



- Captures real life situations and dilemmas in a simple and concise way that is played back as theatre - participants can relate personally to this and then also help shape and improve the play.
- Expresses how a situation affects everyone involved.
- Offers distance so that practitioners can take a step back and see the bigger picture which helps develop relationships as people gain a better understanding of others' roles and experiences.
- Engages not only rational analysis but also uses emotional intelligence and awareness.
- Allows people to try out solutions and get immediate feedback, leading to collective problem solving.
- Provides opportunities to watch, copy and directly experience examples of good practice.
- Raises awareness about where our own practice doesn't match our stated values.

This range of opportunities for increased awareness of roles, practice and impact offers an ideal way to develop integrated and collaborative approaches. Along with new knowledge and skills, the opportunity for increased empathy also brings an ideal environment in which to develop partnerships built on respect and understanding.

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'Human beings hold two types of theories of action. There is the one that they espouse, which is usually expressed in the form of stated beliefs and values. Then there is the theory that they actually use; this can only be inferred from observing their actions, that is, their actual behaviour.'

Chris Argyris and Donald A. Schön, (1999), p. 126

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## Facilitating Forum Theatre

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This can be an emotionally intense learning experience with the potential for people to express self-criticism or criticism of others. Participants may make interventions in the theatre or make comments or suggestions which highlight (in other's opinions) a lack of skill(s). Unconscious judgements may happen and can be hurtful if these are not facilitated well. Facilitating these methods requires the skills and experience to manage feedback in an empowering way and to intervene sensitively when required.

A knowledge of systems theory is useful when facilitating this method. By bringing attention to diversity, different roles that people inhabit and the various levels in a system, people can gain heightened awareness and deeper learning. Appendix one has more information about these concepts and how they can be used in these situations (see appendix one).

The ability to go with the energy of the group within the boundaries of the framework is essential. No two groups will be the same and the directions they can move in will be many. Managing the complexity of this will help the learning opportunities to be the right ones for each group.

Small groups ranging from six to 20 work well with this approach as the small numbers allow for more inclusion and collaboration of the whole group. It can also be effective for larger

audiences with adjustments made to meet the needs of the potentially greater range of needs.

## Method, programme and scripts for running sessions

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### **Planning**

Consider the aims and outcomes for the sponsor, the audience and others who may be impacted by the outcomes, for example people who use services.

Plan your approach to evaluation at this stage and consider how it will measure how effectively outcomes have been met. Work collaboratively with a variety of stakeholders to determine this.

### **Script and resource development**

How do you want to develop scripts? Will you involve people who will be attending to consider their own stories before to the event and ad lib on the day? Will you have an introductory event where attendees develop their own scenarios from their own experiences? Will you develop scripts, alongside people with relevant stories ahead of sessions. Whose stories do you need to gather to develop the script(s). What is the best way to do this? The scripts in this resource were developed by bringing people together to share while gathering their stories and developing prototype scripts. These were then used in a series of sessions run throughout Scotland. This allowed us to measure against the same inputs with different groups.

Who will the 'actors' be. If developing scripts ahead of time, it can be useful for the 'actors' to be involved in hearing the stories and developing the scripts as it enables greater understanding of the nuances involved. If attendees are developing their own scripts during a first session, they can form their own group of actors from those present. Approaches can be adapted to suit need. Actors do not have to be professional thespians.

### **Deliver session(s)**

This resource offers a format for a three hour half day session using pre-determined scripts. Alternative formats can be developed.

### **Evaluation**

Having considered how to evaluate against the hoped for outcomes it can be useful to determine impact immediately after a session and then at intervals to determine the impact thereafter, for example three, six and 12 months.



## How to run a session: what to cover and approaches to use

1. Introduction and welcome	It's essential to help everyone speak from the start, so that a pattern is set, encouraging involvement. We always include opt outs making it clear that people can get involved as much as they wish. We want involvement, yes, but only when participants are willing to be involved. We are consciously warm and personal and open in our attitude to welcome people to be there as themselves in whatever role they wish.
2. Warming up	Participative warm up exercises can be very useful for this approach and they help a group get to know each other in safe ways. Use your own favourites, not putting anyone on the spot but encouraging everyone to engage and contribute. Exercises involve moving around as well as speaking out seem to help later when as many views as possible are called for.
3. First run through	The actors perform to the script presenting as if it is straightforward theatre, playing from within the character and expressing the roles. Scenes are introduced concisely and simply without much ado!
4. Listening and facilitating	Depending on the group, the facilitators will need to ask different questions. Framing is an important facilitation skill in this part of the workshop. Framing means to describe what is happening but within the wider context. For example, 'Now this is happening, we have moved from that to this - perhaps there is something else' (framing is not a formula, more like a weather report that helps people orientate to what is happening). This is very important because the learning can come quickly and not everyone learns at the same pace or in the same way. This is also a useful time to frame the levels (individual, inter-personal or systemic) that the group is exploring or has a tendency toward. If a group has a tendency to only one level, introduce the other levels to balance the insights.

5. Ideas for change	This part may emerge naturally but if not then name it as a step in the workshop and actively invite some ideas to emerge. These ideas also help participants to visualise how they can take roles and act in the second run through.
6. Take two/three or more	Participants will now be invited to take one or more of the roles. This change should mean the drama takes a new direction. The actors who are still in the role will, however push back and be resistant to change in the first instance. This holding of the original role helps the new participant gain clarity on their part. This step can be run through a few more times with different participants or even new roles being added. As facilitators, we are led partly by the interest of the group as they express it and by following their less conscious signals and energy.
7. Stopping	Anyone can shout 'stop' at any time, but the facilitators may need to demonstrate this until the group is more confident. We learned that facilitators using judgement to do this helped everyone to understand more about what is inside the head of a protagonist. Other reasons for stopping include, adding another character, changing actors or re-directing an actor.
8. Summarising/anchoring	The workshop completes through a process of summarising what has been learnt, asking people how they will remember what they have learnt and an evaluation.

The following format is for a three-hour half-day session used with the accompanying scripts. Two of the scripts were developed to explore SDS and one looks at palliative care. They all concern real life circumstances and were created with the input of people who were involved in them or had close knowledge of them. If creating your own scenarios, it is helpful for the actors to be part of the information gathering and scenario creation, or to be given background to the situations. This helps with authenticity. All of the scenarios can be improvised and adapted to focus on other aspects of care and integrated working. Timings are approximate and can vary according to the needs of the group and the time available to host a session.



## Sample format for a three-hour half-day session for 6 – 20 participants

10:00	1. Introductions scene setting and establish aims and outcomes	This includes a welcome for all the participants and appreciation of the different roles and possible multiple roles that people will hold.
10:10	2. 'Warm ups' to help engage, relax and welcome all the participants	Use exercises you feel comfortable with to engage people in interactions and to help everyone feel they can speak up. Exercises involving movement seem to work best.
10:30	Working agreement	Involve the group in developing the ground rules that will support them in achieving what they want from the session.
10:40	3. Scenario one is acted out by the acting team	There are three scenes (two in the palliative care scenario) and they are played one after the other.
10:50	4. Reactions and learning	Facilitators explore these with the group. Some initial questions a facilitator might ask include: How was it witnessing this? What do you notice in yourself having considered this? What emotions are you experiencing? What else stands out for you about the scenario? What else do you notice? What are others' reflections on this?
11:05	5. Redirection of scenario one takes place	During the second run through participants will be encouraged to stop the action and act or direct what happens next.
	5a. Facilitate stopping the action	<p>When the new 'actor' naturally finishes or when an appropriate conclusion is reached in the newly playing scenario, facilitators stop the action and support the group to identify key learning and themes.</p> <p>Participants can stop the action at any time and may do so when a new 'actor' has concluded or during their session. The latter requires sensitive facilitation to recognise the strength in different approaches and the learning from each.</p>

11:35 BREAK		
11:50	6. Repeat for steps 3 to 5a. for scenario two	
12:50	7. Feedback about the whole workshop	What was learned? What changes do participants see happening now for their own practice? What next? What worked and what could be better or different next time
13:00	8. Appreciation and thanks	For many people, putting themselves up to 'act' a role publicly in a performance takes courage. This should be recognised and thanked.



## Scripts: Lone Parent Scenario

### SCENE 1

WORKER: Hello there, is anyone home? (Newly Qualified Social Worker)

PARENT: Yes, I'm in the living room. Come through.

WORKER: Sorry about that Mr Smith, I wasn't sure if anyone was...

PARENT: I wasn't able to get up from here I'm afraid.

WORKER: I'm sorry about that. Can I get you anything?

PARENT: No, no, it's ok.

WORKER: Ok, well, how are you feeling today?

PARENT: Well, I feel awful, bloody awful. I've got no energy. It's been a nightmare this past fortnight trying to look after my son. I'm sorry about my language but I just need some help.

WORKER: Right, ok, yeah, I understand that it's been a tough time. Well, as you know we sat down a couple of weeks ago and went through all of the issues you and your son are facing at the moment.

PARENT: Yes, and...

WORKER: And we concluded our initial assessment based on all of your needs at this time so what we're going to do now is put all that information against the criteria and then hopefully we can get some help for you and your boy. How is he? Where is he just now?

PARENT: He's in his room with his iPad. You're lucky, he's been quite calm today. I've been up all night with him mind you.

WORKER: Well that's good, I'm glad. Em, so what support have you got at the moment then? Is your mother still here?

PARENT: No, I've got nothing. My mother couldn't handle it any longer so she went home. She called him an animal. What am I supposed to do?

WORKER: Yeah, that must be difficult.

PARENT: I'm trying my best, he's my son but it's just so hard at times, I don't know what to do. I really need some help here.

WORKER: I know that, look, like I said, the next stage is to get the initial assessment done and hopefully we'll get you some support.



- PARENT: I'll just have to keep my head down and stick with it. That's my job I suppose.
- WORKER: It's probably going to be another few weeks before we'll have any news about any support that you might be due. Now I know that that might sound like a long time but this is the process that all we all have to go through at this stage. Ok?
- PARENT: I suppose so? What about in the meantime then?
- WORKER: What I'm going to do is get this done as quickly as possible for you. I can see that you need the support.
- PARENT: So can you get it done any quicker then?
- WORKER: I'll see what I can do but I can't make any promises. It's just the way it is with how we work.
- PARENT: I mean, it's half term in a few weeks so he's going to be home all the time then. I won't have any time to myself at all. It's so hard, it's really difficult at the holidays.
- WORKER: I know I understand that. All I can say is that we'll get it done as fast as possible for you ok.
- PARENT: Ok.
- WORKER: Em, I need go just now but if you need anything over the next few weeks then give me a call on this number and if you don't get me then leave a message and I'll try to get back to you as soon as I can. Ok?
- PARENT: Ok.
- WORKER: Ok, bye then.

## **SCENE 2 THE ASSESSMENT**

- WORKER 2: Ok Mark, so before we even go into the financials, if you want to just go over some of the details in the report and we can take it from there, alright.
- WORKER 1: Ok, so the family consists of a young child, aged six-years-old with very complex needs including autism and profound deafness. He's being looked after by a single parent, his dad and they have no support or guidance at the moment except for at the local school but it's minimal. No family to help, no friends. It's quite a serious situation really. The boy has been in foster care due to the fathers' ongoing illness, it's coronary disease I think, and he's not long moved back into the parental home after a year's transition period. Hopefully we can get them some support because it's quite a dire situation.



- WORKER 2: It's not the only case we have obviously; I could open this drawer and give you another 100 cases just like it you know so we'll see what we can do. It's frustrating, I know.
- WORKER 1: It is. Yes. If we can just get the checklist done that would be great.
- WORKER 2: Let's see what we have here...ahem. No. No, that doesn't apply unfortunately. No. No. Maybe. Here have a look. It's not looking great.
- WORKER 1: Right. Well that's not good. So they don't even qualify for anything?
- WORKER 2: Not according to the assessment.
- WORKER 1: What am I going to tell this guy? They desperately need something. Anything really. Am I supposed to go back to that house and say 'I'm really sorry but you don't need any help.'
- WORKER 2: You can tell them that cause that's what it's come out as. Look, there's no easy way about it. At this moment, this family doesn't qualify for any financial assistance, no SDS, nothing unfortunately. I'm sorry. Well, there will be support we can offer but not in hard cash like that. That's as much as we can do at this stage.

### **SCENE 3**

#### **BACK AT THE FAMILY HOME**

- WORKER: Hello.
- PARENT: It's open.....I said it's open.
- WORKER: Hello Mr Smith. How are things today?
- PARENT: Not great. My son's been up all night. He's having a sleep just now but it's been a stressful night all round.
- WORKER: I'm sorry to hear that.
- PARENT: Well...is there any news yet?
- WORKER: Yeah that's why I'm here. Em, well, we did the assessment but unfortunately based on your circumstances and the criteria you were assessed under. It's come out that you don't quite meet that criteria for us to move you on to the next stage..em, now it doesn't mean that you won't be supported...
- PARENT: I can't believe this. What does that mean then? I'm not getting any help at all? I need some help. I didn't ask for this situation. I'm doing the best I can and it's not enough. It's not enough.
- WORKER: There is other.



- PARENT: I mean, this can't go on, I can't go on like this. I can't communicate with my child. It's hard to even breathe sometimes you know?
- WORKER: I know how hard it must be...what we can do is provide some support through other agencies that we work with but we are unable to give you anything other than that at this time.
- PARENT: It feels like your just trying to fob me off.
- WORKER: I'm not trying to, believe me.
- PARENT: Well, that's what it feels like. Half term is next week. What am I going to do then?
- WORKER: Well,
- PARENT: He'll want to get up and put his school uniform on. How am I supposed to explain to him that he doesn't have school today? I can't even get him to eat sometimes never mind stay still for a second.
- WORKER: Ok, right well.
- PARENT: It'll be a fight and he'll be screaming. What am I supposed to do?
- WORKER: I'm really sorry that it's worked out this way this time but like I said we can get some support.
- PARENT: It's ok, I'll be fine. I'll get by. It's fine.
- WORKER: I'm really sorry.

## **Cinema Scenario**

### **SCENE 1**

- MANAGER: How's it going with that family now? I know that you're probably going to be asking me for some more money now but the budget is stretched as far as it can in this case.
- WORKER : I realise that but what you've got to understand is that this family are really struggling. The mum and dad are overwhelmed by their son's behaviour. They're in a situation where they have to lock every door in the house just to keep him safe, there is support coming into the house but the couple themselves are always there, they never get a break. They're asking for more help but I don't know what to tell them. I know it's about money but...
- MANAGER: We've tried everything haven't we, there's been behavioural and psychological support going in there.
- WORKER: Yes, they have had different experts going in to try and help them, parenting



support and such, and that's ongoing on a day to day basis but they still aren't coping. They need a break.

MANAGER: Well, in term of the budget, there's very little we can do. We can't afford any respite for them or the boy, it's just too expensive.

WORKER: Is there any way we could switch the budget around to free up some money to try some SDS? We would just need a little bit, not much just to try something different? What do you think?

MANAGER: Look I'm really happy for you to give that a go. If it's a small amount of money and you're able to do that then go ahead. Like I said, there isn't much else we can offer at this time.

WORKER: I'll just take some of the money from one of the services and see if we can come up with something that'll give them a few hours together.

MANAGER: Great, well let me know how you get on with that ok.

## SCENE 2

WORKER: I know the last time we spoke you had been saying that things were getting on top of you and that it's been difficult for you and Lyndsey so I've been talking to my supervisor to find out if there was something different we could do. Remember I'd mentioned SDS as something we could try, it's where we come up with something else, something other than having support come to your house, maybe think of something that you could both do together? What kind of things do you and Lyndsey like to do?

DAVID: Em, that's difficult...em, Lyndsey, she likes films I suppose but it's been a long time since we sat down and watched one together. Em, I can't even remember it's been that long since we done anything like that.

WORKER: When I was speaking to Lyndsey the last time she had been saying that she feels like she's stuck in the house so I was asking if there was something that the both of you could do together, to get out of the house.

DAVID: We could maybe...could we go to the pictures, the cinema?

WORKER: Yeah, of course. You could even make a night of it, maybe stay overnight somewhere and we could get someone to look after Graeme while you have some time to yourselves.

DAVID: Can we do that?

WORKER: Well I'll have to look at the budget and see but it could work. I could see about taking some hours to get someone to come here overnight because Graeme likes being at home doesn't he?



DAVID: Yeah, he does. He hates change. I would have to speak to my wife. But that might be a good idea.

WORKER: Ok, well, maybe we could do that. Would you like me to do that for you? He would still be being looked after while you guys get a break. It would be something for you to look forward to.

DAVID: I'll speak to Lyndsey and see if that's something she would like. I think it's a good idea but I need to see if she'd be happy leaving Graeme overnight that's the trouble.

WORKER: I think it would be great for the two of you.

DAVID: Yeah, I know it would be. It really would.

### SCENE 3

MANAGER: So how's it been going then?

WORKER: It's been really great; it seems to be working for them. That's twice they've been to the cinema and stayed over, they've had some time to themselves and it's made a big difference to the both of them.

MANAGER: That's great news; I can see how that would help. You just need that escape sometimes.

WORKER: It's good because their son is being looked after at home and they are both doing something that they haven't done for ages so it's been really worthwhile. It feels like it's given them some sense of reality, you know.

MANAGER: Well, well done to you. That's some great work you've done there.

WORKER: Great, well like you were saying, maybe we could put it out on the next newsletter as a good example for SDS working well.

MANAGER: Great, we'll do that then.

### SCENE 4

FRIEND: So how did it go then? Did you enjoy the movie?

DAVID: Yeah, it was ok. Not bad.

FRIEND: And the dinner?

DAVID: Aw, that was lovely, really nice actually. Its great having someone else cook for you, you know? You get tired of making the same stuff don't you?



FRIEND: What about the overnight? Was it good to get away?

DAVID: I don't really know? I couldn't sleep to be honest with you. It was like, Lyndsey was worried about Graeme and all I could think about was coming back here, back to the same old situation. I didn't want to say anything to her, I just wanted her to feel normal, to relax, for that to be possible but it's hard.

FRIEND: Are you going to do it again then?

DAVID: It's funny, it was good thinking about going away but when I got there, it was like, I was just kidding myself on. Because I know that this is what I'm coming back to and I feel terrible about myself. I just wanted to be back here, I couldn't trust myself to have a good time. It was weird.

FRIEND: How does Lynsdey feel?

DAVID: I don't know. I haven't had the chance to talk to her yet, but I will. I just felt so guilty.

## Palliative Care Scenario

### David 1st letter

**(This letter can be divided into parts, numbered and shared among the audience to read out loud before starting the scripts).**

My name is David and here is my story and my wishes.

I was just your average working class guy from Glasgow. Going out and doing a day's graft to make sure I could look after my wife and kids and keep a roof over their heads and food in their belly's. It's only looking back now that I realise how difficult it must have been for my wife and family to put up with my drinking. Choosing to drink most of my wage packet before going home on a Friday eventually took its toll and my wife left me. I couldn't hold down my job and in the end I ended up on the streets.

I thought I would never survive sleeping rough but years passed by and I was taken in by what felt like our own small community. We would do what we could to get by. Twenty years passed and my body was feeling every bit of its 60 years. I had put it off for years but I knew I wouldn't survive another winter sleeping out in the cold so I went to get help.

I was told I could get a bed in what they called supported accommodation for people with addiction issues. They would have called it a hostel back in the day, although it looked more like a hotel when I first went in. It was the first time I had my own bed, a room, toilet, shower and own door. It wasn't easy and it took a while for me to get used to. I wanted to jack it in so often and go back to what I knew, life on the street. The staff helped me work through it and I'm glad I did. The service helped me get my life back on track and even though I was still drinking, I was off the streets and away from people who took my money and used me.

More recently I knew I wasn't well and that the years of abuse I put my body through from drinking and being on the streets would eventually catch up with me. The staff will know I was reluctant to go to the GP or hospital to get checked out as I didn't want to know what the future held for me. Through the care and support from staff and a lot of perseverance I eventually went to get tests. I knew before going what the outcome would be.

I was told I was dying.

I don't know how long I have left but one thing I do know is that I don't want to die in a hospital or a care home. I spent 20 years sleeping rough with no bed or front door to call my own and one thing for sure I don't want to die in an unfamiliar place. For the last two-years I have had a place to call home with my own front door and my own bed. Even if it's in a building with 40 other people this is my home and where I want to be. I'm dying and I want to die my way and in my home.

**Scene 1 – Rachel and David**

- Rachel: Hi David how have you been? (Support Worker)
- David: Not so good, I've been in a lot of pain. I can't even swallow my food or tablets properly.
- Rachel: We can look at supporting you to contact your GP to talk to him about getting your medication in a different form like liquid so it's a bit easier for you to swallow and hopefully will then help with the pain.
- David: I don't want to go and see the GP, they will say I have to go to the hospital and I'm not going there. You know how important my cans and rollies are to me. Not that I can really drink them anymore but just having them by my bed. And on top of that if I go to hospital I won't come back out.
- Rachel: How about I speak to the GP to ask him to come and see you in your home, you can talk to him about your pain. Even look at getting district nurses in to visit.
- David: Alright, I'll speak to him if he comes to me but I don't want him in my room for long.
- Rachel: When I leave I will call the GP and give you an update on how we go forward. You said it was difficult to swallow your food why don't we speak to the cook about different options for your meals, we can look at options together and she what would make it easier for you to eat like soft foods or liquidising.
- David: OK that sounds good, just not sure I have much of an appetite.
- Rachel: Anything else that we can do that can make things better for you?
- David: It's a bit embarrassing, just when I need a bit of help getting washed can it be a guy that gives me a hand. I'm just not used to having someone help me and it would make it easier if it was a guy. I like having all my clothes out in my room where I can see them, just from being on the streets sometimes my things would get stolen and I like being able to see them in my room for reassurance.
- Rachel: We can look at adding this into the care plan in terms of your preferences to have a male support you. We can also look at getting additional support in for your personal care. I know you have specific preferences with your toiletries and we can make sure you are supported with getting the things you like.
- David: Aye, can you make sure it's the blue face cloth? That's the one I like. Oh aye and another thing. The noise in here is really getting to me. The washing machines seem to be on all the time and the general noise is doing my head in. Banging of doors and people shouting.
- Rachel: I'll have a chat with the staff and we will avoid using the washing machines past 8pm at night and at least that way you will not be disturbed by them during the night.



- David: That's good then, even just a bit of peace at night will help. I know what the guys in here are like with a drink in them so I know there is going to be some noise. I'd rather that than hospital.
- Rachel: How would you feel about staff coming up to see you a bit more often to make sure that you have time to chat about anything you want and to make sure that you are getting the right support?
- David: Aye alright. I like having a chat but sometimes I won't be in the mood and would rather be left alone. Saying that it can be long days in here so a bit of extra time with staff might be good.
- Rachel: Thanks for chatting David and I will go and chase some of this stuff up and come back shortly with an update.

## Scene 2 – Rachel and Alison

- Rachel: Chaps the managers door, Alison have you go a minute?
- Alison: Yes, have a seat. What is it?
- Rachel: I have just been up with David and well you know the situation with David. He's dying. It's just that this isn't normally the kind of thing that we deal with in here. I'm going from helping someone with shopping support, medication, personal care and in between that there's all the chaotic situations that happen when people are drinking like fights in the dining room. Then from that going to spend time with David. I just don't know if what I'm doing is enough.
- Alison: Well you seem to be doing a good job and meeting all his physical needs.
- Rachel: I just sometimes feel unsure about what support we are offering David and are we doing the right thing.
- Alison: Well has David said anything about it, has he complained or said he wants more?
- Rachel: No he seems OK, and hasn't mentioned anything else he wants put in place.
- Alison: Well that speaks for itself. If David seems happy you are obviously providing good care.
- Rachel: Sometimes I just feel really worried and anxious about it, last night I woke up in the middle of the night and couldn't get back to sleep. I know it's a difficult time for David and maybe there is more we could be doing for him.
- Alison: You can't take your work home, you need to switch off. Go home and switch on the telly or read a book. You just need to switch off.
- Rachel: Alright, well if you think things are going ok I'll carry on.



**Rachel leaves the room with the situation feeling unresolved and unsupported.**

### **David's 2nd letter**

**(This letter can be divided into parts, numbered and shared amongst the audience to read aloud)**

It's been nearly a month since my last letter. Time has moved on and I know in myself that I only have days left to live.

I'm sure for the staff, like myself, the last month has been emotional and difficult at times. I know at times I was crabby and would shout at staff but that was due to both the pain in my body and the mental pain I was going through. Even so staff supported me through the most difficult of times for which I will be forever grateful.

I know that it may have been easier for everyone including myself if I was in hospital or even a care home but that is not what I wanted. I spent most of my adult life sleeping on the streets and only in the last few years I have found a place to call home. Not what most people would class as a conventional home but it's my home nonetheless. I wanted to spend the time I had left in the environment I have come to call home, where I feel safe and content and in my own bed.

It was the small things that made a difference to me and staff really paid attention to these details to make me comfortable. I was so weak I needed personal care which staff did with dignity and even making sure I had toiletries I liked and used my favourite dark blue face cloth. My meals were mashed up so I could try and eat them, I wasn't always able to but staff tried to make it as easy as possible. Instead of going into hospital it was arranged that the doctor and nurses would come to me. The list could go on and on.

Most of all it was the emotional support that staff offered me and spent time just sitting with me that meant the most. Staff also helped me get in touch with my family who I have had a broken relationship with over the years. I can now say I feel content that I have made my peace with them.

I feel that even though I am extremely ill and knowing it would all end soon that in the last few weeks I was still able to be David. The old guy with his beanie hat on in his own bed with a few cans of lager by his side and a packet of rollies in his pocket. By this point I can barely stomach them but the comfort of having them was enough as they have been my friend and crutch for many a year.

I have not always been able to make my own choices in the past as sometimes circumstances have prevented this. But in these last few weeks I feel have been my choice and I have been able to do things my way.



## Pause for reflection

1. Read the scripts and after each ask your self the following exploratory questions.
  - a. How was it to witness that?
  - b. What do I notice in myself as I consider this?
  - c. What emotions am I experiencing?
  - d. What stands out for me about the scenario?
  - e. What else do I notice?
2. Read the scripts out loud with your team or a small group of peers. Ask the same questions of the group and use additional questions to expand people's comments and encourage the views of other participants.
3. Using your knowledge of systems theory or using the information about systems theory in the appendices, consider what other questions you would ask or comments you would make to support your group in their reflections after hearing the scripts.
4. Write a journal about your experiences above paying attention to what you're becoming aware of that will support you in facilitating this method.



## Appendix one

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### **Systems and other concepts that support Facilitating Forum Theatre in inclusive, collaborative ways**

The following all support the aims of inclusion and co-production and will contribute to deeper learning. People have a tendency to fall into the habits and ways of perceiving that are detailed below. As facilitators we can reflect this back to groups to help raise awareness of when and how they inhabit these beliefs and ways of being.

#### **1. Change needs awareness of the system at it's different levels**

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'The various levels of problems and issues are interwoven, so that solving any one of them without simultaneously addressing the others rarely works for long.'

(Arnold Mindel)

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- **The individual level** is the internal world of the different protagonists. If you want participants to learn more about this level then it's important to stop the flow of the theatre on the second run through. Otherwise, participants are only projecting onto the experience of the protagonists or guessing the internal worlds of the actors. It's more helpful for participants to hear directly what the protagonists are feeling and thinking or for them to experience directly by taking part.
- **The interpersonal or relationship level** looks closely at the interactions between people. How does a small change create a difference in the dynamic between people? When this level is framed and held down by the facilitators it provides a lot of learning. Most small changes in the interpersonal level happen very quickly, often subtlety and involve many types of communication. It can be useful for one facilitator to focus on watching for these in order to bring them to everyone's attention.
- **The system level** focusses on the bigger picture, and very often groups will suggest changes here. If you are in one area with a team for example it is possible that everyone or most can reach a consensus on what needs changing here. However it can mean the group would benefit from looking more at the other more personal levels

#### **2. Diversity and double-loop learning**

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'In fact, people themselves are responsible for making the status quo so resistant to change. We are trapped by our own behaviour.'

(Chris Argyris)

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People often assume that the problems we face and the situations we are in are just a fact of life. We also tend to explore these with people who think about them in the same way as we do. Most of us only rarely review our own belief systems and explore how they are a part of the problem we are trying to solve. Chris Argyris calls this single loop learning. This means seeking change within limits and although change will come, it will only be change within the system we are currently perceiving. The Forum Theatre/Deep Democracy method, when facilitated in an intentional way, helps people explore alternative feedback loops. When exploring situations, playing them back and changing the action, the accompanying facilitation should aim to raise awareness and support people to perceive through different lenses. Broadening the range of participants in the group supports this as diversity brings more belief systems and opportunities for new ideas and solutions.

(Argyris, C. and Schon, D. (1991) and Argyris, C. and Schon, D. (1996))

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### **3. Thinking in roles helps us understand the options we have to effect change**

A role is not a person - it's really bigger than a person. For example, the role of being the social worker in a particular scenario is intricate, as it intersects with a complexity of privilege and structural power issues depending on the setting. So, in order to fully explore and understand a role, many people's perspectives on that role might be needed if we are to all understand it.

It is very likely that in any sized group, there will be participants who hold multiple roles. For example, the participants might hold a position in the social work department but also be a carer for a family member or have themselves used social care at another time in their life. It's important to name and welcome these roles and the multiple roles so that the complexity of people's lives is respected. It also allows others to choose where to see the scenarios from; to view them through the eyes of a carer, a professional, or both.

### **4. Common ground is not the same as equal power!**

Identifying shared roles or shared feelings can be useful because they are a way of identifying common ground. They also help us to understand how everyone might be oppressed by the same dynamic. However not all people will have access to the same power to do something about these difficulties. For example, both a social worker and a parent they are helping may feel they are victims of a system tightening and resources that are more limited but the social worker should have more power to do something about it. They may be less vulnerable to feelings of inertia or inaction or to identification with negative feelings or despair. In any case they have less of a personal stake in the outcome. So, if in this situation the social worker over emphasises the common ground it can lead to an experience of marginalisation on the part of the other person.



## 5. Awareness of power playing an important part

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Power is the ability to make something happen or to control something. From this perspective, power is neither good or bad until it is used. Julie Diamond explores power from different levels and directions. One type of power she identifies is called structural power. This is the potential power you have on account of your position within a hierarchy. Although it might allow you to make certain decisions or access certain resources, it doesn't mean that you can do so easily. You also need a sense of your own personal power and you need to have the relationship skills to make it happen. Julie Diamond also identifies it as problematic when the power that is potentially available because of a structural role is not congruent with the actual personal power or resources of the person. Unless they also have a personal awareness of their own power and strengths they may rely on structural power alone and this can lead to major errors of judgement and their leadership may be sabotaged or ignored.

(Julie Diamond, 2016)

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## 6. Good intentions do not guarantee good interventions

Most people join the social services to be useful, to help and to make a difference. Many people feel at times a separation from these original dreams and hopes, and despite best intentions can find themselves in positions or roles which seem to hinder rather than help. The frameworks below help navigate this landscape.

We may find ourselves in particular roles against our liking or without our full awareness. For example, Gerry Smale and colleagues explored different roles that are commonly taken in assessment and support and highlighted some common patterns.

(Gerald Smale, Graham Tuson and Daphne Statham, 2000)

In essence, the worker who is in:

- **The Expert Role** diagnoses problems, assesses needs and recommends answers. It can be helpful for some problems where particular expertise is needed but when used without awareness can disempower or patronise.
- **The Eligibility (or procedural) Role** is more concerned with navigating the systems and protocols and will study the rules, identify and hopefully open doors, and basically ease the path. A useful version of this role is when the worker is a guide and offers different routes in a clear way. Another less helpful and extreme version of this role is the technocrat.
- **The Exchanger Role** is more concerned with collective problem solving and in accessing the gifts and contributions of those involved and is more likely to bring people together, set the context and scope and to see expertise, leadership or eldership as within others and their aim is to help these qualities come out more.

**Secondly** we may find ourselves following particular patterns of behaviour. Michael Smull (one of the pioneers of person-centred planning) highlighted some of these patterns. Our version on these is here.

- **Judging** comes from a desire to know the cause of the problem **but** it suffers from being too personal and not about systems thinking. You know you are doing this if you are making assumptions about the motives of a person or worse still about their character or personality.
- **Fixing**, comes from our desire to be useful and to make a difference **but** can result in providing solutions too early in the process or offering and persuading others to do something we think is good for them.
- **Digging** comes from our desire to get to the bottom of things **but** is sometimes felt by the person as an intrusion, when they feel they are having to disclose too much or are having to show or demonstrate vulnerability and this is not sensitively facilitated.
- **Preoccupation/Obsessing** is when we focus very much on one thing or one area, for example 'a child attendance at school' **but** then we neglect the bigger picture, in some cases this can mean that everyone goes round in circles not realising that a different perspective is needed.
- **Using Jargon** is neither good or bad except within certain contexts **but** it can be confusing for some and for others it can be severely disempowering.



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