

RELATIONSHIPS: THE FIRST MILE NOT THE EXTRA MILE



By David Robinson

In our Putting Relationships First cell, we've been exploring how to make relationships central to our society and in our services and organisations, because people cannot thrive without good relationships. David Robinson, our thought leader for the cell, writes here about why this is important and what we've learnt.

Too often, relationships are the last thing we think about when they should be the first.

Take hospitals. Over the last few years, they have been in almost constant crisis. Even now, as politicians tell us that the worst of the pandemic is over, patients are still waiting for ambulances, waiting in ambulances, stretchers are double stacked in stone cold corridors, there's standing room only in A & E, red alerts and closed doors.

Distant ministers when challenged say that the NHS will 'get through this'. Of course it will, in the sense that it won't perish with a bang like a burst balloon, but the deep tissue damage to patients and staff will be grave and enduring.

Covid is an exceptional driver, but the crisis is not novel. The NHS teeters on the brink every winter. Paramedics, triage staff and

receptionists suffer the harsh brunt of our understandable but misplaced anger. These problems are not of their making and the solutions are not within their reach. In fact, a part of the long-term answer to the hospital crisis doesn't lie in the hospital sector at all. Or even in the NHS as currently configured.

It lies in the before and after. In reducing the need for acute admissions wherever possible. And in the safe and compassionate discharge of patients who no longer need acute care, as rapidly as possible.

The before and after

A director at the London Hospital once told me that one in five beds were occupied by patients whose illness was caused or exacerbated by underlying, long term and, critically, *preventable*, conditions. We know that health messages, preventing the

preventable, are best received from people in our own community, people we like and respect, people, in short, with whom we have a good relationship. Community-based health education, ‘mobilising the bonds’ as Amitai Etzioni says, reaches the parts, and works in ways, that institutions cannot.

We also know that, even in this time of crisis, at least ten per cent of our hospital beds are occupied by people who are not ready to cope alone but don’t need acute care. Better by far for them to be properly supported in their own homes or in a community setting.

Both the before and the after are all about relationships: the relationships in the community. The relationships between communities. The relationships that link people, place and service providers.

Relationships, relationships, relationships

Repeatedly in our Better Way cell on putting relationships first, we have heard brilliant stories about how communities and organisations are working together, or running services, doing difficult things, achieving extraordinary outcomes, with

strong relationships as the constant thread joining people to place, services to people, and people to one another. We have talked about:

- making relationship-building the purpose of our work.
- turning organisations into communities, not machines.
- seeing people as the solution, not the problem.
- building good relationships in adversity and conflict.
- relational leadership.

But – and here’s the rub – our brilliant stories are mostly one place wonders, inspiring exceptions, even though problems like the hospital crisis affect everyone everywhere. Social change at scale invariably begins with small acts and distributed players. Place by place activity generates well-informed, deep-rooted progress. But such radical incrementalism isn’t always sufficient. Our task now is to supersize the learning and turn common sense into common practice.

Our cell meetings have discussed the barriers: culture and path dependency, leadership models and systems, and the importance of ‘being the change’ –



demonstrating the qualities that build trust and share power. We have talked about how relationship-building can be ‘stamped out’ by command and control practices and targets and how this can be challenged by changing the norms, for example by including relationship building in job descriptions.

Leaders have the power and responsibility to set a new culture, say Better Way colleagues. Change is a continuous process. It must involve informal as well as formal behaviours. ‘The only thing of real importance that leaders do is to create and manage culture. If you do not manage culture, it manages you, and you may not even be aware of the extent to which this is happening,’ says Professor Edgar Schein.

Overwhelmingly our conversations have been realistic, at times painful, but also regularly, cautiously optimistic. Loss and isolation have reminded us all how much we need one another. Mutual aid and the burgeoning informal community support has shown us, again and again, the power

and potential of human beings being human, caring for, with and about one another.

It is inappropriate to talk about ‘opportunity’ when people are suffering, but behaviours have shifted, mostly if not everywhere, and so far temporarily, from a ‘me to we’ society in the last two years. These behaviours won’t last if we don’t act to embed them, but we could emerge from this dreadful period with the knowledge, and the evidence, to tackle old problems and to meet new ones with fresh conviction and authority. Relationship building is the better way.

David Robinson is the Co-lead of the Relationship Project and a founding member of a Better Way.