach living the good life with Human Rights and Nussbaum's concept of capabilities (Nussbaum, 1997). Human Rights infers that people are free and should be able to expect fair treatment from their fellow human beings. People have a right to full citizenship and the purpose of the United Nations 2006 Convention was to provide a way for western societies to face up to their values in their response to people with disabilities (Quinn, 2009). The second element is capabilities. Nussbaum (1997) identifies capabilities that are a key to "*living the life you want to live*". These include freedom from oppression, the right to own property, to seek employment, the need for emotional connection with others, the need to play, use imagination, think creatively, and the need for political involvement on issues important to the self. These are non-negotiable and should be a given when providing for marginalised people, rather than being an aspirational goal. These ideas bring a fuller expression to "*living the life you*

want to live". They sit very well with this research. The vision of the service included that the people with ID would be free from oppression, expressed in the poem that a person would have their own property and be known as a member of staff in Tesco rather than as a person with a disability. Staff members made some progress in finding ways to support the people with ID to improve the relationships in their lives. Play and creativity was found in the exploration process within the 'Explore Me' program, enabling the people with ID discover more of their personal identity. Staff members used the phrase "going on a journey" with a person with ID. The journey of the 'Explore Me' process is allowing the people with ID develop themselves in the way that Johnson, Walmsley and Wolfe (2010) suggest. What follows is a practical example of one person with ID communicating about his life. In 'Discovery', he talked about the leisure activities that were really important to him:

"We went to Bon Jovi. I went with [name], we had a hot dog" (PWID6).

However, in 'Dream' he was clear that he wanted change in his life. He talked about his desire to be more independent and gave an example of going down to the pub with friends unsupervised. He also wanted to be able to travel independently: In 'Destiny' he said that he was going down to the pub with friends unsupervised more often. He continued to want to become more independent. In the evaluation, he spoke about his plans to move into his own apartment so that he could live near his aunt and a friend, and about his new job:

"I work in Jason's, it's the beer makers place. It's good and I enjoy it" (PWID6).

It is possible however that some people with ID may decide not to pursue a fully independent life and may prefer to stay in residential care. As Johnson, Walmsley and Wolf (2010) discussed, many people with ID continue to make a life for themselves within a combination of support from family members, residential services and day services. While studies indicate that people with ID do better in personalized care (Collins, 2015; McConkey et al., 2013) there are many people with ID whose needs are well-met within the present service system (Johnson, Walmsley & Wolf,

2010). Any transition towards *'living the life you want to live'* therefore, needs to be respectful of what each person with ID wants, with full respect for their past.

9.6 The overall significance of the service entering a transition

The Board was working towards making the changes made in the service sustainable. This transition is illustrated by the difference in sentiments expressed by the participants at the beginning compared to the end of the research process (Table 8 pp198). The service had made a commitment to change the status quo of the organisation from doing their best to provide care in a residential setting in a personal way, to empowering some of the people with ID to develop and live their own lives. Perhaps doing their best to provide personalised care within a residential context was a paternalistic approach. On discovering what gives life to the organisation, staff members learned to support the people with ID in a new way to accommodate a more personalised service through the 'Explore Me' process. The significance of what happened is that the service had reached a point where they were moving into a new phase of their development. Staff members at all levels were motivated to keep the momentum going and the people with ID were willing to engage in the 'Explore Me' program which had become the main tool for personal change. The significance of entering the transition was also that the service was aligning with the United Nations 2006 Convention for people with Disabilities (United Nations, 2006) and the Irish Government new directions for ID (Department of Health & Children, 2013; Health Service Executive, 2011).

McConkey et al. (2013) provided some pointers as to how to create transition. Their ideas, shown in the following paragraphs, are compared with data from this research study. The first was the need to create hope. Hope that there is the possibility of creating alternative personalised housing for people with ID. The service was willing to do this for the people with ID that wanted to move on from residential living. One person had achieved this within service housing stock, and four more were planning to live in the community, in their own house or flat. However, as yet, the

service had not managed to move any person out into community housing. The Board during the evaluation realised that this was their main challenge in the next cycle of strategic planning. This was perhaps the main reason why the service was only in transition, and not fully developed into a personalised service.

McConkey et al. (2013) emphasised that moving to supported independent living is a slow process and that people involved in a service require patience for change to happen. This was true of this research. It took three years from the start of the strategic plan, to reach the point where the service was able to consider delivering alternative forms of living for the people with ID. Thirdly, McConkey et al. (2013) concluded that the next fundamental piece towards personalised living is making progress in community engagement and developing fulfilling relationships. This he concluded requires intensive support. This research confirms this conclusion. Several house staff reported on the persistence and hard work required to develop community engagement and fulfilling relationships. Finally, McConkey et al. (2013) highlighted the need for staff to take on new roles to support a transition. In this study, one staff member articulated how her role changed to prioritise a person's life rather than the everyday pressures of the organisation. Achieving this required a lot of hard work, however, her job became more fulfilling. Management were supporting the process through changing new employment contracts to be person-centered.

9.7 The significance of the methodology for SP with stakeholders

This research could point towards a methodology to include stakeholders in SP projects in the way described by Bruña-García and Marey-Pérez (2014). All stakeholders associated with the organisation who had an interest in developing the strategic plan were involved in the research (Cooperrider, Whitney & Stavros, 2008). The methodology was sufficiently flexible enough to support the involvement of all groups (Reed, 2007). For example, in the case of people with ID, this meant that the people with ID could share their information in ways that suited them. Two people with ID were interviewed with their key-worker at a venue of their choice, as they did not

want to go to an official focus group. The PI recorded everything the participants had to say during each of the 4Ds. What participants had to say therefore was fundamental to producing the themes.

The AI process gave time for the participants to build relationship with and listen to each other. This was assisted through the use of the nominal group technique and building social time into the process. This facilitated relationship building by being able to get to know everyone in a different way. Participants were encouraged to imagine the future together, inquire into each participants ideas and perspectives for the future, complete activities together, e.g. the artwork in 'Dream', and create goals that reflected how they wanted to develop the organisation (Cooperrider, 2001).

While AI has previously been used in SP (Gordon, 2011; Hinrichs, 2010; Mellish, 2011), the studies were presented in practice journals and the methodologies used were not detailed. This research has developed a detailed methodology based in Reed, (2007) who developed a coherent methodology in AI, and through the use of other key texts in AI. Focus groups, workshops and the nominal group technique were combined and analysed through thematic analysis, to provide a credible process that resulted in data from all the participants, that when analysed, developed into themes which were used to craft the strategic plan, stage by stage from each of the 4Ds. A credible AI methodology process in SP up to this point has only been shown in snippets however this research presents a detailed methodology, which adds another piece of knowledge towards including AI in the mainstream SP literature.

Bruña-García and Marey-Pérez (2014) recognised the need for stakeholder involvement in community planning projects so that the full potential of knowledge, experience and expertise could be made available to the public sector and utilised for improving many situations with limited resources. Tietjen and Jargesen (2016) also concluded that researchers need to find ways to bring groups together in a way that they can collaborate and create viable plans. Bruña-García and Marey-Pérez (2014) main argument for including stakeholders in public service projects was that they have the knowledge to allow projects reach their potential, and that the sustainability of

projects may be threatened if all stakeholders are not comprehensive contributors to the process. Each stakeholder group that participates has a level of knowledge and a level of competence that helps to make better decisions for a sectors long-term development. They conclude that stakeholder participation is part of the future of public sector development however present methodologies can be too rigid to involve them in a way that produces the most useful data. Participants need methodologies that enable them to make effective contributions. They argue that methodologies need to be flexible, democratic and made easily adaptable to specific situations to maximise participation.

Up to this point, the literature that includes external stakeholders in SP, have used the following research methods: interviewing stakeholders anonymously (Tegarden, et al., 2015; Wayne, Aiken & Buchanon, 2010), surveys (Handley & Howell-Moroney, 2010), or interviews (Bostrom et al., 2017; Ruarno, Sebastian & Hurtig, 2011). These techniques mean that the stakeholders cannot directly influence the final outcomes. AI has the potential to increase stakeholder involvement in a direct and equal way to other groups. This has the potential to give stakeholders more influence in the final outcomes in both the final decision making on what to do and the potential to act with the public sector future developments, e.g. in sustainable environmental projects. The process is democratic. AI provides an open and transparent methodology and the stakeholders are directly involved in the research process itself, including the analysis of the data. Bruña-García and Marey-Pérez (2014) summarised that developing methodologies that can support the collaboration of employee and external stakeholder groups in strategic planning, is an important need in the public sector, due to the complexity of the many issues communities face. The method used in this research provides a participative method that enables participants to explore an organisation within an inquiry, leading to the initiation of a number of changes to improve the situation.

9.8 The potential contribution of the research to the ID, Stakeholder & SP Research

The organisational change literature in ID does aim to develop research that aligns with the needs of the people with ID (Duryan et al., 2015; Gomez et al., 2013; Shippers, Zuna & Brown, 2015). This research adds to this literature in that it found a way to enable organisational change whilst including participants from all groups within the organisation. Linehan et al. (2015) identified resistance to change as common in ID services, however, this organisation did not resist the process of change. This is significant in that it provides a case of the potential for change in an ID service when staff are less resistant to change. It also shows how professionals and administrations can orientate themselves around the needs of people with ID contrary to the findings of Eriksson (2014), who found that service employees tended to be both profession and service focused more-so than being focused around the people with ID and their family members.

Both the nursing education literature and the participative research literature recognised the significant contribution of people with ID (Atkinson & Williams, 2011; Bollard, Lahiff & Parkes, 2012; Beadle, Needham & Dearing, 2012; McDonald, 2012; Walmsley, 2003). In this research, their voice was active at each stage, by the researcher being attentive to what they were saying. Staff identified that their presence in the research made the paid professionals think their needs through in a different way than if they had not been present. This is similar to the stakeholder literature that found that when stakeholders are involved in a planning process, employees become more accountable (Prior & Herriman, 2010), relationships between groups tended to become more productive (De Beer & Rensburg, 2011), a more democratic process evolved from the decision making (Gedliki, 2010) and core stakeholders were happier with the decisions made (Jackson, 2001). This research shows a comprehensive way to involve people with ID within the organisations, in ways that are relevant to them.

This research also adds to the stakeholder literature in SP. It confirms the literature that advocates for stakeholder involvement claiming improved outcomes for stakeholders when they are

involved in the decision making for the future of services they rely on (Bostrom et al., 2017; Bowen et al., 2013; Ernst & van Riemsdijk, 2013; Hill et al., 2000; Le Bellec et al., 2012; McCabe, 2010; Phoenix et al., 2016). In this research, employees were energised to improve their performance and increase the positive outcomes for the people with ID. It also concurs with the need to involve all layers of the organisation to develop good outcomes for the organisation. Mantere (2005) for example found that good communication between the ground floor and management was essential in developing a strategic plan. SP requires ongoing conversations and opportunities to make sense of what is going on. Opportunities for feedback were required to deliver a plan, and training specific to individual need was required to support the implementation of strategy. This research supports the findings of Mantere (2005) in that it was evident during the evaluation that these factors were in place. For example, ground floor staff found management open and approachable and were not afraid to advocate for the needs of the people with ID over several issues. One member of staff used the evaluation to advocate for a car for the person she was responsible for. Management made a plan to obtain the car.

9.9 Equality for all participants.

One of the main purposes of the research was to create an organisational change initiative where the core stakeholders were involved on an equal basis with the other groups involved. People with ID do not tend to find equality when involved with the development of services (Dowse, 2009; Riddington, 2012). The United Nations Convention on the Rights of People with Disabilities (United Nations, 2006) puts an onus on services to become culturally responsive, so that people with ID are treated in the same way as any group in the mainstream of society. One reason for the choice of AI is that it assumes equality between all the participants (Powley, 2004). AI also promotes equality as a non-deficit model. It does not focus on problems. Dowse (2009), made a case that using deficit models in any context of disability immediately takes away from the equality of the person. Therefore, the focus of AI aims to generate equality which enables the marginalised take part with equal standing with other groups (Grieten et al., 2017).

The concept analysis of equality by Kangasniemi (2010) provides a way to explore the level of equality within the research project (pp12). The first principle, accommodating difference: was seen in that the people with ID received support through their keyworkers and advocates, to make sure they had the opportunity to say what they thought and share their desires. The PI built a relationship with the people with ID in the engagement part of the research to enable them to feel that the PI was approachable. He also made sure that the voice of the people with ID was clear at each stage in the data. Secondly, the people with ID were treated the same as all participants with one exception. This was that they did not become facilitators of small groups. The PI was initiating this type of research for the first time and thought that he required more experience in this type of research before involving the people with ID at this level.

Kangasniemi (2010) third principle was to actively promote equality. Powley's (2004) three concepts on equality (pp13) brought insight into how equality and democracy were promoted in this research. The first is Normative consciousness, recognising other participants as equal in the process. This concept developed from an anthropological term where social structure promotes equality, collaboration and development of relationship rather than perpetuate hierarchical leadership. This allows for dialogue between participants that leads to all ideas being accepted and investigated (Bushe, 2013). Through conversations, participants recognised the capacity of other participants and they appreciated them as a resource to the organisation. Knowledge is created that can be translated into choices and agreements as to what the organisation should become (Cooperrider & Srivasta, 1987). This occurred when staff recognised the need to include family members in the delivery of a more personalised service. Staff members also acknowledge the impact of involving the people with ID as equals in the research process:

“I asked one of the team leaders what was the big thing for her last year...she said I now treat people in a real way. I said what do you mean? And she said the same as you and me whereas before there was that sense, they've got a disability and we've got to take care of them” (B4)

The second concept was holistic collegiality. Participants discover and share knowledge with each other. As the knowledge leads to new ideas and the process develops, participants work together at a new level which includes treating each other as equals, e.g. staff members recognised that the involvement of the people with ID in the process made them think more carefully about the answers they gave in the research. They were more inclined to be thinking on how the strategic plan could be used effectively to increase the quality of the lives of the people with ID:

“Having the people with ID involved, makes the staff think. We would probably have our own goals and all that and it makes us think, what should we be doing?” (HS4).

The third concept was communal conviction, where participants recognised, they can contribute and are prepared to commit to change. Communal conviction includes seeking a collective agreement (Bushe, 2013) from all the voices of the participants which leads to the will of the group as a whole being put into action. In this case, the final SP document was the collective agreement. In this research, there was a clear communal conviction that ‘*living the life you want to live*’ was the most important aspect of the strategic plan. The changes staff made to their practice shows a level of energy that occurred in the development of the strategic plan. Communal conviction can be seen in this reflection written by the PI during the evaluation:

Reflection January 2017

The way the service cares about people with ID is changing. Staff members are looking less at the system provided, and more at the people that they are providing the system for. Treating people normally is really important, treating them as ordinary citizens. This brings a question to the type of care that services generally give. Often, we do things when caring that are not really normal. As the service is grappling with ‘living the life you want to live’ It is evident that staff are treating the people with ID more normally, as equals. We need to recognise limitations in the present system that at times does not treat people in this way.

Equality, therefore, was an essential aspect of this research. It was facilitated by an inclusive positive atmosphere that was not deficit focused and valued each voice within the data. People with ID were accommodated in the research processes. The focus of the research was on working together rather than on hierarchy, with the recognition of the positive contribution of all groups, that led to communal agreements, the development of 8 sets of goals and objectives. Finally, the reflexive piece below sums up a personal shift for the PI at the end of the research. This piece illustrates one outcome of the development of equality in the everyday lives of one person with ID in the service.

Reflexive Entry January 2018

I was leaving Ireland, where I had lived and worked for 35 years. This was four years since the research had commenced and one year since the end of the evaluation. I met two of the people who lived in the service (one man and one woman) and one member of staff. We had agreed to meet to say goodbye as both the people with ID had worked with me on another project, so we had built a relationship outside of the research. I was chatting with the man who had come and I realized I was enjoying a pint of beer the same as I would with any of the men I knew.

I asked myself what was different, what had changed? I had changed because I was no longer seeing residents, service users or clients (ID Jargon), I was seeing a person. However, the person with ID had changed too. When I met him, he was happy making a life for himself in a residential service. Three years into the strategic plan, the house staff had offered him the opportunity to explore his life through the 'Explore Me' program. It was evident from spending time with him that staff were supporting him to be himself. He was doing just that, seemingly at this point in time enjoying a pint of beer with someone he knew.

I suddenly realised that now we both had something new in common. We were two men, who on an equal basis were both moving on with our lives. I was leaving my job and home, and he was growing beyond residential care and contemplating moving into his own apartment. Whatever the outcome he was taking the opportunity given to him to live his own life on his terms,

rather than on the terms dictated by the complexities in residential services. I experienced the difference in our relationship, he was now making the decisions on what was happening with his life. Was that having an impact on my perspective of him? I thought so.

The two men left the pub, both of us to live our own lives. When I had started the research, I had a personal interest in developing processes to encourage organisational change in ID services. Five years later my interest had grown for ID services to find new ways of working, that would lead to more people with ID living their own lives, engaging effectively within service politics and finding an equal place with all the other groups involved in ID services. Engaging in SP was perhaps shining a light on one way to do this.

9.10 AI facilitated the development of the strategic plan

This research demonstrated how an ID organisation using AI created a strategic plan with all of its members. As part of the process, data collected uncovered the core purpose of the organisation as well as the participants desires for the organisation's future. Using the knowledge available from all the participants through the data collection methods of the research, the participants were able to discuss a range of possibilities from the thoughts and desires among them. Figure 1 (pp218), shows how AI brought the SP document into being. The Five Principles of AI, the 4D cycles and the appreciative stance provided the environment for the participants to work together. The data collection procedures enabled each participants voice be heard. The analysis led to the development of themes and short reports, which helped the participants prepare for the next stage of the process. This process eventually led to the SP document.

9.10.1 AI and the role of Appreciation

AI gives the participants: the freedom to discover new ways of seeing their world, the potential to create new ways of perceiving their world and new ways of acting on their world (Cooperrider, 2013). Communities, therefore, can regenerate themselves to benefit all the people involved.

Chapter 4 points out that AI starts with Appreciation (pp58). In this research, appreciation of the organisation was expressed by many of the participants throughout the research. For example, in the following quote the participant is showing profound respect for staff responses to the people with ID:

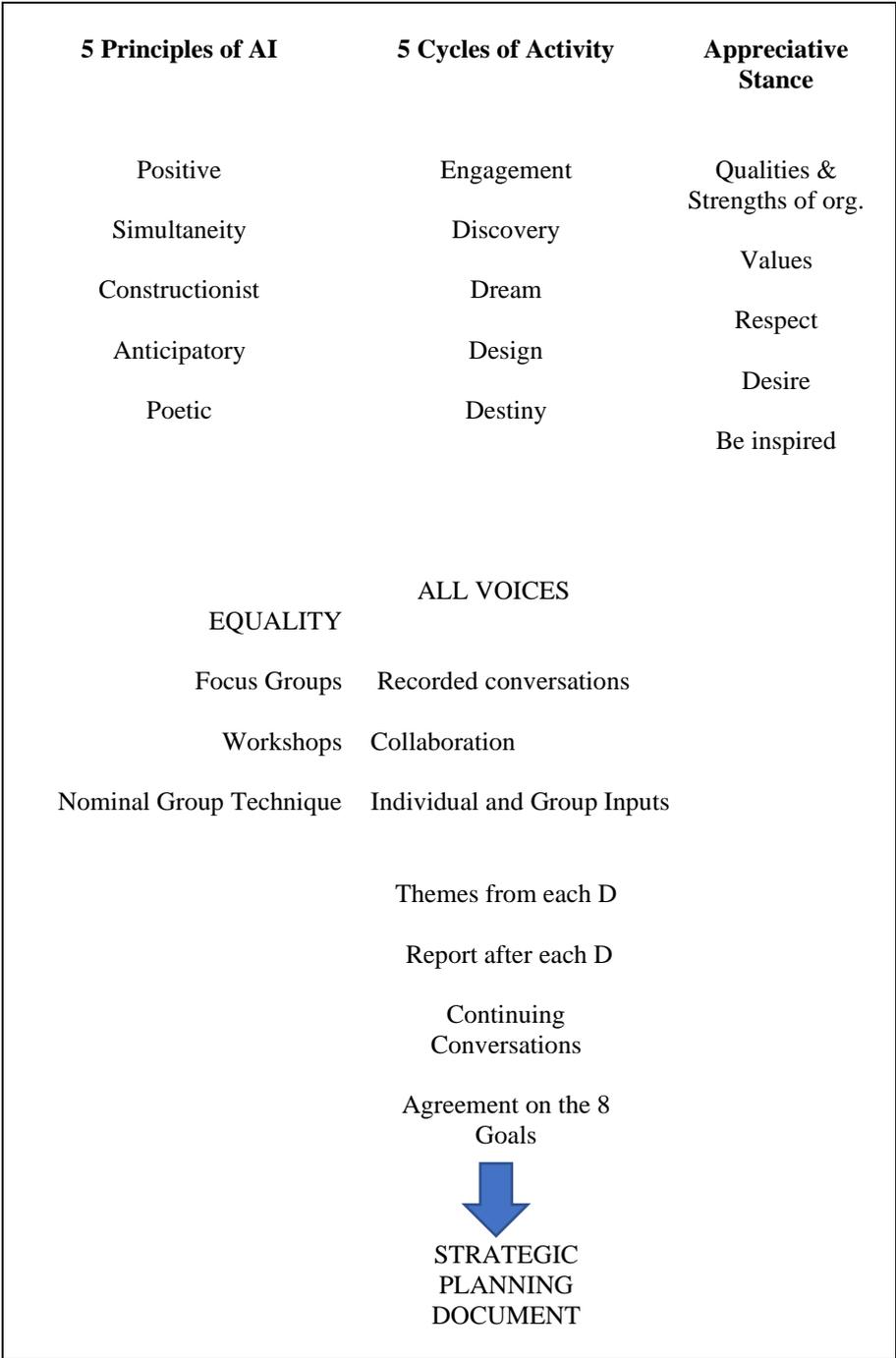
“If the service user needs something ...it’s never not done, it does not matter how big or how small it is (HS 12)”

The following staff member had been given an unexpected pleasant surprise by managements response to wanting to pursue supported independent living for the people with ID:

I never thought that management would think like that, so I thought yeah, [Name] would love to do that (HS 4).

Cooperrider, (1990) explains that appreciation facilitates participants to move out of their comfort zone into a place of uncertainty where, together, people can grapple to improve the organisation, coming closer to that which is imagined rather than that which presently exists. This opens up the status quo and introduces the possibility of collaborative action toward a new future. This was evident in this research as participants were willing to agree to *‘living the life you want to live’* as the future direction of the service, without knowing how they were going to get there. As such, appreciation operated as a springboard towards action that was motivating for the participants (Grieten et al., 2017).

Figure 1 on the next page, shows how the Strategic Planning document was brought into being



The diagram shows how the strategic plan was constructed. Firstly, there are three columns, the five principles of AI, the five cycles (engagement plus the 4Ds), and there are also words to describe the appreciative stance, which helped keep a positive focus, nurturing imagination towards the potential of the organisation.

Every Participant has equality in the process and all voices are included in the data.

The middle layer shows how the data was collected. Data collection led to the bottom layer, themes, which led to a report in between each D. Each D led to more conversations, which eventually led to agreements on the final goals which led to the final Strategic Planning Document in Destiny.

9.10.2 The contribution of the five principles of AI

The development of the strategic plan was also supported by the five principles of AI. The first principle is the positive principle which states that a positive focus of an inquiry will engage people in manner that is deeper than could be achieved if the focus of the inquiry was on the problematic aspects of the organisation (Coghlan, Preskill & Tzavarus, 2003; Reed, 2007; Watkins, Mohr & Kelly, 2011). The positive principle played a key role in the engagement period as the PI sought to develop positive relationships with the participants. The positive principle also facilitated meaningful discussions about personal ambitions and desires for both the organisation and the people with ID as a means of improving the organisation (Bushe, 2007). It was important too to create a positive environment. For example, the workshop days included two fun activities in developing the vision through an art activity in 'Dream', and a drum workshop in 'Design'. Several participants remarked on how much they enjoyed this type of engagement within the process.

The second principle of AI is the simultaneity principle. This principle is based on the Heisenberg Principle (Grieten, et al., 2017), which states that as people inquire into their world, they also impact it in a manner similar to a thermometer immersed in hot water to measure its temperature. The act of immersion cools the water during the measuring process. In the same way, the act of inquiry during the research process can be viewed as fundamental to initiating the process of change that occurred in the service. For example, the questions asked in the process of developing the strategic plan were designed to be positive and future-orientated and were used to open people up to new ways of thinking and creating possibilities for change (Bushe, 2007a). The opening questions in 'Discovery' and 'Dream' were created to provoke awareness of the aspects of the organisation that could change. This was to help participants think beyond the present service and to work out how their ideas could be translated into reality. Facilitators had a bank of questions in 'Dream' to assist the inquiry in helping participants use their imagination. Some of the questions used are in Table 10 on the next page. Based on the Simultaneity Principle, the questions potentially facilitated the participants to look beyond the present organisation to one that was closer to their ideal service.

Table 10: A sample of questions asked in Dream to draw out the participants

Desires

1. *“Imagine that you woke up tomorrow and the new strategic plan was working beyond your wildest dreams. What is different about the service?”*
2. *“If the service reached its full potential what would it be doing in three years from now?”*
3. *“What is your biggest hope for the service? What can we put in the strategic plan that would really help achieve this?”*

Questions based in Whitney et al., (2002)

The third principle was the constructionist principle which was fundamental to developing the strategic plan. This principle states that organizations reality is constructed through the conversations and stories that occur between the different groups and people within the organization (Watkins, Mohr & Kelly, 2011 p72). This principle was seen in how the 4Ds constructed the strategic plan, which is explained fully in the next section.

The fourth principle was the anticipatory principle, which proposes that the behaviour of people in organisations is determined by the kind of future they anticipate for it (Mohr & Watkins, 2003; Watkins, Mohr & Kelly, 2011). This too was evident in the data. For example, developing fulfilling relationships can be challenging in services (Linehan, 2015). In ‘Dream’, participants demonstrated a desire for more fulfilling relationships in the lives of people with ID. In ‘Design’, an objective was developed to support each person with ID develop more relationships in their life. By the end of the research, several groups expressed hope that it was possible to create change in supporting people with ID develop more fulfilling relationships. This created a shift in assumptions (‘maybe it could happen’), which supported the possibility of behavioural change (Bushe, 2011). Thus, what started out as a desire in ‘Dream’ for more fulfilling relationships, had by ‘Destiny’ been developed into hope and anticipation for a better future. By understanding the organization in a new way, participants start to anticipate what *could* be (Cooperrider, 1990).

The fifth principle is the poetic principle which states that the organization is an open book waiting to be co-authored, at any stage, by the people in it (Cooperrider, Whitney & Stavros, 2005; Reed,

2007). The poetic principle can be seen in the development of the SP document. It was a tangible document, crafted from the many conversations that led to identifiable goals and objectives for the future. Bushe, (2008, pp48) uses the term “*Wordsmithing*” to describe this principle. In this research, the crafting process involved compiling the data from each stage of the 4D process into a short report that the participants could engage with, compare their own thoughts with the document and provide feedback which was eventually incorporated into the final document. For example, in ‘Destiny’, the house staff suggested changes to how the supported living goal was constructed so that more people with ID could be included in the process. The wordsmithing process was a pragmatic way of managing the project and of assisting the organization in its journey of development.

9.10.3 The 4D process enabled the development of the strategic plan

This research showed how the 4D process was used to support the delivery of the SP document. Each D became a cycle which began with ‘Discovery’ and culminated in ‘Destiny’. The 4Ds worked together to develop the goals and objectives of the strategic plan, one example was the goal “*living the life you want to live*”. In ‘Discovery’, participants commented that people with ID were encouraged to be independent in everyday living skills. This was considered to be a strength of the service. ‘Dream’ built on this theme which led to the articulation of a vision of what this could look like in everyday life. Using a person named Alan one group told his story that illustrated the group’s vision for the future. Alan lived in an apartment, had a job, friends in the community and wanted to develop a romantic relationship. This vision represented a big shift from the present reality, people with ID living in a residential service.

Lewis, Passmore and Cantore (2008) recommend that the ‘Dream’ component should focus on the identity of the organisation and why it exists which was indeed captured in the description of Alan. During ‘Design’, the participants identified the phrase “*living the life you want to live*” as the core identity of the organisation. Goals and objectives were developed around this phrase. By the end of the ‘Destiny’ phase, the non-disabled participants were ready to support people

with ID to develop their own lives in as many areas as they wished, e.g. in developing more friendships, employment, and providing the best transport solution for each person. They also wanted to run a pilot project to include some people with ID exploring living their lives outside of the present service structures, into supported independent living.

Another example is how the 4D process formulated the strategic plan in relation to living accommodation. The 'Discovery' phase demonstrated that staff members did their best to make each residential house feel 'like home'. However, in 'Dream', participants questioned whether a residential house was 'really home' for all of the people with ID in the service. The vision was clear that the people with ID need to live in the place that they thought was home. In 'Design' a range of suggestions as to what 'real home' meant were considered, including a community of their choice, a mainstream apartment or rented house. In 'Destiny' the majority of participants were willing to take a risk and put "choosing where you live" as part of the final strategic plan. This process can be tracked in all eight goals created from the strategic plan. The 4D process, therefore, helped to develop the conversation on each topic through the focus groups and workshops. The conversations in each of the 4Ds were crucial in constructing a new aspect to the process which eventually led to an agreement on each of the eight goals that would make up the substance of the SP document.

9.11 How can inclusive strategic planning proceed in ID organisations?

This research has shown one way for SP to proceed in an ID organisation. The production of a SP document proved to be an asset for the service. The methodology of AI provided a structure to develop the SP document from. Each of the 5 Principles helped develop the plan, the 4Ds constructed the plan by each D building on the data from the previous D. The method enabled all participants to have their voice heard, and they were all given the opportunity to listen to the other participants. All layers of the organisation and core stakeholders were involved in a way where the process strove for each participant to have their voice heard. This increased the sense of

accountability among staff members. The overall environment of AI perhaps facilitated the participants to push through on finding ways to develop personalised living.

The SP process enabled participants to find ways to develop the organisation. The process proved to be challenging for staff. They retrained and worked together to find new ways to enable personalised living, enabling people with ID to express their own personality more. Anderson and Bibgy (2017) believed that this was difficult to do in ID services. The house staff used their creativity to support the people with ID and were encouraged by management to make decisions on the best way to support each person.

To conclude, AI was shown to be a positive way to enable development in an ID organisation. It provided an inclusive method that assisted participants to work towards the organisation reaching its potential. The strategic planning document, developed by the AI process, became a guide to the organisation for the following four years. AI provided a non-deficit methodology to focus on SP that enabled participants articulate what they wanted for the future of the organisation. Participants perhaps were positively influenced by the attempt to create equality where hierarchy was suspended for the duration of the research (Powley, 2004). People with ID were given a place in the research, the same as all other groups. The process was created over a one-year period, recommended by Torres, Kune and O'Brien (2017). This gave the participants time to absorb and reflect on the SP. The inquiry enabled insight into the core life within the organisation (Grieten, et al., 2017). These factors combined, produced a clear understanding of what the participants believed was important for the future of the organisation. The significance of the final outcome of the SP process was that the service entered a transition and created an alignment with government policy which was based on the 2006 United Nations Convention for people with disabilities (United Nations, 2006). Finally, the overall methodology was potentially transferable to other public services where stakeholders are involved in SP with employees.

CHAPTER 10: CONCLUSION

10.1 Introduction

This project involved the design, development and evaluation of a strategic plan, using AI, in an organisation for people with ID. The purpose of this research was to bring about organisational change in a manner that included all of the people involved in the organisation that wanted to take part, including the core stakeholders, people with ID and their family members. The strategic plan was developed over a one-year period and then evaluated three years after it was put into practice.

SP is a series of concepts, procedures and tools that assists thinking and action to support organisations in achieving their potential (Rezvani, Gilaninia & Mousavian, 2011; Rigby & Bilodeau, 2011). It is both a systematic and a creative process (Gratton, 2000) which defines the identity of the organisation and sets a clear and consistent direction for its evolution (Ahlstrand, Lampel & Mintzberg, 2001). The process of developing the strategic plan in this research resulted in a SP document that underpinned the organisations development.

The attention paid to organisational change interventions in ID services is limited. The voices of the people with ID within such systems are similarly remote (Redley & Weinberg, 2007). While representatives of people with ID and family members are included in a process of strategic change within the Learning Disability Partnership Boards, their participation in decision making tends to be inequitable (Fyson & Fox, 2014; Riddington, 2012). AI was considered to be an appropriate tool to address both these issues. AI is a non-deficit, positive strengths-focused methodology, that focuses on what is positively construed as effective within an organisation (Reed, 2007). These factors act as a platform to create a better future for the organisation and the people involved in it (Reed, 2007). It supports the development of the organisation through listening to all the voices taking part and facilitating equality within its processes. AI enabled this organisation to inquire into its core identity, to enable people with ID to work towards living their own lives. Participants developed a vision for the future of the organisation from the aspirations

and knowledge of all the participants. It identified the collective factors that participants believed would develop a vibrant future for the service.

10.2 Moving the theory within the research forward

The theoretical framework of this study was social constructionism which seeks to understand the constructions from the many participants within a research study. Through a community process, new constructions can develop based on shared assumptions about reality (Burr, 2015). Social constructionism seeks to benefit all groups involved in a research process (Gergen, 2009a). From an ID perspective, social constructionism can open up people's minds to all of the present possibilities within services to meet the diverse needs (Nunkoosing, 2011). Several participants articulated that the research had helped them to see people with ID on more equal terms, people who need equivalently meaningful lives similar to the mainstream population. Difference was valued and listened to, the possibilities within the conversations were captured through the themes discovered from the analysis. Social constructionism, therefore, proved to be an essential part of the development of the strategic plan. It is an essential part of opening up the mindset of communities to engage with greater possibilities (Cooperrider & Srivasta, 1987). In the future, there needs to be a greater exploration of its role within AI research.

There is the potential for future AI research to develop an affiliation with Communicative Planning Theory (Healey, 2002; Innes, 1995). Communicative Planning Theory was created out of the desire to enable the diversity of human life to come together and lead to a new paradigm of planning (Healey, 2002). It provides a new way of thinking about the politics of organisations with their stakeholders. Similar to AI, it aims to provide equality between the different groups involved. It makes those who are in power more accountable and works to provide the fair treatment of all the different groups interests (Quick & Feldman, 2011). The voice of the more vulnerable groups is made as relevant as the voice of the more powerful groups (Matten & Crane, 2005). The stakeholders participate in a process of decision making around change (Quick & Feldman, 2011). Similar to AI, the stakeholders are let into the process to become co-participants

and are part of how the organisation evolves through the process. Communicative Planning Theory allows the political involvement of the stakeholders at a whole new level (Sager, 2006). It argues that the power in organisations needs to expand so that all parties can take part in the decision-making process and that the process is freed from manipulation and repression by the more powerful groups.

This type of process addresses the issues of power in ID services pointed out by Oakes (2012). It perhaps makes the political aspects on involving stakeholders more explicit. It is a process that does not expect compliance from those with less power, but a form of power that seeks to include all parties equally within the organisational decision-making process (Quick & Feldman, 2011).

Communicative Planning Theory is a concept that is communal and supports interdependence rather than individualism (Innes, 1995). Recognising that each group is interdependent with the other facilitates a changing dynamic. Communicative Planning theory seeks to understand, appreciate and experience images, metaphors and stories that are used to highlight potential options to act on (Healey, 2002). It also offers a moral dimension to SP in that participants in the process are encouraged to focus on what is right to do, in particular considering the needs of the more vulnerable stakeholders (Healey, 2003).

Therefore, Communicative Planning Theory provides a different way of constructing politics in ID and could be useful in the future in organisations that have a history of resisting change. The aspect of doing what is right by the people with ID could address the danger of a lack of equality within the process. This research took a communal approach, it encouraged all groups to function and be part of constructing a better service. In this research staff were motivated to do what was right for the people with ID and therefore shared the moral stance within Communicative Planning Theory. However, the use of communicative planning theory may assist in services realising the need to involve people with ID in-service decision making on an on-going basis. In the future practice of SP in ID organisations, Communicative Planning Theory provides a new way of thinking about the future politics of services. Alongside AI in creating a strategic plan, Communicative Planning Theory may help find increased success in breaking the status quo and

provide another piece required to assist the development of ID organisations that are struggling to provide greater personalised care for people with ID.

10.3 Moving the Research Forward

This study speaks to the delivery of care for people with ID. ID services in Ireland are under pressure to commit to recent policy changes presented in several government reports (Department of Health and Children, 2011; Department for Health and Children, 2013). Further, in March 2018, Ireland ratified the United Nations (2006) Convention on the Rights of People with Disabilities (United Nations, 2006), which supports the full self-determination and social inclusion of people with ID. This includes full equality in interactions with all of societies institutions, including those that deliver services on which people with ID depend. Within the prevailing literature, calls have been made for ID services to provide increased momentum towards supported independent living (Linehan et al., 2015; McConkey et al., 2013). This study demonstrates that participative strategic planning can deliver a pathway towards supported independent living. Both Linehan et al. (2015) and McConkey et al. (2013) recognise the complexity of developing lifestyles for people with ID, where they are supported to live their own lifestyles as an alternative to residential care. This study has shown that over time an ID service can grapple with the issues involved, take responsibility for them and slowly make progress. The SP literature is clear, that when the core stakeholders are involved with the process, the complexity of the situation comes to light (Handley & Howell-Moroney, 2010) and the employees' level of accountability increases (de Kruijf, & deVries, 2014). By involving the core stakeholders in the SP process, change is more likely to happen in a way that is acceptable to them, rather than having changes in the service imposed on them. This is an issue that many family members have had to face causing them much anxiety in previous research (Isaacson, Cox & Netto, 2014, Linehan et al., 2015). However, family members in this research were very supportive of the changes. It appears that SP using AI is one way for services to engage with the much-needed service change in ID services.

This study also responds to the call of Bruña-García and Marey-Pérez (2014) for the identification of further methodologies that involve multiple stakeholders in the SP process. This research identifies AI as a successful method of inclusively developing a strategic plan for an organisation for people with ID. It reveals that the core stakeholders can be involved in a SP process and have influence over the development of the services upon which they depend. This study illustrates AI as one such method and signals its possible value for use by other public services settings where core and external stakeholders are involved in the process.

10.4 This was a whole systems intervention

This intervention reflects the early years of AI interventions that engaged the whole system (Browne, 1998; Bushe & Kassam, 2005; Liebling, Price & Elliot, 1999), rather than more recent waves of AI interventions which tend to focus on parts of the system, e.g. (Lavender & Chappell, 2004; McCarthy, 2017; Wright and Baker, 2005). While explanations for such moderated approaches include difficulties in getting political support (Curtis et al., 2017) and passive resistance from managers (Reed et al., 2002), this study adheres to the original intention of Appreciative Inquiry, which is to inquire into the whole system (Cooperrider 2013; Grieten et al., 2017).

In engaging the whole system, this study uncovered new knowledge and ideas and allowed common aspects of care in ID be seen in a new light to help the organisation move forwards (Bushe & Kassam, 2005). Once the core image of *'living the life you want to live'* came to light, and was agreed upon as the way forward for the organisation, it probably made it easier to develop this goal, because everyone in the system was engaged with the process. The whole organisation was discovering ways to adjust to the new way of operating. This was evident in the consistent way the participants gave information during the 'Explore Me' process.

The organisation, therefore, was able to uncover its positive core (Grieten et al., 2017). This was crucial in moving the organisation forward. In many ways, before the research was initiated,

house staff were coping, working in a residential context. They were trying to give personalised care; however, they were hampered by one staff member managing one house with up to five people living in it. This meant that much of the weekly care was involved in managing a group of people rather than being concerned for personalised issues. With the positive core exposed, most participants wanted to find new ways of doing things in the organisation. Slowly they gravitated towards maximising its potential to provide personalised care.

While the purpose of AI is to work towards transformation of the organisation (Bushe, 2013; Bushe & Kassam, 2005; Zandee, 2013), this research did not result in complete transformation of the system. It is interesting to note, that much of the development through the 'Explore Me' process came from the ground up. Managers empowered the house staff to support the people with ID find new ways of living that were comfortable for them and improved their situation. The house staff engaged with the potential of the organisation to deliver personalised care. People with ID made plans to change their lives and all other stakeholders were willing to work out, on a case by case basis, how they could accommodate each person. This process did shift the status quo within the organisation; however, the service still has to grapple with the issues such as the development of providing normal housing within the community. There is therefore still some ground to cover to embed personalised living fully into the life of the organisation. However, engaging the whole system was an important part of the research study and opens up the door for future whole-system research studies in the health and social care system. This will add to the knowledge of how to support the whole system to engage with change, as well as the present knowledge in health and social care that works to change part of the system.

10.5 Building the capacity of people with ID to be involved in organisational decision making

People with ID want to be involved in changing how life is for them (National Institute for ID, 2009; Nicoll, 2004). Some of the people with ID in this research, not only talked about their own interests, they were able to give opinions on some the goals proposed in the context of what was

best for the development of the service. This reflects what is termed the fourth stage of development for people with ID involved in self-advocacy, to be able to act on behalf of others (Clarke, Camilleri & Goding, 2015). Clarke Camilleri and Goding, (2015) identified three earlier stages (joining, engaging in self-development and developing self-determination), but the fourth stage, being empowered on behalf of others, rarely happened within the self-advocacy context. To be involved in a SP initiative is perhaps one way to encourage people with ID to be part of the political involvement in ID services. The self-advocacy literature in ID could be advanced, by encouraging more people with ID to be involved in SP. This would also build on the research by Dearden Philips and Fountain (2005) who organised a group of people with ID who were representatives trained to challenge administrators and managers of ID services on equal terms.

10.6 What worked well in this research: Reflexive comment

It was apparent that there were several things that worked well in the use of AI during the research. The PI initiated much of these having reflected on the AI literature, much of which were congruent with his value system (pp9). Firstly, the PI flattened the hierarchical structures of the service for the duration of the research, in a similar way to Powley (2004). The PI role modeled an attitude of equality, by doing his best to treat all participants in the same way. He modeled a non-judgmental atmosphere in the acceptance of all contributions and in facilitating all groups where he made sure every person got a chance to contribute with the assistance of the Nominal Group Technique. Reed (2002) found the non-judgmental atmosphere as essential to AI's success. It was also important to believe in the participants, that they could develop the research (Bushe, 2010). The PI gained experience of how to do both through the counseling and coaching experience he had which he had integrated into his practice as an Intellectual Disability Nurse and Educator.

Bushe and Kassam (2005) found that both higher management support and creating a change of perspective in participants was essential in developing organisational change in AI. Higher

management were supportive of the research process. The PI did his best to keep up to date in all communications (emails, meetings, phone calls, etc.), to help maximise the positive effect of management influence. He also worked to collaborate with them in all logistical decisions. Encouraging a change of perspective in the participants occurred through the PI mixing the groups from Discovery to Design. The PI developed questions that challenged individual perspectives, e.g., the Discovery questions (Appendix 2) helped participants engage with what was working well in the organization. Some participants said that this took them by surprise and they initially struggled to engage in a positive way, however, they learned to recognise the benefit of doing it as the research progressed. The data on what participants learned from the research process affirms this. Social time was encouraged in both the focus groups and workshops to allow people exchange perspectives in an informal relaxed way. This added to the enjoyment of the research and helped build relationships between people. Both family members and staff articulated having changed their perspective during the evaluation.

AI's positive approach facilitated open transparent discussions that reduced defensiveness among the participants (Reed et al., 2002). Questions were used to provide meaningful dialogue. Particularly in the latter stages, the PI allowed meaningful dialogue to flow in the group sessions to encourage meaningful data to emerge. Facilitation skills learned as a lecturer were important to manage the flow of information being shared. The aim of AI is to help participants understand the core of the organisation (Grieten et al., 2017). The 'Dream' workshops particularly provided a lot of commitment and energy to the process. The art activity facilitated the participants to produce part of the vision for the future of the service. Similar to Lazic et al. (2012), it enabled collaboration occur between the participants. The PI during the research had to develop awareness of the participants who had knowledge to enhance the research, e.g. the art therapist. Corresponding to Carter (2006) AI needs to facilitate best practice. In this case, the art activity and the goal-setting activity both came from professionals who contributed best practice in their areas of expertise. The PI learned how to use these opportunities to shape the research as it developed. AI is involved in the messy world of practice and needs improvising (Bushe, 2010) as-well-as shaping as practice is happening and developing (Johns & Freshwater, 2002). The PI's

educational experience helped facilitate the workshop sessions to help participants get as much from the experience as they could. His nursing experiences enabled him to judge how to get the best out of ID practice to maximise the development of data, e.g. when to include and focus on the people with ID at specific times during the data collection.

The final element that really helped the success of the process was that the PI structured each of the 4Ds to provide one cycle of the research meaning that the strategic plan was developed over time. This gave the participants time to absorb and get the most out of each stage. Torres, Kunc and O'Brien (2017) found that when developing a strategic plan, that it is more successful when the participants completed a number of activities over a period of time. The space between each activity gives the participants time to think things through and come to an opinion on what is good for an organisation to develop during the time of the strategic plan. The element of time may have been a factor in the eventual agreement on the eight goals in objectives agreed on by the participants. The PI also provided interim reports in 'easy read' to assist in participants absorbing the information. A series of activities over a protracted period may have been much more effective in trying to complete the research than just one or two sessions (Torres, Kunc & O'Brien, 2017).

This section has shown core elements of the AI process that particularly well in the research, combined with certain attributes of the PI to enable the development of the research project. Bushe (2009) comments on how being an organisational development consultant was essential in the delivery of his AI projects. The various combination of skills as an ID Nurse, lecturer and coach, contributed to the overall outcomes of this research.

10.7 Recommendations for practice

At a policy level, this research is aligned with recent Irish reports that advocate two major changes in services: The first recommendation is that services develop personalised care as opposed to group residential care, and secondly, that services collaborate with people with ID and family

members in service decision-making (Department of Health and Children, 2008a; Department of Health and Children 2008b; Department of Health and children, 2013; Health Service Executive, 2010 & Health Service Executive, 2011).

The recent publication from Inclusion Ireland (2018), the official monitors of the ratification of the United Nations Convention on the Rights of People with Disabilities (2006), describes deinstitutionalization as ensuring that accessible, inclusive housing, services and supports are available to persons with disabilities in community settings. Inclusion Ireland (2018) claim that many of the people with ID in Ireland still experience institutional care at different levels rather than a personalised service. Running a service that is primarily residential, even if it is run in houses in the community, is to a degree still running a culture prone to institutionalised practices (Linehan et al., 2015). Inclusion Ireland (2018) decries the lack of action both at service and government level to change this situation.

This research illuminates a pathway towards meeting the objectives of Inclusion Ireland (2018). At the beginning of this research, this service was doing its best to run a personalised care service, within the confines of the residential model of care. However, over the course of this research, the service entered a transition phase of developing personalised care in their service. The SP process provided a new way for the service to approach organisational change that embraced the core stakeholders as part of the process to create the service that people wanted. The first recommendation, therefore, is that SP using AI could be employed at an organisational development level to enable services develop a pathway towards personalised care.

The second recommendation is on the development of people with ID in the SP process. The self-advocacy literature has recognised that the self-advocacy movement has had limited opportunities to let people with ID have political involvement in services (Clarke, Camilleri & Goding, 2015; Gilmartin & Slevin, 2010). There is a need to encourage people with ID to have greater influence over the direction of their services. It would be good practice for services to include people with ID who are interested in getting involved in SP initiatives. Similar to Dearden-Philips and Fountain, (2005), the people with ID could be supported to input into

organisational change initiatives at all stages, so that their perspectives are an equal part of shaping the outcomes with other groups involved.

10.8 Recommendations for future research

Linehan et al. (2015) calls for services to move from an institutionalised model to a personalised living model. The Congregated Settings report (Health Service Executive, 2011b) states that all people with ID should have the opportunity to choose how they live their lives and should be given the supports to do that. However, the Inclusion Ireland report (Inclusion Ireland, 2018) reveals that seven years on, many services are struggling to make the changes necessary to provide a life in the community for the people under their care. Replicating this research study in other ID services would potentially assist services in developing knowledge on how to transition from residential care into providing personalised care. Repeating the methodology used this research will also give people with ID and family members a stronger voice in the development of future services in the Irish ID sector as a whole. This is needed if services in the future are to move forward with their core stakeholders fully behind the process.

Future studies could explore the delivery phase of the strategic plan more fully. Further, interventions could establish a central team comprising representatives of all the groups involved. This group would have a role of supporting the teams that are working on specific projects and coordinate the knowledge being generated. This should provide new information to inform the whole SP process. However, the project should not be centrally controlled but should be developed in line with Bushe's (2010) recommendations that participants are empowered to act and are supported by the leadership team in developing the agreed plan. This too aligns with Burgelman (1991).

Future research may also consider ways in which the transition into supported living could be more firmly established. Changing service structures is complex (Linehan et al, 2015). Therefore, a focused piece of research on changing the organisations structures could be useful (Alhaddad

& Kotnur, 2015). AI could be aligned with the method of change developed by Luecke, (2003, cited in Alhaddad & Kotnur, 2015) who provides an organisational change method that is participative and provides guidelines to develop momentum towards change. This may help push the boundaries of AI and its capacity for change. Finally, as the service was unable to develop new housing stock for the people with ID who wanted to move out of the residential houses, future research could consider some suggestions of the Congregated Settings report (Department of Health and Children, 2011b) in relation to housing options. Both of these projects would benefit from a research method that combines AI with Action Research (MacGabhann, 2008). Action research is good for small groups focusing on a core issue (Heron, 1996) and will bring more flexibility if it is combined with AI.

This research offers a methodology that could contribute to the Learning Disability Partnership Board literature in developing its capacity to provide equality for all stakeholders. Taking an AI approach, allows the Learning Disability Partnership Boards to understand the multiple options available to them and make decisions with a broader range of voices being included (Greiten et al., 2017). Fyson and Fox (2014) concluded that the Boards are not sufficiently influencing service change, nor have they adequately promoted the full social inclusion of people with ID. This study demonstrated that AI has the potential to address these shortcomings and more strongly influence the development of services into the future. If the Learning Disability Partnership Boards were to adopt an AI approach, a richer suite of options could become available to them, making decisions with a broader range of voices being included (Greiten et al., 2017).

Finally, Bruña-García and Marey-Pérez (2014) recognised a deficit in collaborative methodologies in the public services in that the information and expertise that stakeholders have is not always fully utilised. This research demonstrated one means of engaging stakeholders fully in public sector projects. This requires further exploration.

10.9 Validity of the research

The five validity criteria are now considered within the context of the research question and the objectives (pp2). Outcome Validity: The intention of the research was to deliver something of value to the participants and something that would be of benefit to all the groups involved. The 4D process built a picture of the changes that people in the service desired for the service. The evaluation showed that staff members found the capacity to change the organisation and that the people with ID developed more meaningful lives from the process. The evaluation chapter identified a transition that occurred that was enabling the organisation to work towards developing individual lives. People with ID were developing their own lives at different levels. The research has modeled one way for an ID organisation to develop a strategic plan involving all of its members.

Process validity: This research showed a systematic research process using AI as the main driver combined with a number of data collection techniques, including focus groups and the nominal group technique. Learning had taken place for the employees of the service, who initiated changes to practice that enabled the people with ID live more independent lives. Data was systematically collected and thematic analysis by Burnard (1991) applied. Participants validated the data at each stage of the SP process.

Democratic validity: All participants were treated equally within the process. How this was done is laid out in the equality section (pp212). Some took on roles such as facilitator, logistics organiser, etc., however, most took part at each stage of the 4D and evaluation process. All participants had access to the initial analysis at each stage of the process. However, the participants had a limited role in planning the research. This was largely due to the PI's limited experience at managing research projects and the participants lack of exposure to research. However, the research has demonstrated that all groups in an ID organisation can work together collaboratively to develop a strategic plan. The intergroup involvement was evident and each group contributed and agreed on the final strategic plan.

Within the research process, the Nominal Group Technique gave clear boundaries so that every person got an opportunity to take part and have their voice heard, as each stage of the research process developed. This was essential in the democratic process so that individual, as well as group data, were recorded. Democratic validity can be demonstrated in the accommodations developed for the people with ID shown in the Ethics section (pp94). This shows a proactivity within the planning of the research to make sure the voice of the people with ID was heard. On repeating the research study, to improve the democratic validity, a budget is required to increase participants involvement in both developing the research process and increasing their involvement in the initial stages of the analysis process.

Catalytic validity questions the level of energy or motivation in the participants to create change in the organisation. Many questions asked assisted participants in focusing on the positive energy within the service. Catalytic validity became clearer in the evaluation. It was anticipated that if catalytic validity was to be achieved, the staff members would be highly energised in their work, and people with ID would be developing their lives in a more meaningful way. This was found to be true in the evaluation chapter where house leaders and house staff made changes to their practice to support the people with ID develop their lives.

Dialogic Validity: This criterion is met in that it is part of a PhD thesis and in the future, it will be published in peer-reviewed journals. The research has also demonstrated a methodology that could be used in other public service settings when a service wants to include stakeholders in a SP project.

10.10 Study Limitations

The first limitation is one that is leveled at AI studies in general, namely that the positive focus of such studies may lead to a reluctance to criticise management and results in unfulfilled expectations (Bushe & Paranjpey, 2015). Considering the latter criticism, while the ‘Dream’ cycle of this study encouraged participants to create a vision of their ‘ideal service’, the ‘Design’

cycle was created to help balance this idealism. In 'Design', participants considered 'what works' and 'what is pragmatic', rather than 'what is ideal'. Moreover, the PI did his best to ensure he was approachable and engaged with participants on an ongoing basis. This helped ensure false-positive atmosphere did not develop by his acceptance of all contributions from the participants.

The issue of AI being too positive has been widely debated. Rogers and Fraser (2003) claim the main danger of the positive is that it can be used as a tool by management to push their agenda, leading to the oppression of other groups in the service. In this study, the CEO purposively kept the research outside of and additional to normal duties. Thus, those who participated in it experienced no coercion to do so. He also ensured that his voice was only one voice in the research.

A second limitation of this study concerns the generalisability of the research findings as the study took place in one particular organisation. However, there are many similarities between this and other ID organisations in Ireland. It may be generalisable to any small ID organisation. Small ID organisations in Ireland tend to be more proactive in initiating current trends and best practice (Linehan et.al, 2015). In larger organisations, the methodology may need adaptation to accommodate larger groups. Combining AI with Communication Planning Theory has been suggested. There are also many aspects to this research that larger ID organisations can relate to. McConkey et al, (2013) reports change in a number of larger organisations in Ireland towards greater self-determination for people with ID. AI could, in particular, be a support to those organisations. The service involved in this research study, role-modeled good practice in organisational change in ID services, and the service has engaged with current issues, complying with government guidelines on the future of ID services (Department of Health Ireland, 2013; Health Service Executive, 2011b) and through the involvement of stakeholders in service direction (Department of Health & Children, 2008a; Department of Health & Children, 2008b).

10.11 Conclusion

This chapter has drawn the conclusions of the research. It has identified the contributions of the research to theory and practice and has identified a number of avenues for future research and practice. Validity issues were discussed and finally, the study's limitations were identified and examined.

The research has shown that it is possible for an ID organisation to change when all of its members are part of an organisational change process. AI was found to make a positive contribution to the change process. SP was used effectively as a tool to collate all of the voices in the research process that eventually delivered a document including 8 clear goals with sets of objectives. The SP document became a guide and catalyst for the participants to go on and create the changes identified. The participants used their initiative to create the changes that collaboratively they believed were the most important and relevant in the three year period between the creation of the SP document and the evaluation.

REFERENCES

- Abell, S., Ashmore, J., Beart, S., Brownley, P., Butcher, A., Clarke, Z., Hicks, K., Combes, H. Francis, E., Hayes, S., Hemmingway, I., Ibrahim, E., Kenyon, E., Lee, D., McClimens, A., Collins, M., Newton., & Wilson, D. (2007). Including everyone in research: The Burton Street research group. *British Journal of Learning Disabilities*, 35(2), 121-124. doi: 10.1111/j.1468-3156.2006.00425
- Abma, T., & Widdershoven, G. (2014). Dialogical ethics and responsive evaluation as a framework for patient participation. *The American Journal of Bioethics*, 14(6), 27-29. doi: 10.1080/15265161.2014.900143
- Ackermann, F., & Eden, C. (2011). Strategic management of stakeholders: Theory and practice. *Long range planning*, 44(3), 179-196. doi: S0024630110000452
- Adams, M. G., Schiller, M., & Cooperrider, D. L. (2004). With our questions we make the world. In *Constructive discourse and human organization* (pp. 105-124). Bingley: Emerald Group Publishing Limited.
- Ahlstrand, B., Lampel, J., & Mintzberg, H. (2001). *Strategy safari: A guided tour through the wilds of strategic management*. New York: Simon and Schuster.
- Akdere, M. (2005). Appreciative inquiry: A field study of community development. *Systemic practice and action research*, 18(1), 21-34. Retrieved from <https://link.springer.com>.
- Aldehayyat, J. S., & Anchor, J. R. (2010). Strategic planning implementation and creation of value in the firm. *Strategic Change: Briefings in Entrepreneurial Finance*, 19(3-4), 163-176. doi: 10.1002/jsc.866
- Algozzine, B., Browder, D., Karvonen, M., Test, D. W., & Wood, W. M. (2001). Effects of interventions to promote self-determination for individuals with disabilities. *Review of Educational Research*, 71(2), 219-277. doi:10.3102/00346543071002219
- Al-Haddad, S., & Kotnour, T., (2015). Integrating the organizational change literature: a model for successful change. *Journal of Organizational Change Management*, 28(2), 234-262. doi: 10.1108/JOCM-11-2013-0215
- Amador, S., Goodman, C., King, D., Ng, Y. T., Elmore, N., Mathie, E. & Knapp, M. (2014). Exploring resource use and associated costs in end-of-life care for older people with dementia in residential care homes. *International Journal of Geriatric Psychiatry*, 29(7), 758-766. doi: 10.1002/gps.4061
- Anderson, S., & Bigby, C. (2017). Self-Advocacy as a Means to Positive Identities for People with Intellectual Disability: 'We Just Help Them, Be Them Really'. *Journal of Applied Research in Intellectual Disabilities*, 30(1), 109-120.

- Anderson, H., Cooperrider, D. L., Gergen, K. J., Gergen, M. M., McNamee, S., & Whitney, D. (2008). *The appreciative organization*. Chagrin Falls, OH: Taos Institute Publications.
- Antaki, C., & Crompton, R. J. (2015). Conversational practices promoting a discourse of agency for adults with intellectual disabilities. *Discourse & Society*, 26(6), 645-661. doi: 10.1177/0957926515592774
- Antaki, C., Finlay, W. M. L., & Walton, C. (2007). The staff are your friends: Intellectually disabled identities in official discourse and interactional practice. *British Journal of Social Psychology*, 46(1), 1-18. doi: 10.1348/014466606X94437
- Arcsott, K., Dagnan, D., & Kroese, B. S. (1999). Assessing the ability of people with a learning disability to give informed consent to treatment. *Psychological Medicine*, 29(6), 1367-1375.
- Ashford, G., & Patkar, S. (2001). *The positive path: Using appreciative inquiry in rural Indian communities*. Winnipeg: Manitoba.
- Atkinson, S., & Williams, P. (2011). The involvement of service users in nursing students' education. *Learning Disability Practice*, 14(3), 18. Retrieved from <https://search.proquest.com>
- Avital, M., & Carlo, J. L. (2004). What knowledge management systems designers can learn from appreciative inquiry. In *Constructive discourse and human organization* (pp. 57-75). Bingley: Emerald Group Publishing Limited.
- Azzam, T., & Levine, B. (2015). Politics in evaluation: Politically responsive evaluation in high stakes environments. *Evaluation and Program Planning*, 53, 44-56. doi: 10.1016/j.evalprogplan.2015.07.002
- Bachmann, J. T., Engelen, A., & Schwens, C. (2016). Toward a better understanding of the association between strategic planning and entrepreneurial orientation: The moderating role of national culture. *Journal of International Management*, 22(4), 297-315. doi: 10.1016/j.intman.2016.03.002
- Baleghizadeh, S., & Shahri, M. N. N. (2017). The effect of online planning, strategic planning and rehearsal across two proficiency levels. *The Language Learning Journal*, 45(2), 171-184. doi: 10.1080/09571736.2013.808258
- Bana e Costa, C. A., Lourenço, J. C., Oliveira, M. D., & Bana e Costa, J. C. (2014). A socio-technical approach for group decision support in public strategic planning: the Pernambuco PPA case. *Group Decision and Negotiation*, 23(1), 5-29. doi: 10.1007/s10726-012-9326-2
- Barge, J. K., & Oliver, C. (2003). Working with appreciation in managerial practice. *Academy of Management Review*, 28(1), 124-142. doi: 10.5465/amr.2003.8925244

- Barnes, C. (2014). What a difference a decade makes: Reflections on doing 'emancipatory' disability research. In *Ethics and Research in Inclusive Education* (pp. 55-70).
- Barnes, C., & Mercer, G. (1997). Breaking the mould? An introduction to doing disability research. *Doing disability research, 1*, 1-14. Retrieved from <http://sonify.psych.gatech.edu>
- Barrow, R. 2011. *Make it easy: A guide to preparing easy to read information*. Dublin: Accessible Information Working Group.
- Bartunek, J. M., Balogun, J., & Do, B. (2011). Considering planned change anew: Stretching large group interventions strategically, emotionally, and meaningfully. *Academy of Management Annals, 5*(1), 1-52. doi:10.5465/19416520.2011.567109
- Baur, V. E., Abma, T. A., Boelsma, F., & Woelders, S. (2013). Pioneering partnerships: Resident involvement from multiple perspectives. *Journal of Aging Studies, 27*(4), 358-367. doi: 10.1016/j.jaging.2013.08.003
- Beadle, M., Needham, Y., & Dearing, M. (2012). Collaboration with service users to develop reusable learning objects: The ROOT to success. *Nurse education in practice, 12*(6), 352-355. doi: 10.1016/j.nedt.2011.10.002
- Bell, R., & Dodds, M. (2012). Creating inclusive spaces for transforming social structures using appreciative inquiry. *AI Practitioner, 14*(3). Retrieved from <https://web.a.ebscohost.com>
- Benneworth, P., & Jongbloed, B. W. (2010). Who matters to universities? A stakeholder perspective on humanities, arts and social sciences valorisation. *Higher Education, 59*(5), 567-588. doi: 10.1007/s10734-009-9265-2
- Berger, P. L., & Luckmann, T. (1991). *The social construction of reality: A treatise in the sociology of knowledge* (No. 10). London: Penguin UK.
- Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative research, 15*(2), 219-234. doi:abs/10.1177/1468794112468475
- Bernauer, T., & Gampfer, R. (2013). Effects of civil society involvement on popular legitimacy of global environmental governance. *Global Environmental Change, 23*(2), 439-449. doi: 10.1016/j.gloenvcha.2013.01.001
- Bertens, H. (2003). *The idea of the postmodern: A history*. London: Routledge.
- Bigby, C., Frawley, P., & Ramcharan, P. (2014). A collaborative group method of inclusive research. *Journal of Applied Research in Intellectual Disabilities, 27*(1), 54-64. doi: 10.1111/jar.12082
- Bigby, C., Webber, R., Bowers, B., & McKenzie-Green, B. (2008). A survey of people with intellectual disabilities living in residential aged care facilities in Victoria. *Journal of Intellectual Disability Research, 52*(5), 404-414. doi: 10.1111/j.1365-2788.2007.01040
- Birr, V. (2015). *Social constructionism*. London: Routledge.

- Björnsdóttir, K., & Traustadóttir, R. (2010). Stuck in the land of disability? The intersection of learning difficulties, class, gender and religion. *Disability & Society*, 25(1), 49-62. doi: 10.1080/09687590903363340
- Bloomberg, L. D., & Volpe, M. (2008). *Completing your qualitative dissertation: A road map from beginning to end*. London: Sage.
- Boehe, D. M. (2016). Supervisory styles: A contingency framework. *Studies in Higher Education*, 41(3), 399-414. doi: 10.1080/03075079.2014.927853
- Boerema, A. J. (2011). Challenging and supporting new leader development. *Educational Management Administration & Leadership*, 39(5), 554-567. doi: 10.1177/1741143211408451
- Bollard, M., Lahiff, J., & Parkes, N. (2012). Involving people with learning disabilities in nurse education: Towards an inclusive approach. *Nurse Education Today*, 32(2), 173-177. doi: 10.1016/j.nedt.2011.10.002
- Bonham, E. (2011). Appreciative inquiry in youthful offender psychiatric nursing research. *Journal of Child and Adolescent Psychiatric Nursing*, 24(2), 122-129. doi: 10.1111/j.1744-6171.2011.00277
- Bostrom, H. E., Shulaker, B., Rippon, J., & Wood, R. (2017). Strategic and integrated planning for healthy, connected cities: Chattanooga case study. *Preventive medicine*, 95, 115-119. doi: 10.1016/j.ypmed.2016.11.002
- Bowen, S., McSeveny, K., Lockley, E., Wolstenholme, D., Cobb, M., & Dearden, A. (2013). How was it for you? Experiences of participatory design in the UK health service. *Co Design*, 9(4), 230-246. doi:10.1080/15710882.2013.846384
- Boxall, K., & Ralph, S. (2011). Research ethics committees and the benefits of involving people with profound and multiple learning disabilities in research. *British Journal of Learning Disabilities*, 39(3), 173-180. doi: 10.1111/j.1468-3156.2010.00645
- Boyd, F. E. S. (2012). *"Ask them what helps them and try to go ahead with the plan": An appreciative exploration of what works to support young people's behaviour at school* (Unpublished doctoral dissertation). Newcastle University: Newcastle.
- Boyd, N. M., & Bright, D. S. (2007). Appreciative inquiry as a mode of action research for community psychology. *Journal of Community Psychology*, 35(8), 1019-1036. doi:10.1002/jcop.20208
- Bradbury-Huang, H. (2010). What is good action research? Why the resurgent interest? *Action Research*, 8(1), 93-109. doi: 10.1177/1476750310362435
- Bramson, R. A., & Buss, T. (2002). Methods for whole system change in public organizations and communities: An overview of the issues. *Public Organization Review*, 2(3), 211-221. doi: 10.1023/A:1020232112577

- Brews, P. J., & Hunt, M. R. (1999). Learning to plan and planning to learn: Resolving the planning school/learning school debate. *Strategic Management Journal*, 20(10), 889-913. doi: 10.1002/(SICI)1097-0266
- Bright, D. S., Cooperrider, D. L., & Galloway, W. B. (2006). Appreciative inquiry in the Office of Research and Development: Improving the collaborative capacity of organization. *Public Performance & Management Review*, 29(3), 285-306. Retrieved from <https://www.tandfonline.com/doi/abs/10.2753/PMR1530-9576290303>
- Brink, P.J. & Wood (2001). *Basic steps in planning nursing research: From question to proposal*. London: Jones & Bartlett Learning.
- Browne, B. (1998). Imagine Chicago. *Lessons from the Field*, 76-89. Retrieved from <http://imaginechicago.org>
- Bruña-García, X., & Marey-Pérez, M. F. (2014). Public participation: A need of forest planning. *iForest-Biogeosciences and Forestry*, 7(4), 216-226. doi: 10.3832/ifor0979-007
- Brydon-Miller, M. (2008). Ethics and action research: Deepening our commitment to principles of social justice and redefining systems of democratic practice. In P. Reason & Bradbury, H. [Eds] *The SAGE handbook of action research, 2nd edition: Participative inquiry and practice*, 199-210. London: SAGE publications.
- Brydon-Miller, M., Greenwood, D., & Eikeland, O. (2006). Conclusion: Strategies for addressing ethical concerns in action research. *Action Research*, 4(1), 129-131. doi:10.1177/1476750306060583
- Buchanan, I., & Walmsley, J. (2006). Self-advocacy in historical perspective. *British Journal of Learning Disabilities*, 34(3), 133-138. doi: 10.1111/j.1468-3156.2006.00410x
- Buck, W. (2016). Providing help in hard times: A blueprint for successful strategic planning. *Journal of Library Administration*, 56(2), 199-208. doi: 10.1080/01930826.2015.1124703
- Burgelman, R. A. (1991). Intraorganizational ecology of strategy making and organizational adaptation: Theory and field research. *Organization Science*, 2(3), 239-262. doi: 10.1287/orsc.2.3.239
- Burnard, P. (1991). A method of analysing interview transcripts in qualitative research. *Nurse Education Today*, 11(6), 461-466. Retrieved from <https://www.sciencedirect.com>
- Burr, V. (2015). *Social constructionism*. London: Routledge.
- Bushe, G. R. (2007). Appreciative inquiry is not about the positive. *OD practitioner*, 39(4), 33-38. Retrieved from <http://www.wellcoach.com/memberships/images/AI Positive.pdf>
- Bushe, G. R. (2009). Learning from collective experience: A different view of organizational learning. *OD Practitioner*, 41(3), 19-23. Retrieved from <http://web.b.ebscohost.com.dcu.idm.oclc.org>

- Bushe, G. R. (2010). Generativity and the transformational potential of appreciative inquiry. *Organizational generativity: Advances in appreciative inquiry*, 3, 1-13. Retrieved from <http://www.gervasebushe.ca/otherdocs>
- Bushe, G.R. (2011) Appreciative inquiry: Theory and critique. In Boje, D., Burnes, B. and Hassard, J. (eds.) *The Routledge companion to organizational change* (pp. 87-103). Oxford: Routledge.
- Bushe, G. R. (2013). Generative process, generative outcome: The transformational potential of appreciative inquiry. In *Organizational generativity: The appreciative inquiry summit and a scholarship of transformation* (pp. 89-113). Bingley, Yorks.: Emerald Group Publishing Limited.
- Bushe, G. R., & Coetzer, G. (1995). Appreciative inquiry as a team-development intervention: A controlled experiment. *The Journal of Applied Behavioral Science*, 31(1), 13-30. doi: 10.1177/0021886395311004
- Bushe, G. R., & Kassam, A. F. (2005). When is appreciative inquiry transformational? A meta-case analysis. *The Journal of Applied Behavioral Science*, 41(2), 161-181. doi: 10.1177/0021886304270337
- Bushe, G. R., & Paranjpey, N. (2015). Comparing the generativity of problem solving and appreciative inquiry: A field experiment. *The Journal of Applied Behavioral Science*, 51(3), 309-335. doi: 10.1177/0021886314562001
- Bushe, G. R., & Pitman, T. (2008). Performance amplification: Building the strength-based organization. *Appreciative Inquiry Practitioner*, 10(4), 23-26. Retrieved from <http://www.gervasebushe.ca/otherdocs/PerformanceAmplification.pdf>
- Calabrese, R. L. (2006). Building social capital through the use of an appreciative inquiry theoretical perspective in a school and university partnership. *International Journal of Educational Management*, 20(3), 173-182. doi: 10.1108/09513540610654146
- Cameron, K. S. (2008). Paradox in positive organizational change. *The Journal of Applied Behavioral Science*, 44(1), 7-24. doi: 10.1177/0021886308314703
- Cameron, L., & Murphy, J. (2007). Obtaining consent to participate in research: The issues involved in including people with a range of learning and communication disabilities. *British Journal of Learning Disabilities*, 35(2), 113-120. doi:10.1111/j.1468-3156.2006.00404.x
- Campbell, A. (1999). Tailored, not benchmarked. A fresh look at corporate planning. *Harvard Business Review*, 77(2), 41-8. Retrieved from <http://web.a.ebscohost.com.dcu.idm.oclc.org>
- Campbell, H., & Marshall, R. (2002). Utilitarianism's bad breath? A re-evaluation of the public interest justification for planning. *Planning Theory*, 1(2), 163-187. doi: 10.1177/147309520200100205

- Campbell, M. (2009). Commissioning services for people with learning disabilities in Scotland: Linking evidence and practice. *British Journal of Learning Disabilities*, 37(1), 28-33. doi: 10.1111/j.1468-3156.2008.00502x
- Campbell, M. & Martin, M. (2010). Reducing health inequalities in Scotland: The involvement of people with learning disabilities as National Health Service reviewers. *British Journal of Learning Disabilities*, 38(1), 49-58. doi: 10.1111/j.1468-3156.2009.00562x
- Carey, E., Salmon, N., & Higgins, A. (2014). Service users' views of the Research Active Programme. *Learning Disability Practice*, 17(4). Retrieved from <https://web.b.ebscohost.com>
- Carmeli, A., Gelbard, R., & Gefen, D. (2010). The importance of innovation leadership in cultivating strategic fit and enhancing firm performance. *The Leadership Quarterly*, 21(3), 339-349. doi: 10.1016/j.leaqua.2010.03.001
- Carroll, A. B., & Näsi, J. (1997). Understanding stakeholder thinking: Themes from a Finnish conference. *Business Ethics: A European Review*, 6(1), 46-51. doi: 10.1111/1467-8608.00047
- Carter, B., Cummings, J., & Cooper, L. (2007). An exploration of best practice in multi-agency working and the experiences of families of children with complex health needs. What works well and what needs to be done to improve practice for the future? *Journal of Clinical Nursing*, 16(3), 527-539. doi: 10.1111/j.1365-2702.2006.01554
- Casey, A. J., & Goldman, E. F. (2010). Enhancing the ability to think strategically: A learning model. *Management Learning*, 41(2), 167-185. doi: 10.1177/1350507609355497
- Cassell, C., & Johnson, P. (2006). Action research: Explaining the diversity. *Human relations*, 59(6), 783-814. doi:10.1177/0018726706067080
- Chadwick-Coule, T. (2011). Social dynamics and the strategy process: Bridging or creating a divide between trustees and staff? *Nonprofit and Voluntary Sector Quarterly*, 40(1), 33-56. doi: 10.1177/0899764009354646
- Chan, J., Merriman, B., Parmenter, T., & Stancliffe, R. (2012). Rethinking respite policy for people with intellectual and developmental disabilities. *Journal of Policy and Practice in Intellectual Disabilities*, 9(2), 120-126. doi: 10.1111/j.1741-1130.2012.00332
- Chapman, L., & Giles, D. (2009). Using appreciative inquiry to explore the professional practice of a midwife lecturer. *Studies in Continuing Education*, 31(3), 297-305. doi: 10.1080/01580370903271487
- Chappell, A. L. (2000). Emergence of participatory methodology in learning difficulty research: understanding the context. *British Journal of Learning Disabilities*, 28(1), 38-43. doi: 10.1046/j.1468-3156.2000.00004

- Christie, C. A. (2006). Appreciative Inquiry as a method for evaluation: an interview with Hallie Preskill. *American Journal of Evaluation*, 27(4), 466-474.
doi:10.1177/1098214006294402
- Clarke, R., Camilleri, K., & Goding, L. (2015). What's in it for me? The meaning of involvement in a self-advocacy group for six people with intellectual disabilities. *Journal of Intellectual Disabilities*, 19(3), 230-250. doi: 10.1080/09687599.2015.1090954
- Clarke, V., & Braun, V. (2014). Thematic analysis. In *Encyclopedia of Critical Psychology* (pp. 1947-1952). New York: Springer.
- Clement, T., & Bigby, C. (2011). The development and utility of a program theory: Lessons from an evaluation of a reputed exemplary residential support service for adults with intellectual disability and severe challenging behaviour in Victoria, Australia. *Journal of Applied Research in Intellectual Disabilities*, 24(6), 554-565. doi: 10.1111/j.1468-3148.2011.00634
- Coghlan, A.T., Preskill, H., & Catsambas, T.T., (2003). An overview of appreciative inquiry in evaluation. *New Directions for Evaluation*, 100(1), 5-22. doi. 10.1002/ev.96
- Coghlan, D., & Brannick, T. (2005) 2nd edition. *Doing action research in your own organization*. London: Sage.
- Collins, H. (2003). Discrimination, equality and social inclusion. *The modern law review*, 66(1), 16-43. doi:10.1111/1468-2230.6601002
- Comino, E., & Ferretti, V. (2016). Indicators-based spatial SWOT analysis: Supporting the strategic planning and management of complex territorial systems. *Ecological Indicators*, 60, 1104-1117. doi: 10.1016/j.ecolind.09.003
- Concannon, L. (2006). Inclusion or Control? Commissioning and contracting services for people with Learning Disabilities. *British Journal of Learning Disabilities*, 34(4), 200-205. doi: 10.1111/j.1468-3156.2006.00403
- Collins Dictionary, (2018) Retrieved from <https://www.collinsdictionary.com>
- Cooperrider, D. L. (1990). Positive image, positive action: The affirmative basis of Organizing in, Cooperrider, D.L., Sorensen, P.F., Yaeger, T.F. & Whitney, D (eds) *Appreciative Inquiry: An Emerging Direction for Organization Development*. Champaign IL: Stipes Publishing.
- Cooperrider, D. L. (2013). A contemporary commentary on appreciative inquiry in organizational life. In D. L. Cooperrider, D. Zandee, L.N.Godwin & M.Avital (Eds). *Organizational generativity: The appreciative inquiry summit and a scholarship of transformation* (pp. 3-68) Bingley, Yorks.: Emerald Group Publishing Limited.
- Cooperrider, D. L., & Avital, M. (2004). Introduction: Advances in appreciative inquiry: Constructive discourse and human organization. In *Constructive discourse and human organization* (pp. XI-XXXIV). Bingley, Yorks.: Emerald Group Publishing Limited.

- Cooperrider, D.L. & Srivasta, S. (1987). Appreciative inquiry in organizational life. *Research in organizational change and development*, 1(1), 129-169. Retrieved from <http://file:///C:/Users/User/Downloads>
- Cooperrider, D.L., & Whitney, D., (1999). *Appreciative inquiry: A positive revolution in change* (pp. 245-261). San Francisco, CA: Berrett-Koehler.
- Cooperrider, D. L., Whitney, D., & Stavros, J. (2008). *Appreciative Inquiry handbook*. San Francisco: Berrett-Koehler.
- Cording, M., Harrison, J. S., Hoskisson, R. E., & Jonsen, K. (2014). Walking the talk: A multi-stakeholder exploration of organizational authenticity, employee productivity, and post-merger performance. *Academy of Management Perspectives*, 28(1), 38-56. doi: 10.5465/amp.2013.0002
- Cormack, D. (2006). *The research process in nursing*. London: Blackwell.
- Cornut, F., Giroux, H., & Langley, A. (2012). The strategic plan as a genre. *Discourse & Communication*, 6(1), 21-54. doi:10.1177/1750481311432521
- Cowburn, S. (2005). Strategic planning in higher education: fact or fiction? *Perspectives*, 9(4), 103-109. doi: 10.1080/13603100500357324
- Curtis, E. A., & Glacken, M. (2014). Job satisfaction among public health nurses: A national survey. *Journal of Nursing Management*, 22(5), 653-663. doi: 10.1111/jonm.12026
- Curtis, K., Gallagher, A., Ramage, C., Montgomery, J., Martin, C., Leng, J., & Wrigley, M. (2017). Using Appreciative Inquiry to develop, implement and evaluate a multi-organisation 'Cultivating Compassion' programme for health professionals and support staff. *Journal of Research in Nursing*, 22(1-2), 150-165. doi: 10.1177/1744987116681376
- Cvelbar, L. K., & Dwyer, L. (2013). An importance–performance analysis of sustainability factors for long-term strategy planning in Slovenian hotels. *Journal of Sustainable Tourism*, 21(3), 487-504. doi: 10.1080/09669582.2012.713965
- Dearden-Phillips, C., & Fountain, R. (2005). Real power? An examination of the involvement of people with learning difficulties in strategic service development in Cambridgeshire. *British Journal of Learning Disabilities*, 33(4), 200-204. doi: 10.1111/j.1468-3156.2005.00360
- De Beer, E., & Rensburg, R. (2011). Towards a theoretical framework for the governing of stakeholder relationships: A perspective from South Africa. *Journal of Public Affairs*, 11(4), 208-225. doi: 10.1002/pa.414
- de Kruijf, J. A., & de Vries, M. S. (2014). Governance and stakeholder involvement in the Dutch pension industry: Lessons for developing countries. *Public Administration and Development*, 34(4), 332-344. doi: 10.1002/pad.1686

- Delbecq, A. L., Van de Ven, A. H., & Gustafson, D. H. (1975). *Group techniques for program planning: A guide to nominal group and Delphi processes* (pp. 83-107). Glenview: Scott, Foresman.
- Department of Health and Children Ireland (2013) *Value for money and policy review of disability services in Ireland. National Implementation Framework*. Retrieved from <https://health.gov.ie>
- Department of Health, UK (2001). *Valuing people: A new strategy for learning disability for the 21st century*. Retrieved from <https://assets.publishing.service.gov.uk>
- Department of Health UK (2009). *Valuing people now: Summary Report March 2009 – September 2010*. Retrieved from <https://assets.publishing.service.gov.uk>
- Department of Health and Children Ireland (2008a). *National strategy for service user involvement in the Irish health service*. Retrieved from <https://www.hse.ie/eng/services/publications/your-service,-your-say-consumer-affairs/strategy/service-user-involvement.pdf>
- Department of Health and Children Ireland (2008b). *Improving our services: A user's guide to managing change in the Health Service Executive*. Retrieved from <https://www.hse.ie/eng/staff/resources/hrppg/improving-our-services->
- Dewar, B. (2011). *Caring about caring: an appreciative inquiry about compassionate relationship centred care* (Doctoral dissertation, Edinburgh Napier University).
- Dewar, B. (2012). Using creative methods in practice development to understand and develop compassionate care. *International Practice Development Journal*, 2(1). Retrieved from <https://www.fons.org>
- Dewar, B., & MacBride, T. (2017). Developing caring conversations in care homes: An appreciative inquiry. *Health & Social Care in the Community*, 25(4), 1375-1386. doi:10.1111/hsc.12436
- de Wit, M., Abma, T., Koelewijn-Van Loon, M., Collins, S., & Kirwan, J. (2013). Facilitating and inhibiting factors for long-term involvement of patients at outcome conferences: Lessons learnt from a decade of collaboration in OMERACT: A qualitative study. *British Medical Journal* 3(8), e003311. doi: 10.1136/bmjopen-2013-003311
- Dittmeier, H.L. (2012) One person at a time. *Frontline*. 87(1), 749-753. Retrieved from <https://frontline-ireland.com>
- Divan, V., Cortez, C., Smelyanskaya, M., & Keatley, J. (2016). Transgender social inclusion and equality: a pivotal path to development. *Journal of the International AIDS Society*, 19, 20803. doi:10.7448/IAS.19.3.20803
- Donaldson, T., & Preston, L. E. (1995). The stakeholder theory of the corporation: Concepts, evidence, and implications. *Academy of Management Review*, 20(1), 65-91. doi: 10.5465/amr.1995.9503271992

- Dooris, M. J., Kelley, J. M., & Trainer, J. F. (2004). Strategic planning in higher education. *New Directions for Institutional Research*, 2004(123), 5-11. doi: 10.1002/ir.115
- Dowse, L. (2009). 'Some people are never going to be able to do that'. Challenges for people with intellectual disability in the 21st century. *Disability & Society*, 24(5), 571-584. doi: 10.1080/09687590903010933
- Doyle, S. (2013). Reflexivity and the capacity to think. *Qualitative health research*, 23(2), 248-255. doi:10.1177/1049732312467854
- Drummond, J. S., & Themessl-Huber, M. (2007). The cyclical process of action research: The contribution of Gilles Deleuze. *Action Research*, 5(4), 430-448. doi: 10.1177/1476750307077317
- Duff, H. (2018). An evaluation of the Health Equality Framework in south east Scotland. *Learning Disability Practice*, 21(6). Retrieved from <https://journals.rcni.com/learning-disability-practice>
- Duryan, M., Nikolik, D., van Merode, G., & Curfs, L. M. (2015). Reflecting on the efficacy of cognitive mapping for decision-making in intellectual disability care: A case study. *The International Journal of Health Planning and Management*, 30(2), 127-144. doi: 10.1002/hpm.2215
- Dutton, J. E., & Duncan, R. B. (1987). The influence of the strategic planning process on strategic change. *Strategic Management Journal*, 8(2), 103-116. doi: 10.1002/smj.4250080202
- Dye, L., Hendy, S., Hare, D. J., & Burton, M. (2004). Capacity to consent to participate in research: A recontextualization. *British Journal of Learning Disabilities*, 32(3), 144-150. doi: 10.1111/j.1468-3156.2004.00262
- Elbanna, S., Andrews, R., & Pollanen, R. (2016). Strategic planning and implementation success in public service organizations: Evidence from Canada. *Public Management Review*, 18(7), 1017-1042. doi: 10.1080/14719037
- Enosh, G., & Ben-Ari, A. (2016). Reflexivity: The creation of liminal spaces—Researchers, participants, and research encounters. *Qualitative health research*, 26(4), 578-584. doi:10.1177/1049732315587878
- Eriksson, S. (2014). The need for self-determination and imagination: Personal budgeting and the management of disability services in Finland. *Journal of Policy and Practice in Intellectual Disabilities*, 11(2), 137-148. doi: 10.1111/jppi.12079
- Ernst, K. M., & van Riemsdijk, M. (2013). Climate change scenario planning in Alaska's National Parks: Stakeholder involvement in the decision-making process. *Applied Geography*, 45, 22-28. doi: S0143622813001951

- Farmer, J., Currie, M., Kenny, A., & Munoz, S. A. (2015). An exploration of the longer-term impacts of community participation in rural health services design. *Social Science & Medicine*, *141*, 64-71. doi: 10.1016/j.socscimed.
- Federo, R., & Saz-Carranza, A. (2017). Devising strategic plans to improve organizational performance of intergovernmental organizations. *Global Policy*, *8*(2), 202-212. doi: 10.1111/1758-5899.12380
- Fineman, S. (2006). On being positive: Concerns and counterpoints. *Academy of Management Review*, *31*(2), 270-291. doi: 10.5465/amr.2006.20208680
- Finlay, L. (2002). "Outing" the researcher: The provenance, process, and practice of reflexivity. *Qualitative health research*, *12*(4), 531-545. doi:10.1177/104973202129120052
- Fitzgerald, S. P., Oliver, C., & Hoxsey, J. C. (2010). Appreciative inquiry as a shadow process. *Journal of Management Inquiry*, *19*(3), 220-233. doi: 10.1177/1056492609349349
- Flanagan, J., Smith, M., Farren, A. T., Reis, P., & Wright, B. (2010). Using appreciative inquiry for strategic planning in a professional nursing organization. *Visions. The Journal of Rogerian Nursing Science*, *17*(1), 19-28. Retrieved from <http://ze6dt7rj9y.search.serialssolutions.com>
- Forsythe, L. P., Ellis, L. E., Edmundson, L., Sabharwal, R., Rein, A., Konopka, K., & Frank, L. (2016). Patient and stakeholder engagement in the PCORI pilot projects: Description and lessons learned. *Journal of General Internal Medicine*, *31*(1), 13-21. doi: 10.1007/s11606-015-3450-z
- Franzén, F., Hammer, M., & Balfors, B. (2015). Institutional development for stakeholder participation in local water management: An analysis of two Swedish catchments. *Land Use Policy*, *43*, 217-227. doi:10.1016/j.
- Freeman, R. E. (1983). Strategic management: A stakeholder approach. *Advances in Strategic Management*, *1*(1), 31-60. Retrieved from web.bebcohost.com.dcu.idm.oclc.org
- Freeman, T., & Peck, E. (2006). Evaluating partnerships: A case study of integrated specialist mental health services. *Health & Social Care in the Community*, *14*(5), 408-417. doi: 10.1111/j.1365-2524.2006.00658
- Freeman, R. E., Wicks, A. C., & Parmar, B. (2004). Stakeholder theory and "the corporate objective revisited". *Organization Science*, *15*(3), 364-369. doi: 10.1287/orsc.1040.0066
- Friedman, V. (2001). Action Science: Creating communities of Inquiry in Communities of Practice. In Reason, P. & Bradbury, H. *Handbook of Action Research*. 159-170. London: Sage.
- Fudge-Schormans, A. (2014). 'Weightless?': Disrupting relations of power in/through photographic imagery of persons with intellectual disabilities. *Disability & Society*, *29*(5), 699-713. doi: 10.1080/09687599.2013.844100

- Furrer, O., Thomas, H., & Goussevskaia, A. (2008). The structure and evolution of the strategic management field: A content analysis of 26 years of strategic management research. *International Journal of Management Reviews*, 10(1), 1-23. doi: 10.1111/j.1468-2370.2007.00217
- Fyson, R., & Fox, L. (2014). Inclusion or outcomes? Tensions in the involvement of people with learning disabilities in strategic planning. *Disability & Society*, 29(2), 239-254. doi: 10.1080/09687599
- Fyson, R., McBride, G., & Myers, B. (2004). Progress on participation? Self-advocate involvement in learning disability partnership boards. *Tizard Learning Disability Review*, 9(3), 27-36. doi: 10.1108/13595474200400025
- Fyson, R., & Simons, K. (2003). Strategies for change: Making Valuing People a reality. *British Journal of Learning Disabilities*, 31(4), 153-158. doi: 10.1111/j.1468-3156.2003.00251
- Garcia-Iriarte, E., Kramer, J. C., Kramer, J. M., & Hammel, J. (2009). 'Who did what?': A participatory action research project to increase group capacity for advocacy. *Journal of Applied Research in Intellectual Disabilities*, 22(1), 10-22. doi: 10.1111/j.1468-3148.2008.00431
- García-Iriarte, E., O'Brien, P., & Chadwick, D. (2014). Involving people with intellectual disabilities within research teams: Lessons learned from an Irish experience. *Journal of Policy and Practice in Intellectual Disabilities*, 11(2), 149-157. doi:10.1111/jppi.12081
- Gates, B., & Barr, O. (Eds.). (2009). *Oxford handbook of learning and intellectual disability nursing*. New York: Oxford University Press.
- Gates, B., & Waight, M. (2007). Reflections on conducting focus groups with people with learning disabilities: Theoretical and practical issues. *Journal of Research in Nursing*, 12(2), 111-126. doi: 10.1177/1744987106075617
- Gedikli, B. (2010). Examination of the interpretation of strategic spatial planning in three cases from Turkey. *European Planning Studies*, 18(2), 281-297. doi: 10.1080/09654310903491481
- Gergen, K. J. (2009a). *An invitation to social construction*. 2nd edition. London: Sage.
- Gergen, K. J. (2009b). *Relational being: Beyond self and community*. Oxford: Oxford University Press.
- Gergen, K. J. (2015). From mirroring to world-making: Research as future forming. *Journal for the Theory of Social Behaviour*, 45(3), 287-310. doi: 10.1111/jtsb.12075
- Gergen, M. M., & Gergen, K. J. (2000). Qualitative inquiry: Tensions and transformations. *Handbook of qualitative research*, 2, 1025-1046.
Retrieved from <https://www.swarthmore.edu>

- Gergen, K. J., Gergen, M. M., & Barrett, F. J. (2004). Dialogue: Life and death of the organization. *The Sage Handbook of Organizational Discourse*, 39-59. London: Sage
- Gergen, K.J., McNamee, S., & Barrett, F.J. (2001). Towards transformative dialogue. *International Journal of Public Administration*. 24(7), 679-707. doi: 10.1081100104770
- Gilmartin, A., & Slevin, E. (2010). Being a member of a self-advocacy group: Experiences of intellectually disabled people. *British Journal of Learning Disabilities*, 38(3), 152-159. doi: 10.1111/j.1468-3156.2009.00564
- Giuse, N. B., Kusnoor, S. V., Koonce, T. Y., Ryland, C. R., Walden, R. R., Naylor, H. M., & Jerome, R. N. (2013). Strategically aligning a mandala of competencies to advance a transformative vision. *Journal of the Medical Library Association: JMLA*, 101(4), 261. doi: 10.3163/1536-5050.101.4.007
- Given, J., & Slevin, E. (2011). Being heard: Aiding public participation in decision making. *Learning Disability Practice*, 14(8). Retrieved from <https://web.a.ebscohost.com>
- Glavas, A., Senge, P., & Cooperrider, D. L. (2010). Building a Green City on a Blue Lake: a model for building a local sustainable economy. *People and Strategy*, 33(1), 26-35 Available from <https://search.proquest.com>
- Gómez, L. E., Verdugo, M. Á., Arias, B., Navas, P., & Schalock, R. L. (2013). The development and use of provider profiles at the organizational and systems level. *Evaluation and Program Planning*, 40, 17-26. doi: 10.1016/j.evalprogplan
- Gonzales, C. K., & Leroy, G. (2011). Eliciting user requirements using appreciative inquiry. *Empirical Software Engineering*, 16(6), 733-772. doi: 10.1007/s10664-011-9156
- Gordon, S. (2011). Building the optimal cricket operation. *AI Practitioner*, 13(2). Retrieved from <https://web.a.ebscohost.com>
- Grant, S. L. P. (2006). *A paradox in action? A critical analysis of an appreciative inquiry* (Doctoral dissertation, The University of Waikato).
- Grant, R. M. (2003). Strategic planning in a turbulent environment: Evidence from the oil majors. *Strategic Management Journal*, 24(6), 491-517. doi: 10.1002/smj.314
- Grant, S., & Humphries, M. (2006). Critical evaluation of appreciative inquiry: Bridging an apparent paradox. *Action Research*, 4(4), 401-418. doi: 10.1177/1476750306070103
- Gratton, L. (2000). *Living strategy: Putting people at the heart of corporate purpose*. London: FT Press.
- Grieten, S., Lambrechts, F., Bouwen, R., Huybrechts, J., Fry, R., & Cooperrider, D. (2017). Inquiring into appreciative inquiry: a conversation with David Cooperrider and Ronald Fry. *Journal of Management Inquiry*, 27(1), 101-114. doi: 10.1177/1056492616688087
- Guba, E. G., & Lincoln, Y. S. (1989). *Fourth generation evaluation*. London: Sage.

- Gurel, B., & Sari, I. U. (2015). Strategic planning for sustainability in a start-up company: A case study on human resources consulting firm. *European Journal of Sustainable Development*, 4(2), 313-322. Retrieved from <http://ecsdev.org/>
- Hahn, W., & Powers, T. L. (2010). Strategic plan quality, implementation capability, and firm performance. *Academy of Strategic Management Journal*, 9(1), 63. Retrieved from <https://www.abacademies.org>
- Hall, J., & Hammond, S. (1996). *The thin book of appreciative inquiry*. Bend, OR: Thin Book Publishing Company.
- Hallrup, L. B. (2014). The meaning of the lived experiences of adults with intellectual disabilities in a Swedish institutional care setting: a reflective lifeworld approach. *Journal of Clinical Nursing*, 23(11-12), 1583-1592. doi: 10.1111/j.1365-2702.2012.04208
- Hamel, G., & Prahalad, C. K. (2005). Strategic intent. *Harvard business review*, 83(7), 148 - 161. Retrieved from <https://subscribe.hbr.org>
- Handley, D. M., & Howell-Moroney, M. (2010). Ordering stakeholder relationships and citizen participation: Evidence from the community development block grant program. *Public Administration Review*, 70(4), 601-609. doi: 10.1111/j.1540-6210
- Harmon, R. B., Fontaine, D., Plews-Ogan, M., & Williams, A. (2012). Achieving transformational change: Using appreciative inquiry for strategic planning in a school of nursing. *Journal of Professional Nursing*, 28(2), 119-124. doi: 10.1016/j.profnurse
- Harrington, R. J. (2005). The how and who of strategy making: Models and appropriateness for firms in hospitality and tourism industries. *Journal of Hospitality & Tourism Research*, 29(3), 372-395. doi: 10.1177/1096348005274775
- Harrington, R., & C. Ottenbacher, M. (2011). Strategic management: An analysis of its representation and focus in recent hospitality research. *International Journal of Contemporary Hospitality Management*, 23(4), 439-462. doi: 10.1108/09596111111129977
- Healey, P. (2002) Planning through debate: The communicative turn in planning theory. In Fisher, F. & Forrester, J. (Eds) *The argumentative turn, in policy, analysis and planning*, (233-253). London: Duke University Press.
- Healey, P. (2003). Collaborative planning in perspective. *Planning Theory*, 2(2), 101-123. doi: 10.1177/14730952030022002
- Healey, M. P., Hodgkinson, G. P., Whittington, R., & Johnson, G. (2015). Off to plan or out to lunch? Relationships between design characteristics and outcomes of strategy workshops. *British Journal of Management*, 26(3), 507-528. doi: 10.1111/1467-8551.12038
- Health Service Executive (2010). *Service user involvement methods, a guidance document*. Dublin: HSE print.

- Health Service Executive (2011). *Service user involvement and primary care, a framework document*. Dublin: HSE print.
- Health Service Executive (2011). *Time to move on from congregated settings, A strategy for community inclusion*. Dublin: HSE print.
- Heath, P., & Milne, D. (2002). Making quality everyone's business: A case study of partnership in primary care. *International Journal of Health Care Quality Assurance*, 15(3), 99-105. doi: 0.1108/09526860210426973
- Heldt, S., Budryte, P., Ingensiep, H. W., Teichgräber, B., Schneider, U., & Denecke, M. (2016). Social pitfalls for river restoration: How public participation uncovers problems with public acceptance. *Environmental Earth Sciences*, 75(13), 1053. doi: 10.1007/s12665-016-5787-y
- Herbert, T. T. (1999). Multinational strategic planning: Matching central expectations to local realities. *Long Range Planning*, 32(1), 81-87, doi: 10.1016/S00246301
- Heron, J. (1996). *Co-operative inquiry: Research into the human condition*. London: Sage.
- Herr, K., & Anderson, G. L. (2005). *The action research dissertation: A guide for students and faculty*. London: Sage publications.
- Hill, P., O'Grady, A., Millar, B., & Boswell, K. (2000). The patient care development programme: Organisational development through user and staff involvement. *International Journal of Health Care Quality Assurance*, 13(4), 153-161. doi: 10.1108/09526860010336957
- Hillman, A., Donnelly, M., Whitaker, L., Dew, A., Stancliffe, R. J., Knox, M., ... & Parmenter, T. R. (2012). Experiencing rights within positive, person-centred support networks of people with intellectual disability in Australia. *Journal of Intellectual Disability Research*, 56(11), 1065-1075. doi: 10.1111/j.1365-2788
- Hinrichs, G. (2010). SOARing for sustainability. *AI Practitioner*, 12(3). Retrieved from <https://web.a.ebscohost.com>
- Hodgkinson, G. P., Whittington, R., Johnson, G., & Schwarz, M. (2006). The role of strategy workshops in strategy development processes: Formality, communication, co-ordination and inclusion. *Long Range Planning*, 39(5), 479-496. doi: 10.1016/j.lrp.2006.07.003
- Holloway, I. (1997). *Basic concepts for qualitative research*. Oxford: Blackwell Science.
- Hung, L., Phinney, A., Chaudhury, H., Rodney, P., Tabamo, J., & Bohl, D. (2018). Appreciative inquiry: Bridging research and practice in a hospital setting. *International Journal of Qualitative Methods*, 17(1). doi: 1609406918769444.
- Huotari, P., & Havrdová, Z. (2016). Stakeholders' roles and responsibilities regarding quality of care. *International Journal of Health Care Quality Assurance*, 29(8), 864-876. doi: 10.1108/IJHCQA-06-2015-0070

- Hurtado, B., Timmins, S., & Seward, C. (2014). The importance of being earnest: Our experience of involving service users with complex needs in staff recruitment. *British Journal of Learning Disabilities*, 42(1), 36-42. doi: 10.1111/bld.12007
- Iles, I. K. (2003). Becoming a learning organization: A precondition for person centred services to people with learning difficulties. *Journal of Learning Disabilities*, 7(1), 65-77. doi: 10.1177/1469004703007001985
- Inclusion Ireland (2018). *Deinstitutionalisation, a failure to act*. Dublin: Inclusion Ireland
- Inclusive Research Network. (2010). *Relationships and support study: People with intellectual disabilities in Ireland*. Dublin: National Institute for Intellectual Disability Ireland; Galway: National Federation of Voluntary Bodies.
- Innes, J. E. (1995). Planning theory's emerging paradigm: Communicative action and interactive practice. *Journal of planning education and research*, 14(3), 183-189. doi:10.1177/0739456X9501400307
- Isaacson, N. C., Cocks, E., & Netto, J. A. (2014). Launching: The experiences of two young adults with intellectual disability and their families in transition to individual supported living. *Journal of Intellectual and Developmental Disability*, 39(3), 270-281. doi.10.3109/13668250.2014.929643
- Ishfaq, R., & Raja, U. (2015). Bridging the healthcare access divide: A strategic planning model for rural telemedicine network. *Decision Sciences*, 46(4), 755-790. doi: 10.1111/deci.12165
- Jackson, F. M., Saran, A. R., Ricks, S., Essien, J., Klein, K., Roberts, D., & Worthy, N. (2014). Save 100 Babies: Engaging communities for just and equitable birth outcomes through photovoice and appreciative inquiry. *Maternal and Child Health Journal*, 18(8), 1786-1794. doi: 10.1007/s10995-014-1436-9
- Jackson, L. S. (2001). Contemporary public involvement: Toward a strategic approach. *Local Environment*, 6(2), 135-147. doi: 10.1080/13549830120052782
- Jacobsgaard, M. (2003). Using appreciative inquiry to evaluate project activities of a non-governmental organization supporting victims of trauma in Sri Lanka. *New Directions for Evaluation*, 2003(100), 53-62. doi: 10.1002/ev.99
- Jarzabkowski, P., Balogun, J., & Seidl, D. (2007). Strategizing: The challenges of a practice perspective. *Human Relations*, 60(1), 5-27. doi: 10.1177/0018726707075703
- Jarzabkowski, P., & Seidl, D. (2008). The role of meetings in the social practice of strategy. *Organization studies*, 29(11), 1391-1426. doi: 10.1177/0170840608096388
- Jarzabkowski, P., & Spee, A. (2009). Strategy-as-practice: A review and future directions for the field. *International Journal of Management Reviews*, 11(1), 69-95. doi: 10.1111/j.1468-2370.2008.00250.x

- Jenkinson, J. C. (1993). Who shall decide? The relevance of theory and research to decision-making by people with an intellectual disability. *Disability, Handicap & Society*, 8(4), 361-375. doi: 10.1080/02674649366780351
- Jensen, M. C. (2002). Value maximization, stakeholder theory, and the corporate objective function. *Business ethics quarterly*, 235-256. doi: 10.2307/3857812
- Johanson, J., & Vahlne, J. E. (2011). Markets as networks: Implications for strategy-making. *Journal of the Academy of Marketing Science*, 39(4), 484-491. doi: 10.1007/s11747-010-0235-0
- Johns, C., & Freshwater, D. (Eds.). (2002). *Transforming nursing through reflective practice*. Oxford: Blackwell Publishing.
- Johnson, K., & Walmsley, J. (2003). *Inclusive research with people with learning disabilities: Past, present and futures*. London: Jessica Kingsley Publishers.
- Johnson, K., Walmsley, J., & Wolfe, M. (2010). *People with intellectual disabilities: Towards a good life?* Bristol: The Policy Press.
- Johnson, P. C. (2013). Transcending the polarity of light and shadow in appreciative inquiry: An appreciative exploration of practice. In *Organizational generativity: The appreciative inquiry summit and a scholarship of transformation* (pp. 189-207). Bingley, Yorks: Emerald Group Publishing.
- Kaehne, A. (2013). Partnerships in local government: The case of transition support services for young people with learning disabilities. *Public Management Review*, 15(5), 611-632. doi: 10.1080/14719037
- Kangasniemi, M. (2010). Equality as a central concept of nursing ethics: a systematic literature review. *Scandinavian journal of caring sciences*, 24(4), 824-832. doi:10.1111/j.1471-6712.2010.00781.x
- Kaplan, S. (2008). Framing contests: Strategy making under uncertainty. *Organization Science*, 19(5), 729-752. doi: 10.1287/orsc.1070.0340
- Kash, B. A., Spaulding, A., Johnson, C. E., & Gamm, L. (2014). Success factors for strategic change initiatives: A qualitative study of healthcare administrators' perspectives. *Journal of Healthcare Management*, 59(1), 65-81. Retrieved from <https://journals.lww.com>
- Kavanagh, T., Stevens, B., Seers, K., Sidani, S., & Watt-Watson, J. (2010). Process evaluation of appreciative inquiry to translate pain management evidence into paediatric nursing practice. *Implementation Science*, 5(1), 1-13. doi: 10.1186/1748-5908
- Kendrick, M. J. (2010). Historical contributors towards increasing respect for the voices of people with disabilities in western societies. *International Journal of Disability, Community & Rehabilitation*, 9(1), 1-8. Retrieved from <https://s3.amazonaws.com/academia.edu.documents>

- Key, S. (1999). Toward a new theory of the firm: A critique of stakeholder 'theory'. *Management Decision*, 37(4), 317-328. doi: 10.1108/00251749910269366
- Kidd, P. S., & Parshall, M. B. (2000). Getting the focus and the group: enhancing analytical rigor in focus group research. *Qualitative Health Research*, 10(3), 293-308. doi: 10.1177/104973200129118453
- Knights, D., & Morgan, G. (1991). Corporate strategy, organizations, and subjectivity: A critique. *Organization Studies*, 12(2), 251-273. doi: 10.1177/017084069101200205
- Kornberger, M., & Clegg, S. (2011). Strategy as performative practice: The case of Sydney 2030. *Strategic Organization*, 9(2), 136-162. doi: 10.1177/1476127011407758
- Krueger, R. A. & Casey, M.A. (2009). *Focus groups: A practical guide for applied research*. London: Sage.
- Kuchler, M., & Lövbrand, E. (2016). Simulative governance: On the collaborative narrative of civil society participation in the CDM stakeholder framework. *Environmental Politics*, 25(3), 434-453. doi: 10.1080/09644016
- Kukalis, S. (1989). The relationship among firm characteristics and design of strategic planning systems in large organizations. *Journal of Management*, 15(4), 565-579. doi: 10.1177/014920638901500406
- Lagarda-Leyva, E. A., Castañeda-Rodríguez, G., & Soto-Fierro, I. (2016). Strategic Plan for a Processed Foods Company Using Megaplanning and Balanced Scorecard. *Performance Improvement Quarterly*, 28(4), 27-54. doi: 10.1002/piq.21208
- Lange, E., & Hehl-Lange, S. (2011). Citizen participation in the conservation and use of rural landscapes in Britain: The Alport Valley case study. *Landscape and Ecological Engineering*, 7(2), 223-230. doi: 10.1007/s11355-010-0115-2
- Lau, A., Black, A., & Sturdy, V. (2010). Social inclusion and recovery for young people with first episode psychosis: A London survey of early intervention in psychosis teams and their links with the further education system. *Mental Health and Social Inclusion*, 14(1), 11-19. doi:10.5042/mhsi.2010.0065
- Lavender, T., & Chapple, J. (2004). An exploration of midwives' views of the current system of maternity care in England. *Midwifery*, 20(4), 324-334. doi: 10.1016/j.midw.
- Lazic, J., Radenovic, M., Arnfield, A., & Janic, D. (2011). Implementation of a nurse education programme in paediatric oncology using appreciative inquiry: A single centre experience in Belgrade, Serbia. *European Journal of Oncology Nursing*, 15(5), 524-527. doi: 10.1016/j.ejon.

- Le Bellec, F., Rajaud, A., Ozier-Lafontaine, H., Bockstaller, C., & Malezieux, E. (2012). Evidence for farmers' active involvement in co-designing citrus cropping systems using an improved participatory method. *Agronomy for sustainable development*, 32(3), 703-714. Retrieved from <https://link.springer.com/>
- Lecompt, J., & Mercier, C. (2007). The Montréal Declaration on Intellectual Disabilities of 2004: An important first step. *Journal of Policy and Practice in Intellectual Disabilities*, 4(1), 66-69. doi: 10.1111/j.1741-1130.2006.00098
- Lega, F., Longo, F., & Rotolo, A. (2013). Decoupling the use and meaning of strategic plans in public healthcare. *BMC Health Services Research*, 13(1), 2-11. doi: 10.1186/1472-6963-135
- Legacy, C. (2012). Achieving legitimacy through deliberative plan-making processes: Lessons for metropolitan strategic planning. *Planning Theory & Practice*, 13(1), 71-87. doi: 10.1080/14649357.2012.649947
- Lewin, K. (1946). Action research and minority problems. *Journal of social issues*, 2(4), 34-46.
- Lewis, S., Passmore, J., & Cantore, S. (2008). Using appreciative inquiry in sales team development. *Industrial and Commercial Training*, 40(4), 175-180. doi: 10.1108/00197850810876217
- Liebling, A., Price, D., & Elliott, C. (1999). Appreciative inquiry and relationships in prison. *Punishment & Society*, 1(1), 71-98. doi: 10.1177/1462474992222711
- Liedtka, J. (2008). Strategy making and the search for authenticity. *Journal of Business Ethics*, 80(2), 237-248. doi: 10.1007/s10551-007-9415-3
- Liedtka, J. (2009). In defence of strategy as design. *California Management Review*, 42(3), 8-30.
- Ling, Y., Simsek, Z., Lubatkin, M. H., & Veiga, J. F. (2008). The impact of transformational CEOs on the performance of small-to medium-sized firms: Does organizational context matter? *Journal of Applied Psychology*, 93(4), 923. doi: 10.1037/0021-9010.93.4.923
- Linehan, C., O' Doherty, S., Tatlow-Golden, M., Craig, S., Kerr, M., Lynch, C., & Staines, A. (2015). *Moving ahead: Factors contributing to successful transition of people with intellectual disabilities from congregated to community-based residential options in two regions in Ireland*. Retrieved from <http://oro.open.ac.uk>
- Lopes, R., & Videira, N. (2016). A collaborative approach for scoping ecosystem services with stakeholders: The case of Arrabida Natural Park. *Environmental Management*, 58(2), 323-342. doi: 10.1007/s00267-016-0711-5
- Lotan, G., & Eells, C. (2010). Adults with intellectual and developmental disabilities and participation in decision making: Ethical considerations for professional-client practice. *Intellectual and Developmental Disabilities*, 48(2), 112-125. doi: 10.1352/1934-9556-48

- Ludema, J. D., Cooperrider, D. L., & Barrett, F. J. (2001). Appreciative inquiry: The power of the unconditional positive question. *Handbook of Action Research*, 189-199.
- Lundgren, M., & Jansson, H. (2016). Developing international business knowledge through an appreciative inquiry learning network: Proposing a methodology for collaborative research. *International Business Review*, 25(1), 346-355. doi: 10.1016/j.ibusrev.
- Machi, L. A., & McEvoy, B. T. (2012). *The literature review: Six steps to success*. London: Corwin Press.
- Maier, K. (2001). Citizen participation in planning: Climbing a ladder? *European Planning Studies*, 9(6), 707-719. doi: 10.1080/713666506
- Malekpour, S., Brown, R. R., de Haan, F. J., & Wong, T. H. (2017). Preparing for Disruptions: A diagnostic strategic planning intervention for sustainable development. *Cities*, 63, 58-69. doi: 10.1016/j.cities.12.016
- Malshe, A., & Sohi, R. S. (2009). What makes strategy making across the sales-marketing interface more successful? *Journal of the Academy of Marketing Science*, 37(4), 400-421. doi: 10.1007/s11747-009-0132-6
- Mansell, J., Elliott, T., Beadle-Brown, J., Ashman, B., & Macdonald, S. (2002). Engagement in meaningful activity and “active support” of people with intellectual disabilities in residential care. *Research in developmental disabilities*, 23(5), 342-352.
- Mantere, S. (2005). Strategic practices as enablers and disablers of championing activity. *Strategic Organization*, 3(2), 157-184. doi: 10.1177/1476127005052208
- MacCallum, D., & Hopkins, D. (2011). The changing discourse of city plans: Rationalities of planning in Perth, 1955–2010. *Planning Theory & Practice*, 12(4), 485-510. doi: 10.1080/14649357.2011.626313
- Martínez-Tur, V., Moliner, C., Peñarroja, V., Gracia, E., & Peiró, J. M. (2015). From service quality in organisations to self-determination at home. *Journal of Intellectual Disability Research*, 59(10), 882-890. doi:10.1111/jir.12190
- Matten, D., & Crane, A. (2005). What is stakeholder democracy? Perspectives and issues. *Business Ethics: A European Review*, 14(1), 6-13. Retrieved from <https://www.dirkmatten.com>
- MacGabhann, L. 2008. *Improving Nurse Patient Therapeutic Interactions in Acute Inpatient Psychiatric Care Through Participatory Action Research*. (Unpublished Doctoral Thesis). University of Wales: Swansea.
- McCabe, D. (2010). Strategy-as-power: Ambiguity, contradiction and the exercise of power in a UK building society. *Organization*, 17(2), 151-175. doi: 10.1177/1350508409338885
- McCarthy, B. (2017). Appreciative inquiry: An alternative to behaviour management. *Dementia*, 16(2), 249-253. doi: 10.1177/1471301216634921

- McConkey, R., Bunting, B., Ferry, F., Iriarte, E. G., & Stevens, R. (2013). An evaluation of personalised supports to individuals with disabilities and mental health difficulties. Retrieved from <http://uir.ulster.ac.uk/29587>
- McDonald, K. E. (2012). 'We want respect': Adults with intellectual and developmental disabilities address respect in research. *American Journal on Intellectual and Developmental Disabilities*, 117(4), 263-274. doi:10.1352/1944-7558-117.4.263
- McKay, S., Murray, M., & Hui, L. P. (2011). Pitfalls in strategic planning: Lessons for legitimacy. *Space and Polity*, 15(2), 107-124. doi: 10.1080/13562576
- McNamee, S. (2003). Appreciative evaluation within a conflicted educational context. *New Directions for Evaluation*, 2003(100), 23-40. doi: 10.1002/ev.97
- Meade, R. R. (2012). Government and community development in Ireland: The contested subjects of professionalism and expertise. *Antipode*, 44(3), 889-910. doi. 10.1111/j.1467-8330
- Meagher, M. & Conroy, P. 2013. *The Distant Voice*. Dublin: Inclusion Ireland
- Mellish, L. (2011). Facilitating strategic AI interventions. *AI Practitioner*, 13(2). Retrieved from <https://web.a.ebscohost.com>
- Mielke, J., Vermassen, H., Ellenbeck, S., Milan, B. F., & Jaeger, C. (2016). Stakeholder involvement in sustainability science: A critical view. *Energy Research & Social Science*, 17, 71-81. doi: 10.1016/j.erss.2016.04.001
- Miles, M. P., Munilla, L. S., & Darroch, J. (2006). The role of strategic conversations with stakeholders in the formation of corporate social responsibility strategy. *Journal of Business Ethics*, 69(2), 195-205. doi: 10.1007/s10551-006-9085-6
- Miller, C. C., & Cardinal, L. B. (1994). Strategic planning and firm performance: A synthesis of more than two decades of research. *Academy of Management Journal*, 37(6), 1649-1665. doi: 10.5465/256804
- Miller, D., & Friesen, P. H. (1983). Strategy-making and environment: The third link. *Strategic Management Journal*, 4(3), 221-235. doi: 10.1002/smj.4250040304
- Miller, M. G., Fitzgerald, S. P., Murrell, K. L., Preston, J., & Ambekar, R. (2005). Appreciative inquiry in building a transcultural strategic alliance: The case of a biotech alliance between a US multinational and an Indian family business. *The Journal of Applied Behavioral Science*, 41(1), 91-110. doi: 10.1177/0021886304273060
- Mintzberg, H. (1972, August). Research on strategy-making. In *Academy of Management Proceedings* (Vol. 1972, No. 1, pp. 90-94). Briarcliff Manor, NY 10510: Academy of Management. doi: 10.5465/ambpp.1972.4981316
- Mintzberg, H. (1979). Patterns in strategy formation. *International Studies of Management & Organization*, 9(3), 67-86. doi.10.1080/00208825

- Mintzberg, H. (1981). Research notes and communications what is planning anyway? *Strategic Management Journal*, 2(3), 319-324. doi: 10.1002/smj.4250020308
- Mintzberg, H. (1994a). Rethinking strategic planning, Part I: Pitfalls and fallacies. *Long Range Planning*, 27(3), 12-21. doi: 10.1016/0024-6301(94)90185-6
- Mintzberg, H. (1994b). Rethinking strategic planning, Part II: New roles for planners. *Long Range Planning*, 27(3), 22-30. doi: 10.1016/0024-6301(94)90186-4
- Mintzberg, H., & Rose, J. (2003). Strategic management upside down: Tracking strategies at McGill University from 1829 to 1980. *Canadian Journal of Administrative Sciences/Revue Canadienne des Sciences de l'Administration*, 20(4), 270-290. doi: 10.1111/j.1936-4490
- Mintzberg, H., & Waters, J. A. (1985). Of strategies, deliberate and emergent. *Strategic Management Journal*, 6(3), 257-272. doi: 10.1002/smj.4250060306
- Mitchell, R. K., Agle, B. R., & Wood, D. J. (1997). Toward a theory of stakeholder identification and salience: Defining the principle of who and what really counts. *Academy of Management Review*, 22(4), 853-886. doi: 10.5465/amr.1997.9711022105
- Mohr, B. J., & Watkins, J. M. (2002). *The essentials of appreciative inquiry. A roadmap for creating positive futures*. Retrieved from <https://ams.nyscommunityaction.org>
- Moni, K. B., Jobling, A., & van Kraayenoord, C. E. (2007). 'They're a lot cleverer than I thought': challenging perceptions of disability support staff as they tutor in an adult literacy program. *International Journal of Lifelong Education*, 26(4), 439-459. doi: 10.1080/02601370701417269
- Moore, S. M., & Charvat, J. (2007). Promoting health behaviour change using appreciative inquiry: Moving from deficit models to affirmation models of care. *Family & Community Health*, 30, 64-74. Retrieved from <https://journals.lww.com>
- Morgan, D. L., & Krueger, R. A. (1997). *Focus group kit: Volumes 1-6*. London: Sage.
- Munn-Giddings, C., & Winter, R. (2013). *A handbook for action research in health and social care*. London: Routledge.
- Naaldenberg, J., Banks, R., Lennox, N., Ouellette-Kunz, H., Meijer, M., & Lantman-de Valk, H. V. S. (2015). Health inequity in people with intellectual disabilities: From evidence to action applying an appreciative inquiry approach. *Journal of Applied Research in Intellectual Disabilities*, 28(1), 3-11. doi: 10.1111/jar.12130
- Nadler, D. A. (2004). What's the board's role in strategy development? Engaging the board in corporate strategy. *Strategy & Leadership*, 32(5), 25-33. doi: 10.1108/10878570410557633
- Narayanan, V. K., & Fahey, L. (1982). The micro-politics of strategy formulation. *Academy of Management Review*, 7(1), 25-34. doi: 10.5465/AMR.1982.4285432

- National Disability Authority (2002). *Guidelines for including people with disabilities in research*. Dublin: National Disability Authority.
- National Disability Authority (2009) *Ethical guidance for research for people with disabilities*. Retrieved from <http://nda.ie/nda-files/Ethical-Guidance-for-Research-with-People-with-Disabilities.pdf>
- National Institute for Intellectual Disability (2009) *All we want to say. Life in Ireland for people with intellectual disabilities*. Dublin: Trinity College Dublin
- Nazarjuk, A., Bernal, C., & Southgate, A. (2013). Involving service users in student education. *Learning Disability Practice*, 16(5). Retrieved from <https://web.a.ebscohost.com>
- Nicoll, T. (2004). Learning disability partnership boards: Making participation real? *Journal of Integrated Care*, 12(6), 36-42. doi: 10.1108/14769018200400047
- Noda, T., & Bower, J. L. (1996). Strategy making as iterated processes of resource allocation. *Strategic Management Journal*, 17(S1), 159-192. doi: 10.1002/smj.4250171011
- Northway, R. (2010). Participatory research. Part 2: Practical considerations. *International Journal of Therapy and Rehabilitation*, 17(5), 226-231. doi: 10.12968/ijtr.2010.17.5.47841
- Northway, R. (2011). Ethical issues. In Atherton & Crickmore (Eds.), *Learning disabilities: toward inclusion*. China: Elsevier Ltd.
- Nunkeosing, K. (2011). The social construction of learning disability. In Atherton & Crickmore (Eds.), *Learning disabilities: toward inclusion*. China: Elsevier Ltd.
- Nussbaum, M. C. (1997). Capabilities and human rights. *Fordham L. Rev.*, 66, 273. Retrieved from <https://heinonline.org/HOL/LandingPage?>
- Nyaupane, G. P., & Poudel, S. (2011). Linkages among biodiversity, livelihood, and tourism. *Annals of Tourism Research*, 38(4), 1344-1366. doi: 10.1016/j.annals.2011.03.006
- Oakes, P. (2012). Assessment of learning disability: A history *Learning Disability Practice*, 15(1). Retrieved from <https://web.a.ebscohost.com>
- Ocasio, W., & Joseph, J. (2008). Rise and fall—or transformation? The evolution of strategic planning at the General Electric Company, 1940–2006. *Long range planning*, 41(3), 248-272. doi: 10.1016/j.lrp.2008.02.010
- O'Halloran, M., & Doody, O. (2013). Promoting mutuality in a family-centred service. *Learning Disability Practice*, 16(4), 16-23. Retrieved from <https://ulir.ul.ie>
- Oliver, M. (1992). Changing the social relations of research production? *Disability, Handicap & Society*, 7(2), 101-114. Retrieved from <http://www.brown.uk.com>
- Owen, A., Arnold, K., Friedman, C., & Sandman, L. (2016). Nominal Group Technique: An accessible and interactive method for conceptualizing the sexual self-advocacy of adults with intellectual and developmental disabilities. *Qualitative Social Work*, 15(2), 175-189. doi:10.1177/1473325015589803.

- Page, S., Burgess, J., Davies-Abbott, I., Roberts, D., & Molderson, J. (2016). Transgender, mental health, and older people: An appreciative approach towards working together. *Issues in Mental Health Nursing*, 37(12), 903-911. doi: 10.1080/01612840
- Page, S., Rowett, R., & Davies-Abbott, I. (2017). Care to talk? A framework for appreciative conversations about dementia: Innovative practice. *Dementia*, 16(8), 1069-1074. doi: 10.1177/1471301216642900
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), 533-544. doi: 10.1007/s10488-013-0528-y
- Parahoo, K. (2014). *Nursing research: principles, process and issues*. London: Palgrave Macmillan.
- Parakhina, V., Godina, O., Boris, O., & Ushvitsky, L. (2017). Strategic management in universities as a factor of their global competitiveness. *International Journal of Educational Management*, 31(1), 62-75. doi: 10.1108/IJEM-03-2016-0053
- Patton, M. Q. (2003). Inquiry into appreciative evaluation. *New Directions for Evaluation*, 2003(100), 85-98. doi: 10.1002/ev.102
- Pawson, R., & Tilley, N. (2015). *Realist evaluation*. 2004. London: Sage.
- Peel, D., & Posas, P. J. (2009). Promoting disability equality and inclusive learning in planning education. *Innovations in Education and Teaching International*, 46(2), 227-235. doi:10.1080/14703290902844008
- Peery, M. (2012). Creating change ahead of the curve: How AI summits transformed the culture of Hewlett Packard's imaging and printing group. *AI Practitioner*, 14(2). Retrieved from <https://web.a.ebscohost.com>
- Phillips, P., & Moutinho, L. (2014). Critical review of strategic planning research in hospitality and tourism. *Annals of Tourism Research*, 48, 96-120. doi: S016073831400067
- Phillips, R., Freeman, R. E., & Wicks, A. C. (2003). What stakeholder theory is not. *Business Ethics Quarterly*, 13(4), 479-502. Retrieved from <https://www.cambridge.org>
- Phoenix, M., Rosenbaum, P., Watson, D., & Camden, C. (2016). The '5Rs of Reorganization': A case report on service delivery reorganization within a pediatric rehabilitation organization. *Physical & Occupational Therapy in Pediatrics*, 36(2), 217-228. doi: 10.3109/01942638
- Polit, D. F., & Beck, C. T. (2004). *Nursing research: Principles and methods*. London: Lippincott Williams & Wilkins.

- Potter, M., Gordon, S., & Hamer, P. (2004). The nominal group technique: a useful consensus methodology in physiotherapy research. *New Zealand Journal of Physiotherapy*, 32, 126-130. Retrieved from file:///C:/Users/User/Downloads/NZJPT2004Potter%20(1).pdf
- Powley, E. H., Fry, R. E., Barrett, F. J., & Bright, D. S. (2004). Dialogic democracy meets command and control: Transformation through the appreciative inquiry summit. *Academy of Management Perspectives*, 18(3), 67-80. doi: 10.5465/ame
- Preskill, H., & Catsambas, T. T. (2006). *Reframing evaluation through appreciative inquiry*. London: Sage.
- Preston, D., & Karahanna, E. (2009). How to develop a shared vision: The key to IS strategic alignment. *MIS Quarterly Executive*, 8(1). Retrieved from <https://www.researchgate.net>
- Prior, J., & Herriman, J. (2010). The emergence of community strategic planning in New South Wales, Australia: Influences, challenges and opportunities. *Commonwealth Journal of Local Governance*, (7), 45-77. Retrieved from <http://learning-analytics.info>
- Pugliese, A., Bezemer, P. J., Zattoni, A., Huse, M., Van den Bosch, F. A., & Volberda, H. W. (2009). Boards of directors' contribution to strategy: A literature review and research agenda. *Corporate Governance: An International Review*, 17(3), 292-306. doi: 10.1111/j.1467-8683.2009.00740
- Quick, K. S., & Feldman, M. S. (2011). Distinguishing participation and inclusion. *Journal of Planning Education and Research*, 31(3), 272-290. doi:10.1177/0739456X11410979
- Quinn, J. B. (1982). Managing strategies incrementally. *Omega*, 10(6), 613-627. doi: 10.1016/0305-0483(82)90064-0
- Rawls, J. (2005). *Political liberalism*. Columbia: Columbia University Press.
- Raymond, E. M., & Hall, C. M. (2008). The development of cross-cultural (mis) understanding through volunteer tourism. *Journal of sustainable tourism*, 16(5), 530-543. doi: 10.1080/09669580802159610
- Reason, P., & Bradbury, H. (Eds.). (2001). *Handbook of action research: Participative inquiry and practice*. London: Sage.
- Reason, P., & Bradbury, H. (2008). *The Sage handbook of action research participative inquiry and practice*. London: Sage.
- Read, S., Corcoran, P., & Jackson, S. (2011). Working in partnership to develop a bespoke health toolkit. *Learning Disability Practice*, 14(4). Retrieved from <https://web.b.ebscohost.com>
- Redley, M., & Weinberg, D. (2007). Learning disability and the limits of liberal citizenship: Interactional impediments to political empowerment. *Sociology of Health & Illness*, 29(5), 767-786. doi: 10.1111/j.1467-9566.2007.01015

- Redman, S., Carrick, S., Cockburn, J., & Hirst, S. (1997). Consulting about priorities for the NHMRC National Breast Cancer Centre: how good is the nominal group technique. *Australian and New Zealand journal of public health*, 21(3), 250-256. doi: 10.1111/j.1467-842X.1997.tb01695
- Redworth, M., & Phillips, G. (1997). Involving people with learning disabilities in community care planning. *British Journal of Learning Disabilities*, 25(1), 31-35. doi: 10.1111/j.1468-3156
- Reed, J. (2007). *Appreciative inquiry: Research for change*. London: Sage.
- Reed, J., Jones, D., & Irvine, J. (2005). Appreciating impact: Evaluating small voluntary organizations in the United Kingdom. *Voluntas: International Journal of Voluntary and Nonprofit Organizations*, 16(2), 123-141. doi: 10.1007/s11266-005-5694-4
- Reed, J., Pearson, P., Douglas, B., Swinburne, S., & Wilding, H. (2002). Going home from Hospital: An appreciative inquiry study. *Health & Social Care in the Community*, 10(1), 36-45. doi: 10.1046/j.0966-0410.2001.00341x
- Reed, J., & Turner, J. (2005). Appreciating change in cancer services: An evaluation of service development strategies. *Journal of Health Organization and Management*, 19(2), 163-176. doi: 10.1108/14777260510600077
- Resnick, D., & Birner, R. (2010). Agricultural strategy development in West Africa: The false promise of participation? *Development Policy Review*, 28(1), 97-115. doi: 10.1111/j.1467-7679.2010.00476
- Rezvani, M., Gilaninia, S., & Mousavian, S. J. (2011). Strategic planning: A tool for managing organizations in competitive environments. *Australian Journal of Basic and Applied Sciences*, 5(9), 1537-1546. Retrieved from <https://pdfs.semanticscholar.org>
- Riddington, C. (2012). Ten years of partnership. *Tizard Learning Disability Review*, 17(1), 14-21. doi: 10.1108/13595471211207093
- Riddington, C., Mansell, J., & Beadle-Brown, J. (2008). Are partnership boards really valuing people? *Disability & Society*, 23(6), 649-665. doi: 10.1080/09687590802328550
- Ridley-Duff, R. J., & Duncan, G. (2015). What is critical appreciation? Insights from studying the critical turn in an appreciative inquiry. *Human Relations*, 68(10), 1579-1599. doi/abs/10.1177/0018726714561698
- Rigby, D., & Bilodeau, B. (2013). *Management tools & trends 2011*. London: Bain & Company.
- Robertson, J., Emerson, E., Hatton, C., Elliott, J., McIntosh, B., Swift, P., & Sanderson, H. (2005). *The impact of person-centred planning*. Institute for Health Research, Lancaster University.
- Robson, C. (1993). *Real world research: A resource for social scientists and practitioner-researchers*. Massachusetts: Blackwell Publishers.

- Rogers, P. J., & Fraser, D. (2003). Appreciating appreciative inquiry. *New Directions for Evaluation*, 2003(100), 75-83. doi: 10.1002/ev.101
- Rorty, (1999). *Philosophy and social hope*. London: Penguin.
- Rouleau, L. (2005). Micro-practices of strategic sensemaking and sense giving: How middle managers interpret and sell change every day. *Journal of Management studies*, 42(7), 1413-1441. doi: 10.1111/j.1467-6486.00549
- Ruano, A. L., Sebastián, M. S., & Hurtig, A. K. (2014). The process of social participation in primary health care: The case of Palencia, Guatemala. *Health Expectations*, 17(1), 93-103. doi: 10.1111/j.1369-7625.2011.00731
- Ryan, T. G., & Griffiths, S. (2015). Self-advocacy and its impacts for adults with developmental disabilities. *Australian Journal of Adult Learning*, 55(1), 31. Retrieved from <https://files.eric.ed.gov>
- Sager, T. (2006). The logic of critical communicative planning: Transaction cost alteration. *Planning Theory*, 5(3), 223-254. doi:10.1177/1473095206068629
- Salkić, I. (2014). Impact of strategic planning on management of public organizations in Bosnia and Herzegovina. *Interdisciplinary Description of Complex Systems: INDECS*, 12(1), 61-77. Retrieved from <https://hrcak.srce.hr>
- Salmon, N., & Iriarte, E. G. (2013). Special Irish issue of British Journal of Learning Disabilities. *British Journal of Learning Disabilities*, 41(3), 167-170. doi: 10.1111/bld.12066
- Salyers, M. P., L. Firmin, R., Gearhart, T., Avery, E., & Frankel, R. M. (2015). What we are like when we are at our best: Appreciative stories of staff in a community mental health center. *American Journal of Psychiatric rehabilitation*, 18(3), 280-301. doi/10.1080/154877681059383
- Sarantakos, S. (2012). *Social research*: London: Palgrave Macmillan.
- Scerri, A., Innes, A., & Scerri, C. (2015). Discovering what works well: Exploring quality dementia care in hospital wards using an appreciative inquiry approach. *Journal of Clinical Nursing*, 24(13-14), 1916-1925. doi: 10.1111/jocn.12822
- Schippers, A., Zuna, N., & Brown, I. (2015). A proposed framework for an integrated process of improving quality of life. *Journal of Policy and Practice in Intellectual Disabilities*, 12(3), 151-161. doi: 10.1111/jppi.12111
- Scott, M. (2003). Area-based partnerships and engaging the community sector: Lessons from rural development practice in Northern Ireland. *Planning, Practice & Research*, 18(4), 279-292. doi:10.1080/1561426042000215605
- Schalock, R. L., Luckasson, R. A., & Shogren, K. A. (2007). The renaming of mental retardation: Understanding the change to the term intellectual disability. *Intellectual and developmental disabilities*, 45(2), 116-124.

- Schmidt, L., Gomes, C., Guerreiro, S., & O’Riordan, T. (2014). Are we all on the same boat? The challenge of adaptation facing Portuguese coastal communities: Risk perception, trust-building and genuine participation. *Land Use Policy*, 38, 355-365. doi: 10.1016/j.landusepol.2013.11.008
- Schueth, T. (2011). AI in community action for health in Kyrgyzstan. *AI Practitioner*, 13(3). Retrieved from <https://web.a.ebscohost.com>
- Searle, J. R. (1995). *The construction of social reality*. London: Simon and Schuster.
- Seponski, D. M., Bermudez, J. M., & Lewis, D. C. (2013). Creating culturally responsive family therapy models and research: Introducing the use of responsive evaluation as a method. *Journal of Marital and Family Therapy*, 39(1), 28-42. doi: 10.1111/j.1752-060600282
- Servillo, L. A., & Van Den Broeck, P. (2012). The social construction of planning systems: A strategic-relational institutionalist approach. *Planning Practice and Research*, 27(1), 41-61. doi: 10.1080/02697459661179
- Shaheen, M. (2016). Exploring dimensions of teachers’ OCB from stakeholder’s perspective: A study in India. *The Qualitative Report*, 21(6), 1095-1117. Retrieved from <https://nsuworks.nova.edu>
- Schalock, R. L. (2004). The concept of quality of life: what we know and do not know. *Journal of intellectual disability research*, 48(3), 203-216. doi: 10.1111/j.1365-2788.2003.00558
- Sharp, C., Dewar, B., Barrie, K., & Meyer, J. (2018). How being appreciative creates change—theory in practice from health and social care in Scotland. *Action Research*, 16(2), 223-243. doi:10.1177/1476750316684002
- Shendell-Falik, N., Feinson, M., & Mohr, B. J. (2007). Enhancing patient safety: improving the patient hand off process through appreciative inquiry. *Journal of nursing administration*, 37(2), 95-104. Retrieved from <https://journals.lww.com/jonajournal>
- Shrader, C. B., Taylor, L., & Dalton, D. R. (1984). Strategic planning and organizational performance: A critical appraisal. *Journal of Management*, 10(2), 149-171. doi: 10.1177/014920638401000202
- Shrivastava, A. (2013). Changing the story: Appreciative leadership by and for differently abled People in India. *AI Practitioner*, 15(1), 47-50. Retrieved from <https://web.b.ebscohost.com>
- Silva, M. C. (1995). *Ethical guidelines in the conduct, dissemination, and implementation of nursing research*. Washington, DC: American Nurses Publishing.
- Simpson, G., & Price, V. (2010). From inclusion to exclusion: some unintended consequences of Valuing People. *British Journal of Learning Disabilities*, 38(3), 180-186. doi:10.1111/j.1468-3156.2009.00572.x

- Snape, D., Kirkham, J., Preston, J., Popay, J., Britten, N., Collins, M., & Jacoby, A. (2014). Exploring areas of consensus and conflict around values underpinning public involvement in health and social care research: A modified Delphi study. *British Medical Journal*, 4(1), e004217. Retrieved from <https://bmjopen.bmj.com>
- Snoeren, M. M., Janssen, B. M., Niessen, T. J., & Abma, T. A. (2016). Nurturing cultural change in care for older people: Seeing the cherry tree blossom. *Health Care Analysis*, 24(4), 349-373. doi: 0.1007/s10728-014-0280-9
- Social Care Institute for Excellence & Carr, S. (2004). *Has service user participation made a difference to social care services?* Social Care Institute for Excellence. Retrieved from <https://www.scie.org.uk>
- Spee, A. P., & Jarzabkowski, P. (2011). Strategic planning as communicative process. *Organization Studies*, 32(9), 1217-1245. doi: 10.1177/0170840611411387
- Srinivasan, M. S. (2009). Rethinking corporate strategy: A consciousness perspective. *Vilakshan: The XIMB Journal of Management*, 6(1). Retrieved from <https://web.a.ebscohost.com>
- Stainer, L. (2004). Ethical dimensions of management decision-making. *Strategic Change*, 13(6), 333-342. doi: 10.1002/jsc.688
- Stavros, J., Cooperrider, D., & Kelley, D. L. (2003). Strategic inquiry appreciative intent: Inspiration to SOAR: A new framework for strategic planning. *AI Practitioner*. November, 10-17. Retrieved from <https://s3.amazonaws.com/academia.edu.documents>
- Steil Jr, G., & Gibbons-Carr, M. (2005). Large group scenario planning: Scenario planning with the whole system in the room. *The Journal of Applied Behavioral Science*, 41(1), 15-29. doi: 10.1177/0021886304272888
- Stein, S. M., & Harper, T. L. (2005). Rawls's 'justice as fairness': A moral basis for contemporary planning theory. *Planning Theory*, 4(2), 147-172. doi: 10.1177/1473095205054603
- Stona, A. C., Berrang, C., Santerre, H., Georges, N., Chimenti, R., Kneip, R., & Fond-Harmant, L. (2016). Homelessness and stakeholders' involvement in the Grand Duchy of Luxembourg: A qualitative study. *Health Expectations*, 19(1), 138-151. doi: 10.1111/hex.12336
- Stone, E., & Priestley, M. (1996). Parasites, pawns and partners: Disability research and the role of non-disabled researchers. *British Journal of Sociology*, 47 (4), 699-716. doi: 10.2307/591081
- Stratton-Berkessel, R. (2010). *Appreciative inquiry for collaborative solutions*. San Francisco: Pfeiffer.
- Stewart, J. (2004). The meaning of strategy in the public sector. *Australian Journal of Public Administration*, 63(4), 16-21. doi: 10.1111/j.1467-8500.2004.00409

- Taylor, C., Mills, A., Schmied, V., Dahlen, H., Shuringa, W., & Hudson, M. E. (2012). What works to engage young parents into services? Findings from an appreciative inquiry workshop. *Contemporary Nurse*, 42(2), 258-271. doi: 10.5172/conu42.2.258
- Tegarden, D., Tegarden, L., Smith, W., & Sheetz, S. (2016). De-fusing organizational power using anonymity and cognitive factions in a participative strategic planning setting. *Group Decision and Negotiation*, 25(1), 1-29. doi: 10.1007/s10726-015-9430-1
- Telesford, J. N., & Strachan, P. A. (2017). Strategic sustainability procedures: Focusing business strategic planning on the socio-ecological system in an island context. *Sustainable Development*, 25(1), 35-49. doi: 10.1002/sd.1640
- Thomas, V. G., & Parsons, B. A. (2017). Culturally responsive evaluation meets systems-oriented evaluation. *American Journal of Evaluation*, 38(1), 7-28. doi: 10.1177/1098214016644069
- Todd, S., Felce, D., Beyer, S., Shearn, J., Perry, J., & Kilsby, M. (2000). Strategic planning and progress under the All Wales Strategy: Reflecting the perceptions of stakeholders. *Journal of Intellectual Disability Research*, 44(1), 31-44. doi: 10.1046/j.1365-2788.2000.00248
- Toklu, M. C., Erdem, M. B., & Taşkın, H. (2016). A fuzzy sequential model for realization of strategic planning in manufacturing firms. *Computers & Industrial Engineering*, 102, 512-519. doi: 10.1016/j.cie01.002
- Tolbert, P. S., & Zucker, L. G. (1996). The institutionalization of institutional theory. *Studying Organization. Theory & Method*. London: Thousand Oaks, New Delhi, 169-184. Retrieved from <http://digitalcommons.ilr.cornell.edu>
- Torbert, W.R. & Taylor, S.S., (2008). Action inquiry: Interweaving multiple qualities of attention for timely action. In P. Reason & Bradbury, H. [Eds] *The SAGE handbook of action research, 2nd edition: Participative inquiry and practice*, 199-210. London: Sage Publications.
- Torres, J.P., Kunc, M. & O'Brien, F. (2017). Supporting strategy using systems dynamics. *European Journal of Operational Research*, 260(3), 1081-1094. doi: 10.1016/2017.01.0180377-2217
- Tøssebro, J., Bonfils, I. S., Teittinen, A., Tideman, M., Traustadóttir, R., & Vesala, H. T. (2012). Normalization fifty years beyond—current trends in the Nordic countries. *Journal of Policy and Practice in Intellectual Disabilities*, 9(2), 134-146. doi: 10.1111/j.1741-1130.00340
- Tozer, R., Atkin, K., & Wenham, A. (2014). 'My brother likes meeting new people, but don't ask him any direct questions': Involving adults with autism plus learning disability in a qualitative research project. *British Journal of Learning Disabilities*, 42(4), 292-300. doi: 10.1111/bld.12073

- Trajkovski, S., Schmied, V., Vickers, M., & Jackson, D. (2013). Implementing the 4D cycle of appreciative inquiry in health care: A methodological review. *Journal of Advanced Nursing*, 69(6), 1224-1234. doi. 10.1111/jan.12086
- Tritter, J. Q., & McCallum, A. (2006). The snakes and ladders of user involvement: Moving beyond Arnstein. *Health Policy*, 76(2), 156-168. doi:0.1016/j.healthpol008
- Tuffrey-Wijne, I., Bernal, J., Butler, G., Hollins, S., & Curfs, L. (2007). Using Nominal group technique to investigate the views of people with intellectual disabilities on end-of-life care provision. *Journal of Advanced Nursing*, 58(1), 80-89. doi: 10.1111/j.1365-2648.2007.04227.x
- Tyler, J. A. (2015). From spoke to hub: Transforming organizational vision and strategy with story and visual art. *Adult Education Quarterly*, 65(4), 326-342. doi: 10.1177/0741713615595066
- Tzavaras Catsambas, T., & Webb, L. D. (2003). Using appreciative inquiry to guide an evaluation of the International Women's Media Foundation Africa program. *New directions for evaluation*, 2003(100), 41-51. doi:10.1002/ev.98
- Ugboro, I. O., Obeng, K., & Spann, O. (2011). Strategic planning as an effective tool of strategic management in public sector organizations: Evidence from public transit organizations. *Administration & Society*, 43(1), 87-123. doi: 10.1177/0095399710386315
- Uhl-Bien, M., Marion, R., & McKelvey, B. (2007). Complexity leadership theory: Shifting leadership from the industrial age to the knowledge era. *The Leadership Quarterly*, 18(4), 298-318. doi: 10.1016/j.leaqua.2007.04.002
- United Nations (2006) *Convention on the Rights of People with Disabilities an Optional Protocol*. Retrieved from <http://www.un.org>
- Vaara, E., Kleymann, B., & Seristö, H. (2004). Strategies as discursive constructions: The case of airline alliances. *Journal of Management Studies*, 41(1), 1-35. doi: 10.1111/j.1467-6486.2004.00419.x
- Vaara, E., & Whittington, R. (2012). Strategy-as-practice: Taking social practices seriously. *The Academy of Management Annals*, 6(1), 285-336. doi: 10.1080/19416520.2012.672039
- Van Der Haar, D. & Hosking, D. M. (2004). Evaluating appreciative inquiry: A relational constructionist perspective. *Human Relations*, 57(8), 1017-1036. doi: 10.1177/0018726704045839
- Van Maanen, J. (1995). *Representation in ethnography*. London: Sage Publications, Inc.
- van Wijngaarden, J. D., Scholten, G. R., & van Wijk, K. P. (2012). Strategic analysis for health care organizations: the suitability of the SWOT-analysis. *The International journal of health planning and management*, 27(1), 34-49. doi: 10.1002/hpm.1032

- Vinzant, J. C., & Vinzant, D. H. (1996). Strategic management and total quality management: challenges and choices. *Public Administration Quarterly*, 201-219. Retrieved from <https://www.jstor.org>
- Wadsworth, Y. (2011). *Everyday evaluation on the run*. 3rd edition. Walnut Creek, CA: Left Coast Press
- Walcott, H. F. (1994). Transforming qualitative data: Description. *Analysis and Interpretation*. London: Sage.
- Walker, E. M. (2015). Evaluation considerations for community-based gender-informed health interventions. *Evaluation and Program Planning*, 51, 4-7. doi: 10.1016/j.evalprogplan.2015.08.001
- Walmsley, J. (2001). Normalisation, emancipatory research and inclusive research in learning disability. *Disability & Society*, 16(2), 187-205. doi: 10.1080/09687590120035807
- Walmsley, J. (2004). Involving users with learning difficulties in health improvement: lessons from inclusive learning disability research. *Nursing Inquiry*, 11(1), 54-64. doi: 10.1111/j.1440-1800.2004.00197
- Waltz, M., van den Bosch, K., Ebben, H., van Hal, L., & Schippers, A. (2015). Autism self-advocacy in the Netherlands: Past, present and future. *Disability & Society*, 30(8), 1174-1191. doi: 10.1080/096875991090954
- Wang, B. 2016. The social and historical construction of social constructionism. *Culture and Psychology*, 22(4), 565-573. doi: 10.1177/1354067X16663007
- Waters, L., White, M., & Murray, S. (2012). Toward the creation of a positive institution. *The International Journal of Appreciative Inquiry*, 14(2), 60-66. Retrieved from <https://web.a.ebscohost.com>
- Watkins, J. M., Mohr, B. J., & Kelly, R. (2011). *Appreciative inquiry: Change at the speed of imagination* (Vol. 35). San Francisco: John Wiley & Sons.
- Watkins, S., Dewar, B., & Kennedy, C. (2016). Appreciative inquiry as an intervention to change nursing practice in in-patient settings: An integrative review. *International Journal of Nursing Studies*, 60, 179-190. doi: 10.1016/j.ijnurstu.2016.04.017
- Waxenberger, B., & Spence, L. J. (2003). Reinterpretation of a metaphor: from stakes to claims. *Strategic Change*, 12(5), 239-249. doi: 10.1002/jsc.638
- Wayne, W., Alkon, A., & Buchanan, E. (2008). Creating a state strategic plan for integrating services for children using multiple qualitative methods. *Maternal and child health journal*, 12(1), 15-23. doi: 10.1007/s10995-007-0222-3
- Wendt, S., Tuckey, M. R., & Prosser, B. (2011). Thriving, not just surviving, in emotionally demanding fields of practice. *Health & Social Care in the Community*, 19(3), 317-325. doi: 10.1111/j.1365-2524.2010.00983

- West, D., & Thomas, L. (2005). Looking for the 'bigger picture': An application of the appreciative inquiry method in Renfrewshire Council for Voluntary Services. *International Journal of Information Management*, 25(5), 429-441. doi: 10.1016/j.ijinfomgt.06.004
- Whitehead, J., & McNiff, J. (2006). *Action research: Living theory*. London: Sage.
- Whitehead, M., & Dahlgren, G. (2006). Concepts and principles for tackling social inequities in health: Levelling up Part 1. *World Health Organization: Studies on Social and Economic Determinants of Population Health*. Retrieved from <http://www.enothe.eu>
- Whitney, D. & Cooperrider, D.L. (1998). The appreciative inquiry summit: Overview and applications. *Employment Relations Today*, 1(1), 16-28. doi. 10.1002/ert.3910250203
- Whitney, D. K., Cooperrider, D.L., Trosten-Bloom, A. & Kaplin, B.S., (2002). *Encyclopedia of positive questions: Volume one: Using appreciative inquiry to bring out the best in your organization*. Euclid, OH: Lakeshore Communications.
- Whitney, D., & Schau, C. (1998). Appreciative inquiry: An innovative process for organization change. *Employment Relations Today*, 25(1), 11-21. doi: 10.1002/ert.3910250103
- Whitney, D. D., & Trosten-Bloom, A. (2010). *The power of appreciative inquiry: A practical guide to positive change*. New York: Berrett-Koehler Publishers.
- Whittington, R. (2007). Strategy practice and strategy process: family differences and the sociological eye. *Organization Studies*, 28(10), 1575-1586. doi: 10.1177/0170840607081557
- Whittington, R., Cailluet, L., & Yakis-Douglas, B. (2011). Opening strategy: Evolution of a precarious profession. *British Journal of Management*, 22(3), 531-544. doi: 10.1111/j.1467-855100762
- Whittington, R. (2017a). Comments on 'Multinational Strategic Planning: Matching Central Expectations to Local Realities' Williamson, G. R., & Prosser, S. (2002). Action research: politics, ethics and participation. *Journal of Advanced Nursing*, 40(5), 587-593. doi: 10.1046/j.1365-264802416
- Williams, H., & Johnson, T. (2013). Strategic leadership in schools. *Education*, 133(3), 350-355. Retrieved from <https://www.ingentaconnect.com>
- Williamson, G. R., & Prosser, S. (2002). Action research: politics, ethics and participation. *Journal of advanced nursing*, 40(5), 587-593. doi:10.1046/j.1365-264802416.x
- Woelders, S., Abma, T., Visser, T., & Schipper, K. (2015). The power of difference in inclusive research. *Disability & Society*, 30(4), 528-542. doi: 10.1080/09687599.2015.1031880
- Wolf, K., & Floyd, S.W. (2013). Strategic planning research: Toward a theory driven agenda. *Journal of Management*, 43(6), 1754-1788. doi: 10.1177/0149206313478185

- Wright, M., & Baker, A. (2005). The effects of appreciative inquiry interviews on staff in the UK National Health Service. *International Journal of Health Care Quality Assurance*, 18(1), 41-61. doi: 10.1108/09526860510576965
- Wysocki, T. (2014). 2014 Presidential Address: A SWOT analysis of the Society of Pediatric Psychology. *Clinical Practice in Pediatric Psychology*, 2(4), 365. Retrieved from <http://psycnet.apa.org>
- Yoon, M. N., Lowe, M., Budgell, M., & Steele, C. M. (2011). An exploratory investigation using appreciative inquiry to promote nursing oral care. *Geriatric Nursing*, 32(5), 326-340. doi: 10.1016/j.06.010
- Yu, X. (2009). From passive beneficiary to active stakeholder: Workers' participation in CSR movement against labor abuses. *Journal of Business Ethics*, 87(1), 233. doi: 10.1007/s10551-008-9815-z
- Zandee, D. P. (2014). Appreciative inquiry and research methodology. In D. Coghlan & M. Brydon-Miller (Eds.), *The SAGE encyclopaedia of action research* (pp. 48-51). London: Sage.
- Zandee, D. P. (2013). The process of generative inquiry. In *Organizational generativity: The appreciative inquiry summit and a scholarship of transformation* (pp. 69-88). Bingley, Yorks.: Emerald Group Publishing.
- Zandee, D., Cooperrider, D.L. & Avital, M. (eds.) 2010. *Organizational generativity: Advances in appreciative inquiry*, Volume 3. Bingley, Yorks.: Emerald Group Publishing.
- Ziafati Bafarasat, A. (2015). Reflections on the three schools of thought on strategic spatial planning. *Journal of Planning Literature*, 30(2), 132-148. doi: 10.1177/0885412214562428
- Zuber-Skerritt, O. (2001). Action learning and action research: Paradigm, praxis and programs. *Effective change management through action research and action learning: Concepts, perspectives, processes and applications*, 1-20. Retrieved from <https://scholar.google.co.uk>

APPENDICES

Appendix 1: Consent Forms and Plain Language Statement

Informed Consent form for a Research Project in [Name] Services 2012-13

This is a consent form for participants that decide to take part in the research project in [Name] Services in 2013. The project will include the residents, users of respite services, staff, family members and volunteers that want to take part.

The purpose of this project is to develop a new strategic plan in [Name] Services that will operate from 2014 to 2017. The plain language statement attached to this form lays out the details of what is involved in being part of the project. Please read this carefully before signing the consent form.

This project is part of a PhD research thesis. Computerised information is kept on one lap-top computer that can only be accessed via a password. Any hard data and computer back up software will be kept in a locked filing cabinet.

Being that [Name] Services is a small service for people with intellectual disability; it is possible that from time to time a participant might be recognizable in something that has been written by the researcher. The researcher will not name any participant, however if something is written specifically where you can be easily identified, the researcher will clarify with you that what has been recorded is accurate. If you want anything written about you altered or deleted this will be respected.

Here follows a six-point checklist for you to tick to help you in making sure that you are happy to sign the research consent form. Tick the boxes provided when you can answer yes to each point:

1. I have read the consent form
2. I have read the plain language statement
3. I understand all of the information provided
4. I have had the opportunity to ask any questions I may have had
5. I have received satisfactory answers to any questions I have asked
6. I am also happy a digital video camera will be used during the workshop.

When you are ready to, please read the note (NB) on the next page and then sign on the signature line below if you want to take part in the research project.

Signature of the Participant

Print Name

Date

NB: [Name] Services does not come under the Freedom of Information Act however it does come under the Data Protection Act. This means in any legal action taken where data from this research is relevant to any court proceedings, the research data could be subpoenaed. Outside of this the researcher will keep confidential anything that is disclosed to him by any participant, given verbally or in writing; however, information about the abuse of any service user obliges the researcher to report the information to the appropriate people.

**Plain language statement for Staff, Parents and Volunteers in the research project in
[Name] Services from January 2013 to January 2014**

The purpose of this research project is to develop a new strategic plan in [Name] Services that will operate from 2014 to 2017. The aim of the research is to give everybody who is involved with [Name] Services an opportunity to take part in developing the strategic plan. If you decide to take part you will take part in a total of four groups. Two small groups: one in January or February and one in October or November 2013. You will also take part in two workshops one in April and one in June 2013. Workshops will combine small group work with larger group work (30 people at maximum). The small groups will last no longer than two hours each and the workshops will last between 5-8 hours including adequate breaks.

This means you are being asked to take part in the research on four occasions. However, it is quite ok to miss one or two should you not be available on the dates chosen to do the work. It is also quite alright not to take part at all, both the researcher, your employer or the service that your family member uses are quite happy for you not to take part at all.

The benefit of this project is that [Name] Services will have a new strategic plan put together by agreement of what everybody thinks is the best way to develop the service from 2014-17. Some things in [Name] Services may change from 2014 to 17 as a consequence of the project. Change can sometimes be uncomfortable. It is also possible too that your ideas won't be part of the overall agreed changes. This might be hard for you if this happens however the researcher will do his best that everybody's ideas are listened to and explored because in the research method, this is really important.

Finally, if you have concerns about the study at any stage you can contact the project facilitator Richard Jackson, CEO, one of the house leaders or if you are family member, one of the family members who sit of the Board of [Name] Services. If your concerns at this stage are not fully satisfied you can contact: *The Secretary, Dublin City University Research Ethics Committee, c/o Office of the Vice-President for Research, Dublin City University, Dublin 9. Tel 01-7008000*

Richard Jackson can be contacted at 0851770688 or email richard.jackson@dcu.ie

Informed Consent form for the Evaluation Research Project in [Name] Services

The purpose of this project is to evaluate the Strategic plan that was developed in 2013 and put into action between 2014 and 2016. More information about the project is available in the plain language statement on the next page.

Being that [Name] Services is a small service for people with intellectual disability; it is possible that from time to time a participant might be recognizable in something that has been written by the researcher. The researcher will not name any participant, however if something is written specifically where you can be easily identified, the researcher will clarify with you that what has been recorded is accurate. If you want anything written about you altered or deleted this will be respected.

Computerised information is kept on one lap-top computer that can only be accessed via a password. Any hard data and computer back up software will be kept in a locked filing cabinet.

Here follows a four-point checklist for you to tick to help you in making sure that you are happy to sign the research consent form. Tick the boxes provided when you can answer yes to each point:

- 1: I have read the consent form
- 2: I have read the plain language statement
- 3: I understand all of the information provided
- 4: I am happy for the sessions that I am involved with to be recorded on an audio recorder

When you are ready to, please read the note (NB) on the bottom of the page and then sign on the signature line below if you want to take part in the research project.

Signature of the Participant

Print Name

Date

NB: [Name] does not come under the Freedom of Information Act however it does come under the Data Protection Act. This means in any legal action taken where data from this research is relevant to any court proceedings, the research data could be subpoenaed. Outside of this the researcher will keep confidential anything that is disclosed to him by any participant, given verbally or in writing; however, information about the abuse of any service user obliges the researcher to report the information to the appropriate people.

**Plain language statement for Staff and Family members in the research project in [Name]
Services from December 2016 to February 2017**

The purpose of this research project is to evaluate the strategic plan that was developed by 60 people in [Name] from January 2013 to January 2014.

You will probably only be asked to take part on one occasion so that we can find out your perspective on how the strategic plan has gone over the last few years and your perspective on how to develop a good future for [Name] Services into the next strategic plan starting in 2018. This information will be collected in small groups. The meeting will happen between November 2016 and January 2017.

A few people will be asked to make up a committee in February to discuss the results from the information that we collect and to consider what the information means for [Name] services into the future. This will happen in February 2017.

The benefit of this project is that [Name] will have a greater understanding of what everyone thinks that [Name] has done well over the last three years and about what people believe needs to happen to develop into the future so that [Name] can move towards reaching its potential.

Finally, if you have concerns about the evaluation at any stage you can contact the project facilitator Richard Jackson, CEO [Name] or one of the house leaders or if you are family member, one of the family members who sit of the Board of [Name] Services. If your concerns at this stage are not fully satisfied you can contact: *The Secretary, Dublin City University Research Ethics Committee, c/o Office of the Vice-President for Research, Dublin City University, Dublin 9. Tel 01-7008000*

Richard Jackson can be contacted at 0851770688 or email richard.jackson@dcu.ie

Making a Plan for [Name]: 2013

Consent Form for Residents and Respite Users

You can read this to find out if you want to take part in the new project in [Name]

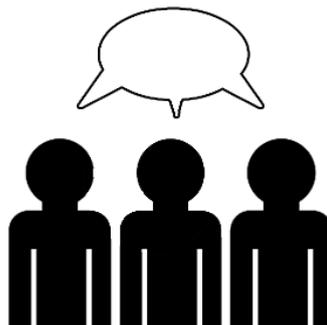


Richard will meet you to ask you if you want to take part



He will meet you after Christmas

You will have a support person with you



What is the project about?

Next year [Name] is making a Plan for the service



We will talk about what is good about
[Name]

Then we will talk about the future



What we want [Name] to be like ---- What we all want
to happen

At the end we will write a small book about what we are
going to do



This book will be called [Name] Strategic Plan 2014-17

How will we do the project?



You will take part in

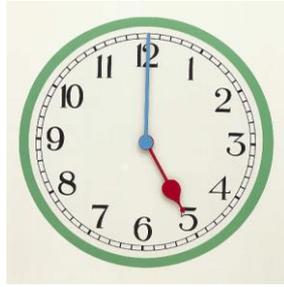
4

groups

2 groups will be 2 hours long and will take place after work



2 groups will take a whole day and finish at 5:00 in the afternoon



What you have to say is really important



We will listen to everyone



We will then use the best ideas for the plan



Its your choice if you want to join Richard to make the Plan

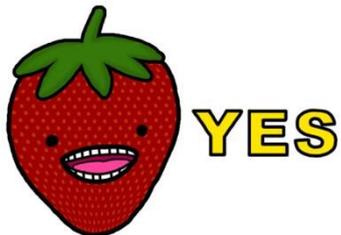


Do you want to take part?



Take as long as you want to decide

If you want to take part say yes



If you don't want to take part say no



Whatever you decide is OK with all of us in *[NAME]*



Cool!

IF YOU WANT TO ASK RICHARD ANY QUESTIONS YOU CAN DO THAT



NOW OR CONTACT HIM LATER AT 0851770688
or email richard.jackson@dcu.ie

On the next page you have to sign or get the support person with you to sign if you want to take part.



You have two things to do on this page

1. YOU HAVE TO TICK THE 5 BOXES IF YOU AGREE THAT YOU HAVE DONE THEM

1. I have looked at the consent form
2. Richard has talked to me about the project
3. I have asked the questions I wanted to ask
4. And I got the answers
5. I am happy that a video of voice recorder might be used

If you want to take part



Sign below and give the page back to Richard

Log Record of the Consent Process for Residents and Respite Users of [Name] Services

The staff member/key worker and Facilitator complete the form together.

Was an Easy Read Document used: Yes/No

The consent session was led at the pace of _____.....Yes/No

Was _____ able to say what they wanted to say?Yes/No

Describe their level of non-verbal communication, overall.....Positive/Negative

Staff member: Say whether you believe _____ did give consent below:

Facilitator: Say whether you believe _____ did give consent below:

Consent is only accepted if both agree

Whatever the result to-day consent is considered to be on-going and the person has a right to take part or withdraw at a future date.

_____ Has/Has not given his/her consent to take part in the
Project "Making a plan for [Name]"

Signed _____ Staff Member/Key Worker

Signed _____ Project Facilitator.

Appendix 2: Samples of Completed Question Schedules

“Making plan for [Name]” ----Project 2013

Question Sets	Time Allocated
<ul style="list-style-type: none"> What are we doing and “Who’s this sitting beside me” 	
<p style="text-align: center;">What’s this about?</p> <p>You are all very welcome to this session; the first part to our project “Making a Plan for [Name]”. Our focus this evening is to look at what is good about [Name] at the moment. If we understand this it will help us to decide what we might like to do in the future.</p> <p>If I could start by getting us to agree on some basic ground rules:</p> <ol style="list-style-type: none"> 1 Confidentiality 2 Only one person speaking at a time 3 Everyone needs a turn to speak 4 Listen to each other 5 Turn mobile phones off or put them onto silent 6 You don’t have to answer all of the questions; answer the questions you are happy to answer. <p>Is everyone happy with these?</p>	
<p style="text-align: center;">Questions</p> <p>a. Give me your name and where you fit into [Name]?</p> <p>1.2a Tell me about one activity that you enjoy doing every week in [Name]?</p>	<p style="text-align: center;">5 min</p> <p style="text-align: center;">5min</p> <p style="text-align: center;">Total 10 minutes</p>
<ul style="list-style-type: none"> Simply the Best 	
<p style="text-align: center;">What’s this about?</p> <p>If we know what we do best perhaps this will help us to know how to build the future.</p>	
<p style="text-align: center;">Questions</p> <p>2.1 Can you tell me about one of the best days you ever had in [Name]?</p>	<p style="text-align: center;">1. minutes</p> <p style="text-align: center;">Total 10 minutes</p>
<ul style="list-style-type: none"> What works well in [Name]? 	
<p style="text-align: center;">What is this about?</p> <p>When we know what we have learned we can make better decisions about the future.</p>	
<p style="text-align: center;">Question</p> <p style="text-align: center;">3.1</p> <p>5.2 What are the keys that make [Name] a good place to be? What makes it work well? What makes [Name] tick?</p>	<p style="text-align: center;">10 minutes</p> <p style="text-align: center;">Total 10 minutes</p>
<ul style="list-style-type: none"> We are the Champions 	
<p style="text-align: center;">What’s this about?</p>	

When we know the things, we are good at we can find ways of doing them more often and become a better service because of it.	
<p style="text-align: center;">Questions</p> <p>4.1 Tell me about something you achieved in [Name] on your own or with other people that you are really pleased about? Something that you did that turned out really well?</p> <p>4.2 As a parent/volunteer/therapist/member of the board, what do you see as [Name]'s greatest achievements?</p>	<p>10 minutes</p> <p>5 minutes</p> <p>Total 15 minutes</p>
<ul style="list-style-type: none"> • The Plan that [Name] Made? 	
<p style="text-align: center;">What's this about?</p> <p>By knowing what was good about the present strategic plan it will help us develop the new plan.</p> <p>I am putting seven pictures on the table. Each one represents one aspect of the last plan that started in 2011.</p>	
<p style="text-align: center;">Questions</p> <p>5.1 Pick out a picture and tell me a story about something that happened in [Name] that made a difference to you or the service over the last two years.</p> <p>5.2 If you had to decide which picture is the most important for [Name], which would you pick?</p>	<p>15 minutes</p> <p>Total 15 minutes</p>
<ul style="list-style-type: none"> • What do we value (like) about [Name]? 	
<p style="text-align: center;">What's this about?</p> <p>If we know what we really value (like) then we can make sure in the future these things are part of our service.</p>	
<p style="text-align: center;">Question</p> <p>6.1 Is there anything else you can say that you value about [Name] or that you think is important to mention</p>	<p>10minutes</p> <p>Total 10 minutes</p>
<ul style="list-style-type: none"> • Ending Questions 	
<p style="text-align: center;">What's this about</p> <p>This section gives us a chance to think about what we have said and have we got anything to add.</p>	
<ul style="list-style-type: none"> ○ How would you summarise this session? What do you think stick out in what we have talked about? ○ Were there any questions that you would like to have been asked but were not asked? 	<p>10 minutes</p> <p>Total 10 Minutes</p>
Grand Total	80 minutes

Easy Read Version of the Question Schedule
for the first group, Discovery, in [Name]

• **Let's Start**

Tell me your name?



Where do you live?



What do you enjoy doing?

Simply the Best?

What is the first
good thing you
remember
about [Name]?



What is the best day you ever had
in [Name]?

- What do you like about [Name]?



What good things do people do in [Name]?



- **We are the Champions!!**



Have you done anything in
[Name] that you are really proud
of?

- **What Works Well in [Name]?**



What makes [Name] work well?

- **The Plan [Name] Made in 2011**

Look at the pictures on the table
in front of you



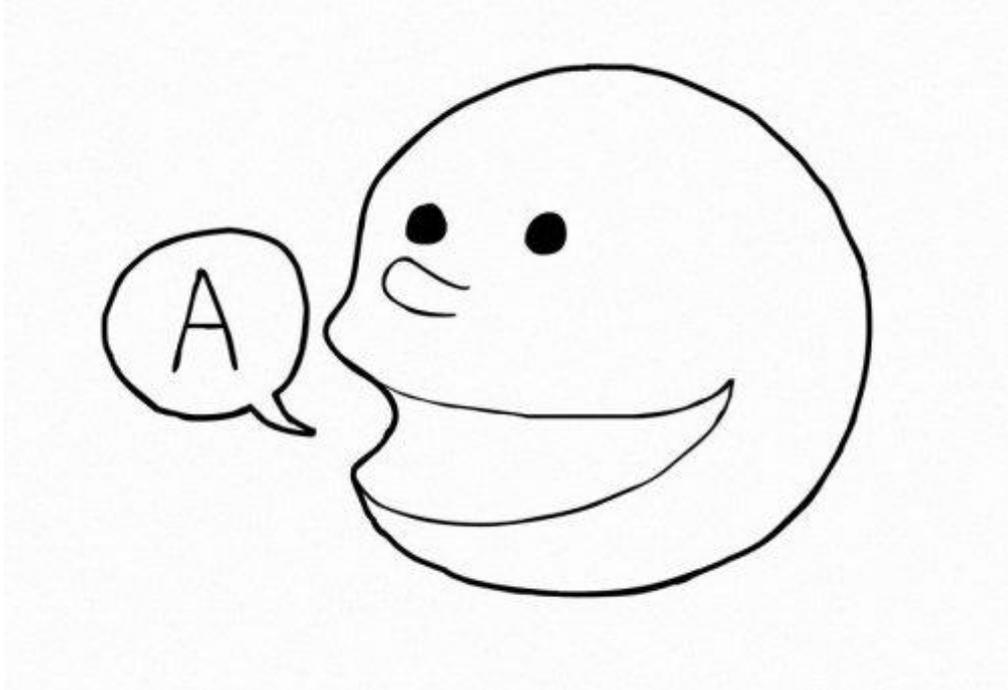
Take a picture that reminds you of
something that you did in [Name]
in 2012



ClipartOf.com/65616

Pick out a picture and tell me a
story about what happened.

7. Do you have anything else to say?



What else would you like to say?

Thanks for all your answers.

Let's have a cup of tea?

Making a Plan for [Name]: Destiny Questions

Question Sets: “Making a Plan for [Name]” Part 4: Destiny	
<p>The Goal of this phase of the plan is to consider what happened in Design, and the delivery of the final strategic plan for [Name].</p> <p>The objectives of this session are to:</p> <ol style="list-style-type: none"> 1. Make sure each participants voice is in the plan 2. Discover the learning that has taken place in the in the process 3. Develop provocative propositions 4. Give an opportunity for people to commit to developing the plan 	
<ul style="list-style-type: none"> • Introduction to the session 	
<p>Preamble: The purpose of the preamble is to help participants connect with the project again. I will explain what we have done up to now? This information will be on 3 flip charts in Pictures and few words on Discovery, Dream and the Goals from Design.</p> <p>I will use the Nominal Group Technique Approach for some questions. This means you can write a few notes before you speak. With some questions we will go straight into a “round robin” and with some questions we will go straight into a brain storm. With the people with ID we will do pre-thinking in small groups.</p>	
<ul style="list-style-type: none"> • First Question 	
<p>Preamble: It is really important that everyone feels that their voice is in the plan. So, this section is to explore if each of you feels that they are represented in the plan. We are far more likely to work together well in the next three years to achieve the plan if this is the case.</p>	
<p>Question</p> <ul style="list-style-type: none"> • On a scale of 1-5 in the plan we have made, how much of what you would like to see happen is part of the plan? <p>5= I am really happy about the plan 4= I am happy about the plan 3= The plan is ok 2=The plan is not really representing what I think is important 1=The plan is not representing my voice at all</p> <ul style="list-style-type: none"> • If your response is 3 or less, what would need to be put into the plan to represent your desires better? • A Collaborative <i>discussion will take place</i> 	6 mins
<ul style="list-style-type: none"> • Questions on the Draft Report on “Making a Plan for [Name]” 	
<p>Preamble: The draft plan was developed to report on the goals and objectives that were developed in the workshops and to record the conversations created by each. Some of the goals and objectives came directly from the group work and others were put together by me in response based on the discussion created by each of the groups. It is important for us to have some kind of consensus on the eight goals and objectives that we have created. The purpose of this section is to explore the level of satisfaction with the goals at a deeper level.</p>	
<p>Questions</p> <ul style="list-style-type: none"> • Write down the goals in the plan that you are really looking forward to the service achieving because you genuinely think that they are a good idea. • Pick one goal that you really want [Name] to achieve: What do you think the overall impact on the service as a whole will be? 	15 mins

<ul style="list-style-type: none"> Do you see any blind spots or challenges that people in [Name] need to be aware of before engaging in delivering the plan? 	
<ul style="list-style-type: none"> Provocative Propositions 	
<p>Preamble</p> <p>Catchy Motivational Phrases: On flip chart paper I will show pictures of three goals on each page with the aim of developing a catchy phrase that can help drive the achievement of the goal for at least one of them. The phrases (provocative propositions) according to AI gives direction and help people emotionally engage with the goals that are relevant to them.</p>	
<p>Catchy Motivational Phrases</p> <ul style="list-style-type: none"> I am going to show one page with three of the goals for each page. Shout out any fun, catchy phrase for any one of them that might help motivate us to achieve that goal. <i>Brainstorm</i> 	10 mins
<ul style="list-style-type: none"> Questions for individual groups 	
<p>Preamble: The purpose of this section is for participants to consider if all the needs of your group have been met in the plan and your potential contributions to achieving the plan. I will have a flip chart page of all the groups involved in [Name]: Board, CEO, Leaders, Frontline Staff, Residents, Respite Users, Family Members Volunteers and Therapists. This chart shows the various groups of people that contribute to [Name] and they all have a part to play.</p>	
<ul style="list-style-type: none"> For your particular group what are the benefits of the plan? What potential is there for your group within [Name] to contribute to this plan? Are there any requests that you would like to make to the other groups involved in [Name] that will help in making the plan more successful for your group? 	10 mins
<ul style="list-style-type: none"> Questions about the process 	
<p>Preamble</p> <p>This question is about considering the learning that has occurred by engaging in the process of “Making a Plan for [Name]”.</p>	
<ol style="list-style-type: none"> What have you learned from taking part in “Making a Plan for the service”? 	15 mins
<ul style="list-style-type: none"> Questions about the future 	
<p>Preamble: This section is about what we can do to create the future. I will mention that the strategic plan has the potential to help us all develop new ways of working/acting/thinking/being in [Name].</p>	
<ol style="list-style-type: none"> What would you see as a quick win for the plan? Which of the goals could be achieved relatively easily and quickly? <i>Brainstorm</i> What are the keys that will help people in [Name] develop the plan over the next three years? Is there anything else you would like to say before we finish? <i>Round Robin</i> 	15 mins

Questionnaire to evaluate [Name] Strategic Plan 2014-2017 with the staff in [Name]

Introduction

This questionnaire is written for staff members who work in the residential houses in [Name]. The questionnaire will be adapted for the people that live in the houses, a group of family members who will also take part in the evaluation and participants involved in the respite house for people with intellectual disabilities.

Open Inquiry Questions: A group discussion	Total Time 30 minutes
<ul style="list-style-type: none"> • Preamble We are trying to find out what you all think has worked well in the strategic plan 2014-17: What have been the high points and what you all believe that [Name] has achieved during the last three years. <p>The purpose of this question is to help [Name] to know what the achievements are that can be built on in 2017 and beyond.</p> <p style="text-align: right;">4 mins</p>	
<p>Question: Focusing on the last three years, what do you think [Name]'s main achievements are?</p>	
<ul style="list-style-type: none"> • Preamble Finding examples of really good practice can inspire people in [Name] and feed into the development of a really good future for [Name]. Examples of good practice in this question might be based in the present strategic plan or might be based in new things happening in the service. <p>The purpose of this question is to find out what is happening in [Name] now that can assist decision making on where [Name] will focus its energy in the future.</p> <p style="text-align: right;">7 mins</p>	
<p>Question: Where is the energy in [Name] now?</p>	
<ul style="list-style-type: none"> • Preamble This question allows each person in [Name] share their opinion on what is important for the service to focus on in 2017. Eight pictures representing the 8 goals of the strategic plan will be available to each participant. <p>The purpose of this question therefore is to assist the decision-making process regarding where to put time and resources in 2017, the last year of the life of this strategic plan.</p> <p style="text-align: right;">5 mins</p>	
<p>Question: The pictures on the flip chart page show you all 8 goals that [Name] is committed to in the strategic plan 2014-2017:</p> <p>You have three votes on the important things to focus on in 2017, where would each of you place your three votes?</p>	

<p>• Preamble</p> <p>In 2018 [Name] will need a new strategic plan.</p> <p>The purpose of this question is to explore people’s desires and aspirations for the future of [Name] 2018-21.</p> <p style="text-align: right;">6 mins</p>
<p>If you were given the authority to develop one exciting project in [Name] from 2018 to 2021, tell me what would it be?</p>
<p>• Preamble</p> <p>Finding out what people are learning in [Name] can help people understand the service in a new way. This might assist the decision making into what happens in [Name] in the future.</p> <p>The purpose of this question is to take the opportunity to find out what people in [Name] are learning at the moment in order to harness this learning to feed into future strategic decision making in the future.</p> <p style="text-align: right;">4 mins</p>
<p>Question: Looking back at the [Name] Strategic Plan 2014-17, have you learnt anything that will help [Name] improve how they go about the next strategic plan?</p>
<p>• Preamble</p> <p>The open inquiry questionnaire may not have captured everything that people in [Name] thinks is important to focus on. Anyone in [Name] needs to be able to say what they think is important to focus on now and in the future.</p> <p>The purpose of this question is to find out areas for development or improvement of [Name] into the future.</p> <p style="text-align: right;">4 mins</p>
<p>Question: Is there anything else that you would like to mention, good or bad that you think is important for [Name] to focus on in developing its future?</p>

**Evaluation Questions for the people that live in [Name] on
[Name] Strategic Plan 2014-17**

You are Welcome to this chat	
How good is the plan for [Name]?	
People that live in the houses	
Staff	
Family members	
Will answer some questions	
So that we can find out	
These questions are for people that live in the houses in [Name]	
What going on since the “Plan for [Name]” began	 2014-2017
1. In the last year, what have you done that you are happy about?	
Ask question 2 at the right time which may not be at this point	

Where would you like to live?	
2. When do you feel at home in your house	
3. If you were able to choose between this house and getting a new home which would you choose?	
What do you do during the day?	
4. Are you doing anything different Monday to Friday changed since 2014?	
5. What do you like about the changes?	
6. Is there anything else you would like to do during the day?	
Using the internet or mobile phone	
7. What do you enjoy doing on the internet?	
Use the same question for the mobile phone	
Making Friends	

8. Who do you like to spend time with?	
9. Tell me about the best times you have with your friends	
<p>What is important for [Name] to do in 2017:</p> <p>Will we take a look at the pictures on the sheet of paper:</p>	
10. Which one of those things are you looking forward to the most?	
Being Independent	
11. Where do you spend your time in the community?	
12. If you did one new thing next year on your own what would that be?	
Do you spend time with a volunteer	
13. Do you have a volunteer?	
14. What sort of things do you enjoy doing with your volunteer?	
Getting Around	
15. Is there a car just for this house?	
16. How else do you get to where you want to go?	

Learning from life	
17. What has living in [Name] in the last three years taught you?	
Anything Else?	
18. Is there anything else you would like to say	

Appendix 3: Samples Dream and Design Workshops

Information for Facilitators of the First set of workshops “Making a Plan for [Name]”

Workshop Plan for the Day

Time	Content	Group
10-10.20	Settling In	Everyone
10.20-10.50	Results of first groups: The building blocks for the future.	Everyone
10.50-11.20	Coffee	Everyone
11.20-12.00	Brainstorm Dream for the future	Small groups
12.00-12.45	Discuss each idea in turn to detail them as much as possible.	Small groups
12.45-1.30	Lunch	Everyone
1.30-2.20	Make a picture of the Dream you have created using a few simple art and craft materials.	Small groups
2.20-2.30	Fill in individual voting cards of what each person thinks are the three most important aspects of the group vision	Small groups
2.30-3.00	Decide what you want to say to the other groups in a 5-minute presentation	Small groups
3.00-3.20	Tea	Everyone
3.20-3.40	Each group share their Dream with other groups, 5 minutes each	Everyone
3.40-3.55	Fill out the card “what inspires me the most about the three Dreams”	Everyone
3.55-4.20	A general discussion on the different visions	Everyone
4.20-4.30	Rounding up the day	Everyone
4.30-5.15	Debriefing focus group with group facilitators	Facilitators

A Brazilian Proverb says “When we dream alone it is just a dream. When we dream together it is the beginning of a new reality”

The Dream Process: This workshop is about developing a Dream of the ideal future for [Name] and the ideal new strategic plan. This idea comes from Appreciative Inquiry which I explain a little about later on.

There are six things facilitators and recorders need to do and five sessions that need small group facilitation. These will run from fifteen up to forty-five minutes each. The five sessions are as follows

1. **Brainstorm ideas for a new strategic plan.** This is a normal brainstorming technique that accepts all ideas at face value without making judgments. A brainstorming session should bring out between five and twelve ideas. Generate as many ideas as possible. Provide an atmosphere where the subconscious can

continue working on the various ideas. Focus on the future of [Name] over the next three years or the new strategic plan depending on where the group is at. Concrete ideas are acceptable as the group can bring things down to more general concepts for the new strategic plan later.

2. **Discuss all the ideas that have come forward in detail.** This is not to say how you will do each idea; it is about understanding each idea in as much detail as is possible. The more detail around the idea the easier it will be in the next workshop to develop a plan for the chosen ideas.
3. **Facilitate the group whilst they complete a simple piece of art work** to represent their vision for the new strategic plan.
4. **Facilitate the group to individually fill in voting cards** on what they think are the three most important aspects of their group vision. I will have voting cards ready prepared
5. **Facilitate the group to present their vision to the other two groups in the workshop.** Make sure at least three people are involved in articulating the vision. This can be done in a creative way as the group is able for; the use of a poem, piece of drama, a song to accompany the picture and summary paragraph (explained below) is quite acceptable.
6. **The facilitators too need to stay on for 45 minutes at the end** to debrief in a short-recorded session with Richard. This is to help Richard gain make sense of what has been said.

The Nominal Group Technique

We are using a group technique called the Nominal Group Technique. This is a logical method of gaining a group consensus. There are two helpers for each group. One will facilitate the group process and the second person will record the group process on a flip chart. You need to also be aware that you need to put your personal input into the group as well as facilitating the group. Therefore, having an idea of what you might want to personally say about the future of [Name]/new strategic plan may be of help to you in facilitating the process.

- **There are five basic ground rules for the Nominal Group Technique:** You apply the rules in the context of each session.
- **Each person has a time to think before a group session starts:** Once people know what the group is about, they need a few minutes to make a few notes or residents and keyworkers can have a short discussion with just the two of them. This allows individual thoughts to be collected.
- **Each person shares their ideas in turn so that everyone gets a chance to speak:** this is called Round Robin. If a person has more than one idea, they can only share one idea each time they speak. People speak in turn around the circle until no one is left to speak. Be aware of the length of the session and how much time each person has to speak in order to keep the session on track. Keeping people focused in a non-pressure informal way is really important.
- **Each idea is written on a flip chart:** I will describe later how the flip chart data is recorded.
- **Each idea is discussed and clarified in an open conversation:** Try and get participants to develop as much detail on any idea as possible. During the discussion, be aware that new ideas may result.

- **Each person votes on significant decisions so that what everyone thinks is important.** Officially voting occurs once in the small groups and there will be one occasion when people will vote in the whole group sessions. If a significant decision needs to be made in your group, e.g. you need to leave two ideas out before you start the art session as you as a group think you have too many. In this case people vote for what they believe should be left out.

The Nominal Group Technique is about facilitating creativity and making sure that each voice in the group is heard during the process. It allows diverse opinions exist. Once the ideas have been given at each stage encourage discussion and conversation. Encourage the belief that progress is being made. Give a sense of everyone being equal in the session. Keep people focused on the task.

1. The person writing onto the flip chart needs to do the following:

2. Number the pages so that Richard can track the process
3. Write each idea down in using the words the person uses or brief words and phrases that they use.
4. Put thinking into a logical sequence
5. Link different ideas
6. Omit duplications by agreement
7. Allow variations on a theme
8. Summarise ideas only If necessary
9. In the discussion stage (part 2 of the Dream Process) start to build a map of the combined dreams
10. This might mean refining the flip charts as the sessions move on. However, try to keep to phrases used by group members.
11. Capture moments of insight on the flipchart
12. Identify common themes coming through from the different ideas
 - a. Work to get a group perspective on each theme
 - b. Put together sentences that will help understand the dream
 1. Towards the end Break the Dream into relevant sections
 2. When the dream is understood you could put it together in a fun way. e.g. smiley faces, symbols etc.
 3. Keep as much information as visible as possible.
 4. In the discussion, be clear as to the meaning and logic behind each item.

The facilitator needs to:

1. Use the principles of the Nominal Group Technique
2. What you are aiming to do is find the broad spectrum of ideas.
3. Encourage people to listen to other group members
4. Keep the group focused when necessary
5. The early ideas people will be more passionate about. Spend more time on these

6. Work with each person do discover the logic behind each of their ideas
7. Encourage interaction at the right points to develop a group agreement on each idea.
8. Read each idea aloud to see if this prompts more information to come forward
9. Be aware when the group needs to move on
10. If you need to vote place votes on the flip chart and add up how many votes for each item.
11. Reframe any negative comments to bring them into the positive or ask “what is the opportunity here?” or “what is it you are looking for here?”
12. Accommodate and be flexible as to how you complete the process.
13. Give choices where relevant
14. You as the facilitator are a catalyst for change

Appreciative Inquiry

The main thing about appreciative inquiry is that it is a positive method to help [Name] develop its future. Appreciative Inquiry is about life, strengths, what works, what we can do, values etc. Appreciative inquiry is about having conversations that generate life in the service. Negative conversation is accepted however at the right moment bring the focus back to the positive.

This workshop is about Dream. Dream is imagining what could be. What we are doing is building on what is good about [Name]. I will do a short presentation about what is good about [Name] as the first part of the day and email this to you before Monday. What is good about [Name] is the foundation block that we will be building on. The first thing you need to do is find out all of the new ideas that people have for the future of [Name].

One of the important things we are trying to discover in this process is the gap between what is good about [Name] now and the potential of [Name]. This gap will hold the elements of the new strategic plan. For example, one thing that I have noticed is that the topic of being connected into others is strong with being connected to staff, family, volunteers, therapists and peripheral community supports (hairdressers, GP’s etc.) however only a few residents seem to have friends outside of [Name] or their Day service. This would be a gap. What I am encouraging you to do when it is relevant is to ask questions about the gap between what we have now and the potential.

People naturally move towards positive images. Therefore, by asking positive questions people are more likely to engage in a more positive way. Therefore, find ways of asking positive questions (discussed later). Asking good questions will lead people towards doing things in a new way. Difference needs to be valued and contained within the process. The future is shaped by the conversations we have, stories we tell and the way we think about the future. What we focus on becomes our reality.

Some Detail on each of the five small group sessions

Session One: Brainstorming

1. The objective of this session is to find out the ideas that each person has about the future of [Name] or ideas for developing the new strategic plan.

2. What is being sought is the basic ideas people have. These can be specific or more general. Question the person to understand the picture in as much detail as they see at that moment.
3. This session is forty minutes so each person overall has a maximum of 5 minutes to speak. You are seeking 5-12 ideas.

Session 2: Develop each idea in detail

- The objective of this session is to understand each idea in more detail
- What is being sought here is for the group to clarify the idea that each person has and to really see the idea from their perspective. The group goes on to flesh the idea out in more detail to attain a detailed picture as possible that the group can buy into.
- Use each person's positive thoughts as a resource
- One suggestion is to take one idea and get people to close their eyes and imagine that this idea is part of [Name]. Walk around [Name]. How does this idea come to life in [Name]? Open your eyes and share your experience in a few words
- Aim for an agreement on what your group dream is
- This session lasts for 45 minutes so you need to split your time to each idea. You may need to vote to find the least or most important ideas for the group

Session 3: Develop a picture of the group vision:

1. The objective of this session is to develop a pictorial representation of the group Dream.
2. This is an opportunity to put more shape on the developing ideas. To get the group working the right side of the brain as well as the left side.
3. When the picture is being formed get a few people that are not creating the picture to describe the picture in one paragraph or in a poem. This can go alongside the picture.
4. This session is fifty minutes long. Encourage as many people as possible to put their input into this session. Let the group take control of what happens and direct it only when necessary.

Session 4: Voting for the three most important aspects of the vision

1. The objective of this session is to capture each person's voice on what they think are the important parts of the vision.
2. Each person fills out a voting card (provided) of what they think are the three most important aspects of the vision. Key workers or one member of staff will assist each resident/ respite user fill out their card.
3. The cards are collected up and given to Richard at the end. This will enable him to get a consensus of what people think is important to pursue.
4. This session is ten minutes long.

Session 5; Develop a presentation

1. The objective of this session is to develop a short presentation to share the group vision with the other members of the group
2. Involve at least three people in the group representing different [Name] groups. Encourage creativity in the presentation, such as; a short piece of drama, a poem or short song.
3. Can you get the group to think of any catchy phrases that describes an aspect of the new strategic plan? These will really help us in the next workshop.
4. This session lasts for thirty minutes.

General Comments on running an Appreciative Inquiry Workshop

- Welcome all perspectives
- Accept all ideas and build on them
- You are working towards a communal shared experience
- Show belief in the group participants that they can do the task
- AI sees conversation as an opportunity for change and development.
- Be irreverent and move beyond the boundaries of [Name].
- Enjoy the fun in the process. Be playful and inclusive
- Be astute to possibilities
- Name the positive aspects of any conversation
- Give confidence to participants in the group that anyone person can influence the process
- Aim to amplify what brings life to [Name], what works and the strengths of [Name]
- Let the positive core of [Name] be an inspiration for the future
- Aim to find the right positive images for the future that the group is creating
- Help people to become aware of the positive opportunities that are reachable
- You are welcome to bring any props for the day to help the process.

Positive questions that might be helpful

You need to go through the process of the small group work as described above. The following positive questions might help you during the process or help you out if the process becomes stuck at some point. Look at these questions and pick out a few that you think you could use or adapt them in way you are comfortable with keeping to the spirit of appreciative inquiry.

1. You fall asleep and wake up in two years. When you go to work some really good things have happened in [Name], [Name] has really improved. What has happened?
2. If a person has shared their idea but you need some more information ask What is it about this idea that energises you?

3. How do you think this idea will help [Name]? Or how do you think this idea will benefit the residents, respite service users?
4. This is a good idea. Can anyone think about how we can build on this idea?
5. *If some parts of the dream don't match up:* How can we make sense of this?
6. *If you want to get more into the abstract to build a concept for the strategic plan:* What are the important values in this idea?
7. If [Name] reached its full potential what would it be doing in three years from now?
8. If you did something creative in [Name] what would it be?
9. [Name] has found a way to really improve. Imagine someone talking about [Name] in three years, what would they say?
10. In three years, you are looking back at your life in [Name]. What challenges did you take on that were really worthwhile?
11. Imagine that you arrived in work tomorrow and the new strategic plan was working beyond your wildest dreams. What is different about [Name]?
12. Imagine that you arrived at work tomorrow and [Name]'s interaction with the local community had improved beyond your wildest dreams. What is different?
13. What do you really enjoy about [Name] at the moment? How can you create more of this in the future?
14. You are a resident in [Name]. You wake up one day and the service is exactly the way you would like it to be. Describe what it is like? What has really improved?
15. If there were two things that you would like to see happen that would really benefit [Name], what would they be?
16. Imagine that [Name] was ten times more fun than it had ever been. What has changed that had made it a real fun place to be?
17. In three years, you look back and say "I really did a good job in [Name] over the last three years". What are the two best projects that you got involved with?
18. What is your biggest hope for [Name]? What can we put in the strategic plan that would really help achieve this?
19. In two years, a visitor comes to [Name] and asks you "how did [Name] become such a good service"? What would you say to them?
20. What challenges would you like to take on that would really help the development of [Name]?
21. If positive energy was the flame of [Name]; what would you say was the main influence in the new strategic plan?
22. What are the most exciting possibilities for [Name] at the moment?

Principles for involving the residents and respite users in "Making a Plan for [Name]"

- Equality: the person with ID has an equal place at the table.
- Adaptations will be incorporated so that the person can take part to as much as they want to. This will include easy read documentation; easy read charts, symbols, and adapting to the pace of the person with ID without inhibiting the contribution of others.

- The person with ID will get some support from key workers. Richard has been talking with each resident and key worker about the workshop.
- The person with ID will be allowed to bring a few photographs, pictures or symbols with them to the session to assist their taking part.
- Their key worker or a member of staff who knows the person can assist the person in telling a story or giving a response in any group session.

Each resident/respice service user needs to find a place in the project they are happy with. This might include:

- Being present only
- Occasional contributions
- Regular contributions
- Taking part in group discussions
- Taking part in activities during the workshops
- Being part of the final group that puts together the strategic plan

Please feel free to contact me with any questions.

richard.jackson@dcu.ie 0851770688

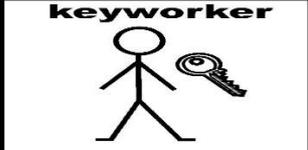
Short Report between Dream and Design

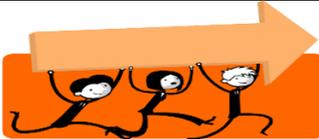
Information about the Design Workshop, including the main themes that came from the Dream workshop

Making a Plan for [Name]: Design: Building a Bridge

<p>There are two Workshops coming up</p>	
<p>Workshop 1 will meet on Monday 27th of May</p>	
<p>Workshop 2 will meet on Saturday 8th of June</p>	
<p>Each person takes part in one workshop only</p>	
<p>Talk to your house leader as to which workshop you are taking part in.</p>	
<p>It will happen in the [Name]in [Name] from 10:00am to 4:30pm</p>	
<p>The same place as last time</p>	

<p>In the last workshops we all worked very hard</p>	
<p>Here are the pictures of the Dream for [Name] we all made</p>	
	
	
	
<p>We are going to do more work on the Dream</p>	
<p>And find out what parts we can make real</p>	
<p>We are going to learn how to plan together</p>	
<p>There will be a drum workshop</p>	

Tea and Scones	
And Lunch	
There will be small groups as before	
The small groups will work on different things	
You can choose what group you want to be in	
Ask your key worker to help you choose the group you want to be in	
Your keyworker has information about the groups	
You can text or phone me to if you need to know more	My number is: 085-1770688
Below is what we said the Dream is about. What do you think of all these ideas?	
Finding out a way for people to be more independent if they want to be	
Working out how I can do the things in the community that I want to do.	
Staff working out how to help us when we get older	

Finding more volunteers	
Trying to improve how [Name] does things	
Helping us to make friends	
Making life at home more fun	
Finding out how to take good care of our homes	
More choices for holidays	
More respite beds	
More activity in respite	
More transport in [Name]	
Starting a coffee shop	
Do we want to change the name [Name] Residential Services to something else?	
I hope you enjoy the workshop	

Sample of Written Questions answered by participants in Dream and Design

What's IMPORTANT to YOU?



Tell Me 3 Things from your group's Dream That You Think are important for [Name] to do.

1. _____
2. _____
3. _____



NAME _____

Only write your name if you want to

Appendix 4: Ethics Forms and the Ethics letter of approval for the research

On the next set of pages there is a portion of the ethics form submitted to Dublin City University. This is followed by the ethics approval letter from the university to complete the research.

Excerpt of the Ethics form submitted to Dublin City University in 2011

Aims and Significance of the Project

The aim of this research project is to use appreciative inquiry, develop a vision for the future of an organization for people with intellectual disability and to enable participants learn from the process so that significant individual and organizational changes can be embedded for future development. AI is a research methodology particularly suited to the practice of organizational development and organizational learning (Reed 2007, Cummins and Worely 2001, Bushe and Kassam 2005). The significance of this research project is that AI has not been used in an organizational development context in intellectual disability before. There is one paper by Iles (2003) that lays out case for developing learning organizations in intellectual disability.

AI has been used as a research methodology in the health sector over the last ten years (Reed and Turner 2005, Wright and Baker 2005, Meyer, et al. 2006, Baker and Wright 2006, Reed, et al. 2008, Baker, et al. 2009, McAlliste and Luckcock 2009, McAdam and Mirza 2009, Richer, M., Richie, J. and Marchionni, C. 2010, Seebohm, et al. 2010). Overall these studies have shown that AI has had a positive impact on developing health care initiatives, improving service user experiences and developing employee professional practice. However, none of these studies have been used in an organizational development context. AI is therefore worth exploring in the ID sector to see if it can be used to have an impact at service user, employee and organizational levels and will be of interest to both the intellectual disability and health sector literatures.

There are two other bodies of literature significant to this research project. There is a growing body of literature that makes a case for active involvement by people with ID in the decision making of their service provision (Britain 2001, Bates 2005, Dhillon 2005, McMillan 2003 and Nicholl 2004). Another body of research aims to involve people with ID actively within research projects so that the research is not about people with intellectual disability, but with people with ID, giving them some control over the research agenda (Walmsley 2004a, Walmsley 2004b Williams, St Quintin and Hoadley (2006), Bridges and Meyer (2007), Vallenga, et al. (2008)). AI aims to increase the voice of the stakeholders (people with ID and family members) within the organization, involving them in collaborating with professionals and their families in the decision making about the future of their organization and including them fully in the research process. To summarize, this research project fills a gap in terms of exploring the topic of AI as a method to enable organizational development in an ID context and adding to the literature on actively involving people with ID in service development and research processes.

2.3 PROPOSED METHOD (*see Guidelines*)

Appreciative Inquiry

Appreciative Inquiry is a methodology that enables an organisation to develop itself and learn from the process. AI comes from the action research group of methodologies. Appreciative Inquiry allows its participants explore what they value and what is good about the situation they are in and to work out ways of increasing those things of value in order to create a better organisation (Reed 2007). AI is driven by the 4D process (p5). Principally in this research study data is collected in three ways, focus groups, using the nominal group technique in two workshops and action learning cycles.

Focus Groups

In the initial stage's participants will be placed in focus groups to find out their experiences of what is good about the organisation and when their needs are met well in the organisation. Focus groups will also be used at the end of the research for participants to talk about the experiences of the organisation during the research, any changes that have taken place and anything that they have learned or they believe that the organisation has learned. Kruegar and

Casey's (2009) framework of analysis of focus groups will be applied to maximise the interpretation of the data from a number of different perspectives.

Nominal Group Technique

The Nominal Group (NGT) was developed by Delbeq, Van-de-Ven and Gustafson in 1975. The purpose of the NGT is to develop consensus via a structure that encourages each person's view point be included in the group process. Therefore, the NGT captures both individual and group thinking. It is systematic in that it has a definite procedure. The NGT will be used for small group work in the two workshops to develop the vision and an action plan for the vision. Each workshop will last for seven hours.

Action Research Cycles

Action Research Cycles are the third way of collecting data.

Data at this stage can be collected in a number of ways; by field notes, audio or video recorders, reflective diaries interviews, discussion, and documents, e.g. minutes of meetings, brain-storming documents etc. (McNiff 1999). It is only when the vision for the organisation and action plan becomes clear from the two nominal group technique workshops that the right data can be identified for the action research part of the process. The researcher takes any new data and presents the data back to the group in word, diagram and picture formats so that the group can develop meaning from it. The aim of working with any data is to learn from it and to interpret it so that the group can go on to develop the next stage of vision and develop an understanding of the process that is taking place for the organizations learning.

Overall once data collection starts in the first focus groups, the research will continue for up to twenty-one months. The research finishes once the vision is complete or that enough people in the organisation believe that they can continue on and develop the vision without the researcher.

2.4 PARTICIPANT PROFILE (*see Guidelines*)

Age range and gender of participants

There are seventy-five potential participants. Ages of all participants range between eighteen and seventy years including both male and female with more females due to the high ratio of women working in the service which is normal for caring professions in Ireland.

The breakdown of potential participants is as follows:

1. 1 C.E.O. (Full time employee)
2. 5 House Leaders (Full time employees)
3. 2 Administrators (Part time employees)
4. 20 People with Intellectual Disability (Needing various levels of support)
5. 20 House Staff (Full time and part time employees)
6. 20 family members of service users (parents and siblings)
7. 3 independent Advocates (volunteers who are independent of the organization, two specifically recruited for the research project. Their role is to support the ID participants and not participate in data generation)

It is anticipated that some potential participants will decide not to take part. The researcher requires about forty participants for the research project to take place. The final numbers of people that will take part is unknown at this stage and can only become clearer when the researcher enters the research site. The researcher anticipates that all groups will have more than sixty per cent participation with the exception of family members. Family members will be less than half the potential numbers due to other commitments that they may have. However, a small group of parents will be sufficient for the research to proceed.

If the numbers required are not attained, the researcher, CEO and research supervisor will consider alternative options. The two alternatives would be to do a smaller project with

participants that did want to take part or to look for another organisation to do the project in. If either scenario occurs the researcher will inform the D.C.U. ethics committee of any changes to the original project and make an ethics resubmission to the committee if they believe that this is necessary.

Rationale for choice of participants

AI takes the stance that to develop an organization requires participation by representatives of each group of people involved in the organization as it is the people involved that make the organization what it is. In a small organization such as (Name) Services this could be every person in it. AI is a research method that encourages as many people that want to, to get involved. Participants in the research process will be exposed to many individual perspectives about the organization which assists participants to consider their own thinking about the organization, leading to an openness to change (Reed 2007, Cooperider 2008).

Two independent advocates will also be recruited and trained. Their role will be to get to know up to seven people with intellectual disability to assist them in articulating their views. Their role in this situation is to increase the communications skills, practical skills and to help each services user understand their own perspective and to act into the research using their own individual style and techniques. Therefore, they are not participants in the actual research; they are supporting the participation of the participants with intellectual disability.

The rest of the participants are actively involved in the research. AI is a methodology that allows participants to find their own place within the research that feels right to them. This is particularly significant for the people with intellectual disability so that they can engage with the research within their own terms (Tritter and McCallum 2006, Walmsley 2004a).

2.5 MEANS BY WHICH PARTICIPANTS ARE TO BE RECRUITED (*see Guidelines*)

The aim of recruitment is to give all staff and stakeholders in the organization the opportunity to take part. What follows is the sequence of events required to recruit participants for the research project with particular focus on the consent procedures for the people with intellectual disabilities.

Recruitment of CEO and Employees

- Obtain permission from the CEO to do the research project
- Meet the employees as a group to give information about the research.
- Meet employees individually to talk about the research project and leave with each person, written information about the research, i.e. a plain language statement that summarizes the research and a research consent form.
- They will be asked to give the signed consent form to the researcher one week later. The one-week gap gives the staff members time to reflect on the conversation with the researcher so that they can be absolutely sure that they want to take part.

Recruiting Family Members

- A research information meeting will be held for family members of the organization. This will be at one of their three official family meetings every year. As part of the information giving session family members will be invited to take part in the research.

- The house managers will ring the families that do not attend the meeting to ask each family if they would let the researcher talk to them about taking part in the research project.
- The researcher will ring or meet face to face with the families that agree to talk with the researcher.
- A plain language statement and research consent form will be sent to each family member that is interested in taking part. They will be asked to return it within one week.

Recruiting Independent Advocates

- Two independent advocates have been recruited whose role is to support the service users and to make sure that each service user is saying what they want to say in the research.
- They are not participants within the research so they will not be signing a research consent form, however they will have to go through the normal volunteer protocols of (Name) Services.

Recruiting people with Intellectual Disability: Consent Procedures

Emancipatory action research has shown the value of including marginalised groups in the research process including people with intellectual disability (Price and Barron 1999) (Reason and Bradbury 2008) (Garcia-Inarte et al 2008). This research study intends to include both people with an intellectual disability with reasonable and limited understanding capacity. Walmsley (2010) claims that it is essential to include people with ID in participatory research otherwise only non-intellectually disabled people would be commenting on the lives of people that have an intellectual disability. This would lead to an imbalance in the literature and a violation of the person's human rights. The majority of the people with intellectual disability range from a moderate to a severe intellectual disability. This means they will have an IQ of between 30 and 70 (Gates 2006). This affects their capacity to understand and to communicate to varying degrees.

Principles that give direction for the consent process in the AI Research Study.

This section gives a list of the guiding principles for consent in this research study based in the National Disability Authority Ireland Research Guidelines (2002 and 2009) and Intellectual Disability Research on Consent.

1. All peoples including those with an intellectual disability have the right to equality and self-determination (United Nations 1993, Dye and Burton 2004). The person with intellectual has a right to be involved in participative research (Walmsley 2010)
2. There is a power differential between persons with a disability and the non-disabled person (Cameron and Murphy 2006, Bates 2002). The person needing care has a vulnerability that the independent person does not have. Therefore, the person with disability will have a support person with them whilst going through any consent procedure, someone they know and trust (NDA 2002).
3. The communication of the consent process will be tailored for each person's need under the guidance of a speech therapist. Each participant with intellectual disability will have more than one medium, i.e. speech to take in information, e.g. easy read documents, pictures and use of speech therapy tools (NDA 2002, Cameron and Murphy 2006).

Validity

The literature has addressed the issue of validity in the consent process of people with intellectual disability. The consent process in this research project will be validated by:

1. The consent process both official and on-going is recorded in a log book. This will contribute to an accountable process (Arscott, Dagnen and Croase 1997, NDA 2009).

2. The researcher and one person that the service user trusts will be present in the official consent meeting (NDA 2002, Cameron and Murphy 2006). Both need to agree that the person has agreed to consent and both sign the log book.
3. Staff, family participants and independent advocates will receive a one hour training session on consent and on-going consent and will be encouraged to advocate for any person with ID that they believe at any point in time in the research is not consenting to take part.
4. A valid research process means that some potential participants refuse to take part (Cameron and Murphy 2006). It is therefore expected that the log book will show some refusals.

A summary of the consent process for people with intellectual disability in this research study:

1. A letter will be sent to each family for them to sign that they agree for the researcher to approach their family member with intellectual disability; to talk to them about consenting to take part for the research. Once the family agree the consent process is then between the researcher, service users and the service users support person (see 4th bullet point)
2. The researcher spends time getting to know the person with ID before the meeting during the first two months engagement with the research (Cameron and Murphy 2006) (NDA2009)
3. The independent advocate will also spend some time talking to each person with intellectual disability about the research and what it means to take part.
4. When the official consent meeting takes place with a service user two people will be in the room with the potential ID participant. The researcher and one person that the person with ID values and wants to have them there with them.
5. The researcher must engage with the person during the consent procedure and have a number of ways of communicating (visual and verbal) that have been planned with the speech therapist before the consent meeting to meet that individual's communication needs.
6. Consent forms will be adapted to suit the potential ID participant (easy read, photographs and any speech therapist recommendations).
7. The carer present has undergone the one-hour training in consent given and will advocate for the person if they think it is necessary during the process.
8. The process will include extra time given for the person with intellectual disability to absorb the information and take part in the process.
9. If the person is showing signs of distraction or inattention, they will be told that they can stop taking part at any stage in the process or they can take a break.
10. After engagement and some understanding of the process, the person with intellectual disability will be invited to sign the contract form or have a photograph taken indicating consent is given (NDA 2009).
11. Both the carer and researcher sign the log book to say that they agree that the person has given consent of their own free will or refused to give consent.
12. There will be a number of stages over the following twenty-one months where on-going consent will be revisited for each participant, i.e. at each of the three main stages of the research and on each occasion of being involved in the researcher will check with each participant that they are happy to take part on that occasion. The person will be free to leave the research area at any time and there will be staff present in all group research sessions that have done the training session on consent and can advocate for any service user at any stage of the research that the person needs to leave the research area.
13. Also, in regard to on-going consent, before service users engage in any new part of the research each service user will be communicated with in an

informal way agreed by the service user, key worker, family member, independent advocate and speech therapist as the best way for that service user. This may be as simple as, saying a short sentence “are you ready to go?” Putting the “thumbs up”, showing a smiley face or holding up a green card for “go” and there will also be a code for “stop” too. Such strategies will be agreed by the people close to each service user and if required a speech therapist employed to enhance the communication of each service user in the research process.

Final General Comments on all participants:

- The researchers full contact details (mobile phone and email) will be given in writing to each participant with an open invitation to contact him at any stage. The contact details will also be available at each residential house on the house notice board and kept in the main administration area of the organisation so that it is always easy to get the researchers contact details. Service users will have the option of having the researcher’s contact details put into their mobile phone, or email address on their internet system, so that each service user can contact the researcher at any stage.
- During the research it will be made clear through formal and informal conversation that consent to take part in the research is considered to be an ongoing process throughout the research project and can be revisited by any of the participants at any stage.
- Written reminders of the participants ethical rights in the research process will be communicated to all participants at three monthly intervals as part of a short research newsletter prepared by the researcher (in both normal and easy read formats). The newsletter will include research progress to date, the next stages of the research including what is expected of the participants.

2.6 PLEASE EXPLAIN WHEN, HOW, WHERE, AND TO WHOM RESULTS WILL BE DISSEMINATED, INCLUDING WHETHER PARTICIPANTS WILL BE PROVIDED WITH ANY INFORMATION AS TO THE FINDINGS OR OUTCOMES OF THE PROJECT?

Dissemination will take place in peer reviewed journals and relevant conferences both academic and practice. True to the values of AI the decisions about dissemination in a democratic way with the organization and the participants (Reed 2007). Some of the participants will be invited to take part in dissemination of the information, where possible and where relevant.

2.7 OTHER APPROVALS REQUIRED *Has permission to gain access to another location, organisation etc. been obtained? Copies of letters of approval to be provided when available.*

YES NO NOT APPLICABLE

X

A collaboration agreement between D.C.U. and (Name) Services is being drawn up by two staff members from the Research Support department in the University. This should be completed by early May 2012. This will lay out the basic details of the study and the basic terms of collaboration including the expectations that the researcher has of the organization and the organisation has of the researcher. A clear expected time line for the study will be incorporated too.

(If YES, please specify from whom and attach a copy. If NO, please explain when this will be obtained.)

2.8 HAS A SIMILAR PROPOSAL BEEN PREVIOUSLY APPROVED BY THE REC?

YES NO

(If YES, please state both the REC Application Number and Project Title)

3. RISK AND RISK MANAGEMENT

A. ARE THE RISKS TO SUBJECTS AND/OR RESEARCHERS ASSOCIATED WITH YOUR PROJECT GREATER THAN THOSE ENCOUNTERED IN EVERYDAY LIFE?

YES NO *If YES, this proposal will be subject to full REC review*
X

If NO, this proposal may be processed by expedited administrative review

The three main risks of this study are, fatigue from the fact that the study will continue for twenty-one months, heightened unfulfilled expectations and anxiety created around proposed changes. The use of AI has partly been chosen as it is a research method that works to utilize each participant's strengths. It is about creating a learning organization through using a positive framework. Therefore, the expectation is that many of the participants will enjoy taking part in the research. Appreciative inquiry is a research method that encourages participation at a level that each person is comfortable with (Reed 2002). It encourages the group to imagine the service they would really like to be part of and encourages participant's creative capacities to take part in developing the future envisioned service. The very nature of the methodology therefore minimizes risk to the participants due to its positive and collaborative focus and capacity to minimize defensiveness reactions and feelings of threat. (Cooperrider 2008).

Ways of managing these risks are laid out in 3.3

3.2 DOES THE RESEARCH INVOLVE:

	YES	NO
• use of a questionnaire? (attach copy)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• interviews (attach interview questions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• observation of participants without their knowledge?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• participant observation (provide details in section 2)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• audio- or video-taping interviewees or events?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• access to personal and/or confidential data (including student, patient or client data) without the participant's specific consent?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• administration of any stimuli, tasks, investigations or procedures which may be experienced by participants as physically or mentally painful, stressful or unpleasant during or after the research process?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• performance of any acts which might diminish the self-esteem of participants or cause them to experience embarrassment, regret or depression?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• investigation of participants involved in illegal activities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• procedures that involve deception of participants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• administration of any substance or agent?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• use of non-treatment of placebo control conditions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• collection of body tissues or fluid samples?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• collection and/or testing of DNA samples?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• participation in a clinical trial?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• administration of ionising radiation to participants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3.3 POTENTIAL RISKS TO PARTICIPANTS AND RISK MANAGEMENT PROCEDURES (*see Guidelines*)

The three main risks of this study are, fatigue from the fact that the study will continue for twenty-one months, heightened unfulfilled expectations and anxiety created around proposed changes

A summary of the risk reduction strategies:

1. On going consent procedures that enable participants to join and leave the research at different intervals during the research. At each stage of the research people will be reminded that they are free to leave the study at any stage of the research. This should manage the fatigue issue.
2. The focus of the research helps people tap into their intrinsic motivation. Participants ultimately are asked to be involved in developing parts of the project that they are interested in. This should encourage a positive viewpoint from participants in regard to the research and manage some of the potential anxiety.
3. Usual change management strategies will be used to help participants manage any anxiety, fear and discomfort. These are an empathic approach to feelings

of loss that may be experienced and extensive communication concerning the project (French and Bell 1999).

4. People with Intellectual Disabilities take longer to process things and therefore need more time to work through matters (Cameron and Murphy 2006). Change will therefore occur at the pace that the service users and staff are comfortable with and not at the researcher's pace.
5. The researcher will be present in the organisation one day a week starting in August 2012 in order to respond to any issues that emerge. The researcher will produce a three monthly news-letter to update the services users and staff on what is happening with the research. This will be in easy read and ordinary text formats.
6. Appreciative Inquiry does have a positive framework that could heighten expectations in an unrealistic way. Emphasising the collaborative part of the research, the concept of consensus and the limitations of what we can achieve in the time frame of the research will counteract this.
7. Time will be spent by the researcher communicating what research is and what it means to be part of a research study. There is a possibility that the outcome will be different from what we expect. The researcher will aim to have honest open communication as part of the research from an early stage then expectations should be realistic. Honest open communication is an expectation laid down by the National Disability Authority Research Guidelines (2002).
8. If there is an issue for any participant from one of the participant groups that they don't want to discuss with the researcher, each group has a named person that they can talk to confidentially. People with intellectual disability will have access to an independent advocate who if necessary, will speak on their behalf on any issue of stress that is emerging. The two people can then decide the best way to address the issue.
9. Provision for each group involved in the study is laid out below.

Employees need to be able to offload stress at any one point in time. This will be managed by:

- Having one or two named employees in the organization that staff can off load to about the research if they are stressed by it in any way. These conversations will be confidential.
- The researcher will be available on the mobile phone or email five days a week to talk with any member of staff that wants to talk about the research.
- The researcher and organizational management staff showing a positive attitude and desire to resolve any issue that any member of staff thinks needs to be resolved during the research period.

Service Users may also find the change process to be stressful. This will be managed by:

- Staff with the help of independent advocates to develop strategies to maximize the services user's capacity to communicate in their role within the research.
- Non-verbal signs of stress will be recorded for each service user that is unable to articulate stress, so that stress can be recognized at an early stage of its inception. Individual action plans will be created to help each service user manage stress should this occur. This is a normal protocol in intellectual disability services on issues of everyday life and present service protocols will be used if at all possible.
- The independent advocate will meet with their allocated group of service users at monthly/2 monthly intervals so that individual service users have an opportunity to communicate about the research with their peers. At each meeting the independent advocate will go through the three monthly easy read newsletters with the service users.
- Known behaviour issues that any service user may have will be managed by the normal individual behaviour support protocols used by the service during the research periods.

Support for Family Members

- Family involvement in the organisation is common practice in most ID organizations in Ireland. There are three official family meetings per year and two family members sit on the Board of the organization. Once ethical approval has been granted the researcher will meet with the two-family representatives on the board to discuss the best way of involving the parents in the process. The formation of the parent support group for the research project will be achieved in this period by collaborating with the two elected family representatives on the board.
 - Family members that take part in the research will have the researchers contact details.
1. One of the parents on the board of the organization will be contactable at any stage should a parent want to talk to or confide in another parent about the research.
 2. This parent representative will approach the CEO or the Researcher on the issue whichever they deem appropriate.

3.4 ARE THERE LIKELY TO BE ANY BENEFITS (DIRECT OR INDIRECT) TO PARTICIPANTS FROM THIS RESEARCH?

YES NO (*If YES, provide details.*)
X

Both employees and service users may benefit from this research. Employees get the opportunity to reflect on and develop the service they work in and their own professional practice. Service users have the opportunity to have their voice heard as to what they think a good service is, participate in service decision making and have the opportunity to be directly involved in improving their service and thus their overall care. The organisation as a whole also has an opportunity to develop, learn, change and deliver a vision created by all of its members for the benefit of all of its members.

3.5 ARE THERE ANY SPECIFIC RISKS TO RESEARCHERS? (*e.g. risk of infection or where research is undertaken at an off-campus location*)

YES NO (*If YES, please describe.*)
X

3.6 ADVERSE/UNEXPECTED OUTCOMES (*see Guidelines*)

Unexpected outcomes, has largely been covered by 3.3. (p1-12). When developing a research project that involves so many participants working together for such a long period of time it is anticipated that some unexpected events will occur.

If a crisis occurs within the service at any stage that has nothing to do with the research however it impacts on the time and energy of a significant amount of staff and/or impinges significantly on the service users, the CEO can ask that the research be suspended for a short period of time until the issue is resolved.

The researcher in order to be proactive about the integrity of the research will develop a self-regulatory approach as recommended by the NDA (2009). ***This includes:***

- Keeping a diary to reflect on the research process that is developing in the service and respond to any of the reflections that require action.
- Working towards open and trusting relationships; shown by development of communication strategies with a speech therapist for any service users that struggles with self-expression, the researcher engaging in the organization one

day per week and the researcher being available on the mobile phone and by email during the normal working week.

- The researcher will aim to use good facilitation skills in all group work during the research. The researcher has completed a number of self-development courses between 1997 and 2004 and also has ongoing experience of facilitating student groups in education over the last decade.

3.7 MONITORING (*see Guidelines*)

The PhD is being monitored by two research experts in the Business School in the University. Both have a background in Psychology. The Researcher has to produce a six-monthly report of progress on the research. This report will include information on the ethical commitments in this document as a method of accountability to the research process. This section of the report will be signed by the CEO of the organisation to register its authenticity.

3.8 SUPPORT FOR PARTICIPANTS (*see Guidelines*)

This section has been covered in 3:3 (p10-11), however a few aspects of supports for services users and parents is reiterated here because as a vulnerable group of people the participants with intellectual disability require special supports. Family members too require support so that any stress can be found out about and dealt with quickly.

Service Users

- The two independent advocates will meet with service users that want to meet with them at monthly/bi-monthly intervals so that the group can communicate about the research with their peers.
- There is a system of supports available for the service users so that the service user can get help from an independent advocate, key worker, service manager or family member. Each service user will have such a team around them to help them through any difficulty they may have with the research. Each service user will probably have a preferred person to communicate with about the research. This will be respected and that person will be made available to them.

Family Members

3. A named parent with good listening skills will be contactable at any stage should a parent want to talk to or confide in another parent about the research.
4. The listening parent with the stressed parents' consent can approach the CEO or the Researcher on the issue whichever they deem appropriate.

Researcher Involvement

The researcher will be present in the on an ongoing basis and available by phone or email on the other four days in the working week.

3.9 DO YOU PROPOSE TO OFFER PAYMENTS OR INCENTIVES TO PARTICIPANTS?

YES NO (*If YES, please provide further details.*)
X

4. INVESTIGATORS' QUALIFICATIONS, EXPERIENCE AND SKILLS (*Approx. 200 words – see Guidelines*)

Mr Richard Jackson

Richard Jackson, the principle researcher has been working in the area of intellectual disability since 1978 spending twenty-three years on the frontline working in services for people with intellectual disability. He has spent eight years working in day services including four years running a workshop for people with severe intellectual disability and organizing music activities for the same group. Thirteen years were spent in residential work, eight working with people with autism and people with behaviour issues and five years with people with severe and profound intellectual disability that included people with complex physical disabilities.

Richard has also spent ten years working in education teaching student nurses that intend to work as Intellectually Disability Nurses. He is responsible for both academic and practice modules and presently is responsible for the development of the intellectual disability studies in the BSc Hons. Nursing. This requires coordinating a team of lecturers involved in curriculum, nursing practice and personal student issues. Particularly whilst working in education Richard has developed skills in facilitating groups in many different settings, e.g. managing the educational needs of groups of students throughout many modules, clinical skills training in the school of nursing skills laboratory, small group tutorial work and academic supervision for post graduate students.

Academic achievements include completing in Trinity College Dublin the Degree in Nursing 2000-1, Nurse Tutors course 2001-2 and the Masters in Nursing focusing on the use of music in intellectual disability from 2002-4. He is now in his second year of a PhD program in the D.C.U. Business School ready to deliver the research in this application. Richard spent five years (2002 to 2007) supervising undergrad students in their completion of a research proposal and during the last two years is involved in supervising two Masters student's in the school of nursing completing the Masters in Health Care Practice. Richard has also completed a diploma in management in the RCN Dublin and trained in the counselling method Reality Therapy with the William Glasser Institute Dublin and completed a Life Coaching diploma course with the Irish Coach Institute in Dublin. The value systems in both courses are congruent with the value system in Appreciative Inquiry. This means that Richard has a good grasp of the practical implications of the concepts driving Appreciative Inquiry. These trainings too have developed his level of self and other awareness and he has used the communication/therapeutic skills learned in both courses to improve his practice in working with people with intellectual disability and in supporting student nurses in their training. All of this work experience, academic and personal development education pursued means that he has accumulated the experience necessary to run this PhD research project.

Ethics Approval Letter for the project given by Dublin City University

Ollscoil Chathair Bhaile Átha Cliath
Dublin City University



Mr. Richard Jackson

DCU Business School

28th June 2012

REC DCUREC/2012/013
Reference:

Proposal **Using an Appreciative Inquiry**
Title: **methodology to create a Learning**
Organisation in a service for people with
intellectual disability

Applicants: Mr. Richard Jackson, Dr. Melrona Kirrane

Dear Richard

Further to review, the DCU Research Ethics Committee approves this research proposal. Materials used to recruit participants should note that ethical approval for this project has been obtained from the Dublin City University Research Ethics Committee. Should substantial modifications to the research protocol be required at a later stage, a further submission should be made to the REC.

Yours sincerely,



Donal O'Mathuna

Dr. Donal O'Mathuna

Chairperson

DCU Research Ethics Committee

Taighde & Nuálaíocht Tacaíocht
Ollscoil Chathair Bhaile Átha Cliath,
Baile Átha Cliath, Éire

Research & Innovation Support
Dublin City University,
Dublin 9, Ireland

T +353 1 700 8000

F +353 1 700 8002

E research@dcu.ie

www.dcu.ie

Appendix 5: Sample of Themes from Burnard's (1991) Thematic Analysis

Sample of Themes created in Discovery

This document shows a sample of the text that reveals excerpts of the final themes created at the discovery stage of the analysis process. These themes were printed out and put onto Flip chart paper as stage 9 of the process.

Theme 1: Person Centred Care

Individualised Care

HS1 I think (name) exhibition that was a really good day that I remember in (name). Seeing how happy he was to walk around and showing everybody, his art work and you know he was really proud...that was a really good day. I suppose just seeing his achievement and he knew that it was about him and it was his work on display and there was are real sense of achievement.

HL 1: Things have changed dramatically in our house with their quality of life. cause when I started you've never saw (name) he was always in his room and (name) you never saw and he was down the other end of the house... and it's very hard to get to know people. It's a much more quiet household now em ... it has its moments when it's crazy but it is definitely quieter.

HS 6 In the whole of the service it really is my voice my choice. Whenever we are out, we have the choice of Chinese, pizza, whatever you want. And everyone discusses what we are going to do. I think we see everybody as an individual. WE don't see that we have five men here tonight. Everyone is an individual and everyone is a character.

PWID 7 Shows his life style of painting, enjoying his friends, gardening, going out on a formal dinner, going swimming, and enjoying a cup of tea and a scone, He is showing a lifestyle that has been carefully crafted.

FM 1: I am just looking at the first picture and it very much what we have been saying that everyone is treated as an individual... I have just seen that my son is treated as an individual and he got support for his own room and they got him in to college. They changed his place of work...All those things

Person-Centred Planning Tool

HS 11: We do POMS every year as well and it's about the person's goals for the coming year. That's extremely positive to look at ..it's just revaluating goals every year.. We've got the lady we work with. As much as you've thought that she has achieved a lot in the last two years, your constantly striving for better and better each year ..and um nothing is knocked on the head ..everything is possible ..and people develop.

HS8: and I think that idea of key worker is very good to have for an individual you know, yeah If the person I look after wants to do something, he can say it to me.

PWID 9: Yeah, my keyworker has gone through a lot of me POMS ...me goals and she is getting me into doing training with kids now I am training with them doing the football, the rugby, you know and the ordinary football where you kick the ball with your foot. She got me doing first aid training. Management were looking for someone that would be interested and my key-worker put my name forward. But now I have stepped away from it as I have decided that it is not my thing anymore.

HS 14: And you kind of need one person assigned to the person for if you didn't things probably wouldn't get done. So, somebody takes responsibility for the process and owns it. What important to the person and what they are missing, strengths and gaps. We look at things like participation of the day service and family input.

Independence training

HL1: I was going to pick developing skills just in the house I think that since its gone to a smaller group the guys do a lot more for themselves and um staff now take a step back because a lot of things would have been done for the guys as it was so hectic. Just small things. They strip their own beds. (Name) will do his own Laundry now, He hangs it all up and does it himself with staff overlooking but not how he is doing it but at minimal assistance.

HS4: One of the service users goes home. She gets the train into town and then another train out of town. She is able to do three or more different modes of transport. There and then she can come back again. She can do that Like all of a sudden now she can just come and say I'm off, which is great

HS 5 –The two girls have become a lot more independent. Yeah, they do a lot more for themselves. Yea they don't expect you to do it. They help prepare their dinner and clean up and all the normal stuff you should be doing and in your home.

PWID 8: Well I like doing the routine, making beds and doing my own laundry and different things and you get support from staff from time to time.

HL5: Yes, their own keys is very important So human rights is really really important to be honest.

Commitment to happiness

V 1: Again my role is pretty easy I just enjoy being there (*slight gesture*) I just enjoy being there so the reason I do it is I enjoy being with Adrian seeing him ..you know.. being happy. That he gets to go out with someone. that enjoys that enjoys golfing as much as he does.

PWID 1: Well I'm happy anyway

FM 2: The staff do a great job with the clients... I can't fault them at all... and my daughter is very happy

T1: Their happiness is paramount. I think that is lovely that it's not just their care but it's their happiness .. I find that each staff member knows what it is that makes them happy in themselves or will not make them happy ..I think they all know that ..I think that every staff member knows that and that's exceptional.

Developing connected relationships

PWID 3: You (PI) saw me on Thursday evening didn't you? Yeah I was having a ball ..And you can come to the service with your buddies. Yep..we are able to chat and chill out together.

HL 2: But we have people now who are going to the local community centre. Even our volunteers are local; we are spreading around more who we are and what we are and more so being part of the community.

HS11: So in a roundabout way what I am saying is a learned he has far more links in the community than I actually knew about. Stopping to say hello to someone I knew, he said he knew (Name)

HS9: The local ID club is her favourite activity and that happens on a Wednesday. There is a disco and she is able to interact with her friends and do what she wants to.

Community Connections

V 3: I just remember another thing now. I heard she likes dogs. I was thinking about one day she did take my dog for a walk locally. I brought her myself. We have a dog. He is my son's dog. You know throwing the ball and catching it and the dog was very very lovable towards (Name). So I am planning on doing that a bit more and the library too Bern: Walking there. Walking into Castletown would be one of those and walking into the Library. These would be the things that I would do myself so if I am bringing (Name) down and I can bring back my own books

PWID 4: Mmmm I'd say Saturday was the best day, because we always go off for lunch like, You know where Murphy's is down in (Name). Well this week it was me and (Name) and (Name). We went down with the staff like. Yeah it was great. Just sitting around having a laugh, that's all ..you might as well. We all laugh.

HS 14: The community inclusion program is an example of which is a course designed by another organization, it's given us a chance to focus on the community side of things.

Theme 2: Highly motivated staff

Positive Staff Attitude

V2—the impression I get from the service is that from all the staff members is that I get—that you all take your job seriously—but that it's more than a job to you. That's the feel I get.

HS 5: some staff in the service see it as a second home cause you spend so much time there. So if something happened to someone you would be very upset

FM 1: I think it needs to be remembered that the staff are not always working to earn their crust they are there because they enjoy it ..and I think that comes right from the top.

Listening and responding

T1 That everyone is listened to it kind of yeah it's kind of a friendly and supportive

HS1 I like that the residents can come to up with suggestions and stuff and that they are listened to. If I brought that to the house leader, it would be listened to and it's acted upon and they feel comfortable to come to staff and talk about it. And it can be acted on Yeah and changed if possible or tweaked or something.

T2 Yeah well I can really resonate with what's been said so far... I'm not sure what else to say, patience and listening

HS 6: The core thing for me when I came into (Name)

is mutuality ..this idea that is still prevalent in some services ..that your doing good for people ..but excuse me I think you are there for mutuality there always and if there isn't there is something wrong.

Having Fun

HL 1: I suppose one of theone of the places where we had a good laugh well some fun the first year we went to Killarney on holidays with the residents. We had great fun and one of the evenings we went to an amusement park and I don't think I have ever laughed so much in my life. And all the guys were laughing and (Name) on the bumper cars was hysterical (*HS1 starts laughing*) I've never heard him curse so much in my whole life. I was in tears; then we went into the fun house where there is no words to describe the laughing. It was (Name) going on ramps and round circles and (Name) was just hilarious. But er it was just a great holiday; they were out of their comfort zone and doing things that they wanted to do. You know going out dancing and having a couple of drinks.

PWID 8: Yes I didn't want to get on the roller coaster. But it was great fun, over and up and down and over to the side (People laugh)

PWID 7: Shows the pictures. fun fair, fun fair yeah. Yeah, Guinness.

HS 3: When winning streak is on everyone will be roaring and screaming and you have all that craic going on. You get the craic and the bus.

HS 12: Mine would be one of the first winters I was here it was snowing; it was Steven's night and we were all out on the road at midnight throwing snowballs, with (Name) and (people laugh) it was brilliant.

Teamwork

HL 3: Well I think as well the creation of teams in the service has been a big achievement. The two women I work with would not have been in there for as long as they have, if the team was not as strong. Absolutely the team working together was crucial. I suppose as people we rely on each other and you know that people will support and put as much in as they can

HS11: I would say that what works well is partly the experience that some of the people who have been here a long time have. They're willing to share it, they don't keep it to themselves. So there is a sharing of experience.

FM 3: For the staff it's not like being a parent. They are going to work you know and I find that any of the staff alone are brilliant you can't fault them. A straight answer a proper answer you know. They are all very nice to talk to ..they can't do enough for you.

HL4: There is always support and we just talk ..its talking and just getting ideas put out there and its putting ideas into action.

HS13: I would say so, consistent teams ..the people then don't have to get used to someone new every couple of months. In other services that can happen you know, but people in our house are used to the same 4-5 staff to one roster.

Theme 3: Positive Organisational Supports

Creating Homes

T2: I suppose from going into all of the houses I like the atmosphere in them; Every house has its own...vibe I suppose, I can't really think of the word for it; you know the energy and the different atmosphere of the houses.

HL4: I think something that reflects every house is so different is that if I went into another house I wouldn't have a clue. I don't mean that in a bad way..Every house should not be the same..There are different people in every house. Each house is completely individualised to the people that live in that house.

HL 3: I suppose not the best day but the best time for me was the two ladies moving into their own home. And I suppose having more of an input into their own lives

HS18 I think as well because you are working in people's homes. so it's not like going into a factory or an office or your always very conscious that you are in somebody else's home. You are in somebody else's home. And it's always important to remember that. It's not your home as such but you still have to create that atmosphere – it still has to be relaxed..Everyone wants their home to be a place where you can relax and chill out – you still want people to support people to do things for themselves but in a nice way. It's very relaxed when you can sit down and watch TV with someone or ____ Its different to working in other places you know

PWID 6: I got a new bed, painting, posters.. it was good waking up in my own room.

Valuing Education

PWID 2: Um the best day I ever had was when I started in Trinity College. I started in 2011 and was back in again this year. It was great and all my friends and the tutors. Um looking forward to doing all the assignments in the classes. I am enjoying learning so I know what it's like to do different things.

HS9: I got skill tech level 5 with the service, this was a course that I did. Yeah it definitely helped me and the course had an awful lot of involvement with the residents on it too. I had to teach a service user a specific task and to see him actually succeeding in his task, that was good. It helped me improve my work and I achieved something for myself.

FM1: There is an open teaching attitude to staff too am I right in thinking that? The staff are not put into a situation without not knowing what might happen.

HS 14: I think developing skills is my best achievement. I Probably have linked in with my course whilst working here. I am in my third year so I have probably been able to get the practical side here whilst I am in college.

Volunteers

PWID 2:What I like about this service is getting out with my volunteer on Monday evenings. Ehm I think getting out in the evening times. For a cup of coffee.

V1: I don't spend much time in the house because I am out with the person I volunteer for. I didn't know him before I started but I remember the first time that I went out. He is very shy and it takes him quite a while to come out of his shell. So I think you know to be able to provide something for him that you know that has a pretty big impact on his life because ah it means that what I am doing means something to him. That's pretty cool that's something that I like about it.

PWID 1: Aww I'm trying to think now. Sometimes I go out for a drink alright. Ahha and spend time with her. I like chatting as well. So, it's nice just being out with somebody and having a drink. Yes, I have a drink anyhow. I like having a volunteer.

HS 4: I think the volunteers is working out really well ...because I think a lot of the service users see them as a friend...rather than you are working 9-5 you know what I mean..... They are coming in especially ..so I think that is very good as it is something the service users want to do.

Respite

HL 6: The other thing on this question is what good things do we do in the service, I am thinking about the respite services. We here from families and from others very positive feedback on that for example because they all have a comparison. Sometimes their son or Daughter has gone on to respite somewhere else... and they will say oh he loves it there or she loves it there ... and it's partly the warmth of staff and its partly there's a nice atmosphere you know and its partly the friends getting together and having a bit of fun. And even. They are going to their day service every day... it's not a holiday in that sense ..there is a sense of having a bit of fun, its nicely laid back.

PWID 3: I'm trying the think now, the best time I had in respite, it was when my niece and nephew came. My sister is from Cork and she came to see respite. They danced, they played music. Me Ma and me self, played the music. I have the music on my IPOD. Yeah ..It was it was very relaxing ...like neighbourhood.

PWID 5: Yes, I will answer, in respite I love going to the pictures, in town; everyone in respite goes. In the minibus. (His Father reiterates that his son loves to go to respite).

Appendix 6: The Strategic Planning Document and the final goals and objectives

Appendix 6 starting on the next page has the actual strategic planning document. Unfortunately the document has not transferred into this document in its original form. Pages have been taken out and pictures taken out for reasons of confidentiality. The letters TS (the service) have been put in place of the actual name of the service. The document also omitted some sentences as well as errors in some of the pictures occurred, whilst being converted from the graphic designer's software to a Word document. Normal use of grammar is sometimes omitted due to the recommendations of easy-read documentation. The SP document is followed by two tables with the final agreed goals and objectives.

Making a Plan for TS



Introduction

We had a project called making a plan for — in 2013 and this booklet shows the

new plan



People in the service will work on 8 goals from

September 2014 to December 2017

There has been an important report written called: value for money and policy review of Disability Services in Ireland 2013.

The two goals of the value for money report show how services will change from traditional residential services to a service that supports each person's individual needs.

Goal 1: Full inclusion and self-determination for people with disabilities through access to the individualised personal social supports and services needed to live a fully included life in the community.

Goal 2: The creation of a cost-effective, responsive and accountable system which will support the full inclusion and self-determination of people with disabilities.

3

With this plan, the service can respond to both goals that should serve the people that use the service well.

We made the plan keeping in mind that the HSE will not give any more money to the service over the next three years.

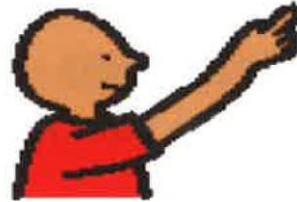
(Pictures missing on this page)

The mission of the service is to:

To help

people live a

^{TS}
[redacted] ^S
life of their choice.

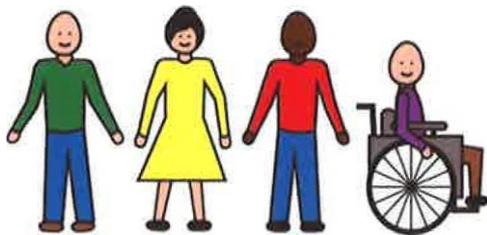


The vision of our service is

The people we support will increasingly run their own lives



There are different groups in the service



family members

people with intellectual disabilities



staff working in the residential houses Volunteers



CEO & Board Members



House leaders & Therapists

Administrators



office staff and supported living staff

What We Did

January to February 2013

Small groups met in the kitchen in for two hours to find out what is good about TS. This part was called discovery

April to May 2013

We ran two workshops to find out what people's dreams were for the service. This part was called dream

May to June 2013:

We ran two more workshops to make goals and objectives for the new plan. This part was called design

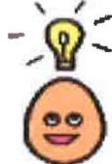
November 2013

Each person gave their final input into the strategic plan in small groups. We all thought about how to put the plan into action and considered what we learned from the process. This part was called destiny

(pictures missing)

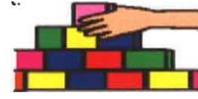
What helped us build the plan?

Three ideas helped us work together on making the plan

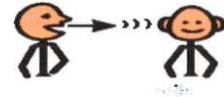


1. We can build a better future if we first think about what the

service has done well in the past.

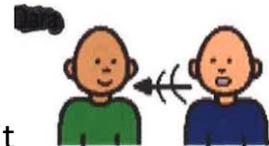


2. Every person's opinion is of value.



3. We will develop a good future for the service if we

talk together about what we want for it



We started the plan by asking everyone what they thought was good about the service

(Two pages omitted due to the printed document not converting into Word properly. In the following section some pictures are missing for the same reason.)

This next two pages shows what we found about the good things we are building on to make the new plan

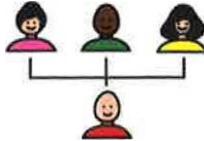


1. care is about individual people

2. TS works towards people being happy-

3. ^{TJ} values people being independent

4. TS values people being well connected to others



5. teams support each other well



6. staff listen and take action on what they hear

(pictures are missing on this page)

7. staff really want to do a good job

8. people in ^{TJ} value having fun together

9. education is encouraged, this helps makes the

service a better place



Below is a-story and poem of the kind of life people living in the service could live

"In the year 2017, Al is 32 and he is living in an apartment near his family home in ██████████ Today is Tuesday and it is 8:00am and Al texts his support person to say he is getting ready for work and he gets his bike from the hallway. He is looking forward to catching up with John after work who is his own age and lives with his girlfriend in —and two kids. They will go off to the fitness centre where he gets half an hour on the weights. Then he meets Tracy afterwards for a bite in Fernando's. He has been getting on well with her recently and might ask her back to the apartment for a drink. This is the kind of life we hope that we can support people to live a life that suits the person".



A poem

"I thought it was my home and now I am on my own
Visit me anytime my life is finally mine
Choice was just a word but now it is my world
Today when I go to Tesco
For a tea coffee or Espresso
I am greeted 'bécause I'm staff
Rather than how I was known in the past
My label has finally left me
At last now I am free"

The story and poem fit very well with the vision of the service,
The people we support will increasingly run their own lives

This page has photographs of the 6 pieces of art work created in the dream workshops with quotes from some of the participants

our slogan is values, connection and growth



don't sink, swim this picture shows something on being more

open to life,
so adventure
and enjoy it our
dream is that
the buds in
(Name) would
turn into full
flowers



let's all stick together to make the dreams come true

This is ^{THE} Strategic Plan 2014-17

The next set of pages are the result of the design workshop, the third stage of the project, we worked together to create goals and objectives

The goals have been agreed by everyone that took part

1. Living the life you want “love living”

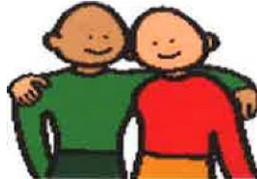
Goal: Support a few people that want to explore new ways of living.

This means thinking about choices you can make such as,

where you live



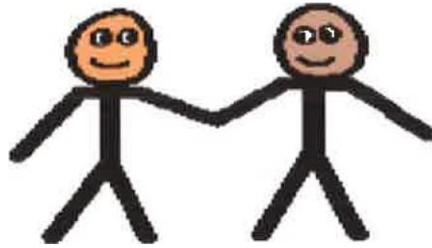
who you live with



where you work



and who you "hang out" with



2. Developing community links, “linking in and helping out”



Goal: work with the people supported to develop more community links in their lives.

This goal means finding places to be in the community that are right for you.

We talked a lot about people volunteering in the community as one way to spend time in the community.

One person talked about helping out, this is what volunteering in the community is about.

Volunteering in the community can mean helping to clean up the estate where you live, or helping out at a local event.



3. Transport, “getting around”

Goal: help people get to more places in the community and keep in touch with family and friends.

Help people decide how they can best get to where they need to go by walking



using buses and trains



and even perhaps using a bicycle.



People may need to use a car to get to where they want to go. 2 houses recently bought a car and respite are going to buy one too, so already this goal is happening.

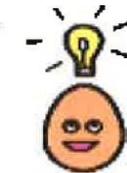
4. Work options, “having a job”

Goal: support people that want to, to find a job that suits them.

We talked a lot about opening a coffee shop but in the end decided that this was not the right idea for now.



This idea did make some people think that some people supported by — may want to get a job in a coffee shop or other workplace as an



alternative to their day service.

or perhaps use their time doing other things like growing vegetables.



The service will help people that want to work to look for a job right for them.

5. Respite, taking a break

Goal: Make respite the best ever and find alternative ways of helping people to take a break.

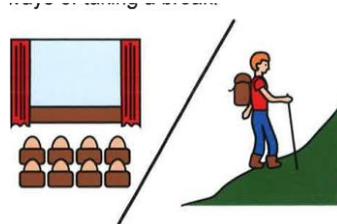
Respite needs a car and volunteers to create more activity.



Some family members will help increase the number of people who have a break each year.



Some people will explore new ways of taking a break.



6. Service issues, to infinity and beyond



Goal: make sure service structures reflect the new strategic plan.

Find ways people supported by family members can be more involved in (Names) organizational processes.

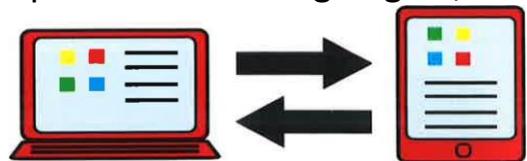


This will enhance the Partnership Spirit that exists in



Use more technology to help people know what is going on,

keep in touch with each others,





help people become more independent,

Below pictures are missing

7. Changing the name of the service

Everyone really likes the first name of the service.

We will work together and decide what comes after the first name

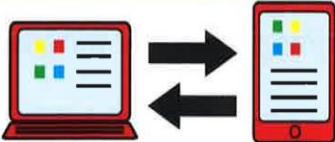
8. Preparing for illness and old age, engaging with ageing

Goal: develop a plan to support people in the service as they get older.

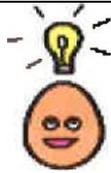
So when someone gets older everyone knows what to do to help.



The next page shows what we will achieve if the plan works

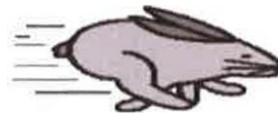
<p>some people will live and work in new places</p>	
<p>some people will have new friends</p>	
<p>some people will be doing new things in the community</p>	
<p>some people will be more independent, seeing more of their family and friends</p>	
<p>there will be new ways for taking a break in the respite service</p> <p>there will be a new car and volunteers too</p>	
<p>more communication will occur using modern technology</p>	
<p>family members and service users will help get things done in new in new ways</p>	
<p>the will have a new name</p>	
<p>there will be a plan for supporting people when they get older</p>	
<p>people will say this strategic plan has built on the last one</p>	

Getting started



When I asked everyone how they could help the plan happen? these are the ideas they came up with

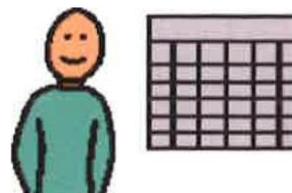
We need to think!! Can we do something now that will succeed, so we can feel good about the plan?



Take time to talk about the plan and tell each other what is going on



Take other people's ideas seriously



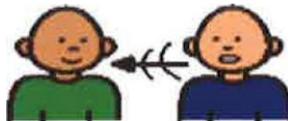
Finally, how do we know that the plan is the right one for now?

Over 60 people took part in making a plan for and we used a research method called Appreciative Inquiry



This helped us focus on making the plan that is written in this book

Everyone was able to talk and listen to each other



We took time to agree on the ideas that are now goals



This is called building consensus, one thumb at a time.

Goals and objectives created from the theme: “living the life you want to live” followed by goals and objectives developed for the organisation.

Theme 1: Living the life, you want to live ‘love living’

Goal: “Living the life you want to live”, people will be supported to become as independent as they want to be.

Objectives:

• Pilot project:

- *Identify a coordinator to lead ‘Living the life you want to live’*
- *Engage in a whole-of-life independence plan with three people over three years.*

For all people with ID in the service:

- *Support people to establish new friendships.*
- *Establish new community links and community relationships for each person.*
- *Identify the training needs of people with ID, families, volunteers and staff.*

People with ID volunteering in the community “helping out”

Goal: Develop the concept of “helping out” in the community and create opportunities for the people who live in the service to volunteer in the community.

Objectives:

- *Find the people in the service who can access volunteer groups in the community.*
- *Organise for volunteers in the community (tidy towns, meals on wheels etc.) to meet the people with ID who are interested in what they do.*
- *Assess supports that people need to volunteer in different settings and provide the most sustainable ways of providing that support.*
- *Keyworkers be alert to and nurture opportunities for natural friendships to develop from the volunteering in the community initiative.*

Mobility “getting around”

Goal: Improve present transport options to allow for a more independent living for people.

Objectives:

- *Appoint one person to take responsibility for the development of transport in the service.*
- *Maximise ways of using present transport, including bus, train, bike and walking.*

- *Work towards funding a number of new cars for the service over the next four years.*

Employment “having a job”

Goal: Support any resident that would like to get a job to attain one

- *Decide on who will support the person*
- *Collaborate with the person’s day service*
- *Explore options and act on them taking the lead from the person*
- *Recruit a volunteer (if the person needs one), to support the person in any work placement in order to help them function independently in the work setting*
- *Review the job process with the person at regular intervals.*

Theme 2: Developing the Organisation

Organisational issues ‘to infinity and beyond’

Goal: Align the services organisational structures to reflect the introduction of “living the life you want to live”.

Objectives

- *Explore and plan how the present structure of the service can be changed to align with the new strategic plan.*
- *Explore the involvement of people with ID and their families in organisational processes.*
- *Expand the use of technology to meet the needs of the different groups in the service.*

Changing the name of the organisation

Goal: The service will invite people in the organisation to engage in changing the part of the name ‘Residential Homes’ to a name that reflects the present service direction.

Objectives:

- *Develop a process that includes all staff and stakeholders.*
- *Seek approval for the process from the Board.*
- *Consider the implications of changing the name, e.g. legal implications.*
- *Organise the launch of the new name to include the local community as well as staff and stakeholders.*

Respite “taking a break”

Goal: Increase the capacity of the respite service.

Objectives

- *Set up a steering committee for respite representative of the groups involved.*
- *Secure more funding for respite so that it can be expanded and more hours given to existing service users.*
- *Expand the present volunteer scheme to include respite in order to allow more individual activity for service users.*
- *Develop technology to improve communication between respite users and staff.*
- *Recruit volunteers and purchase a car for the respite house.*
- *Explore developing a new respite house in an area that many of the users come from.*

Caring for the older person ‘engaging with aging’

Goal: Respond to the individual aging needs for each person with the aim of providing support through each stage of the aging process.

Objectives:

- *Appoint a small committee to focus on planning for people in their older years in the service.*
- *Assess possible future needs.*
- *Work through funding options and develop a plan for the funding or funding principles that need to be established over the next three years.*
- *Make a list of health agencies, individuals and equipment suppliers in the area that will be able to help with the health needs that may arise in the future and connect with them as appropriate.*

