PROMISE

Global Vision for Local Agendas

PROMISE has been funded and supported by the National Institute of Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care East of England (CLAHRC EOE).

**Vision**: Promote dignity by eliminating force in mental health

**Mission**: Create a global knowledge network for proactive practice

**Values**:
- **Care**: Caring response to all distress
- **Courage**: Courage to challenge the status quo
- **Coproduce**: Coproduce novel solutions
**Cambridge**: Manaan Kar Ray, Sarah Rae  
**Yale**: Larry Davidson, Chyrell D Bellamy  
**Brisbane**: David Crompton, Gabrielle Villic  
**Prague**: Petr Winkler, Dana Chrtková, Pavel Říčan  
**Cape Town**: Peter Milligan, Sharon Kleintjes

Executive Sponsor: Aidan Thomas  
Brand Ambassadors: Peter Jones, Ed Bullmore, Chess Denman, Shula Ramon,  
Relationships Facilitators: Mark Agius, Anne Markwick,  
Cambridge Local Partners: Julie Teatheredge, Sarah Hughes

@ Manaan.kar-ray@cpft.nhs.uk  
www.promise.global
The exercise of force is incompatible with a vision of recovery. A caring response to distress underpins dignity and respect and paves the way for true enablement so people with mental health challenges can lead a life they want to lead and be self-determining. This ethos is the cornerstone of PROMISE (PROactive Management of Integrated Services and Environments). PROMISE began as an initiative to support staff and service users on a journey towards eliminating reliance on force in mental health services.

Following publication of the MIND report on Crisis Care in June 2013, PROMISE was conceived with a clear focus on understanding the scale of the problem as regards to Physical Intervention (PI) within Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). So at inception the focus was on setting up systems around incident reporting and continuous auditing i.e. quantitative service evaluation. Qualitative research into positive and proactive care grew quickly into a new strand following publication of Department of Health guidance in April 2014. Since then PROMISE has expanded in its scope and has branched out considerably. Underlying this are some key insights that we have gained along the way.

● From PI to all forms of coercive / restrictive practice – overt force is the tip of an iceberg, for truly recovery oriented services the entire spectrum of force should be challenged.
● From incidents to antecedents – incidents are a proxy measure for lost opportunities so the focus shifted to person centred care, fulfilled staff and healing environments as a way of reducing PI.
● From inpatients to integrated pathways – 95% of the patient journey is in the community, thus 95% of lost opportunities for early assessment and early intervention is in the community, the best way to eliminate reliance on the exercise of force is to provide pathways in which patients do not get so unwell that they have to give up the driving seat.

The insights from our journey have been integrated with contemporary leadership and management theory into a co-produced model called PROCESS.

It maps out the PROMISE change paradigm and provides a framework for leadership to lean on while navigating through the complex maze of service transformation. Within PROMISE we listed over 200 bottom up initiatives in 2014, an association can be drawn with the consistent 90%+ scores on patient experience. We are currently in the process of organising the innovations from the frontline into a coherent tool kit, The SPACE Programme, that others can replicate and contribute to.

PROMISE Local has taken the aspirations from within CPFT into the local health and social care economy. We have brought together organisations to commit to a change agenda that involves:

● Seamless care that prevents and proactively detects and delivers appropriate support
● A positive and proactive workforce for the future
● Communities that are more accepting of mental health challenges

With the goals above, we signed the Cambridge charter on the 9th October 2015. At every level there are unique opportunities to work across statutory and 3rd sector, primary and secondary care, commissioners and providers, health and social care and so on. Education and training regionally could be changed to reflect these aspirations. We are in the process of aligning organisations across these fields.

PROMISE Global hopes to scale up and replicate these local solutions internationally. Cross-pollination between Cambridge, Yale, Brisbane, Prague and Cape Town has helped PROMISE grow in its aspirations to create and share knowledge to ensure that every person receives positive, proactive and truly person-centred care. We hope our efforts will blossom into a global vision for local agendas. The various shapes and guises this might take will provide a rich kaleidoscope of experiential journeys to learn from. We will share and learn from each other’s efforts, struggles and successes and we will challenge the status quo and be a catalyst for a new discourse that redefines frontiers of humane care.
There is a fundamental contradiction at the heart of mental health services between care and control. As our services have evolved within Cambridgeshire and Peterborough NHS Foundation Trust we too have grappled with this dilemma. On our transformation journey we have been guided by the recovery philosophy. Capturing hope, creating agency and realizing a life beyond illness underlie all that we do. We are acutely aware that there is no place for force in recovery. However the use of force continues, we believe that proactive systems can help us navigate through the choppy waters of the care and control contradiction. PROMISE is the canvas which hopes to collate and replicate all such proactive initiatives and make the use of force redundant. To help our colleagues draw inspiration from individual recovery journeys of our patients we have used a nautical analogy. This brief essay is full of life jackets, lifeboats, anchors, lighthouses, maps, compasses, etc. So, we hope you enjoy being at sea.

Most of us most of the time can ride the waves and navigate through narrow straits. But sometimes, even with our sea survival skills, we struggle to cope with adverse weather. Capsizing or a feeling of drowning is often what our patients report when they are referred into services. The sense of sinking permeates friends and relatives, often dragging them down as well. It is a dark space into which we often step. More often than not, our initial focus as mental health practitioners is on safety, and we are very keen for them to hold on to a life buoy so that we can get them onto a lifeboat. Initially we do the rowing and baling out, though sometimes our direction is not aligned with that of the patient. However, the goal remains that as the patient begins their recovery journey we start to share the rowing while still offering navigational guidance. Gradually, as our patient takes over steering as well, we recede and take up the position of being a lighthouse, showing the way through uncharted rocky waters.

There are those who might need to go all the way to solid land in order to chart their next journey. Many, though, will need to get just to the safety of a ship that is anchored by the coast. Wherever the initial journey ends it is only a matter of time before life's challenges will dictate that they have to venture out to sea again. After all, we cannot discover new oceans unless we are willing to lose sight of the shore and ride the waves again. Casting away can be tricky and venturing back into the water requires tremendous courage. Services will provide the initial impetus and the buoyancy on offer will aid in the early days. Hopefully, patients will discover a life beyond illness by gradually spending more time going solo until they have the confidence to sail single-handed. Peers who have been on similar voyages can be a great source of inspiration and will often be able to help our patients identify the navigational buoys. The unexplored waters may be treacherous at times and can present new challenges but patients who have now learnt advanced sea survival techniques are more adept at riding currents and reading tide charts. On this journey the light beam from the lighthouse gradually fades into the distance as the patient gains confidence in using a compass. A new purpose in life, support from local fishing communities and a jointly agreed
plan will help to give them a sense of where they are in their journey, with the faint beacon now only serving as a point of reference like a North star. A North star that says, the past is a point of reference, not a place of residence.

Trouble brews when the use of a compass to or from a point of reference gets completely replaced by maps and charts. These maps often have organisational boundaries that get in the way, not to mention that a chart is not much use if the fog descends or sand banks shift. Gales can blow up suddenly and unexpectedly and things can happen, but with a compass the patient can navigate around the eye of the storm or the iceberg in the way. However, some very vulnerable individuals face additional hazards. For them learning to go solo might feel like trying to survive in shark-infested waters. This causes huge anxiety as they often worry their distress flare will not be spotted. They appreciate that the coast guard or air sea rescue are at full stretch and in their moment of crisis services might not be in a position to guide them towards the shore. Learning to ride this wave of anxiety is the recovery challenge not just for our patients but for services as well. Practitioners also find themselves walking the tightrope between taking positive risks of letting go and managing safety through holding on. They too worry about not spotting the distress flare and slipping from the tightrope into shark-infested waters. Perhaps we too often get stuck behind the borders on the map and argue the toss about what is mine and what is your responsibility, rather than thinking of the person’s overarching journey and direction and what we can do to help them reframe their life. Both the answer and the challenge lie in the use of a compass not a map.

The reality is that as individuals we never solve problems; we swap them for new ones. So fixing things while someone is on shore is a pretty pointless exercise. However through the journey, if one can create the ability to cope with adverse weather conditions and new challenges, then we are getting somewhere. We then help reconnect with the agency and self-belief that lies within each individual. These are invaluable tools as enabled people can sail out to catch the most favourable winds. Although our patients cannot change the direction of the prevailing winds, they have now learnt to adjust the sails. We want to get to the horizon but there will be strong waves in the way. Sometimes they will push us back, sometimes we will overcome. When we do cross a wave we believe we have succeeded, but we have failed to get any closer to the horizon as it recedes. Leaving behind this paradigm of success and failure it is best to acknowledge that life’s goals are ever-changing and as we reach one, another develops. With our patients we are there for a very short time, but the learning and enabling in each transition of our journey, from life jacket to life boat, from rowing to shared-steering and so on, will hopefully be life-long. The distant light of the lighthouse can act as a compass while at sea, when on solid ground, the mirrors in the lighthouse that amplify the tiny beacon, can reflect back the strengths of the individual giving them the confidence to venture out to sea again.
Vision: Establish a global alliance that repeatedly redefines the frontiers of humane care in Mental Health.

Expectation: Members will be expected to share and continuously push the boundaries of recovery-oriented practice. Using guided discovery, we will work actively to bring other organisations and health economies on board.

Ambition: Propagate globally the practice of establishing a culture of positive and proactive care across the patient journey, eliminating any and all reliance on force in mental health. On reaching critical mass, the cross pollination between partners with free flowing knowledge and resources will generate innovations that are needed to repeatedly redefine the frontiers of care. A vision that is shared worldwide will provide the launching pad for new standards of practice. Together we will be bigger than the sum of our parts.

The network would offer unique opportunities to members who aspire to make meaningful changes to the way mental health services are delivered. Organisations would have a chance to share knowledge and best practices, and tap into a pool of innovation. Over time an array of wide ranging, evidence-based proactive care tools and resources, relevant to different settings, would be established.

PROMISE GLOBAL

Redefining Together Frontiers of Humane Mental Health Care

The exercise of force is incompatible with the vision of recovery. Even if it is presumed to be in the person’s best interest, coercion disempowers people and perpetuates the long-standing, destructive division between us and “them.” PROMISE Global aspires to set and break through frontiers of humane mental health care and eliminate reliance on force. A collaboration between Cambridge, Yale, Brisbane, Prague and Cape Town we are keen to work with and learn from organisations who are on a journey similar to ours. Together we hope to create a framework that will serve as a compass for other aspiring organisations and health economies.

Working together towards common goals is one of the fundamental pillars of the recovery movement, whether it be a recovery journey in which an individual and a professional map out the road ahead together or it be one for societal change. With a goal in mind when we partner with our allies we make the seemingly impossible possible. We hope our alliance of like-minded organizations will set new standards in mental health care. With a 10-year horizon in mind, we want to work towards eradicating any reliance on force in our services by using recovery principles and positive and proactive care.

How would it work? Organisations allied to mental health would be encouraged to join the alliance and demonstrate their commitment to creating humane services. For example, those involved in training and education could show their commitment by using the PROMISE framework /toolkit (to be developed by founding members) while training future doctors and nurses. Those currently providing health and social care could show commitment by investing in proactive care initiatives that have successfully reduced reliance on force. There will be an expectation to share success and failings so that all can benefit from individual organizational journeys. The alliance hopes to grow organically through personal networks and connections, with the expectation that each new partner will recruit a further two organizations. Effectively in due course we will be able to establish continental and national chapters of PROMISE with regular net meetings of partners to share progress.

Members would be able to access the PROMISE framework with its portfolio of ideas, initiatives, and innovations. The insights we have gained will provide a deeper understanding of how staff can be taken on an organisational journey, the barriers they might face, and ideas for overcoming these challenges. Those who have joined the alliance would also be able to share the learning from their own improvement journeys and support each other to make changes. Entering the alliance would be a way for organisations to demonstrate their commitment to reducing the use of force and coercive practices and show they are striving to make improvements. We hope the addition of new members and partners will continue to breathe fresh air into PROMISE and our shared portfolio will continue to develop and evolve. Over time this will create a movement for social change.

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The exercise of force is incompatible with a vision of recovery. PROMISE (PROactive Management of Integrated Services and Environments) was initially a Cambridgeshire and Peterborough NHS Foundation Trust initiative to push the boundaries of humane care in mental health and eliminate reliance on force. Now working with the Yale Programme for Recovery and Community Health we are developing a global vision for local agendas. To truly transform patients recovery journeys we have to redefine the present, present organisational silos, present educational curriculums, present culture in local communities. PROMISE local is a step in this direction and aspires to bring together organisations to commit to a change agenda that involves:

- System transformation enabling seamless transitions of care
- A positive and proactive workforce for the future
- Communities accepting of mental health challenges

To express this commitment we approached organisations which in the first instance have a direct impact on patient journeys and the workforce of tomorrow. If one took a public health approach to eliminating reliance on force, the focus will be on prevention and early detection, rapid assessment and early treatment so that patients did not reach a stage where coercive strategies will be needed in the best interest of the patient. If such a strategy was successful all essential treatment could be delivered in the least restrictive setting i.e. the patient’s home staying within their local communities. PROMISE local aspires to be the harbinger of an environment in which irrespective of organisational boundaries we work together to ensure a seamless journey for our patients with rapid access and proactive response.

For this to happen the services listed have to work together as a system. Instead of guarding boundaries, boundary spanning leadership will be needed. At every level there are unique opportunities to work across statutory and 3rd sector, primary and secondary care, commissioners and providers, health and social care and so on. Education and training regionally could be changed to reflect these aspirations.

PROMISE LOCAL
Transformed Future through Local Partnerships

Locally we have formed partnerships with:
- Primary Care services (GP Land)
- Secondary Care Mental Health Services (CPFT)
- General Hospitals (3 A&E’s in the patch)
- 2 County Councils with social care, housing responsibilities
- Voluntary – 3rd sector organisations
- Cambridgeshire Constabulary
- Ambulance Trust
- Clinical Commissioning Group
- Cambridge University Anglia Ruskin University

Partnership working is at the heart of the PROMISE ethos.

9th Oct 2015
Cambridge Charter

To commemorate World Mental Health Day in Cambridgeshire we signed a charter for positive and proactive care. We hope that PROMISE Local will provide a model of how partnership working can transform a healthcare economy from reactive care to one that is positive and proactive. We hope you will lend us your support to lay down the foundations of a model that can work as a template for system transformation elsewhere.

promise@cpft.nhs.uk
The three key phases of Process and their components are:

**Envision: Insight to Ideas**
- **Enquire**: what’s good and what could be better
- **Explore**: the contradictions at the heart of mental health
- **Empathy**: help people imagine ‘what might be’

**Enable: Ingenuity to Innovation**
- **Empower**: create a culture of personal responsibility
- **Exchange**: celebrate innovations by replicating
- **Evolve**: re-innovation for continuous improvement

**Enact: Initiative to Implementation**
- **Execute**: make it happen
- **Evaluate**: critically analyse the journey
- **Embed**: culture of continuous improvement

**PROCESS** maps out the PROMISE change paradigm. The insights from our journey have been integrated with contemporary leadership and management theory into this co-produced model. Transforming the nature of day to day interactions at the frontline is dependent on engaging staff and patients in scripting and enacting a new discourse. This is a fairly complex affair and needs a fluid approach. Process provides a framework for leadership to lean on while navigating through this maze. Although designed for healthcare, we believe the model is transferable as it will empower staff to ‘re-innovate the wheel’ and continuously build on the small changes that make a big difference. Within PROMISE we listed over 200 bottom up initiatives in 2014, an association can be drawn from the consistent 90%+ scores in patient experience over this timeframe.
The aim of Mapping Frontline Initiatives was to capture the innovation that exists at frontline. Over 200 initiatives were recorded on CPFT inpatient wards in 2014 and are being themed around the concept of space.

**Healing Space:** This theme encompasses the many initiatives that aim to improve the ward experience by enhancing the physical environment, ranging from large scale structural changes to smaller scale low cost changes. For example many wards have replaced the traditional staff mug shots with ‘know me profiles’ displaying less formal photos with short personal bios and on Mulberry 2 staff got together to repaint the dining room walls to provide a bistro like atmosphere.

**Dignified Space:** Adapting the physical environment can also create a more dignified space by reducing the institutional feel and providing an empowering space for staff and patients, where people feel safer. An example is Mulberry 3 (an acute recovery unit) where the medication room originally had a stable type door through which medication was dispensed to an institutionalised queue of patients. Staff decluttered the medication room, added chairs and did away with the hatch so that now patients can sit and talk in privacy to the nurses.

**Creative Space:** In this more abstract concept proactive care initiatives provide patients with a space to heal emotionally, develop new skills, explore their spirituality and have fun. Activities under the theme of creative space include use of an art encyclopaedia to explore feelings and create a sense of connectedness, defacing laminated images, colouring in, doodles and mandalas, scrapbooks, sketchbooks and journals. Creative initiatives such as these empower staff and patients to engage in shared enquiry about how creativity might be part of an individual’s recovery journey, helping patients rediscover their unique and innate creativity – building a sense of hope.

**Shared Space:** Many proactive care initiatives involve creating shared space which can help to break down barriers between staff and patients and empower patients to have their voice heard. Examples include involving patients in staff recruitment, supporting patients to take an active role in their care planning, working together to make joint decisions about how a ward might be changed, feeding back through community meetings and ‘you said we did’ boards. Space can also be shared through initiatives that encourage meaningful interactions between staff and patients, such as ‘protected time’ where staff stay outside the office and engage with patients for set periods. For example on Oak 1 (an acute care ward) a chair has been placed chair in the office with a sign that says ‘pull up a pew, let’s chat for a few’ to encourage patient and staff interaction.

**Reflective Space:** This theme includes initiatives that support and encourage patients and staff to reflect in multiple ways. Examples include the tea and toast reflection group and recovery groups which encourage patients to reflect on where they are in their journey and on their next steps. There are also initiatives that encourage staff to reflect on their practice and the patient experience, such as considering recovery during staff meetings and creating time and tools support reflection and the development of ideas for new proactive care initiatives. The ‘No’ Audit is a tool that was developed in such a way, to encourage staff to reflect on the decision to say no to patients, put the patient first and think creatively about ways they could say yes.

**The Space Programme Toolkit:** We hope that the Space Programme toolkit will be a useful resource for frontline staff to celebrate and share their creative ideas and experiences of proactive care. It’s envisaged that the tools will change and update as new initiatives are shared and existing ideas evolve and develop both within CPFT and our local and global partners. We will also be capturing initiatives in the community. We have provided two examples of how these initiatives will be written up. We are working on imaginative digital ways to capture and present the space programme. Suggestions are welcome.
No Audit: Reflect to Reframe

Theme: Reflective Space

Objective:
- Empower staff to be creative in saying yes and embed a can do culture
- Create reflective space to explore the balance between the needs of one patient against those of the others
- Put patients first, capture hope and decrease frustration

Concept: From time to time staff members say no to patients. Each instance is an opportunity to REFLECT. Capturing and creating a non-judgemental space to think through how we came to the decision and whether we could have said yes helps us put the patient first.

We think about:

R – Reframe: What would it have taken to say yes?
E – Easy: Was ‘no’ the easy option?
F – Feeling: What would it have felt like?
L – Listen: Did we listen?
E – Explain: Did we explain?
C – Creative: Where we creative enough?
T – Time: Did we take the time?

Reflecting on these questions encourages staff to think more about their practice and how we can continue to improve. This leads to a culture of “First say YES”. When we do say “no” our responses are kind and considerate. Patients can understand where we are coming from and get a sense of what would need to happen for us to have said “yes”. E.g. leave from the hospital contingent on improvement they make.

Pragmatics:
- Set up a collection box for ‘no slips’.
- Encourage reporting by putting up a poster above the collection box saying we like to say yes, tell us if we have said ‘no’ to you.
- Keep the ‘no slips’ simple – if we said no to you to please tell us about it
- For this to be embedded in every day practice, build it into your reflective practice sessions, supervisions and handovers etc.
- Evolution of recurring themes, the quality of the discussion and less incidents will allow you to monitor progress over time.

Top Tip: Maintain a non-judgemental stance at all times and create ownership and delegate responsibility of the process to the frontline staff by encouraging open and honest reflections and dialogue.

Note: This is not about discarding policies and procedures as they have been put in place for a reason, however when policies override common sense and clinical judgement, staff are encouraged to take a view and put patients first while at the same time keeping an eye on what it means for the rest of the patients.

Examples / Quotes:
A. Patient asked to paint a wall in her bedroom on the ward. Staff said ‘No this is a hospital not your home, you can’t do that.’ When we thought about this further there were lots of reasons why it was actually a good idea:
- It is a good distraction technique
- It made her feel useful and valuable
- It encouraged patients to respect and improve their surroundings
- A personal space where patients feel safe is likely to aid recovery
- It made the patients feel ownership of the ward and believe they could make positive changes
- Just because it wasn’t usual didn’t mean it couldn’t be done

Quotes:
- ‘I feel I was listened to’
- ‘I felt I had achieved something’
- ‘I felt pride which I hadn’t felt in a long time’
- ‘I was doing something normal’
- ‘I felt like my opinions counted’
- ‘I wasn’t dismissed’

B. On admission to one of our wards a patient expressed the desire to bring his own pillow in as he had neck problems and found his own pillow soothing. Fire safety and infection control regulations state that on the hospital premises all bedding used must be pre-approved. So the answer was a “no”, but on reflection staff felt that the pyjamas the patient was wearing were just as inflammable as his pillow. They exercised their judgement and brought the patients distress levels down by allowing the pillow and then sought the necessary permission.

Acknowledgement:
The idea of No Audit originated on Mulberry 2 and was led by Jane Poppitt and Terry Hill.
Open Door

Theme: Proactive Space

Objectives:
- To actively encourage service users to lead the direction of care.
- To allow service users a safe haven and to prevent a crisis.
- Reducing the likelihood of service users self harming in response to a crisis.
- Creating a collaborative working relationship between service users and the services themselves
- To promote independence in seeking help.
- Reducing the average length of stay
- Making the stay more meaningful and personalised.
- Creating a positive therapeutic relationship between inpatient services and service users.

Concept:
The open door initiative is a mutual agreement made in advance with patients who are identified as “frequent attenders” (A&E, 136 suite, Crisis Teams, Out of hours GP). Often such patients would have a diagnosis of personality disorder and their repeat presentation is associated with an extremely difficult phase that they are going through with high levels of distress. Traditionally services spent considerable energy in trying to keep such patients out of hospitals as there is concern about such admissions being unhelpful and that they only serve to escalate the risk in the long run as patients learn to seek help in distress is either through self harm or through crisis presentations. Such a stance breaks down therapeutic relationship and the patients often feels misunderstood and for them these interactions only prove that no one cares.

Open door seeks to turn this on its head and puts patients in the driving seat. It has been successfully implemented on Mulberry 1 which is a 3 day assessment unit in Cambridge.

Through prior agreement patients are offered a 2 night/3 day stay on Mulberry 1. Those with the arrangement can request this stay at any time, they will not have to justify why they need this stay, the only condition being that they must not have self harmed in the previous 48 hours.

Pragmatics:
It must be a personalised approach. Plans made might factor in other conditions like the patient should engage with the PD community service. There is also a clear expectation that the patient will keep their part of the agreement. Equally the service must uphold their commitment. It is also important that boundaries regarding the length of stay are strictly adhered to. Staff team need to sign up fully to the initiative. Positive risk assessment and risk taking needs to be part of the plan. Service user has to take the lead after initiative is in place. It also requires a community care lead to be actively involved in participation and promotion. One has to be prepared for it to fail/require re evaluation with some patients.

Top Tip: The team must be motivated and flexible in developing and implementing this process.

Acknowledgement:
Open Door was initiated by Eddi Paul on Mulberry 1. The entire staff team led by Charlie Gale (Ward Manager) and Dr Asha Praseedom (Consultant Psychiatrist) have worked tirelessly to make this a success.

Quotes:
"It helped me to see that I do not need to be in hospital for every crisis I experience."

"Knowing that there is a safety net makes me feel secure so I hardly ever need to use it, the daily crisis that I used to be in are a thing of the past."
A number of our inpatient wards in Cambridgeshire and Peterborough NHS Foundation Trust are named after trees such as the oak, the poplar, the willow, the maple and the mulberry.

Trees have represented multiple meanings for people throughout human history and across different cultures. In the West the apple tree is often associated with Sir Isaac Newton. There is an accepted myth that Newton came to understand the secret of gravity when an apple fell onto his head from a branch of an apple tree. In the East, Buddha was thought to have meditated for hours and hours under a Bodhi tree, and in this way he came to discover the secrets of enlightenment. So there must be something special about trees and our relationship to them. It seems that trees may have actually played a part in helping us as humans to better understand not only our outer universe but also our inner universe.

A tree represents life that is solid and enduring and that is rooted in the earth and the soil, yet its mission is to soar towards the sky and the sun. It stands strong and expresses its ambition to grow. As it grows, through overwhelming generosity it gives away the life sustaining gift of oxygen. Despite its proud stance it gives freedom to birds to create their nests as they please and does not shrug them off. It may produce beautiful blossoms or edible fruits to sustain us and the animals and in its shade feel protected the smaller creatures that shy away from the heat of the sun. The strength of a tree originates in its roots, but these roots are hidden as it does not like to flaunt its strength only its natural beauty.

For us in our universe we are much like the leaves of a tree. We are all individuals yet connected together as one via the branches to the trunk. We have our own trajectories in life with our individual talents and are formed of different shapes and sizes and colours. We grow at different rates and are at different stages in our growth cycle.

On a tree each leaf has its purpose and it knows this through a natural instinct. A leaf does not feel rushed as it performs its slow dance; it simply stretches with joy towards the sun. The leaves do not compare themselves to each other either for they accept their differences and are a great example for multiplicity, variety and diversity. They also see their connectedness to each other for they open up their hearts to receive from the sun, yet give their captured energy for the good of the whole. They truly have a shared experience and with their panoramic view of life from atop they simply allow the little details to take care of themselves.

And so it is with us as human beings, for we are all truly connected and only through the realisation of this are we able to face the elements with dignity. If ever we catch a thought in our mind that we feel completely alone in this vast universe then the image of a tree with its leaves may help to remind us of our connectedness to each other and to all of life itself.