National Child Trust – 2020 Strategy / Part 2

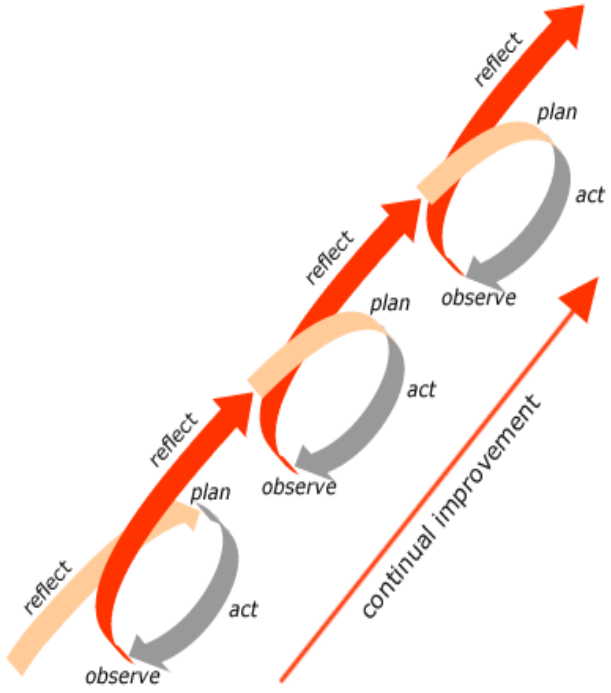
Action Research – MSc, TOC

September 2010, Nottingham University, UK

Chapter 4

Findings

As mentioned in the earlier chapter, this action research is a combination of several action research cycles in which after the completion of each cycle the work is reviewed and then another cycle is formed until the researcher is completely satisfied with his work. In the NCT also such a cycle of continuous improvement was formed as shown in the diagram below so that a flawless strategy is derived.



.

Source: Action research diagrams, Teaching resource exchange, Hospitality, leisure, Sport and Tourism Network

The first step in action research cycle is diagnosing which involves identifying problems which will form the basis of action research. Diagnosis requires to be done carefully and systematically as it denotes the verbal expression of the theory behind the action. If diagnosis change in later phases of the action cycle, proper articulation and recording needs to be done as further actions will be based on it. This step of diagnosis should be collaborative and several people should be involved in it (Coghlan and Brannick, 2005).

Once the problem is diagnosed, the next step is planning action. It should be consistent and may focus on the first step or a sequence of first steps. In this step also collaboration is required. Implementation of plans follows action planning. It also includes interventions. The last step in the action research cycle is to evaluate the intended as well as the untended action results. These are examined for the following purposes:

- To check whether the original diagnosis was correct;
- To check whether correct action was taken;
- To confirm whether the action was taken appropriately;
- To find out the source of the next action research cycle (Coghlan and Brannick, 2005).

In this way the cycle continues and forms multiple action research cycles which operate alongside but have different time duration. Heron (1996) warns against rigid use of action research cycle and encourages creativity and spontaneity in the formation of these cycles. The most important thing to remember is to maintain the quality of participation and not get too engrossed in the cycles.

During the meetings held in January 2009, the NCT decided that the following themes have to be covered in the new strategy:

- Reality of people's lives
- Raising awareness of the NCT (currently only 4% births)
- Financing NCT to enable us to carry on (vital or core elements?)

- Helping parents make intuitive choices – not just providing information
- Empowering parents and giving them confidence
- Is it about informing or supporting?
- Economic and returning to work issues
- Perceived wisdom
- Fathers: including single fathers and stay at home fathers
- Helping parents for longer (Pre-school)
- Making the world a friendlier place for families
- Tackling advertising and the media
- Campaigning to prevent questions to parents about baby's sleeping habits
- Being in Schools
- Inclusiveness – being there for parents and carers in a way that doesn't create conflict
- Evidence based approach
- More work on breastfeeding
- Focus our energies on achieving practical change in external services
- We need to enable them to have their needs met
- Confidence
- Economic and returning to work issues
- Perceived wisdom
- Working more with and through the NHS who already reach all parents
- Focus our energies on achieving practical change in external services
- Building relationships
- Work together more – we need to be holistic organizations that works more as a team for the benefit of the people we serve
- Reaching all parents
- More work on reaching parents from different cultures and backgrounds
- We need to trust the people we work with and have humility.
- We don't know parents' feelings best.

As mentioned in the earlier chapter, over 200 undesirable effects were discovered by the participants. These UDEs were collected through meetings, surveys and interviews. The final refined list of UDEs can be segregated into different categories as follows:

Health

- I have mental health problems
- I am depressed
- I am unable to relate to my baby
- I had a traumatic birth experience
- I have a lot of health problems
- I had unnecessary caesarean section
- I am worried about the heath of my premature baby
- My child is fat
- I am not able to breast feed
- I shook my baby
- My baby keeps getting sick
- My baby was underweight when she was born

Relationships

- My partner and I row a lot
- I am not involved enough with my baby
- My partner beats me
- I don't have enough time for my partner
- I feel helpless when my baby cries
- We have received no help to understand the impact of a baby on relationships and no help to cope

Economic

- I can't provide all the things I and my baby need
- I can't afford a good diet
- I can't access services that support me and my baby/child(ren)
- I had to return to work before I wanted
- I can't afford to change or reduce my working hours to allow me to be with my family
- I can’t find suitable childcare to allow me to work
- My housing needs are not being met

- I feel that I will be blamed if my child has problems or misbehaves
- We have received no help to understand the impact of a baby on relationships and no help to cope

Attitudes

- I feel less valued because I am not earning
- I feel that I will be blamed if my child has problems or misbehaves
- People think I am going to be a bad parent
- I don't feel like I am treated with respect
- I don't feel valued in my new role
- People don't understand my situation

Society

- I feel isolated since I had my baby
- There is no help for me to understand my new role as a dad
- The support that was available was not what I really needed
- My sister had multiple problems and she is dead (I am loosing all my resources of living)

- I missed my antenatal appointment
- I am forced to live somewhere I don't want to
- I don’t know anyone that breastfeeds
- I don't have access to my child

Emotional

- I feel unprepared for looking after my baby
- I feel trapped
- I don't feel like I have my own life anymore
- I feel isolated
- I don't think I am a good parent
- I feel stigmatized and judged
- I don’t feel included
- I am worried that something will go wrong in the pregnancy
- I don't have any time for myself
- I am time poor
- It is hard to look after my new baby and other children

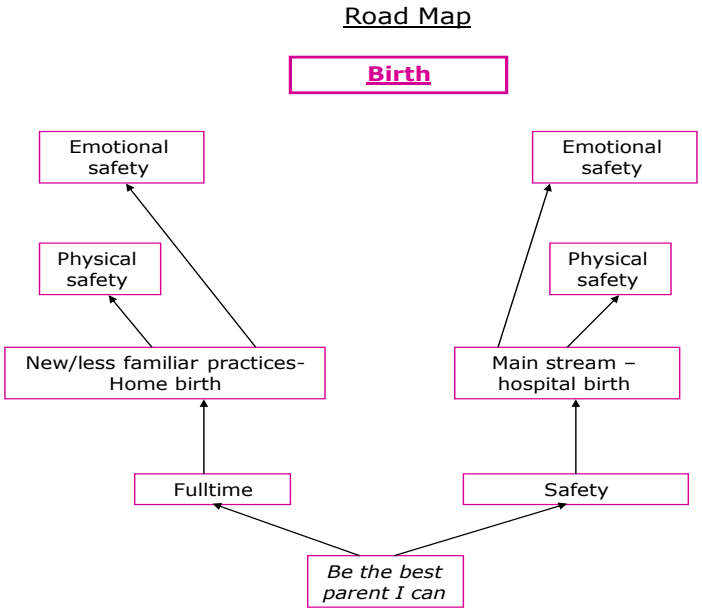
Physical surroundings

- I did not like the environment I gave birth in

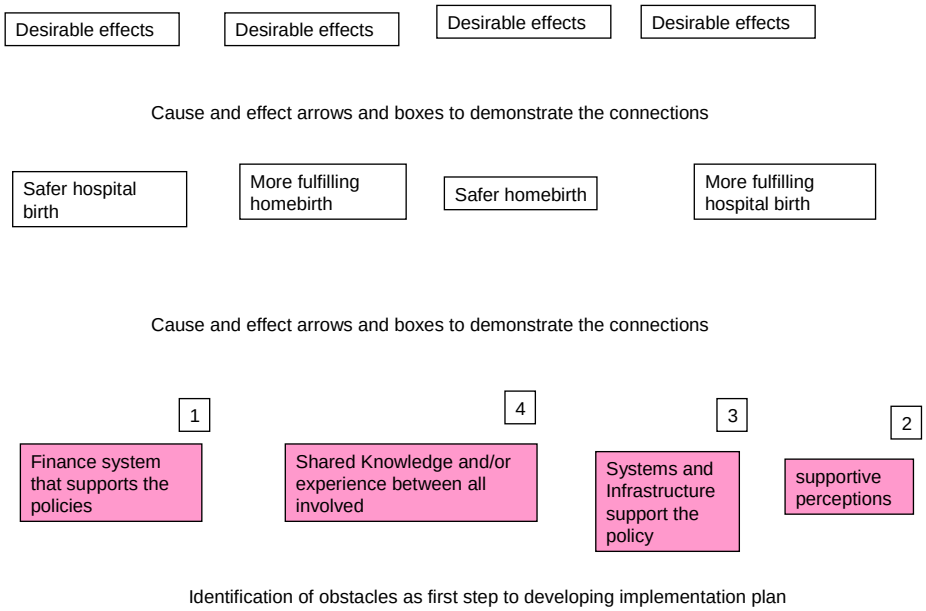
- When I go out it is really awkward to take the buggy and find somewhere suitable to change and feed my baby.

Findings related to birth

The road map given below clearly indicates the problems faced by parents during birth as they try to be the best parents. Most of the parents go along with the mainstream and try hospital birth while a few still believe in home births and tread the less popular road. However, the major concern of both types of parents is safety: both physical and emotional.

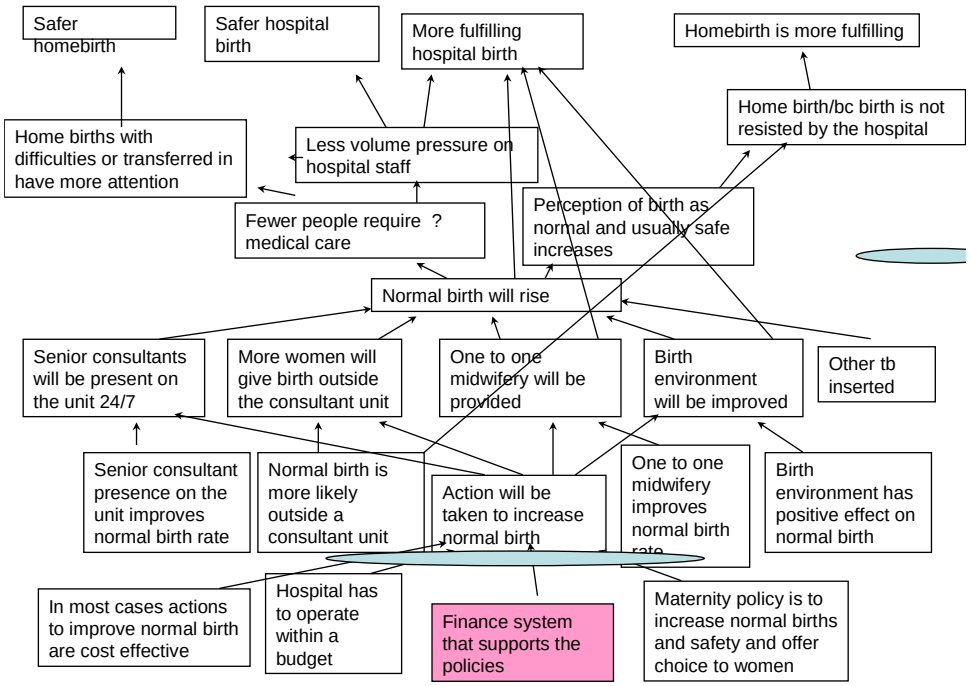


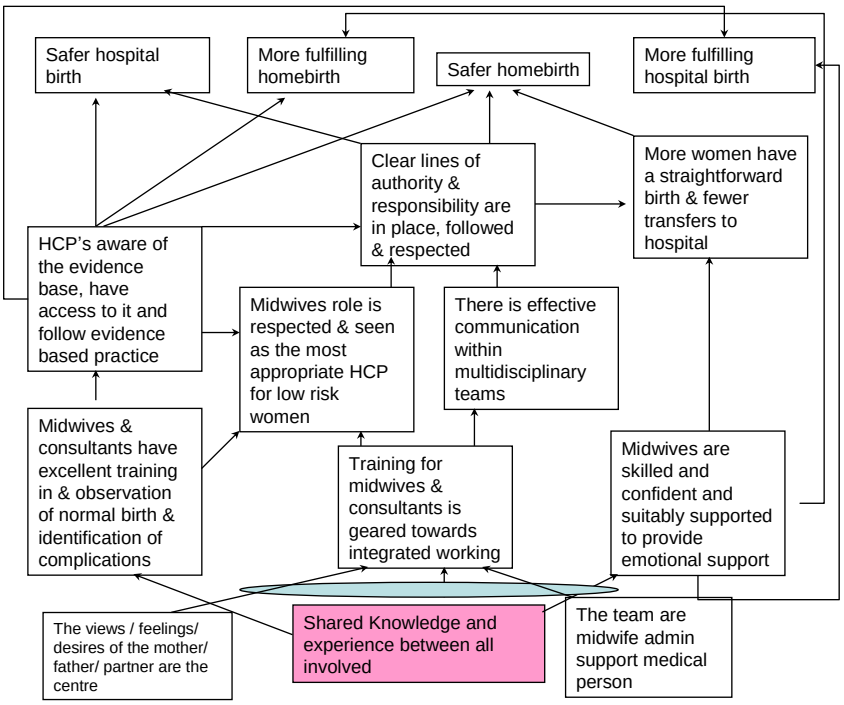
The initial ideas on what areas need to be tackled to reduce the undesirable effects arising from birth are shown in the pink boxes below.

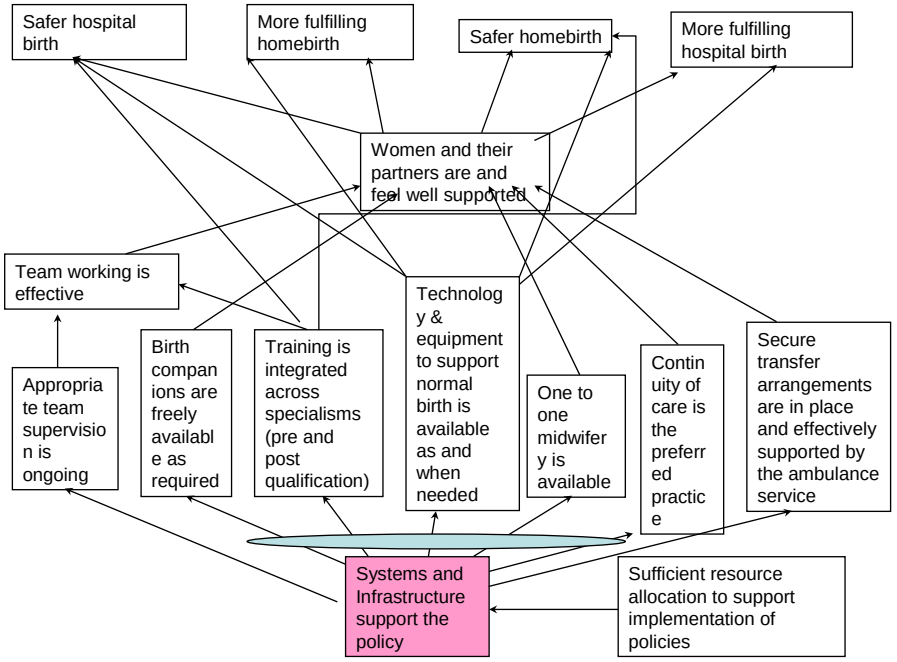


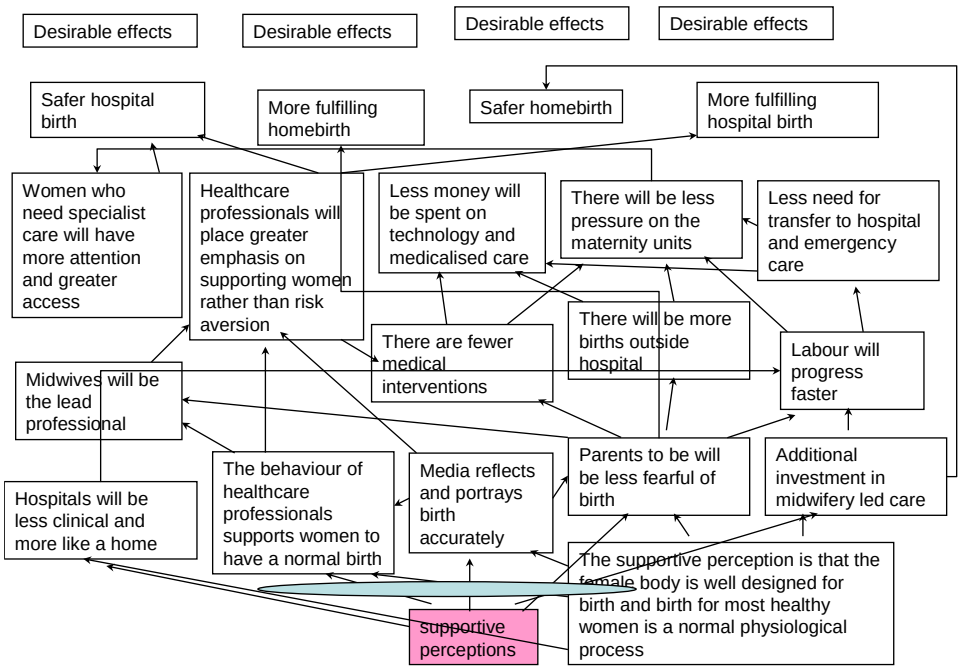
These suggested areas of work need much more detailed consideration and refinement. However so far the Royal College of Midwives (RCM), Royal College of Obstetricians and Gynecologists (RCOG) and Department of Health in England, researchers specialising in disadvantaged groups and an academic working in maternity have seen the proposed direction of the solutions and are very supportive of them.

If actions are taken to create a system where these conditions exist, our preliminary cause and effect logic diagrams indicate that the desirable effects we are seeking are likely to be produced. **(First attempt to create the FRT)**

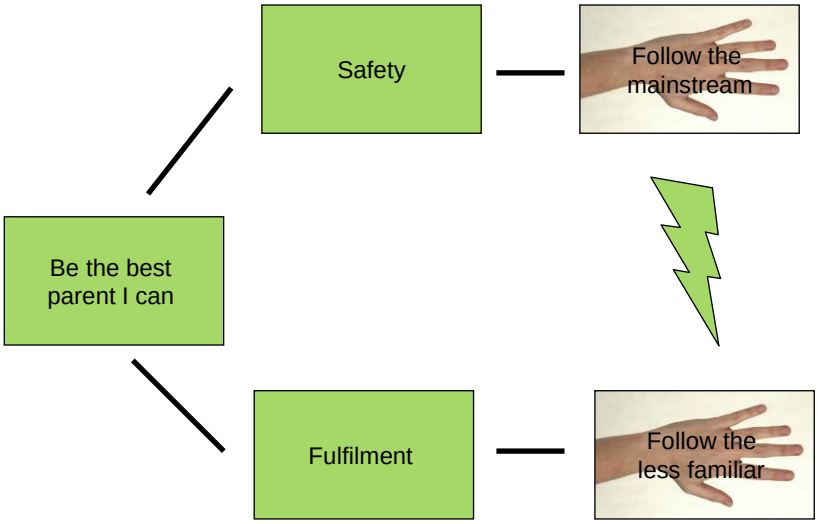

Safer homebirth
Safer hospital birth
More fulfilling hospital birth
Homebirth is more fulfilling
Home births with difficulties or transferred in have more attention
Less volume pressure on hospital staff
Home birth/bc birth is not resisted by the hospital
Fewer people require ? medical care
Perception of birth as normal and usually safe increases
Normal birth will rise
Senior consultants will be present on the unit 24/7
More women will give birth outside the consultant unit
One to one midwifery will be provided
Birth environment will be improved
Other tb inserted
Senior consultant presence on the unit improves normal birth rate
Normal birth is more likely outside a consultant unit
Action will be taken to increase normal birth
One to one midwifery improves normal birth rate
Birth environment has positive effect on normal birth
In most cases actions to improve normal birth are cost effective
Hospital has to operate within a budget
Finance system that supports the policies
Maternity policy is to increase normal births and safety and offer choice to women


Safer hospital birth
More fulfilling homebirth
Safer homebirth
More fulfilling hospital birth
Clear lines of authority & responsibility are in place, followed & respected
More women have a straightforward birth & fewer transfers to hospital
HCP's aware of the evidence base, have access to it and follow evidence based practice
Midwives role is respected & seen as the most appropriate HCP for low risk women
There is effective communication within multidisciplinary teams
Midwives & consultants have excellent training in & observation of normal birth & identification of complications
Training for midwives & consultants is geared towards integrated working
Midwives are skilled and confident and suitably supported to provide emotional support
The views / feelings/ desires of the mother/ father/ partner are the centre
Shared Knowledge and experience between all involved
The team are midwife admin support medical person





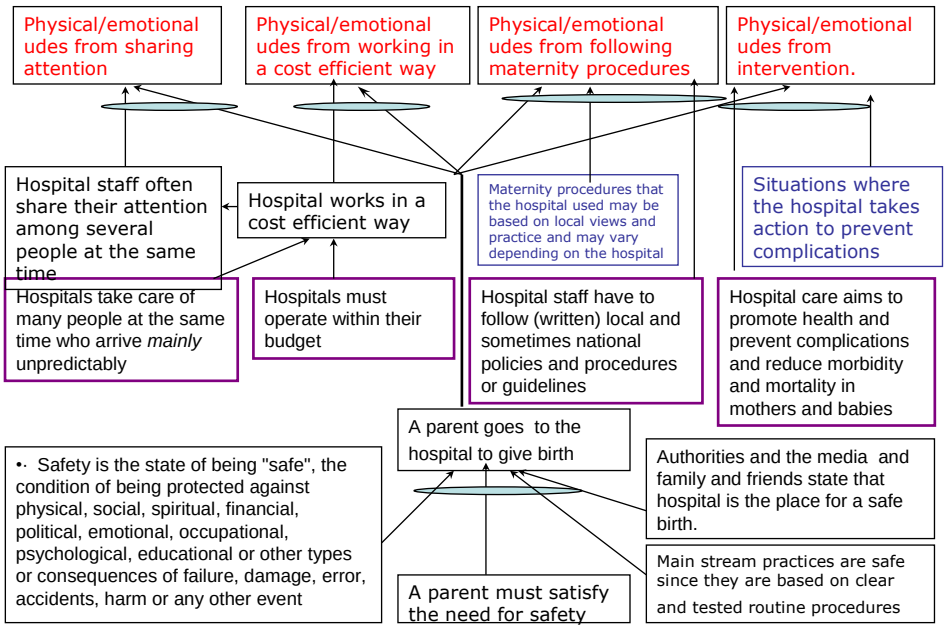
These suggested directions for solutions have arising as a result of examining this dilemma



This dilemma has been accepted as the dilemma underlying and leading to the common undesirable effects seen in those parents expecting a baby and giving birth.

A summary of how this dilemma leads to the undesirable effects seen in parents expecting a baby is shown below.

Road Map: Physical safety- Main stream/Birth (udes from D)



If the NCT does take action in the directions suggested we would expect to see, for example a reduction in the following undesirable effects.

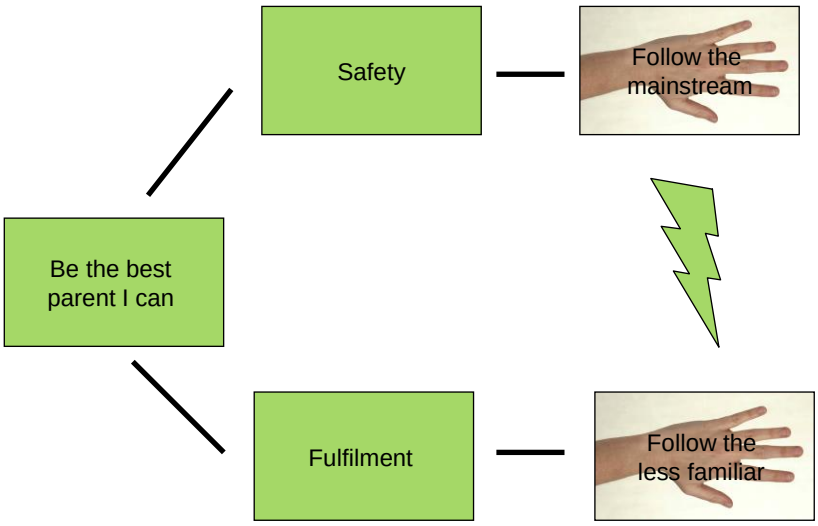
Undesirable effect	Desirable effect
I have puerperal psychosis or other mental health problems attributable to my pregnancy or birth	I am mentally balanced And well
I feel stressed or depressed	I am mentally balanced And well
I am unable to relate to my baby	I relate well to my baby
I had a traumatic birth experience I have a lot of health problems attributable to my pregnancy, birth or early parenthood	I had a positive birth experience I am healthy and feel physically well Had a c-section that could not have been prevented through better care

I had an unnecessary caesarean section	

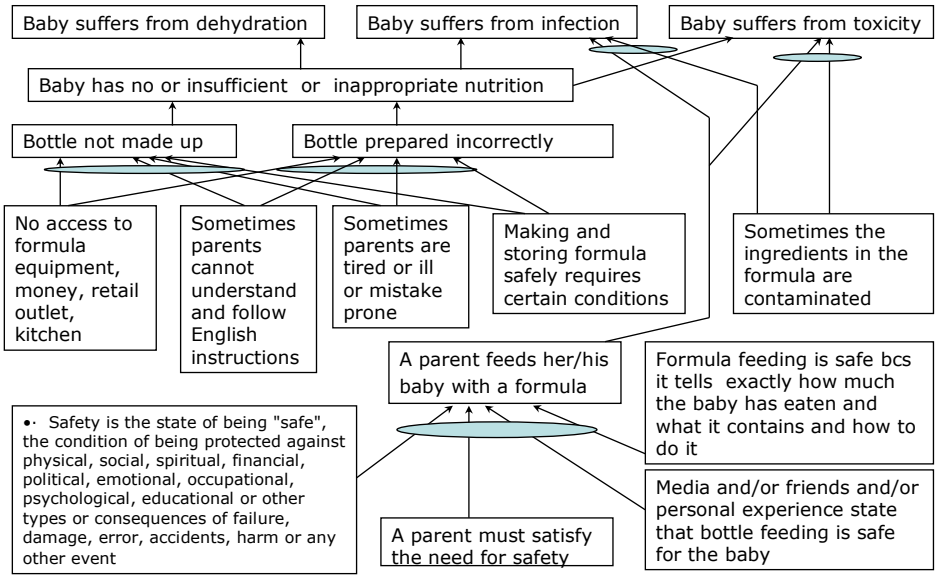
Findings related to Feeding:

A similar analysis has been done for feeding. The suggested directions for the solution are that all parents-to-be should have accurate knowledge and facts about feeding.
Mothers should trust their body and themselves to be able to feed their baby. Mothering and actions connected with mothering brings increased status to women and their partners
There should be support from all in society for mothers in feeding their babies.

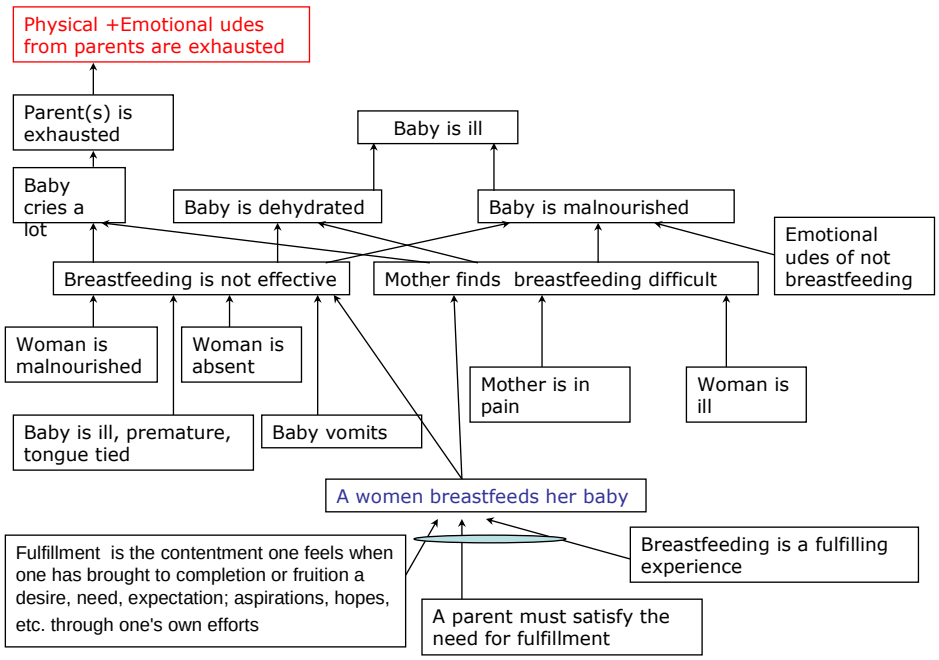
These arise from this dilemma:



Physical safety- Main stream/formula feeding



Physical safety- Road Less Traveled /Feeding



If the NCT does take action in the directions suggested we would expect to see, for example a reduction in the following undesirable effects.

Undesirable effects	Desirable effects
I am not able to breast feed due to physical or medical reasons	I am happy with the alternatives for feeding my baby
I find it hard to breastfeed	I was able to feed my baby easily
I have been told that I am not able to breast feed due to physical or medical reasons	I have been supported to breastfeed despite physical or medical reasons
I don't feel like I am treated with respect	I feel valued and respected in my role as parent
I don't feel valued in my new role	I feel valued and respected in my role as parent
I don’t know where to go for help	I get the help I need
I don’t feel I have the support I need	I have the support I need
I don’t know what I’m supposed to do!	I feel confident
My mum and Health Visitor tell me different things	I get clear information and am able to make up my mind what to do
I feel stigmatized and judged	I feel valued
I had difficulties formula feeding	I was able to feed my baby easily
I feel disappointed with formula feeding	I understood what to expect from formula feeding

Reflections and feedback mechanisms

NCT has a large number of highly committed people who were involved for a long time in the formation of the strategy. These people have a high level of intuition about what needs to be done but sometimes do not have a clear path to follow. By participating in

this improvement process they were able to capture that intuition and their vast experience and knowledge which will be useful in coming up with solutions.

The main purpose of the process of discussion was to reach mutual understanding and agreement, and ultimately a workable outcome for the NCT and all involved in the strategy process. The feedback mechanism in the form of mails was quite strong and my constant interaction with Belinda Philips was a must. This communication was of utmost importance as it gave direction and removed obstacles from the path of formulation of CRT, FRT and later NCT strategy.

But during the entire process, there was a lack of effective enough communication with the stakeholders and the Board. Although trustees who were responsible for taking decisions were present in all the meetings, there was absence of real time communication with the Board. The role of both the internal and external stakeholders was not clear and there was a communication gap with them too. The most technically perfect strategy in the world will be of little use if people do not understand it, do not have sufficient ownership of it and do not enough commitment to put it into practice.

Reflection on the use of CRT by NCT

I believe that NCT made a good decision when it chose CRT for addressing their problems: CRT enables a realistic examination of the reality they are operating in, the deep understanding of their beneficiaries, and a more objective/distance look at the full picture. The relationship of the problem with other functions and with core problems and core drivers is also examined by CRT.
(See Appendix : CRT V10)

Chapter 5

Reflections

This chapter will deal with reflection on the overall process or in other words summarizing the entire research. This would include reflections on content, reaction of the people and the use of the TP.

Reflections on content

The theme of birth and breastfeeding chosen for this research was most appropriate for action research. This is due to the fact that a lot of problems are faced by new parents and would be parents which they are too embarrassed to express. Besides, very little research has been conducted on these themes. The parents are not well informed about these issues and hence need proper guidance and support to make the right choice. Parenthood has its own fulfilling and frustrating aspects. A parent feels fulfilled when his/her child develops learns and grows and finds pleasure in the simple smiles, cuddles and laughter of the child. Parents want to give unconditional love to their children. Parents find fulfillment in nurturing and teaching their child and being a family. On the contrary, lack of time, sleep deprivation, inability to understand the child's needs are some of the most frustrating aspects of being a parent. Other difficult aspects of parenting are creating a balance between work and parenting, making adjustments with the changed social lives, dealing with conflicting views and accepting the long term responsibility of the child. The present parents want to be more financially secure so that they can stay at home with their babies. They want the grandparents to stay nearby. If working, they want flexible working hours so that they can spend more time with their babies. They expect better government support with relation to tax relief, maternity/ paternity package and child care.

The history of breastfeeding clearly shows that breastfeeding has become less popular now as compared to the past. In the past women used to exclusively breastfeed their infants for quite a long time. But now the situation has changed, the women although aware of the benefits of breastfeeding are not able to feed their infants due to a variety of causes. These causes have taken the form of Undesirable Effects and led to the formulation of the Current Reality Tree.

A variety of issues have to be covered by NCT with regards to breastfeeding so that it can become a better experience for women. The strategy developed should effectively encourage the fathers to support and give importance to breastfeeding. Past exposure to the subject of breastfeeding creates a mindset among the women and enables them to choose between breastfeeding and formula feeding. Hence, an environment should be created so that exposure leads to a positive experience of breastfeeding. Parents should be encouraged to believe that the biomedical information about breastfeeding shows the health benefits of breastfeeding for their child. The popular view that breastfeeding is inconvenient and embarrassing, has to be changed. The help of peer support groups has to be taken for promotion and sustenance of breastfeeding. Easily available and affordable milk tokens tempt women of poor families to discard breastfeeding and adopt formula feeding. Steps should be taken to control this. Additional financial support should be given to women belonging to poorer family to encourage breastfeeding. A breastfeeding friendly culture should be created.

Regarding home birth, it has been observed that the trend of giving birth at home is gradually increasing in UK. But still many parents are unaware of the positive aspects of home birth. Every parent has the right to choose the place which they feel appropriate for birth of their child. Healthy women can easily give birth at home provided they are aware of the fact that home birth is completely safe and maintains the comfort, well being and privacy necessary for the mother and baby. The NCT should focus on providing women with better access to all available maternity services so that they can make appropriate and informed choices.

Reflections on the use of Thinking Process

The first surprise of implementing the TP at NCT was already at the first step; when instead of having 5-10 undesirable effects, as the "normal" process recommend, we had more then 200. Even though there were repetition and variations on the same subject it was necessary to include all of them for buy in purposes.

The other surprise was when formulating the CRT and instead the "conventional" 10 – 20 pages it grew up to be more them 80 pages that contain most of NCT Body of Knowledge.

It was very difficult for NCT people to stand in the shoes of all parents and not only those that are already in support of them. Thus; building the CRT required a real change in attitude from NCT people. This transition was very difficult to them – to transfer from "warriors" to "critical observers"

At the "what to change" stage we needed to look at hundreds of assumptions and to come up with just few core injections – which for me it is close to miracle that we succeeded.

At the outset of this study, there were doubts in the mind of few management members whether thinking process would be an appropriate tool to develop a strategy for NCT. According to them, Theory of Constraints Thinking Process is mainly used in manufacturing and operations management and hence won't be suitable for a charity organization. NCT is the first charity organizations to have tried this process for development of strategy.

Further few also argued on the validity of some assumptions of TOC's : **(application being based on five basic assumptions – delete).** They did not agree that each parent faces one core dilemma/conflict but assume that the undesirable effects that parents experience are related to parenthood and does not stem from one root cause.

According to the CRT, the parents have many paths or choices to deal with the challenges faced by them. But these can be broadly divided into two main options: main stream and less frequently used options. Parents either make a choice between these two options or do not make any decision or try to make a decision that lies between these two or split them by lying to themselves or others or do different things in different times and places. There are therefore many choices of action all of which lead to undesirable effects because none of these choices is a full solution.

The management also disagrees to another assumption that parents make deliberate, conscious and consistent choices about what they do. As per the management, parents make deliberate as well as instinctive choices wherein some want to choose one thing but don't or can't because of circumstances or the choice being difficult when they are in the grip of a dilemma.

Few others also feels that intuitively, it seems wrong to reduce the complex psychological, hormonal, emotional, social, economic and institutional factors that influence parents in our society to a single 'core dilemma'. But many complex things are often explained by simple underlying principles like the range of organisms by Darwins theory of evolution.

But if every issue that parents face can be reduced to a core dilemma, it would stifle innovative ideas and challenges. The management disagrees to this theory as it feels that this method delineates the areas in which it would be most productive to have blue sky thinking as blue sky thinking by itself often produces a plethora of ideas that are going nowhere. This method offers a more organised way to spot the area where blue sky thinking produces half baked ideas – i.e. ideas that will remove negative effects but may create new negative effects of their own. In the process of building a future reality tree, these half baked ideas are refined into something that does not have negative effects.

The part that needs more development work was that the different needs of the different sections of the society like the poorest and most disadvantaged groups were also taken

into consideration. This is due to the focus being on all parents to be and new parents irrespective of class and creed. A practical example is the way NCT is dealing with the problems created by poorly designed birth room. Someone who does not speak English will suffer more because they cannot ask for what they need so easily. So, this process will help in finding out what is needed and getting birth rooms changed in accordance with the needs of everyone including the disadvantaged. The emphasis of the TOC was to identify a number of "persona" who represent different target groups (based on age, gender, social and economic status, ethnicity, etc) and apply the thinking to each of them, using different types of undesirable effects.

Reflection on the people involved and their reactions

The participants involved in this process were high committed with high level of intuition extremely necessary for this project. However, certain communication gaps existed between some members due to which the path to the formulation of strategy was not smooth.

Some of the trustees were unclear about the entire process and couldn't make out how one step would lead to the next step. However, the Board members were considered as an important decision making body and their views were always welcomed. In addition to the Board, there were many other internal and external stakeholder groups whose input was valuable and whose support for the outcome was vital. But it was unclear to the trustees which stakeholder groups have been identified and when and how they are being involved and informed. The strategy for building engagement in the organization was also unclear to all. This needed to be done systematically. The lists prepared by the trustees the SMT/CEO, SWs, Volunteers and other members should have been compared to a wide range of lists from potential beneficiaries from all sections of society. The most technically perfect strategy in the world will be of little use if key groups do not understand it, have no ownership of it and have no commitment to put it into practice.

The principle way of engaging at NCT was via the strategy and policy forum. They also conducted a survey and the strategy process had a web space to share views with others. Another problem faced by NCT was that volunteers didn't have time to fully engage themselves in the strategy formulation process. External stakeholders were also identified and were participating in the process.

There was a very real need for the Board to be communicated with, and managed, as "the client" for the work so that they are in a position to make informed decisions. While there was a clear benefit to have individual trustees attend the Strategy & Policy Forums, utilising their experience and perspective, this did not substitute for effective communications with the Board.

Trustees are the group of people responsible for taking the decision and the responsibility for that decision so it is essential that there is full understanding of the decision that they are asked to take and the basis on which that decision has been arrived at. At NCT, the draft decision is first discussed at the board meetings, then refinements are done according to the feedbacks. The trustees are made familiar with all the issues and then only asked to take the decision.

The time schedule for work was very tight and did not allow much room for Board meetings – therefore there needed to be real-time communication with Board (as a whole) at every stage of the analysis and not just at the three decision points ("what to change", "what to change to", and "how to change"). Those communications needed to explain exactly what the status of the process was (within each stage) and what feedback was required from the Board.

The timetable was affected by a number of factors which hampered the progress of the work. Suitable date for volunteers and consultants could not be found. There was delay in the construction of the Current Reality Tree and also the approval to continue work at March Board meeting got delayed. An additional day long Board meeting was held on 15 May 2009. It was difficult to identify the postnatal/parenthood dilemma and so the work

got more delayed. Further, the requirement to separate the work into three streams further acted as a hindrance in the smooth flow of the process.

Although this report deals with mainly the Current Reality Tree related to birth and breastfeeding, it is expected that the management team will bring a strategy on birth to the Board in December, on feeding in March 2010 and on postnatal/parenthood in June 2010.

Chapter 6
Conclusion and recommendations

Review of formation of the CRT

The Current Reality Tree is designed to find out the present actual status of any system. It provides enough footing for understanding complex systems. The Current Reality Tree formed in this study led to the comprehension of deep rooted cause and effects relations underlying the reality of new parents. This CRT helped in identifying the area of a core problem which led to all the new parents related problems. It was constructed from top to down with undesirable effects on the top. According to Goldratt, only 8 to 10 UDEs need to be collected from the different sections and functions of the organization to develop a complete understanding of the organization with relation to the core problems. However, the identification of more than 200 UDEs in this study is very unusual but was necessary to create involvement of the trustees and as a validation that the strategy process will not miss core issues). These UDEs were then connected through a chain of cause-effect relations to reach the root causes. These were identified and isolated so that they can be properly addressed to achieve maximum improvement of NCT. There were positive feedback loops also which led to better remedial actions.

Many "performance" symptoms which seemed unrelated were linked through the CRT. The CRT further enables a rigorous validation of the cause-effect relations which is not possible through any other technique. The cause-effect relation gave rise to beliefs which in turn led to the formation of policies and thereby resulting in behaviors which were the outcome of procedures and measurements surfacing from policies. All these things led to the creation of the Future Reality Tree.

It took a huge amount of time to create a logically sound CRT for NCT. But the CRT thus created has proved to be effective in problem identification which would further

assist in creating win-win solutions for NCT. These solutions can be implemented through well structured plans which should be effectively communicated across NCT.

The CRT although huge was extremely important for NCT for development of a new strategy which would transform the entire trust. CRT also helped in gaining strong support of the Board and trustees whose decisions are of utmost importance for the trust.

Can a different approach to the process be possible?

The entire process was quite time consuming and involved different emotions of different people. But the Theory of Constraints Thinking Process was the most ideally suited for this research as it led to the involvement of the entire organization as one family in the creation of a strategy and led to the identification of the root cause of all the problems. But some shortcomings of the process need to be noted and rectified.

The Thinking Process is a qualitative and systematic method for initiating improvements within an organization with the full participation of the employees. But one of the drawbacks of this process is that there is no strong enough theory preceding the identification of dilemmas. Deming states that it is impossible to create knowledge without any prior theory (Lepore and Cohen, 1999). Thus, an additional theory has to precede the Current Reality Tree. Another important issue is that this method demands accuracy to some extent which is not always possible. The concepts have to be clearly phrased otherwise management will have a difficult time in constructing the trees. It might be that at times, different set of people need to be involved at the various steps. For example the work team which participated in identifying the UDEs should not participate in the formation of the Current Reality Tree and similarly auditing of CRT should also be done by a different group as varied talent is required at different stages. This may also increase the validity of the findings and increase the level of the buy in (Junior at al., 2004)

Apart from the above shortcomings, the CRT is an excellent example of consensus construction where a common core problem exists between the participants, which they have to identify and then propose solutions which can later be effectively communicated. Another important aspect of TOC is that all the phases can be used individually as per the requirement of the organizations. The most commonly used tools are Current Reality Tree and Evaporation Cloud (Junior at al., 2004). This study has utilized the CRT for developing its strategy.

The team which participated in the process was excellent, but there needs to be some additional guests so that more views of outsiders can also be obtained. As discussed in the earlier chapter the communication with the Board, trustees and stakeholders needs to be improved as they form a vital part of the organization. Most of the time these people were not aware of the latest developments and there was not enough interaction between these three groups. The time management was also difficult as the proposed timetable was assumed shorted and quicker first step. There was so much new knowledge, understanding and involvement and there was no time kept aside to accommodate these additions.

However, the CRT developed for feeding and birth seems to be highly practical and all set to solve the problems of new parents as well as would be parents in the days to come. The strategy development of NCT seems to be on the right track and hopefully all the problems will be sorted out when a sound Transition Tree is in place. Effective implementation and communication of the TRT will create a better reality for parents and society.

Recommendations:

According to Francis Patrick, “everyone in an organization is a salesperson, selling his or her ideas, proposals and recommendations.” To be successful, even the topmost authority like the CEO or president requires a stock of strategies and tactics from the right people. The three questions in the TOC process: what to change; to what to change to and how to

change are met with layers of resistance to change. However, this resistance to change can be understood and tackled through this process (Patrick, 2001).

The first layer of resistance is the lack of agreement on the problem. The participants are full of ideas and opinions about what is wrong with the organization based upon their own experiences. But these are symptoms which have a root cause in a core problem or dilemma. The team members have to agree to this common problem to achieve a solution and thereby improvement in their organization (Patrick, 2001). This root cause problem can be identified through the development of Evaporating Cloud or the Core Conflict Cloud. This cloud is further developed into a cause-effect relationship with the help of the Current Reality Tree so that the root conflict's existence is confirmed.

The second layer of resistance is the lack of direction for a solution. TOC is based on the principle that there are no real conflicts but only unexamined assumptions. These assumptions if replaced will give direction towards the solution of the problem. The Evaporating Cloud can be used for this purpose.

The third layer of resistance is the lack of agreement that the solution actually addresses the problem. This resistance can be removed by the construction of the Future Reality Tree. In this tree, new causes or actions or policies are added by injections. The main purpose of the Future Reality Tree is to convert the undesirable effects as stated in the CRT to desirable ones and to be prepared for addressing high level strategic problems. It has been observed that CRT or FRT, if constructed individually or in small groups, yield better results. There are other layers of resistance also but this study is based on the above three only (Patrick, 2001).

.

Belinda, the CEO of NCT, was totally aware of TOC and had quite indepth knowledge on the subject. She allowed herself to be deeply involved in the subject and provided appropriate directions and suggestions to the research process. But she was the only person from the Senior Management Team to be so totally involved in the process.

Moreover, at times, she could have been more tactful in coordinating with the participants and removing all barriers in front of effective communication.

NCT has a strong research team which was highly successful in formulating the earlier strategy. But proper coordination between the participants was lacking. Very few outsiders participated in the process. We should have encouraged more outsiders to join the process to achieve better results.

Overall we can see that although TOC is a new process in the field of charity. In case of NCT, the first stage has proven to be successful. The next stage of NCT would be to create a win- win solution for beneficiaries and to relax the conflict to the maximum extent so that parents can have their needs satisfied, in order to be the parents they want to be. To achieve this target, NCT will be using the Evaporation Cloud approach which would include steps like questioning about assumptions, beliefs and practices which create a conflict; challenging those assumptions; summarizing the findings and creating few main injections that will cause a change in current not valid beliefs, behavior and practices. Then, the CRT and FRT for parenthood will also be created. And at the end, a full implementation of the road map will be done.

References

.

Billeaud, C., Guillet, J. & Sandler, B.(1990) 'Gastric emptying in infants with or without gastro-oesophageal reflux according to the type of milk.' *Eur J Clin Nutr* 44(8):577-83.

Blum, L.(1999) *At the Breast, Ideologies of Breastfeeding and Motherhood in the Contemporary United States* Boston: Beacon Press.

Bobel, C.G.(2001) "Bounded Liberation: A Focused Study of La Leche League International," *Gender and Society* 15: 130–50

Bolling, K., Grant, C. & Hamlyn, B. et al.(2007) *Infant Feeding Survey 2005*. London: The Information Centre for Health and Social Care
Available from: http://www.ic.nhs.uk/pubs/ifs06

Boyd, N., & Bright, D. (2007). 'Appreciative inquiry as a mode of action research for community Psychology.' *Journal of Community Psychology* 35(8).

Bridges, J., Meyer, J., Glynn, M. (2001) 'An Action Research Study on the Co-ordination of Interprofessional Care: A Report for Barts and The London NHS Trust' Department of Adult Nursing, City University, London.

Cahill, C. (2007). 'The personal is political: Developing new subjectivities through participatory action research' *Journal of Feminist Geography* 14(30).

Chief Medical Officer (2004). *Advice issued on soya-based formulas. CMO Update 37.* Department of Health: London.

Coghlan, D. and Brannick, T. (2005) *Doing action research in your own organisation* London: Sage Publications.

Downs, B.(2002) "Fertility of American Women: June 2002," United States Census Bureau, Current Population Survey, http://www.census.gov/prod/2003pubs/p20–548.pdf (accessed August 16, 2009).

Dye, N.S. and Smith, D.B.(1986) "Mother Love and Infant Death, 1750–1920," *The Journal of American History* 73: 329–53.

Earle, S.(2000) 'Why some women do not breast feed: bottle feeding and fathers' role.' *Midwifery* 16(4):323-30.

Esterik, P.V. (1989) *Beyond the Breast—Bottle Controversy* New Brunswick, NJ: Rutgers University Press, 112.

Fildes, V. (1995) "The Culture and Biology of Breastfeeding: An Historical Review of

Western Europe," in *Breastfeeding: Biocultural Perspectives,* 101–2.

Ford, C., Iliffe, S. & Franklin, O. (1991) 'Outcome of planned home births in an inner city practice', *BMJ,* 303: 1517-1519

Fournier, B., Mill, J., Kipp, W., & Walusimbi, M. (2007*).* 'Discovering voice: A participatory action research study with nurses in Uganda.' *International Journal of Qualitative Methods* 6(2).

Goldratt, E.M. and Cox, J. (2004) *The Goal: A Process of Ongoing Improvement* Great Barrington, MA: North River Press

Goldratt, E.M. (1994) *It's Not Luck* Great Barrington, MA: North River Press

Goldratt, E.M. (2008) *The Choice* Great Barrington, MA: North River Press

Goldratt Institute (2009) 'The Theory of Constraints and its Thinking Processes.' Retrieved on 29 August 2009 from:
http://www.goldratt.com/toctpwhitepaper.pdf

Gunu, O.M.(2009) 'The Role of Participatory Action Research on Modern Organisations' Retrieved on 1 September 2009 from:
http://knol.google.com/k/osman-masahudu-gunu/the-role-of-participatory-action/1kietb77pgwru/10

Heron, J. (1996) 'Co-operative Inquiry'. London: Sage Publications.

Jayaweera, H., Hockley, C.A., Redshaw, M.E. et al.(2007) *Millennium Cohort Study First Survey. Demographic and socio-economic characteristics of ethnic minority mothers in England.* Oxford: NPEU.
Available from: http://www.cls.ioe.ac.uk/text.asp?section=0001000200010012

Júnior, J.A.V.A., Klippel, M., Koetz, A.L. and Lacerda, D.P.(2004) 'Critical Issues about the Theory Of Constraints Thinking Process – A Theoretical and Practical Approach' Second World Conference on POM and 15th Annual POM Conference, Cancun, Mexico, April 30 - May 3, 2004

Lepore, D. and Cohen, O. (1999) *Deming And Goldratt: The Theory Of Constraints And The System Of Profound Knowledge* North River Press.

McIntyre, E., Turnbull, D. & Hiller, J.(2001) 'Attitudes towards infant feeding among adults in a low socioeconomic community: what social support is there for breastfeeding?' *Breastfeed.Rev* 9(1):13-24.

NCT Strategy (2009) NCT Retrieved on 29 August 2009 from:
http://www.nct-sunderland.com/strategy.htm

NCT (2008) "NCT Briefing: Breastfeeding" Policy Research Department NCT Alexandra House, Oldham Terrace, London

Newburn, M. (2002) 'The NCT Birth Policy 12 Principles' *New Generation – The magazine of the NCT* Retrieven 29 August 2009 from: www.nctpregnancyandbabycare.com

Patrick, F.S. (2001) 'Using Resistance to change (and the TOC Thinking Processes) to improve improvements' Focused Performance Retrieved on 29 August 2009 from: **http://www.focusedperformance.com/articles/resistance.html**

Purtell, M. (1994) 'Teenage girls' attitudes to breastfeeding., Health Visitor, 67(5)

Rateliff, K. (1998) 'Titus 2 Birthing: A Return to a Biblical Birthing Model.' Accessed on 15 September 2009 from:

http://www.geocities.com/titus2birthing/birthhistory.html

Renfrew, M.J., Ansell, P. & Macleod, K.L.(2003) 'Formula feed preparation:helping reduce the risks; a systematic review.' *Archives of Disease in Childhood* 88(10):855-8.

Scheinkopf, L. (1999) *Thinking For A Change: Putting The Toc Thinking Processes To Use* Boca Raton, FL: The CRC Press

Sikorski, J. & Renfrew, M.J. (1999) 'Support for breastfeeding mothers (Cochrane Review) In: The Cochrane Library, Issue 1 Oxford: Update Software

Statutory instruments (2007) 'The infant formula and follow-on formula (England) regulations, 2007

Available from: http://www.opsi.gov.uk/si/si2007/pdf/uksi_20073521_en.pdf

Stuart-Macadam, P. (1995) "Biocultural Perspectives on Breastfeeding," in *Breastfeeding:Biocultural Perspectives*, ed. Patricia Stuart-Macadam and Katherine A. Dettwyler New York: Aldine De Gruyter.

Thomas, P. (1998) 'Choosing a home birth' AIMS Accessed 15 September 2009 from: http://www.aims.org.uk/hbchoose.htm

Treckel, P.A. (1989) "Breastfeeding and Maternal Sexuality in Colonial America," *Journal of Interdisciplinary History* 20: 25–51.

UNICEF UK Baby Friendly Initiative, 1997 *Towards a National Breastfeeding Policy* UNICEF UK, London.

Walker II, E.D. & Cox III, J.F. (2006) ‘Addressing ill-structured problems using Goldratt’s thinking processes: A white collar example’ *Management Decision* 44(1): 137-154

Weiner, L.Y.(1994) “Reconstructing Motherhood: The La Leche League in Postwar America,”*The Journal of American History* 80: 1357–81.

World Health Organization (1986). *Thirty-Ninth World Health Assembly. Guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes. A39/8 Add. 1.*