Partners4 Change

The Three Conversations®

LEARNING THROUGH INNOVATION

Partners4Change

Learning Through Innovation v1.06

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INTRODUCTION

This document sets out how Three Conversations can bring about profound, measurable change in organisations. It describes the key ingredients of a successful innovation in terms of what the organisation brings, what Partners4Change brings and how longer-term changes can build on firmly laid foundations.

P4C works with senior leadership's willingness to go against the grain of the current 'norm' and try something very different, with open curiosity about what happens when work is done differently. P4C brings a commitment to co-designing solutions with partners and new and better language to fit around a set of non-negotiable rules that ground the work done.

Innovation sites are set up to try out this new way of working, collecting data from the perspectives of people and families, staff, finance and 'perfomance', to help decide how to widen the approach across a department or organisation.

The benefits frequently include people waiting less, not being passed around, reporting being listened to by staff committed to help. Staff report being more motivated, work being more satisfying with more time spent with people and less on systems, more fully utilising and developing their skills and being able to manage workloads better. The aims of the Care Act start being more fully realised in the organisations using this approach. Time and money is saved as fewer people wait and fewer packages or increases to long term care are needed.

P4C believes that this work can bring hope to people and families as well as staff working in the sector.   If the task is to bring listening, kindness and hope to people having a tough time then a whole system environment - not just an innovation site – needs to be created where that is the norm.

INTRODUCTION TO 3CS

Three Conversations is a means to enable a fundamental shift away from a focus on triage and screening, processing and assessments for services towards building an understanding of what really matters to people and working out how to assist them live their chosen lives, without prior assumptions about what 'help' might look like.

What's an Innovation Site ?

We work with organisations using 'innovation sites' that bring together interested practitioners into supportive, collaborative groups to 'learn by doing' this new way of working. We co-design these sites using our non-negotiable rules and innovators' own ideas for change. In these sites we take a cohort of people needing support out of the 'sorting office' and do the work very differently.

Innovation sites set up huddles where staff meet regularly to talk about people they are working with, ask for and offer help to each other and work out together what the right thing to do is. Innovation sites offer workers lots of autonomy together with much more accountability. They make decisions and stand by them, bringing in whoever they need to ensure that the decision is the right one.

What is Reflection ?

We join innovators in 'Reflection meetings' to consider how they're finding this way of working and to coach and support them in the right direction.

How does P4C Work with Partners ?

We learn together how to work more effectively. We bring people from all levels of the organisation into 'Making it Happen' meetings so we can all hear what's going on, what's changing and to look at evidence demonstrating the impact.

We help our partners work with related organisations across Health, Housing, the voluntary sector and beyond to re-define relationships around the people in our communities who need support. The expectation is collaboration, not an argument about who is responsible. We help bring partners in and hold them close, recognising the mutual benefits of working more closely together.

People are kept safe by close working with peers and partners who now refuse to simply pass people around the system for someone else to 'deal with'.

How does P4C Work with Leaders ?

We work with leaders who acknowledge the nature and depth of the problems facing their teams, who provide support but don't stand in the way of innovators discovering more effective ways of working. Innovators may temporarily work outside of traditional roles and structures, checking carefully to see if this works better before those changes are made for the longer term.

Why Does Language Matter ?

Our language needs to reflect our ethical commitment to social justice. So we encourage everyone to stop using words that de-humanise and no longer talk about 'service users' or 'cases',

'pathways' and 'journeys', 'allocation' and 'referrals', because we've learned that focusing on processing people rather than building good relationships with them doesn't work as well for anyone.
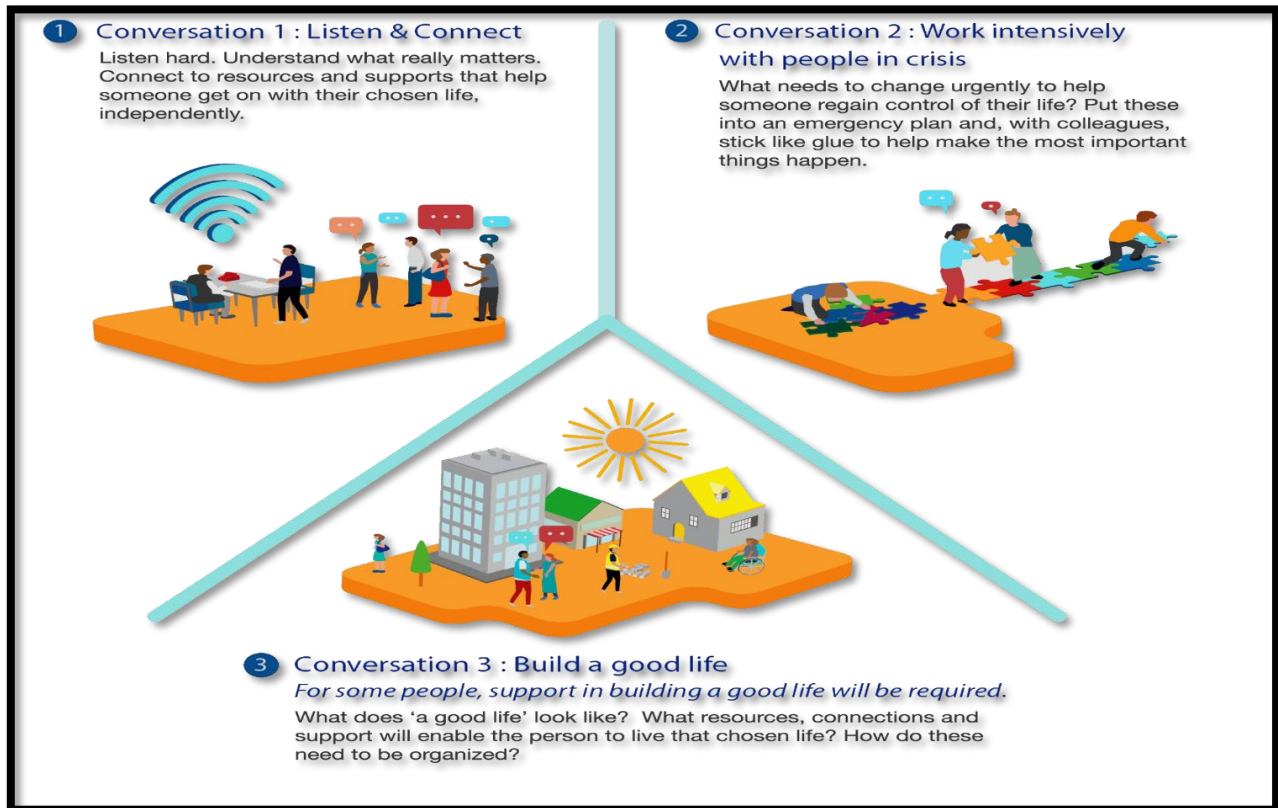
There's no more 'triaging', 'signposting' or sending people down pre-defined routes or onto waiting lists. Instead, people are responded to as quickly as possible and Conversation 1 is used to listen carefully to what matters most and to connect them to other people, organisations and support systems who can help them live their best lives. Innovators always check to make sure these connections work effectively.

Innovators use Conversation 2 when people's lives appear unstable or in crisis. They try and work out together what urgently needs to change to make tomorrow a better day than today and work out how to make this happen. There's no consideration of long term services, eligibility, or financial assessments at this point. Innovators work together, bringing in skills from other teams as required to form an emergency plan that they check is working, 'sticking to someone like glue' for a while and meeting the 'prevent, reduce, delay' requirements of the Care Act.

Conversation 3 is where people really need longer-term support to sustain a good life, to understand what this looks like to them and help get the support organised so they can live their best lives possible. This is where eligibility and financial issues are considered.

Care plans are no longer 'reviewed' – when innovators talk with someone they take stock of how their life is going (this is Care Act language!) and it's more about the person's wellbeing than their home care or care home – but of course they want to know how well or otherwise their support is helping them live their chosen life.

We find that if staff slow down, work more calmly and collaboratively, they actually get more work done. We believe this different way of working can have a measurable productivity gain in terms of staff being able to help more people, more effectively.

How Do We Know if It's Working?
We support Partners to evaluate the work by making sure that plans for people are made quickly and that the plans work for them. Innovation sites collect evidence every day (both qualitative and quantitative) to try and answer the question "Are we making things better?"

People and families are asked whether innovators made a difference and innovators keep checking with each other what's being learned. Partner organisations support their staff to be happier and more motivated which helps them better support the people and families who need help.

Partners get new insights that can flow to those able to influence the local care market by recognising more clearly what people and families need as they connect them to their local communities and organisations and help make their lives work better.

Our approach is built by forming strong relationships, sharing compelling data and many 'stories of difference' (short accounts of the people we've worked with and what's changed).

RULES **F O R I N N O V A T O R S**

- **We are not the experts** in people's lives – people and families are
- **Stop assessing/reviewing people for services** and start listening even more carefully to what matters – to gain real understanding (this what we believe the Care Act means by 'assessment').
- Always start conversations with the **assets and strengths** of people, families and communities
- We must know about the **neighbourhoods and communities** that people are living in
- Always **work collaboratively** with other members of the community support system
- **No hand-offs, no referrals, no triage or screening, no assumption of waiting lists**
- Always get the most from Conversations 1 and 2 before thinking about Conversation 3 and test your thinking out with colleagues first – **never have Conversation 3 with people you don't know**
- **Stick to people like glue during Conversation 2** – there is nothing more important than supporting someone to regain control of their life
- **Never plan long term in a crisis** - work at helping someone get through the crisis
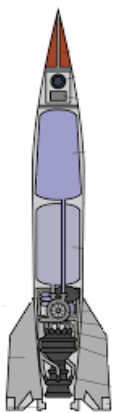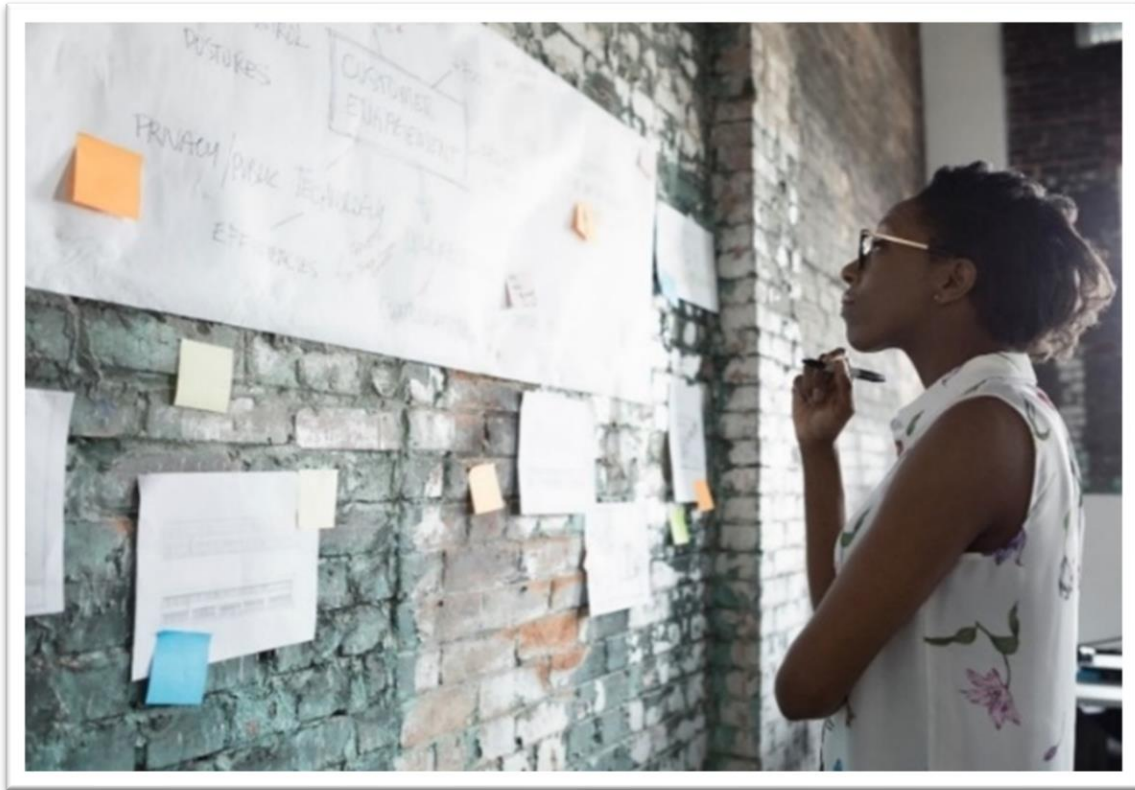

I T ' S N O T R O C K E T S C I E N C E

It may seem odd for an organisation that sustains itself on income earned from fees to want to spell out in such detail how our approach works. In fact, by now we rather hoped we wouldn't still be in business.

What we do isn't based on a 'model' or doing some 'restructuring' or 'business process engineering' and isn't a 'Total Operating Model'. We do have firm principles that deliver the results but they're not hard to grasp. They seem harder to deliver and sustain and that's why this report is intended to spell out what we've learned so far to assist our current and former partners to get the best from the approach, along with anyone else thinking about the way their organisation operates.

Three Conversations isn't rocket science and doesn't need a lot of 'strategic planning' to get started

BENEFITS FOR PEOPLE AND FAMILIES

- Wait less
- Don't get passed around, don't have to repeat their stories
- Enjoy being listened to by staff committed to help

STAFF BENEFITS

- More motivated, work is more satisfying
- Can see people are benefitting
- Feel more time is spent with people and less on systems
- Feel more confident and trusted in role
- Using the skills trained for
- Managing workload better
- Care Act implemented more effectively in line with original aims

ADDED BENEFITS

- Time and money saved by fewer calls from people waiting in a queue
- Fewer increases to long term care needed
- Fewer people need long term care in the first place

LEARNING THROUGH INNOVATION

WHAT PARTNERS BRING

- A clear acknowledgement of the problem
- Senior leadership's willingness to go against the grain of the current 'norm' and try something very different
- Willingness to flex structures and processes, including IT
- Practitioners willing to innovate and form new relationships across teams (this is the easy bit from our experience)
- An ability to get organised, make things happen, solve problems
- Open curiosity about what happens when we work differently
- Energy and ongoing commitment - real change takes time to build

PARTNERS4CHANGE BRINGS

- Clarity and simplicity around what's different – embodied in 3Cs rules
- New and better language
- Confidence borne of experience and data
- Support with data and evaluation, support to management
- Commitment to co-design with innovators
- Support to create great Huddles for innovators – often daily
- Regular Reflection meetings with innovators focussing on practice
- Creating collaborative 'Making it Happen' meetings to make decisions and guide this work
- The ability to connect our Partners with each other to share ideas

WHAT NEEDS TO HAPPEN NEXT

- Continued gathering and evaluation of evidence
- Embedding new language and values, culture and approach
- Continued sharing of news, data, stories of difference in 'Making it Happen' meetings
- New roles and relationships from innovations made permanent and strengthened further, including staff gradings and JDs
- Permanent removal of silos or barriers to better partnership working
- 'Hard to reach' people now held close
- An IT environment that more closely reflects this way of working
- Continued and determined intolerance of the 'old world' re-emerging

WHAT PARTNERS BRING

We think the social care system often resembles a postal sorting office or a factory production line. 'First Contact' teams try and 'divert' people elsewhere (is this something really sensible to do to people asking for our help?) and if that doesn't work they're sent down a pre-determined route ('care pathway') according to a 'triage' label assigned to them or on to a waiting list for an 'assessment' in order to later refer them somewhere else.

So when we begin work with an organisation the first thing we are looking for is an acknowledgement of the nature and depth of the problem and an interest in trying something else. We need a commitment that - initially in one part of the system - teams will stop passing people around for someone else to deal with and start working with them until they're safe and their plan for a good life is working.

Getting the unequivocal permission and full support from senior leadership for the ethos and ethics of this approach is a pre-requisite for success and that includes making changes to the culture of the organisation and allowing enough time for things to change (within six month of starting work).

Partners don't have to believe everything we tell them but they do need to suspend their disbelief and see what happens when a proportion of their existing work is done really differently. This isn't easy and can feel like a brave step during challenging times, even though our approach is often described as "common sense" and it certainly isn't "rocket science".

Permission and action to loosen up or 'flex' established structures and processes during the innovation period gives practitioners the freedom they need to try new approaches. They stop being led by forms and systems, hampered by bureaucracy and are not spending 80% of their time in front of a screen and only 20% with people (see British Association of Social Work link below).

https://www.basw.co.uk/8020-campaign-relationship-based-social-work

We also need practitioners to be willing to try a new approach even though they may not fully believe it at first, or believe they are already working this way. We find that they are usually fully aware of the deficits of the current way of working and are just waiting to be permitted to work differently (one innovator said he had been waiting for 25 years!)

We build a network of motivated, professionally curious innovators who support each other through a shared understanding of what matters when we do our work really differently. Leaders recognise the value of these strong relationships, compelling data and stories of difference.

Leaders of the work (project managers, Principal Social Workers, Heads of Service, Director) often form our key working relationships and their engagement is critical for success

As the work begins staff will start using different language that de-emphasises process – 'service users, cases, referrals' - and reflects the better relationships we form with 'people, families' and making 'connections'.

Managers need to be willing to allow their staff freedom to try out the approach and see the results, including an improvement in staff wellbeing. Those results will be very visible and accessible to managers through the regular Making it Happen meetings during which innovators present their results and independent feedback is presented from across the innovations.

The effort required to make an innovation successful requires leaders of the work (project managers, Principal Social Workers, Heads of Service, Director) to provide enough capacity to support it and push it forward. These people often form our key working relationships and their engagement is critical for success.

We also rely on having enough practical support with the day to day logistics of setting up meetings, coordinating and communicating between different staff and managers, building new relationships between teams and across the organisation.

When previously 'walled-off' teams find better ways of working together, organisation-wide changes become possible.

WHAT P4C BRINGS

Our first step is always to help our partner organisations create their own 'Story of Change'. This includes what they are currently proud of and what is working well but crucially an acknowledgement of the fundamental problems of process, forms, handoffs, waits and the frustration that those things create. The story clearly sets out the alternative that we are going to try and achieve, the Three Conversations and its rules, and always ends in an invitation for staff to put their hands up and express interest in this different way of working. We try and avoid our work being the latest 'management implementation plan'.

We never train people in Three Conversations – they don't need training. They need liberating from a system and culture which treats people and staff as widgets to be re-arranged when things aren't going well, plus support and reassurance while getting used to a new way of working.

When we begin working to build an innovation site we're looking for co-design with commitment! That's why we insist on staff turning up regularly and contributing to the development of the innovation site design. The innovation must be owned by everyone involved. When this doesn't happen we've found the innovations simply do not work as well or take much longer to 'switch on'. Our co-design focusses on co-creating answers to key questions such as-

- "Who are the people that we are going to work with completely differently?"
- "What's going to be different?"
- "What does 'good' look like and how are we going to achieve it?"

Alongside our commitment to co-design is a *non-negotiable* set of rules – to stop assessing for services, change our language, stick with people who are in trouble - with no handoffs or referrals.

Co-design and non-negotiability appear to sit very well together.
We think it is something about the attactiveness of a clear and simple message about doing things differently.

We know there's already a lot of good practice by staff using 'strengths based' or 'relationship based' approaches. We are looking to build on these foundations by unlocking or liberating more of the potential we see in practitioners. We hope that our work is always 'the very best next step' that partners can take – never a handbrake turn. The Change Partner assigned by P4C to an innovation site helps to bring clarity about what is different in working with people and families.

We like working with technical colleagues to ensure that the IT environment can be changed sufficiently to make it look and feel really different for practitioners. It is hugely influential and we have learnt that if we ask people to work differently but then direct them to the same forms and workflow, nothing new will happen. We introduce to practitioners the idea of a real division between the work (working with

people) and the forms (recording what we did) so it is essential that we create IT and recording environments that are congruent with this approach, proportionate and feel really different to the standard tick box 'assessment' forms that are 50% irrelevant and 20% rude and intrusive. We have another principle – if it's not relevant then don't talk about it and don't record it!!

3Cs records are much simpler than typical assessment forms and processes

Three Conversations emphasises building stronger relationships with key people

The 3Cs records are much simpler than typical assessment forms and processes, which frees up time for innovators to get to know someone better and really understand how they can help them achieve their aims for a good life (we avoid using the word 'outcome' – do you ever wake up and plan your 'outcomes' for today?). We bring tried and tested templates of our Conversation Records and help create a digital space in which to keep them.

We ask innovators to select a 'site lead' who may even be a junior member of staff. The site lead helps to drive and support the work, gives colleagues confidence to follow the rules and to do the right thing, helps build better links with partners and acts as a key liaison for others in the organisation and with us.

In Three Conversations we emphasise building stronger relationships with all the key people involved - with the people and families being supported, carers (paid and unpaid), other organisations and staff from other departments. The importance of good staff relationships cannot be over-emphasised. People in different parts of the organisation gain the benefits of a more shared, collaborative approach instead of the constant pressure to make sure people end up 'off our caseload'. Staff stop transacting 'cases' around the system by sending electronic forms to each other and start talking about how to collaborate in order to help. In one organisation OTs joined what was predominantly a social work huddle to bring the two skill sets together. The deal was the OTs helped with advice and ideas and sometimes joint work while social workers stopped seeing 'OT words' ("grab rail", "danger of falling", "issues with transferring") as reason to send yet another referral to the already lengthy OT waiting list. That waiting list quickly reduced.

It's important to recognise each person's expertise in their own life and to not apply a pre-baked idea of what should matter to them (e.g. carer breakdown = 'respite') or do an 'assessment' on them. We support staff to listen really hard to what people are most concerned about, connecting them to sources of support and "sticking like glue" when necessary, rather than simply assessing people for services. When was it ever the primary job of social care to assess people for services?

Waiting lists are often people waiting for the wrong thing

Typically, we find that many (most?) people on waiting lists are waiting for the wrong thing and while waiting their circumstances are changing and often deteriorating. If instead staff turn up quickly and listen carefully with no agenda, better things happen more quickly and we see measures of 'productivity' (measured in numbers of people helped over time) also improve significantly. We like *slowing down* in this way of working and in doing so staff spend more time with people while getting more work done, showing through data collected that this is possible.

We encourage peer support, shared learning, exploring new solutions, joint working, transparency and accountability (replacing the traditional function of 'panels') and receiving feedback in regular short huddles for innovators.

This is something innovators will understand and appreciate the value of. We believe that huddles are the heartbeat of this way of working.

Peer support, huddles and Reflection meetings are the heartbeat of this way of working

For a more reflective look back on recent work, we insist on a weekly Reflection Meeting. This covers how innovators are feeling, what they think is going well and badly, what needs to change, working out who can help, seeking support from managers, colleagues and telling each other 'Stories of Difference' about the work. We discuss simple data collected about the innovation, such as "How many people have we helped this week?" "Which conversations proved most useful?" "How quickly are we getting to people?"

We need technical colleagues to bring their commitment in making changes to systems and supporting regular requests for 'non-standard' data, sometimes at short notice, that can make all the difference to steering the innovations.

Bring together senior managers and front line practitioners and talk about the work being done

We insist on Making it Happen meetings as the final essential ingredient. Where else do you have a fortnightly forum that brings together senior managers and front line practitioners to talk about the work being done (not the budget, not the latest strategic plan, not even the CQC Assessment) in a collaborative and mutually supportive way? Here frontline staff do the majority of the speaking – describing their experience of listening, understanding and getting to help people quickly. Leaders and managers do the listening and learning and take shared responsibility for creating the environments in which this work can flourish. It is also important that innovators understand the pressures managers are under. Collaborative Making it Happen meetings with well-collected data, compelling stories of difference and mutual problem solving underpin this different way of working and are crucial for the innovations to succeed.

WHAT HAPPENS NEXT?
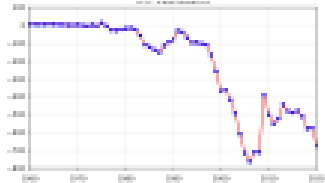
Ensure that there's some good evaluation work done

"What gets measured, gets managed"

-Peter Drucker

If true, we'd better think carefully about what we measure

Partners for Change holds Partnership events for some networking and joint learning

Nobody wants to see their change efforts stall or be undone over time. But with financial pressures, staff turnover, new managers etc. a dilution will inevitably occur of the change culture that created this different way of working. So how can the changes be embedded and built upon further?

P4C will push to ensure that there's some good evaluation work done before we leave, making a level-headed case for whether the innovations have delivered results worth building on and if so, embedding the cultural and other changes that have driven successful innovations.

We will expect that before we leave straightforward approaches to monitoring impact will have been introduced, including brief follow-up interviews with people and families, staff surveys about working with the approach and the formal capturing of 'Stories of Difference'. How ever did we get to the place where 'Quality Assurance' has come to mean a 'forms audit' - as if what matters most is the form and whether it was completed 'correctly' rather than knowing what actually happened to and for the person involved.

we hope that organisations will develop and retain their own drivers of innovation, which can be in the form of individuals given new roles to help develop or widen the approach further and ensuring those key meetings, events, publications and habits become embedded to help sustain the work. The innovations and their habit of continuously reflecting on the work and its impact, never really end. Huddles certainly don't. But this doesn't mean introducing new and complex datasets, longer forms or longer meetings, adding back the bureaucracy we tried to remove during innovation. Those organisations that continue doing things straightforwardly will find it easier to support the ongoing success and growth of the approach.

The Making it Happen meetings provide a forum for the regular sharing of news, data and stories of difference from new and former innovation sites. After an innovation site has completed its initial phase of learning we strongly encourage Reflection meetings and attending the Making it Happen meetings to continue. This is because we've learned that this sort of activity is intrinsic to the success achieved.

Partners for Change holds Partnership events which bring together our partners past and present for some networking and joint learning. In November 2022 we held such an event to discuss preparation for the CQC Assessments being introduced for local authorities. This gave an opportunity for learning how others

had used Three Conversations to provide evidence towards CQC's Quality Statements. Some of those council attendees have continued to collaborate.

During the innovation phase we ask that processes, team structures, job roles, paperwork, organisational and departmental boundaries be 'flexed' while we demonstrate a new way of working can be better.

Look at the evidence to decide how to organise, work on systems, team structures, role profiles and relationships between teams and external partners

The next steps for partners may include looking at the evidence to decide how to more permanently organise themselves (hopefully an alternative to the energy, motivation and time-sapping addiction to top-down restructures), looking at the kind of IT system changes needed, what 'commissioning' really means and how it should be done. We encourage partner organisations not to try and tackle the really big issues too quickly, because they need to learn through innovation about how to tackle them.

After several phases of innovation we will want to talk through some hard work on systems, team structures, role profiles and relationships between teams and external partners to build a longer-term way of working that will support staff to continue to deliver great results. This might also mean paying staff appropriately for the enhanced work they do. It's all too easy to slip back into 'business as usual' if the scrutiny and support arrangements put into place during the innovation phase are not made more permanent or if the changes that would support success are put off or thought to be "too difficult".

Colleagues previously considered 'hard to reach' now need to be held close

New relationships with partner organisations established during innovations should also be strengthened further. People and colleagues previously considered 'hard to reach' now need to be held close, showing appreciation for those 'connectors' who have enabled a more joined up response for the people and families being supported.

All the changes should be costed and considered alongside the benefits measured in the evaluation that we encourage every organisation to conduct for themselves.

SUMMARY

Now is a really difficult time for social care and health systems with problems in recruitment and retention, reducing morale, pressures on budgets and the perception of overwhelming 'demand'.

Our work shows incontrovertibly that we significantly shape 'demand' by the way in which we choose to interact with people. As someone once said "if we change the conversation, different things happen". In this context it is even more puzzling to us that many systems and system leaders want to carry on doing the same thing or return to it. We are surprised by the extent to which systems tend to revert to the unsustainable status quo that is bad for people, bad for staff working in the system and bad for resources.

Adopting this way of working stops us obsessing with processes and forms and unhelpful or irrelevant performance measures, stops us being addicted to lists and pathways, stops calling people 'cases' and instead focusses on kindness, listening to people and working out how to do 'the right thing' - which doesn't automatically mean a service-based solution. Our evidence shows repeatedly that this is better for people. They wait less, they stop being passed around and they tell us how much they enjoy really being listened to by people committed to help. Of course we still make a record of our work and decisions – but we do so proportionately, appropriately, and clearly.

Our evidence shows that staff wellbeing and enjoyment at work significantly improve as they are trusted, supported and enabled to make a real difference – and their productivity (measured in people helped not forms completed) goes up.

Our evidence also shows that if you focus on doing the right thing rather than processing people through an eligibility and services 'factory' you create real money and time savings that can be reinvested in supporting people's lives.

We will be the first to admit that sometimes innovations don't turn out to be as effective as we would like. We do know that when more key ingredients are missing from the steps we've laid out above, innovations are more likely to struggle to deliver the impact we want for people and families, staff and organisations. This work is hard, but the impact can be profound.

Our approach gets better results because in Three Conversations -
• we listen
• we do what we say we will do
• we refuse to pass people around the system onto someone else's list - the merry-go-round stops here

With our support innovators try and get the system working for people. People are often grateful for this different approach and whenever we ask them what they are grateful for they say they appreciate really being listened to and understood.

Not exactly 'rocket science'.

We'd love to talk to you

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