SPECIAL SECTION

Working Appreciatively to Improve Services for Children and Families

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ABSTRACT

Service improvement approaches are described that specifically focus on appreciating the positive that individuals bring to contexts related to children and family services. This includes application of Solution-Focused approaches, Appreciative Inquiry and other approaches that promote a positive emotional climate and focus on what works. Their conceptual foundations are explored and particularly their value in supporting working well with complex adaptive systems. Specific applications described include leadership and management practice, work in school settings, engaging clinicians in healthcare improvement, establishing clinical networks, work with homeless youth, child protection and approaches to drawing out best practice and community development. The theme that unites is a focus on developing effective relationships at all levels and a pragmatic focus on what works so that we can find opportunities to do more of it.

KEYWORDS

Appreciative Inquiry, leadership, service improvement, Solution Focus, systems thinking

THE PHRASE 'WORKING APPRECIATIVELY' is a short hand for service-improvement approaches that specifically focus on appreciating the positive that individuals bring to a situation. This includes their personal strengths and resources, the value of what they have done already, and particularly actions that (either in themselves, or in the outcomes they produce) are in some way like the preferred future those individuals describe for themselves. In that this approach appears to be effective at a clinical level (e.g. De Shazer et al., 2007) it seems fruitful to explore how such principles might play out at different levels within systems.

Koestler (1967) conceptualized the nested nature of systems by described complex strata of 'holons'; a part-whole combining the Greek '*holos*' meaning whole and the suffix 'on' which suggests a particle or part. The idea was invoked to reconcile the tension

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between parts of a system being both parts and wholes. Edward (2005) described the ways in which holons sit one within another like the different layers of an onion. In a service context these layers might represent the relationship between a practitioner and a family, the practitioner's team, the management support to ensure effective teamworking, and the organization culture within which teams can flourish. These strata also connect horizontally with other holarchies that form part of family life such as those concerned with education, work, leisure, the wider local community and society in general. Consideration of such nested and interconnected complex systems is key to working effectively to improve services for children and families.

Edward (2005) describes how

> work teams include, but are more than (transcend), the sum of interactions between pairs of individuals (dyads); organisational departments include, but are more than, the sum of interactions between teams and dyads; organisations include, but are more than, the sum of interactions between departments, teams and dyads. (p. 271)

It is, crucially, these interactions and how we make them more effective that lie at the core of the approaches described here.

The discussion will describe improvement approaches that include an appreciative or strength-based aspect, including 'appreciative inquiry' and the more recently emerging approach founded in clinical work using a 'solutions focus'. There are other 'strengths-based' approaches such as positive organizational scholarship (see www.bus.umich.edu), and strengths-based approached to organizational change (e.g. Buckingham, 2007), however, their implementation in health and social care is comparatively scant.

My own journey towards this way of working started with clinical work with adults in rehab settings where it had been shown that strengths-based approaches to case management built the therapeutic alliance needed to help them navigate and stay connected to complex systems of care and support (Onyett, 1998). It seemed then that sheer doggedness in focusing on what was going well, even if it seemed that only a few small steps on a long journey had been taken, provided the best platform for future improvement and served to build respectful and relaxed relationships between practitioners and users of services. Moving out into the other holons that included and transcended clinical practice, the importance of teamworking (Onyett, 2003) and leadership to support

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effective interteam working and supportive organizational cultures (Onyett, 2006) emerged as critical. Similarly, as our awareness of the importance of social inclusion and citizenship became sharper it became clear that the expectations of staff was one of the most significant barriers to progress (Social Exclusion Unit, 2004). Here again, a focus on the resourcefulness of the individual and their relationships had enormous potential.

As with most organizational development interventions readers should not expect to encounter the same level of evidence of effectiveness that would characterize clinical trials of therapeutic approaches. What evidence there is lies more often in the 'grey' zones of newsletters and websites, and evaluations are usually presented by the people who conducted the interventions. There is rarely anything other than an experimental condition.

Solution focus

The solution-focused (SF) approach to service improvement has its roots in the effective SF therapeutic approaches developed by Steve de Shazer, Insoo Kim Berg and their colleagues at the Brief Family Therapy Centre in Milwaukee (De Shazer et al., 2007). Since the publication of a popular book on the topic (Jackson & McKergow, 2002) the approach has spread rapidly through the consulting world. The first world conference on 'Solution-Focused Practise in Organizations' in 2002 led to intense international dialogue and continued shared development (see www.solworld.org). I attended this event in Bristol and it had the most profound effect on my practice. I have since used aspects of the approaches described later in individual and team coaching, facilitated away-days, programmes of team development (e.g. Onyett, Rees, Borrill, Shapiro, & Boldison, 2009), leadership development to promote social inclusion, and strategy development events (e.g. with respect to emotional wellbeing strategies for children and families developed at PCT level).

SF is an approach to change that focuses on solutions (not problems) and what is going well. It provides a cultural challenge to traditional therapeutic approaches in that it does not privilege understanding of the current context or 'insight' as the optimal platform for change. This chimed with my own experience as a psychologist where in being brought into a situation with a brief to effect improvement we would immediately invoke our knowledge and skills (e.g. in functional analysis, systemic understanding, learning theory, participant observation) to provide a rich picture of what was going on. Unfortunately very often it seemed that by the time this picture had been achieved, the situation had already moved on, or staff were too demoralized and exhausted to do anything about it.

Instead, as with appreciative inquiry (AI) described later, SF attends to a vivid description of a perfect future as an engaging vision that participants are pulled towards. The classic method is the 'miracle' question that invites participants to imagine that overnight, unbeknownst to them, the miracle that is the total resolution of their difficulties and the achievement of their highest ideals has been realized. Participants are invited to explore that perfect future in detail. The single most powerful question in SF is 'What else?'. In really developing the preferred future I have found that people articulate meaningful outcomes that then lend themselves to measurement, whether it is at the level of personal coaching, team effectiveness or the outcomes of a strategy.

Other key features of the process include the use of scaling. For example, participants might be asked to consider 'if 10 is [the perfect future described earlier] and 1 is the opposite [as bad as it could be], where are you now?' However, at this point the SF

approach would not then explore the problems and obstacles impeding further progress but rather how participants had got to wherever they were. In other words the focus would be on the strengths, resources, assets and achievement that had got them to that point. This might include the revelation of 'Counters': The resources, skills, experience and know-how that is already around and that looks even just a little bit like the perfect future described. SF pays a lot of attention to noticing and personally affirming what is useful in order to encourage more of what works. Rather than engaging in intensive analysis a SF approach explicitly values staying on the surface. Participants coconstruct what is 'better' rather than what is right or wrong, good or bad. Small actions are advocated in a spirit of experimentation and exploration in order to reveal more counters that can similarly be affirmed and built upon, thereby creating a virtuous cycle of forward movement.

I have found affirming the importance of small steps helps participants in improvement to stay within their sphere of influence when planning, rather than engage in protracted conversations about concerns beyond their control. Such conversations, although relevant, have the effect of inculcating a sense of helplessness or hopelessness. Instead, the emphasis is on recognizing and stepping into the authority we have and using this to extend our influence where necessary. This does not mean that participants are prohibited from ventilating their anger and frustration, usually with the 'higher-ups' in the system. However, when this is done the attention is brought back to their own power to be creative and resourceful. In this context the use of creative thinking techniques (such as De Bono's Six Thinking Hats)[1] can be invaluable.

McKergow and Korman (2009) positions SF somewhat in opposition to traditional psychological theorizing by seeing people as neither primarily influenced by internal drives, nor subject to systems or social forces. They described how Steve de Shazer came to invent SF therapy through trying to understand the rules that underpinned the clinical work of Milton Erikson. He came to realize that a significant proportion of the work appeared to defy theorizing. SF can thus be said to have its roots in a very practical quest for what works based on observation. As they state, 'in the best sense of the words, we make it up as we go along' and they liken it to the practice of ethnomethodology pioneer Garfinkel's (1967) notion of 'ad hocing': 'The methods people use to sustain conversations and a shared sense of social meaning, order, and reality'. This relativist position is therefore also, of course, inclined to eschew labelling or diagnosis in favour of simply working with what is experienced (in line with more recent phenomenological approaches in psychology; e.g. as reviewed in British Psychological Society, 2001).

Rather than focusing on the internal states of participants SF focuses on social interaction. As McKergow and Korman (2009) state,

> The tiniest details of life, deliberate or accidental, produce a rich and surprising unfolding future. It is in this unfolding that we act (with focus on the 'here and now' as one way to prevent our attention from wandering into theory-land where we attempt to construct some kind of explanation for what is going on rather than listening carefully to the client's descriptions), as clients in ordinary daily activity and as therapists in conversation with our clients, co-constructing possible preferred futures.

As part of the art of 'staying on the surface' SF practitioners don't assume that what is left unsaid is more interesting than what is said. This is an area in which as the authors put it,

> many other professionals [view] us as naïve and superficial because when SF techniques are extracted from the whole framework of SF theory and practice and put within the framework of traditional psychological thinking the ideas and techniques become absurd, naïve and even plain stupid. None of the questions we ask depend on the assumption that the client is hindered or troubled by some internal mechanism which we or they need to change. Nor are they at the mercy of some external system.

My own experience of using this approach is that it builds a respectful and hopeful work atmosphere that is beneficial to participants at all levels.

SF does not focus on what's wrong and why. Whereas SF tends to avoid a focus on weaknesses, the strengths-based work of Buckingham (2007), invites exploration of how to address weaknesses, but framed as avoiding what weakens you thus retaining an essential focus on resourcefulness. In SF the side effects of 'problem talk' include blame leading to increased likelihood of conflict, squandered energy for making changes, and demotivation. As Matera and Benardon (2007) state, 'when working on the problem level we are asked to define the problem, thus creating a frame which becomes filled with all its various aspects. This strengthens our mental image of the problem and activates all the resources needed to describe and analyse it, thus ensuring we remain inside it'. This is very similar to one of the founding observations of AI described later; that human systems move towards that which they study. In other words, what we choose to talk about becomes bigger, *because* we are talking about it.

SF is explicitly social constructivist in being concerned with systemic understanding of talk and social interaction, and the ways in which 'norms, narratives and power are locally constructed and (therefore) locally changeable' (McKergow & Korman, 2009). It assumes that change is happening all the time so that the task is to identify and amplify the useful change. It also assumes that no 'problem' happens all the time and therefore it is useful to identify what is going on when it does not happen.

It is notable also that SF, again in common with AI, places a premium on hope: Hope is defined as more than optimism in that it encompasses the ability to open ourselves to the opportunity for achieving solutions. This chimes with the Department of Health's (2006) advocacy of the 'recovery approach' within all mental health services, including those for children and families.

SF applications

Given its comparative youth as a systems intervention outside a therapeutic context it is perhaps unsurprising that there are few SF accounts of interventions in child and family services, although more work has been done in school settings. For example, Ajmal (2006) describes an SF process for mediation between girls, some of whom had been excluded, after intergroup fights. The use of SF by educational psychologists (Stobie, Boyle, & Woolfson, 2005) and more broadly in school contexts (Ajmal & Rees**,** 2001; Metcalf, 2003; Rhodes & Ajmal, 1995;) is well described. Indeed whole schools have been founded on SF principles (e.g. the Gonzalo Garza Independence High School).

Often the descriptions of interventions with children and families have gone on to cite wider benefits for staff and other relevant parts of the system. For example, Carter (2006–2007) gives an impassioned call to address negativism and cynicism in children and family services by 'Kicking Eeyore into touch', suggesting that the whole system should shift attention away from a problem-focus towards acknowledging and celebrating the

achievements of children, their families and the staff who work with them. She particularly focuses on the implications of how we conduct our interactions in child and family services and advocates an SF approach based on the '4-Ds' of AI described later. However, Carter makes the point that being SF is not the same as being 'problem-phobic'; clearly the approach should address reality as experienced and be respectful of the constructions that people have of that reality. For example, SF has found application in high-risk areas such as child protection, where it is claimed that SF approaches have made it easier to assess risk, obtain the relevant information, and improve morale, sickness rates and staff retention. (Hogg & Wheeler, 2004; Shennan, 2006).

Similarly, Walker (2008) described a SF approach taken with the Waikiki Youth Circle, a group process for homeless youth aimed at supporting participants to develop their goal setting skills in order to meet their needs and connect to society. The process focused on getting participants to describe the positive differences they sought in their lives and used group affirmation to highlight achievements and strengths, while building an atmosphere of hope and optimism. The programme achieved high levels of goal attainment and satisfaction and was judged to be a cost-effective way of promoting the participants' social inclusion.

Whereas AI tends to be undertaken as a whole-systems cultural intervention, classically as an AI 'summit', SF can be invoked in everyday micro interactions (or 'Guerrilla SF' as it has been coined). Lueger (2006) also describes 'SF management' which includes a consistent focusing on those aspects of behaviour that resemble small positive differences at the level of the individual employee, in groups and in the wider enterprise, and then acting to capitalize on the things that work and act differently when they don't work. Such practices can even improve the way we write emails.

Another application of relevance to children and family services is the resolution of conflict between the obligations of work and home life, particularly for mothers. McKenna and Mackay Jones (2004) used a highly programmatic SF approach delivered by a nonspecialist counsellor as a work-based intervention to a small group of women experiencing work–home conflict. The intervention was judged successful in raising awareness and delivering small but significant changes to improve the situation.

Appreciative Inquiry

Appreciative Inquiry is a collaborative effort to 'search for the best in people, their organizations, and [their] world. It involves the discovery of what gives "life" to a living system when it is most effective, alive, and constructively capable in economic, ecological, and human terms' (Cooperrider, Whitney, & Stavros, 2003, p. 3). Although originally developed and applied in the business world, there are a very wide range of descriptions of successful applications in community-development, educational and health contexts. The central idea, shared also with SF approaches, is that meaningful and fundamental change occurs through discovering, valuing and building on the strengths, assets, vision, and ideals of individuals in an organization. AI places particular emphasis on seeking to recognize those factors that give purpose and meaning to work.

Hammond (1998) proposed that AI is based on a number of assumptions:

- In every society, organization or group, something works.
- What we focus on becomes our reality.
- Reality is created in the moment, and there are multiple realities.
- The art of asking questions of an organization or group influences the group in some way.

- People have more confidence and comfort to journey to the future (the unknown) when they carry forward parts of the past (the known).
- If we carry parts of the past forward, they should be what is best about the past.
- It is important to value differences.
- The language we use create our reality.

The classic AI '4-Ds' process focuses on identifying the positive core of an organization by giving voice to high points from the past (the Discovery stage); creating a positive and compelling image of the future (Dream); deciding actions to realize that preferred future (Design); and then using these design principles to develop new possibilities for positive and sustained change (Destiny). Typically, this cycle is pursued during a 1- or 2-day retreat or 'summit'. C.A. Carter et al. (2007) provide a rich description of the implementation of an AI in a health care context, and found that most primary care practices prefer to spread AI sessions out over a series of meetings, often held at lunchtime or before patient care starts. This produces a challenge to maintaining momentum, but has the advantage of greater integration of the AI work with the reality of day-to-day activities.

AI applications

Some caution is needed when reviewing interventions described as AI in that some interventions follow through the whole 4-D process while others describing their intervention as AI in fact just appear to be applying the spirit. For example Clarke, Egan, Fletcher, and Ryan's (2006) study of AI as a means to improving teaching practice took a positive view of the capabilities of children and adults as learners, and actively sought out positive practice to capture in case studies, but otherwise did not appear to have implemented an AI. Inquiring appreciatively may well be a valuable practice but is not the same as an AI intervention. Similarly, Yoder (2004) explored leadership and the perceived salient aspects of emotional intelligence using the 4-D AI process but in a single 2-hour session and group interviews. As Hammond (1998) stated, 'you cannot use appreciative inquiry as a questioning technique within the problem-solving model and achieve the desired result. For AI to work its magic, you have to believe and internalize the assumptions'.

Carter, Cummings, and Cooper (2007) used AI to explore best practice in services for 'children with complex health needs' who have contact with a wide range of health, social and education professionals and people from other agencies. They used interviews for the discovery stage and nominal group workshops that then captured the essence of key themes from the interviews as 'trigger statements'. These were used to develop and prioritize provocative propositions that affirmatively challenged current practice. Participants were told that these provocative propositions should be practical, sensible, workable but creative visions of the 'best practice and care for children with complex needs'. This material was then distilled into 10 'best practice' guidelines using consensus workshops that aimed to reflect the views of all participants. This study also adapted the AI process in that it used it as a research tool where researchers rather than participants undertook the interviews. The authors noted that though this may have compromised the richness of exchange between participants, it also highlighted the importance of the informal contact between participants and researchers 'before and after workshops and over cups of coffee' discussing the research process (including developing a shared understanding of AI), different disciplinary perspectives, and the ways in which data could be interpreted. This was felt to build relationship and commitment to researching,

teaching and working together in the future and thus provided a good example of collaborative working between service users and practitioners as advocated by policy (e.g. Department for Education, Skills and Families, 2004).

Cohn, Friedman, and Allyn (2007) advocated the use of AI as a way of overcoming what they describe as 'mural dyslexia' among doctors and managers – in other words the defensive reasoning that leads to an inability or unwillingness to see the 'writing on the wall'. AI was seen as an alternative to deficit-based approaches to improvement such as root-cause analysis and was described as a process for building on success that can be used alongside the exploration of 'positive deviance' (finding solutions that already exist in the community rather than importing best practices), and structured dialogue (allowing practising physicians to articulate clinical priorities rather than assuming they lack the maturity and will to come to consensus). They noted that it might seem counter-intuitive to physicians and managers to think that they can increase influence and a sense of control by admitting uncertainty and welcoming new insights and collaborators.

Cohn et al. (2007) describe AI as a 'generative' approach in that it reframes 'what is' into 'what might be', creating capacity for change by exploring all participants' views on what is meaningful thereby inculcating a sense of ownership and a shared quest for growth. By giving participants a voice, the potential to achieve engaged commitment and motivation to change is created, thereby increasing the potential for sustainable improvement. AI is therefore seen as a means to working smarter rather than harder, acting more interdependently than independently, and creating an environment that supports learning and improving clinical outcomes rather than assessing and allocating blame. They suggested that healthcare leaders can incorporate AI into their daily practice in the following ways:

- Giving praise and positive reinforcement when moving around the organization.
- Asking people, 'What is going well for you?' rather than making problems the focus of discussions.
- during evaluations, asking, 'Would you like to write a note to anyone who was particularly helpful to you?' and having note cards and envelopes in the room to promote this.

The authors describe AI as a way for doctors and hospital leaders to overcome defensiveness, turf battles, negativism, change fatigue, and slow response times. In common with the social movement thinking being championed by the NHS Institute (www.institute.nhs.uk), they note that professionals prefer being inspired and moved emotionally rather than being supervised. They also noted the positive effect of story-telling, an integral part of AI, in lessening the inhibitory effects of hierarchy on an organization. All the more so when the story uses metaphor to summarize important points and uses memorable vignettes.

Cohn et al. (2007) particularly advocated appreciative approaches as a way of countering the tendency of stakeholders in a system to only focus on the part of the system that is directly in front of them. They cite Oshry's (1996) notion of the 'dance of blind reflex', This has five interlocking parts within which blame and alienation are freely shared:

1. People at the top of the organization feel *burdened* by unmanageable complexity.
2. Those at the bottom of the organization feel *oppressed* by insensitive higher-ups.
3. People in the middle feel *torn* and become weak, confused, and fragmented.
4. Physicians, patients, and families feel *righteously done to* by an unresponsive nonsystem of unco-ordinated care, which further irritates hospital leaders who feel that their efforts are unappreciated.

5. Nobody sees his or her part in creating and sustaining any of the above conditions. Therefore none of the participants in the system see the potentially enabling role that they could play in the conditions that they all deplore.

In short, people lack a systemic view. As the authors state, 'not only do we have systems . . . but the systems also have us' (Cohn et al., 2007, p. 17). This chimes with my own experience of leadership development in mental health services. We were struck by the participants' tendency to disown their authority, tending to assume that the real power for change always lay elsewhere, and usually above. We are responding by establishing Solution Focused Action and Reflection (SoFAR) groups to bring together key stakeholders in an improvement process that uses the group itself as a space to practise leadership skills in a safe and supportive environment, apply new ideas to real-life, real-time issues of concern to participants, and commit to action, with supportive feedback on the results to capture learning and develop practice. In order to build a sense of agency it has been critical to establish senior sponsorship of this initiative and establish the need for outcomes to be reported at the highest level of governance.

Baker and Wright (2006) used AI to establish a managed clinical network for children's liver disease in the UK. Although not in mental health, they found the process was a powerful way of crossing boundaries and involving families. They found it helpfully questioned current actions, roles and relationships but in a way that did not feel critical. It also seemed helpful that it 'it moves beyond thinking of vested interests to understanding that altruism and humanity, participating effectively and being held in high esteem are vital motivators to all human beings', and that making small changes had a special value for children and their families in terms of the experienced quality of the service they experienced.

Baker and Wright (2006) also highlighted that health and social care forms an embedded complex system and that society is changing faster than the NHS. In this context, AI was viewed as particularly valuable as a tool for engaging with wider groups and reflecting their ambitions. Boyd and Bright (2007) also described an application of AI as an approach to participatory action research exploring improved community development. Rather than seeking to resolve community 'problems' this approach worked from the premise that communities are resources for relatedness, and that building from strengths within communities invokes a reserve of capacity to reshape the images of community so that challenges can be embraced in radically different ways.

Calabrese's (2006) study may also have ramifications for child and family services seeking to build relationship and connection to their local communities. The author used AI to explore school–university partnerships creating an environment for building trust, sharing knowledge, and increasing bridging capital, thus benefiting both the school and university. Bridging represents a relationship between group members based on shared interests and can occur within and across communities. It created an asset-based approach that identified teacher strengths as a foundation to improve the educational practices in the school. Calabrese explored the mutuality between parties in their shared concern to build social capital, defined here as the totality of the social connections within and beyond the organization and the levels of trust needed to maintain the social fabric of the organization. The aim was that social capital is built over time and is continuously recreated through actions initiated and reciprocated. As the author states, 'since human relatedness is at the core of all organizations, the nature of its relationships either contribute or detract from the amount of its social capital'. AI is seen as embodying 'the art and practice of asking unconditional positive questions that have the

potential to strengthen an organization's capacity to name, envisage, and increase its positive potential' (Calabrese, 2006).

On 'appreciative' strengths-based approaches generally

While it may be a cliché to say that it is the 'soft stuff that is the hard stuff', there is mounting evidence that creating the right organizational culture is critical to achieving desirable outcomes. For example, studies of 'Positive Emotional Climate', defined as 'an environment where managers take into account the emotional needs and personal growth of employees and encourage the sharing of positive emotions', are associated with gains in revenue, growth and outcome, and less cynicism and more engagement among staff in the commercial sector (Ozcelik, Langton, & Aldrich, 2008). Losada and Heaphy (2004) examined the communication patterns of business unit management teams engaged in strategic planning and found that the single most important factor in predicting business unit profitability and customer satisfaction – a factor four times more powerful in predicting team success than any other factor – was the ratio of positive comments to negative comments among team members. Positive comments were those that demonstrated support, helpfulness, or appreciation whereas negative comments expressed disapproval, blame or criticism. In a public sector context Alimo Metcalfe, Alban-Metcalfe, Bradley, Mariathasan, and Samele's (in press) study of home treatment teams found engaging leadership behaviours associated with improved outcomes. Tombaugh (2005) cited the example of Lovelace Hospital, in Albuquerque, New Mexico, which was suffering from short staffing, poor teamwork and recruiting costs for nurses that were out of control. Management developed a positive approach that explored why nurses enjoyed working at the hospital. This influenced new policies and procedures that better reflected the strengths of the hospital and its workforce. As a result, the hospital experienced a 13 per cent reduction in staff turnover the first year, a 30 per cent reduction in the overall nurse vacancy rate, improved morale among nurses, and increased patient satisfaction ratings.

Conclusion

Strengths-based, 'appreciative' approaches to organizational change such as AI and SF are in essence about what happens in between participants in living systems. The realities of working effectively with complex systems are much theorized (e.g. Chapman, 2004) but little grasped in practice. The future-oriented, interactional, affirming and asset-based approaches described here (which also encourage people to move towards their natural attractors) are well suited to the emergent and unknowable quality of working with complexity.

This approach is also riding the wave of a social movement powered by the positive psychology work of Martin Seligman, at the University of Pennsylvania. Once on board this wave it is very difficult to get off, not least because it impacts on your own affective state as a practitioner. In short, it is fun to do.

Rigorous randomized controlled trials of 'appreciative' interventions are never likely to be feasible. However, consideration of the effects of specific aspects of these methods for a range of stakeholders in particular contexts is worthy of exploration and can usefully be informed by similar work on what is effective at a clinical level. The accumulated descriptions here and my own very positive experience of 'appreciative' SF practice compel me to urge you to explore whether these approaches should have a higher profile in your own organizational life.

Note

1. Further information on this and other useful tools are obtainable in the *Thinking Differently* publication free to NHS staff at: http://www.institute.nhs.uk/building_capability/new_model_for_transforming_the_nhs/thinking_differently_guide.html

Useful links

Brief Therapy Centre, which also has its own consulting arm: http://www.brieftherapy.org.uk

The Centre for Solution Focus at Work, consultancy of Mark McKergow, a pioneer of SF for organizational change: http://www.sfwork.com

Website of the United Kingdom Association of Solution Focused Practice: http://www.ukasfp.co.uk

Scotland seems to have made particularly strong use of SF and AI with children and families: http://www.childreninscotland.org.uk

A very rich source of SF papers and presentations from around the world: http://www.solworld.org

Home of the work of Cooperrider, the founder of the AI approach: http://appreciativeinquiry.case.edu/

Good source of publication details at AI at University of Virginia: http://appreciativeinquiry.virginia.edu

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