

# Working with Residents Groups

## Fact Sheet 4

## Group Leadership/Facilitation

The most successful groups are those with affective facilitators. With that in mind the group does need a facilitator selected specifically for his/her skills with group work. The skills of the facilitator are more important than the position they hold in the facility ie paid employee, resident, relative or other.

### SKILLS REQUIRED BY THE FACILITATOR

- ❖ Knowledge the purpose of the group (Fact Sheet 1)
- ❖ Good planning skills (Fact Sheet 2)
- ❖ Ability to organise group appropriately by size, duration and recording of issues (Fact Sheet 3)
- ❖ Understanding of their own power base and leadership style (Fact Sheet 4)
- ❖ Knowledge of the stages of the group process and what work they need to do to make the group work (Fact Sheet 5 & 6)
- ❖ Knowledge of what can be achieved in Residents Groups (Fact Sheet 7)

### POWER OF LEADERSHIP/FACILITATOR

There are different types of power that leaders or facilitators have that are applicable to residents groups.

- ❖ *Connection power* – being able to call upon and use influential power and resources.
- ❖ *Expert power* – having the knowledge or skill to facilitate the work of the group.
- ❖ *Information power* – possessing information that is valuable to and needed by others.
- ❖ *Legitimate power* – holding a position of authority and the rights that accrue to the position in the group and the larger system.
- ❖ *Reference power* – being liked and admired.
- ❖ *Reward power* – being able to offer social or tangible rewards.
- ❖ *Coercive power* – being able to sanction or punish.

No one will have all these power bases but many will have more than one.

These are things to consider when choosing a facilitator for residents groups.

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## Leadership Styles

Leadership styles will make a difference to the amount of resident participation in the group.

### **THE 'AUTOCRATIC' LEADER**

- ❖ It is the leader who makes all the decisions.
- ❖ The autocratic leader helps to keep the meeting in order but does not help with resident participation.
- ❖ It may also affect attendance at the meeting - why come to a meeting if there is no opportunity to have a say and what you do say is not listened to?
- ❖ Therefore feedback to the facility from the Residents Group may not be the views of the group but rather the view of the leader.

### **THE 'DEMOCRATIC' LEADER**

- ❖ Where the leader consults with members on all decisions but has the final say.
- ❖ This style is helpful in residents meetings but it does not necessarily allow for the group to have ownership of the meeting.
- ❖ Members are consulted but do not have the power to make the final decision. The group has more input into discussions than under the autocratic leadership style but lacks real decision making power.

### **THE 'LAISSEZ-FAIRE' LEADER**

- ❖ Where the group makes the decision.
- ❖ This is the style of facilitator that is most likely to accomplish meaningful participation of residents meetings.
- ❖ This type of leadership gives the power to the group to have the say and make the decisions on the issues they discuss.
- ❖ The feedback from the meeting reflects the decisions of the group and is therefore the type of leadership that is recommended to be used when facilitating a Residents Group.

### **EVALUATION OF THE GROUP**

Evaluation of the group is in two parts.

- ❖ The evaluation of the Residents Group by the residents ie do they like or dislike the way the group is performing?
- ❖ The evaluation of the Residents Group by the facility ie is the group achieving the aims of the facility to gain continuous improvement feedback?