

Changing the Conversation Wansford Surgery Workshop

February 2020



Introductions

What's your name and role within the team?



Purpose

- **Build on the strengths based practice** which is already taking place
- **Opportunity to share** experience, skills and knowledge, learn from each other
- Explain how **behavioural science** can be added to your practice toolkit.
- Think about the **language** we use every day

Strength Based Approach



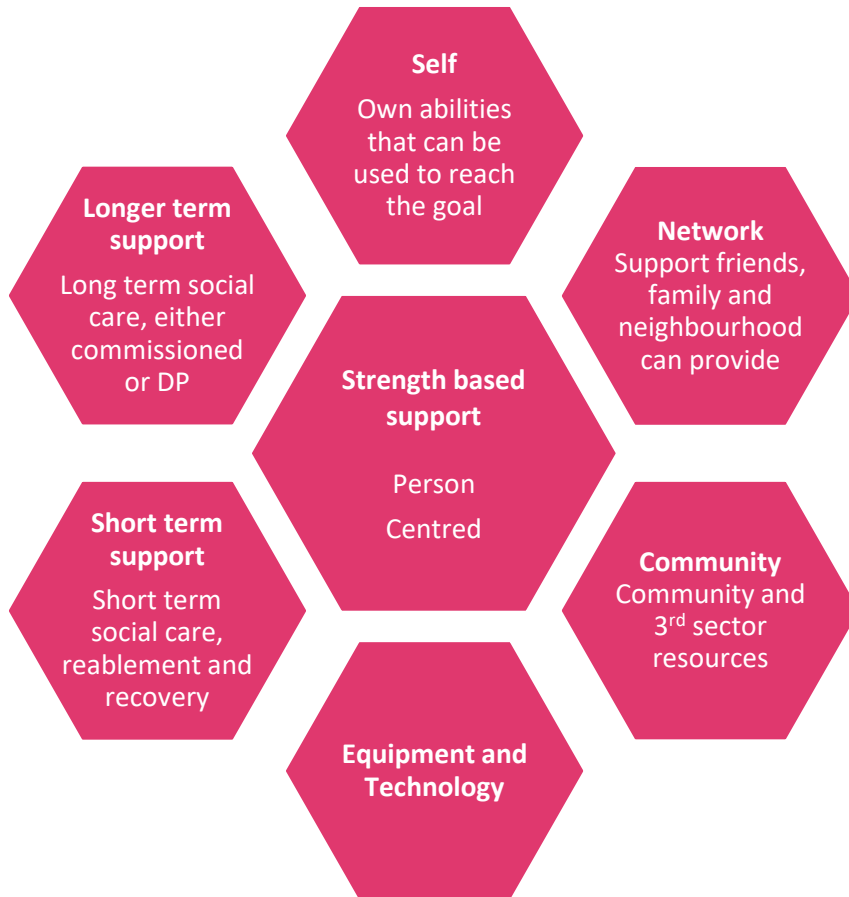
Our model for social care

Changing the Conversation aims to embed a **person centred, strengths-based, community connected, and outcome focused approach**

By utilising **strengths based approaches** to find different ways to **work with people to maximise independence** we can help adult social care become **more sustainable** whilst **improving outcomes** for people

- **Looks for potential** and helps people to realise this by facilitating **creative and tailored options** which are not limited by a 'menu'
- **Recognises achievements** by reducing or avoiding formal support **preventing a reliance on paid for services**
- **Most people don't want services** – intrusive and disruptive
- **Links people back into their communities**
- **Utilises what's available** – default is not a paid for service

What does a Strengths Based Approach look like?



Prevent | Delay | Reduce

Whole group discussion

What does strengths-based practice mean to you?

How are you using this approach?

Network | Carers

Network
Support friends,
family and
neighbourhood
can provide

- Carers are key to supporting people remain as **independent as possible in and by their communities**
- When carers are **identified, meaningful conversations** are carried out and they are **prevented from reaching crisis point and breakdown**
- Carers have **access to information, tools and support** to enable them to **manage their health and wellbeing** and **support them to maintain** their caring role
- **Support is available for anyone who cares for someone else**, whether they call themselves a 'carer' or not. This support can help make the caring role easier and it can free up more time for people to take care of themselves.
- We can support Carers even if the person they care for does not get any help from the Council, and they do not need or want an assessment.
- For more information see **www.cambridgeshire.gov.uk** or **www.peterborough.gov.uk/PIN**

Technology Enabled Care

Equipment and
Technology

“Technology Enabled Care is technology that facilitates new or existing skills to improve quality of life via increased independence - it’s about supporting people in their own environments”



alarms, pull cords



Door exit sensor



Gas detector

sensors, memory aids



apps



intelligent personal
assistants, robots

For more information go to:

www.cambridgeshire.gov.uk or www.peterborough.gov.uk/pin

Think conversation

‘The assessment . . . should not just be seen as a gateway to care and support, but should be a critical intervention in its own right’

- It should **help people to understand their strengths and capabilities**, and the **support available to them in the community** and through **other networks and services**
- **Prevention and early intervention are placed at the heart of the care and support system**, and even if a person has needs that are not eligible at that time, the local authority must consider providing information and advice or other preventative services

This is applicable whether the person would qualify for financial support from the Council or not. It's just as important to provide **self-funders** with early information and advice to help to **make their money go further and prevent them paying for costly services** that they might not need

Positive risk taking

Risks should be explored with the individual and from their point of view. The role of the professional is not solely to 'reduce risks' but to support the individual in managing risks. This can be done by:

- **Identifying all potential benefits and risks** of a particular activity or decision for the individual and others
- **Exploring and fully understanding the consequences** of both the potential benefits and the potential risks for them and others
- **Collaboratively, identifying the best way to manage the identified risks**, maximising the benefits and if appropriate reducing the potential negative consequences

DHSC (2019) – Strengths-based social work practice framework and handbook

As health care professionals, your role has a real impact

- **Strengths based, holistic approach** which facilitates resilience in individuals
- **Explore a broader range of options** including linking people back into their networks and communities
- **Celebrate progress** by recognising new skills and increased independence
- **Right thing at the right time** – supporting people to make short term and long term plans
- **Conversations** not assessments and services



Strengths and assets

Community
Community
and 3rd sector
resources



Relatives and
friends



Social group



Neighbour



Social media



Personal resilience



Community
groups

**Strengths
and assets
come in
many
shapes,
sizes and
ages**



Behavioural Science: MINDSPACE



Behavioural Science | Why do we use it?

- Behavioural science is the study of human reactions and actions through observational and experimental methods
- Understanding why people behave the way they do gives opportunity for influence
- MINDSPACE is a checklist for anyone wishing to change or influence behaviours, providing 9 main ways to do this
- There is significant evidence behind MINDSPACE having radical effects on changing behaviour

Messenger

Incentives

Norms

Defaults

Salience

Priming

Affect

Commitments

Ego

One Brain, two systems



One Brain, two systems

$$17 \times 24 = ?$$

Messenger

We are often influenced more by who communicates a particular message than by the message itself

Behaviour we want to influence:

District Nurses in Practice X were quite risk averse and making a lot of avoidable referrals to social care



Behaviour we'd like to see:

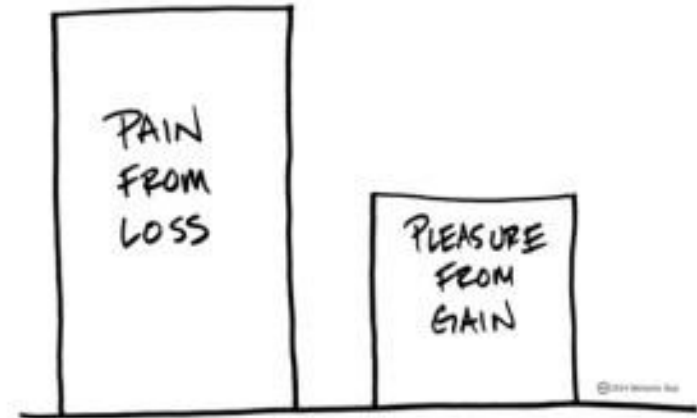
District Nurses in Practice X understanding and managing risk in a positive way

Incentives

Our responses to incentives are shaped by predictable mental shortcuts

Loss aversion - losses loom larger than gains

When speaking with people about gaining independence they may be more worried about losing some of their support. We might need to find incentives to reassure individuals.



We overweigh small probabilities

We typically overestimate the probability of unlikely but risky events – such as ‘injuries from falling’.



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Incentive

Our responses to incentives are shaped by predictable mental shortcuts

Behaviour we want to influence:

Carer is refusing support which is affecting her role as carer



Behaviour we'd like to see:

Carer to accept support and continue her caring role

Norms

We tend to do what we see those around us doing

We've probably all heard...

"She can't manage at home after her fall"

We could try...

"Most people who work with the Reablement service are able to live more independently afterwards"

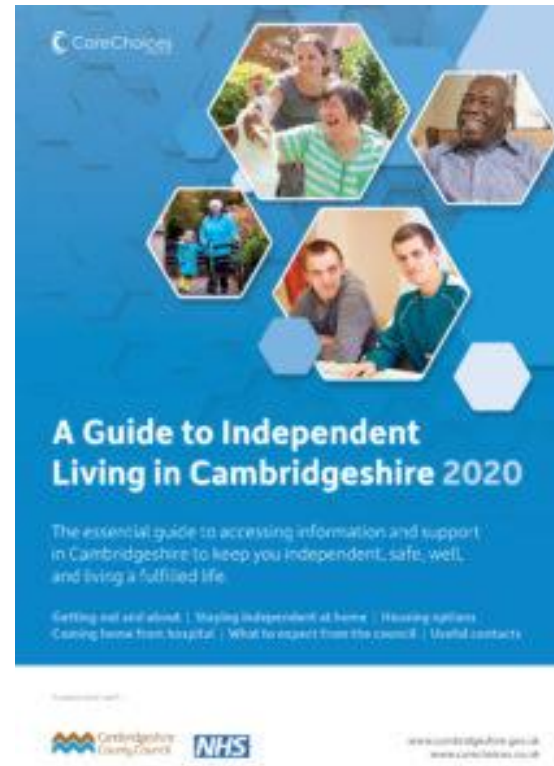


Default

We go with the flow of pre-set options

Behaviour we want to influence:

People expecting the Council or health professionals to provide services



Behaviour we'd like to see:

People to explore a range of options and support themselves

Defaults

- Using the persons wishes as the default can lead to a more strengths based conversation.

“Mark says he’d like to go out and about on his own sometimes. Lets talk about how we make that happen”.

- The **default** is that we work towards what Mark would like to happen. The discussion is about how that is supported, not whether or not that is going to happen.

Salience

Our attention is drawn to what is novel and seems relevant to us



Simplicity:

Our attention is drawn towards those things which are simple and easy to understand. **Consider this when using medical language.**

Anchors:

When making decisions people often seek an anchor on which to base their decision – for example individuals may base their expectations of social care on what they themselves or what a friend/ relative or neighbour has experienced. “Mrs X down the road has someone visiting her 3 times a day”.

In these situations we might need to provide a ‘new anchor’



Priming

Our acts are often influenced by sub-conscious cues

Words:

People were asked to do a language task with words that related to the elderly such as 'wrinkles', 'grey' and 'bingo'. As a result when participants left the room after the study they walked slower than those who had done the same task with neutral words!



Associations:

When job hunters thought about a time when they felt powerful and in control before writing a job application letter, recruiters rated them as twice as likely to get the job.

Environment:

Hospitals can make people feel very vulnerable compared to their own home
We can support people to think about the different environment in their own mind eg. "when you were at home, what were you able to do?"

Affect

Our emotional associations can powerfully shape our actions



Our emotional responses are powerful and can affect our decisions

Think about someone having to make a decision about care and support in a crisis.

Commitment

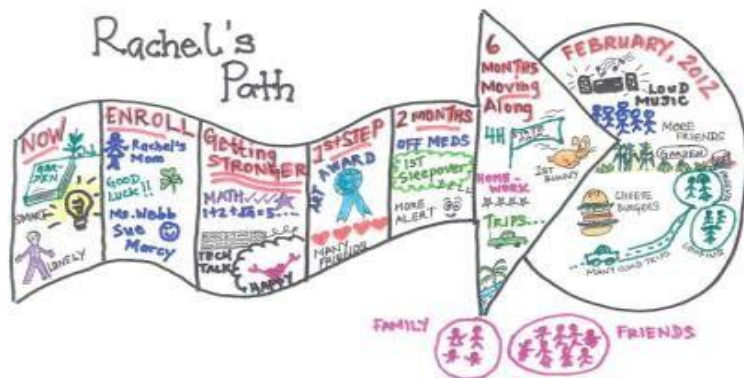
We seek to be consistent with our promises and reciprocate acts

Specific Commitments:

In a programme aimed at increasing exercise:

- One group of participants signed a contract specifying the exercise goals to be achieved
- Another group were given a walking programme and did not enter any specific agreement

The group that signed a contract achieved their exercise goals.



A written or visual agreement can increase peoples likelihood of participating.

Commitment

We seek to be consistent with our promises and reciprocate acts

Reciprocity: The key is to provide a gift, concessions, information and service first because this typically stimulates a similar action in return.



- ❖ I am going to refer you to Technology Enabled Care to help you manage your medication.
- ❖ You are going to call the Alzheimer's Society for some more information.
- ❖ Can you read the number back to me?

Ego

We act in ways that make us feel better about ourselves

Celebrating all achievements

We play an important role in helping people to recognise their strengths and achievements. Celebrate all progress individuals achieve.

Labelling

We tend to act according to how we are labelled.
We live up or down to other people's expectations.
We need to **be aware of the language we use**,
which can have an impact on how people see
themselves and others.



MINDSPACE approach

Effect	Features
Messenger	We are heavily influenced by who communicates information Authority / trust / similarity
Incentives	Our responses to incentives are shaped by predictable mental shortcuts such as strongly avoiding issues Losses loom larger than gains / we overweight small probabilities / we have a higher discount rate for today compared to tomorrow / reference points matter
Norms	We are strongly influenced by what others do Many others / similar others / reinforcement
Defaults	We 'go with the flow' of pre-set options Active choice / enhanced active choice
Salience	Our attention is drawn to what is novel and seems relevant to us Simplicity / accessibility / novelty / anchors
Priming	Our acts are often influenced by our subconscious cues Word / environment
Affect	Our emotional associations can powerfully shape our actions Attractiveness / fear / disgust / fun
Commitment	We seek to be consistent with our public promises and reciprocate acts Specific commitment / active commitment / public commitment / reciprocity
Ego	We act in ways that make us feel better about ourselves Above average / self-consistency / labeling / we seek positive associations

Strengths Based Conversations



The power of a conversation

**THE BEST WAY TO
KNOW SOMEONE IS TO
HAVE A CONVERSATION
WITH THEM**

NEAL STEPHENSON

PICTUREQUOTES.com

PICTUREQUOTES

Priming | Language – words matter

Bargain

Cheap

Review

**How are you
getting on?**

What deficit focused words do you hear and what do you use instead?

Strengths Based Conversations | Language

Avoiding dependency generating words:

- ✗ Need
- ✗ Help
- ✗ Care
- ✗ Assessment
- ✗ Limitation
- ✗ Struggle
- ✗ Services
- ✗ Have to...

Using independence focused language:

- ✓ Independent / secure / well / safe
- ✓ Community / neighbourhood / local
- ✓ Support / assist / enable
- ✓ Network / social network / family and friends
- ✓ Reinforce / maintain / sustain
- ✓ Develop / establish / progress / promote / expand
- ✓ Achieve / Reach / realise / follow through / attain
- ✓ Goal / intent / benefit / thrive / easier / simpler
- ✓ Cornerstone / foundation / underpin
- ✓ Ability / capability / strength / skill
- ✓ Able / ready / capable (help / aid)
- ✓ Know / understand / recognise
- ✓ Confident / sure / positive / self-sufficient / trust (entrust) / expect / assured

From 'What is wrong' to 'What is strong'

What is wrong

What do you **need**?

What **can't** you do?

Tell me what's **wrong**

What **problems** do you have getting out of the house?

How long have you been **unable to manage**?

How can I fix this for you?



What is strong

What's **important to you**? What does a **good day** look like for you?

What do you **like** doing? What makes this **enjoyable**?

Tell me what's **happening**

Tell me how you move around when you are out and about

What are three things that have helped you **overcome obstacles**?

What small thing **could you do** that would make a difference?

Changing the Conversation is showing impact in staff approach and outcomes for individuals

Care package initially put in place to support husband in providing care for his wife.

At review the husband is more confident in his caring role, but says he missing quality time with his wife.

By having a changed conversation the Social Worker **worked with the husband** to identify how he might be able to do more positive things with his wife Including supporting him to find a private cleaner, **installing TEC** and helping to privately **purchase a car hoist**.

This meant that the **double handed lunch time calls could be removed** as the couple now go out to lunch using the hoist, **reducing the cost of their care package by ~£3,000 per year**.

Care package for an individual with a Physical Disability.

At review it was recognised that the care being provided was purely to **support the individual with medication**.

By having a changed conversation the Social Worker asked if they thought this was something they could **manage themselves** and what they would need to do to be able to do this.

The individual and Social Worker put together **a plan for them to manage their medication by themselves**. They trialled the approach ensuring that it worked.

The individual **was able to manage their own medication** and the **care package was ended**.

Ms A is Slovakian and has an acquired brain injury.

She has a care package and is **feeling socially isolated** which is **impacting on her wellbeing** as she has no family, friends or local network in the UK.

Her Social Worker **researched local community groups** around her nationality, enabling Ms A to **reconnect with her heritage and first language**, and **build networks independent of her care package**.

Potential **cost avoided** of 3 hours / week social calls, equating to **~£2,300 per year**.

The social worker reflected that the impact on Ms A's **quality of life was significant**.

Thank you

Please complete the feedback form to help us plan future work with Primary Care Networks

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