Partners4 Change

The Three Conversations®

RESULTS FROM OUR PARTNERS

INTRODUCTION

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.

The results presented in this report use nationally published results for four local authorities P4C worked with, focussing on two simple metrics for new (1) and known (2) people.

1) The % of people who make a request for support and require long-term care
2) The proportions of people in the community who following an 'unplanned review' needed increases, decreases or no change in their level of support.

The data and associated cost savings may look impressive. P4C acknowledges these changes can't be proved as wholly or partially due to the use of Three Conversations and some of the benefits realised in organisations can't be measured through these national datasets.

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.

EVALUATING 3 CONVERSATIONS

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.

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.

How Do We Know if It's Working?

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'.

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.

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.

1. 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".
2. 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.
3. 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.

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).

THREE TYPES OF EVIDENCE

1. PEOPLE AND FAMILIES

Our key indicators of success focus first on the views of people and families who experience this very different working style. Here is one we received recently. This was lovely to read but also shone a light on the reality of the experience of many people fighting their way through the current system.

> *"Rose (the innovator) always made me feel she was available if I needed her. She added a personal touch with her care and even if there was something she wasn't sure on she would research and come back with all the answers. I no longer feel alone, for me this is the biggest problem when feeling unwell. I feel so desperately alone that no one listens and I get passed around. I have been on endless waiting lists speaking to so many different people.*
>
> *No one actually knows me and there appears to be zero communication between the staff. I have just been a number. I don't have to panic that I have been forgotten about or know that I need to chase up things that people have said they will do but don't. I trust Rose entirely. She showed empathy towards my situation. Always did what she said she would do and more. She ensured she did check ins, phone calls and text messages which when I am unwell I find easier to answer. My quality of life has improved because I don't feel alone anymore, she has given me tools short term and long term to help me keep well."*

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 often say they appreciate really being listened to and understood.

2. STAFF WORKING IN THE SYSTEM

Our second success measure is the experience of staff working in the system. We are convinced that if practitioners can focus on, listen to and build relationships with people who need help then their motivation, satisfaction, and sense of agency increases.

A mental health nurse told us she spends 90% of her time writing up assessments of people she has met in order to place them on a waiting list that is two years long and which they are almost certainly never going to get to the top of. You may ask why she isn't instructed instead to actually create a positive helping relationship with some of those people. No wonder morale is low in some places.

Here are some examples of what staff say to us when we ask them what it is like to work in this way –

> *"This is what thought I was going to do when I joined 10 years ago."*
> *"Why haven't we always been working like this?"*
> *"Sometimes I can actually make a difference."*
> *"It is so lovely just having free conversations with people based on what they want to talk to me about, without having to constantly think about the forms and the boxes."*
> *"People really enjoy being listened to."*
> *"I feel more of a person and less like a robot."*

3. MONEY AND RESOURCES

If we get the first two things right then we turn to our third success factor - the money and resources - to see if we can prove that the money just follows. One recent stark example of wasted resources is a council we were working with where more than 50% of calls to their 'front door' were from people who were already known in the system with an allocated worker. In management speak it's known as 'failure demand'. This volume of calls was perceived as 'demand' and the assumption was we just needed to get better at dealing with or diverting it, or get more people to answer the calls. What we have learnt is that 'demand' shifts when we change how we interact with people. Instead of putting people on waiting lists for assessments we turn up quickly and ask how people how they are and how we can help – then listen and act.

What follows is some data about this third type of impact. It shows a correlation between the use of Three Conversations in these organisations and a reduction in the issuing or increase of formal care. We have primarily used the published NHS England SALT data in order to allay any worries that we might have used local data sources which cannot be validated.

We share these results from selected organisations where the impact is really clear. This includes councils that we worked with years ago as well as recent partners. We present data centred around the time just before to just after we finished working with those organisations. We could have chosen councils where the impact wasn't clear or the data didn't support the idea of a transformational change but it would be counter-productive to speculate why "this or that factor" was missing.

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 many key ingredients are missing from the innovations they are more likely to struggle to deliver the impact we want for people and families, staff and organisations.
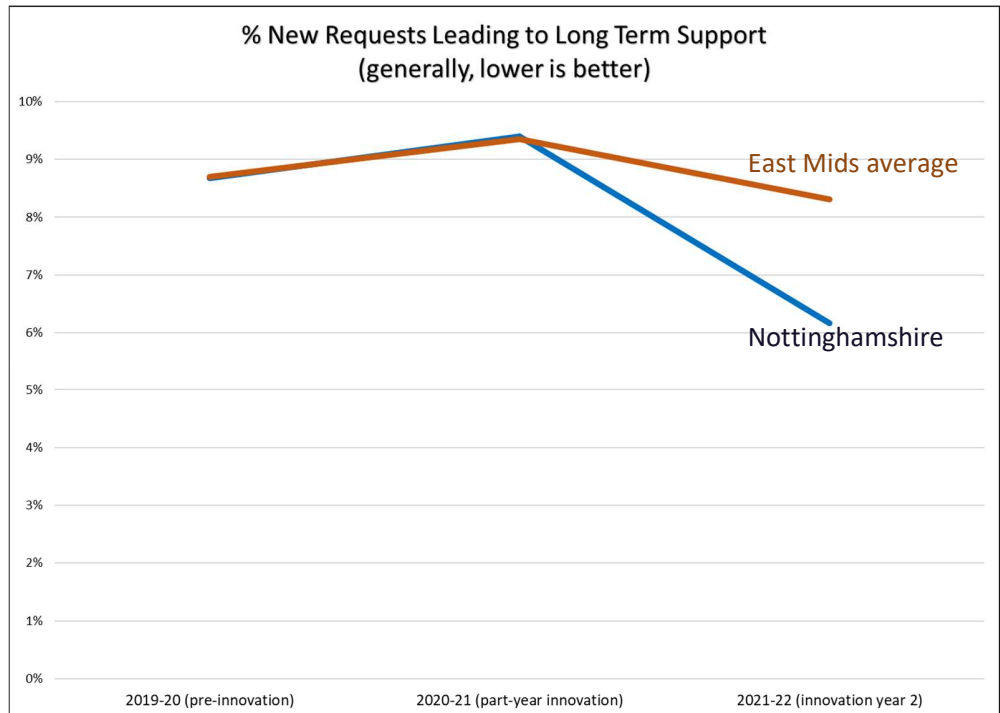
This work is hard, but the impact can be profound.

NOTTINGHAMSHIRE

Partners for Change worked with Nottinghamshire from November 2020. The figure below shows the proportion of all new requests for social care support made that resulted in long term (Care Act eligible) support being provided. It's striking because Nottinghamshire was tracking the East Midlands regional average very closely from 2019-21, but in the first full year of using Three Conversations (2021-22) the proportion of people requring long term support fell signficantly compared to a small regional change. Far more people were independent and even small changes in this 'conversion rate' of total requests into long-term services leads to significant cost-avoidance (possibly £millions). Although the data in Figure 1 below isn't evidence *by itself* of the impact of Three Conversations we keep seeing changes like this in many organisations, often counter to or well beyond the trends seen in the local region.

Nottinghamshire worked through several phases of innovation and are now taking on the challenge of making Three Conversations the way they work everywhere. All their innvoation sites were co-produced and co-designed from day one with people who draw on care and support, carers and colleagues. This gave innovators time to consolidate their values, principles and build trust in each other. Strong and dynamic leadership, a passion for change and creative and committed colleagues built on the initial success.

"In the past we felt that we have to fit the mould instead of the mould being made just for us...

This approach is just so sensitive and sensible"

(person with lived experience)

Figure 1

SOURCE: analysis from SALT STS001 and STS002a published by NHS England

% New Requests Leading to Long Term Support
(generally, lower is better)

East Mids average

Nottinghamshire

2019-20 (pre-innovation)   2020-21 (part-year innovation)   2021-22 (innovation year 2)

CAMDEN

Partners for Change started working with Camden in September 2017, with two initial innovation sites beginning work in November and four more getting started the following year. During 2019 the mental health service also began working with this approach.

There was a clear commitment to improve the experience for people, improve practitioner job satisfaction and reduce the numbers of people requiring ongoing support.

Camden used peer support and supervision to engage in more reflective practice. Sharing experience in a supportive environment helped to reduce staff stress and anxiety. Practitioners also teamed up with Age UK's Community Connectors to get to know their local neighbourhoods better – coining the phrase 'street-trudging' as the best way of getting to know communities.

Through greater use of community resources and a focus on community development there were fewer unnecessary contacts made to social care. "Making it Camden" meetings were set up, resulting in team managers benefiting from a rich two-way communication flow.
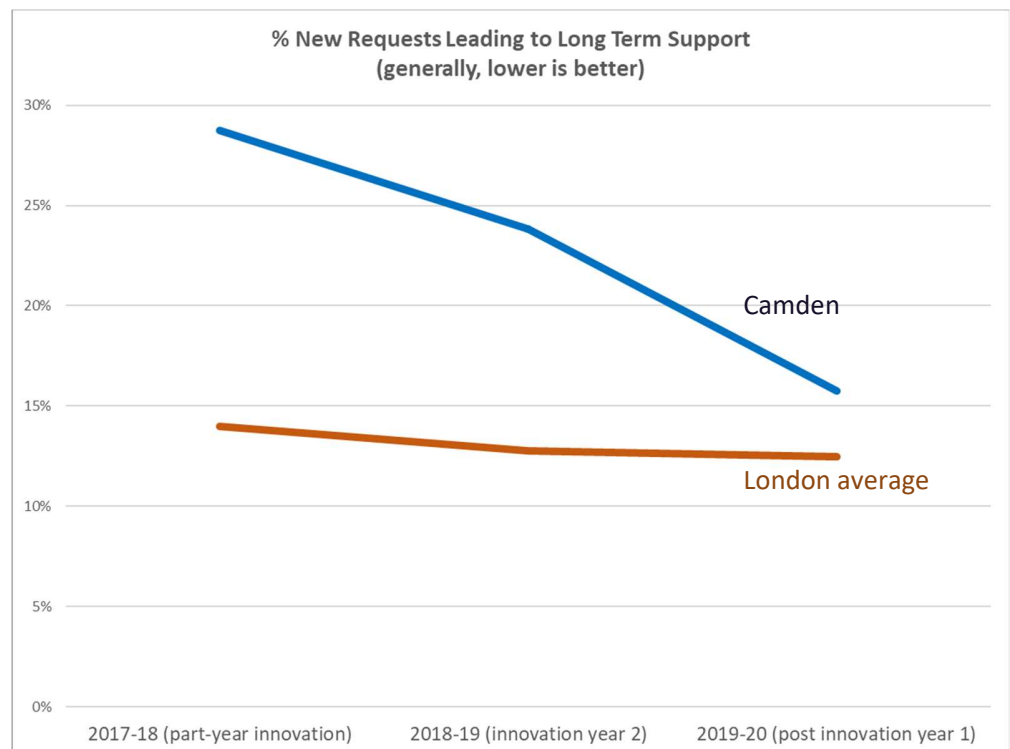
The data shows that starting in that first part-year, into the second year and continuing into the year after Partners4Change left, results continued to improve with fewer and fewer new people requiring long term support to be provided, relative to an almost unchanged situation in London overall.

"We want to build on strengths, working with people as experts in their own lives, focusing on What Matters to them not what's the matter with them"

from published report

Figure 2

SOURCE: analysis from SALT STS001 and STS002a published by NHS England

% New Requests Leading to Long Term Support
(generally, lower is better)

Camden

London average

2017-18 (part-year innovation)   2018-19 (innovation year 2)   2019-20 (post innovation year 1)

HARROW

Partners for Change returned to Harrow to build on the use of Three Conversations for people with an existing package of care and support during the pandemic in late 2020. A complete change of approach was envisaged, away from "reviewing services" towards looking at people more holistically and connecting them to additional support that might prevent or delay further long-term needs developing.

This was a very large innovation across three Locality Teams covering almost the whole borough (except mental health and learning disability specialist teams). There was strong support from a leadership team prepared to take 'risks' and listen to staff. Strong support was also received from the technical database team to identify how the system could support staff. As well as gathering evidence through data and interviews, investment was made in a "3Cs Champion" role to support and mentor staff beyond the initial innovation period.

The results show that during use of the Three Conversations approach there were proportionately fewer increases to long term care from 'unplanned' community-based reviews (to use the SALT terminology). In 2019-20 the Council say 10% of reviews leading to a decrease in the level of care but 43% with an increase. Beginning in late 2020 under a 3Cs approach there were fewer increases to community based support and more reductions in long term care, which was consolidated and pushed further in 2021-22, with increases to care packages now much better balanced by decreases.

"Three Conversations is best developed by practitioners and not managers. The role of leadership is to help dismantle any forms of bureaucracy that will stifle the practitioners' innovations…"

(Assistant Director)

Figure 3

Source: SALT LTS002a community based unplanned reviews

Harrow 2019-20 — 10%, 43%, 47%
Harrow 2020-21 — 12%, 38%, 50%
Harrow 2021-22 — 14%, 24%, 62%

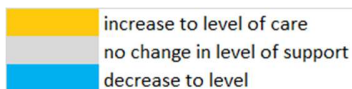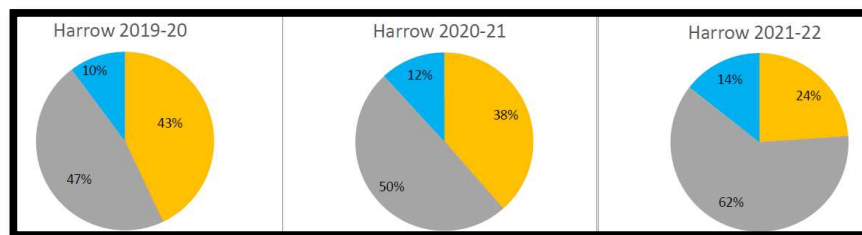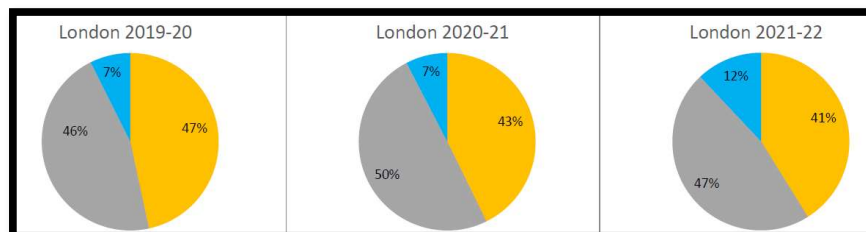- increase to level of care
- no change in level of support
- decrease to level

The London region also had more people with care reductions in 2021-22 but saw little change in the proportion of increases. Harrow's changes go well beyond the regional differences observed.

Figure 4

London 2019-20 — 7%, 47%, 46%
London 2020-21 — 7%, 43%, 50%
London 2021-22 — 12%, 41%, 47%

BIRMINGHAM

P4C started working with Birmingham in January 2018, for a large innovation across the whole adult social care service over the next two years and beyond.

It was built around the development of locality- based neighbourhood networks, strengthening supportive relationships with the third sector and community organisations, emphasising connections and facilitating the development of support at a local level. Staff were enabled to work with more people more quickly than before and given 'permission' to work creatively, with an emphasis on knowing your patch and utilising local community support. This helped to see a reduction in the cost of care packages.

At the beginning, Figure 5 shows the authority converted aboiut 10.5% of all new requests for support (from all sources, including hospital and community routes) into people getting long term services – the same as the West Midlands region overall. Over the next years the council opened up a gap in this measure over the region, at first gradually but by 2019-20 there was a 3% gap. During the Covid-19 pandemic, while the West Midlands average went back up above 12%, Birmingham held steady and opened a 5% gap representing significant levels of cost avoidance.

"I love that this is creating a more positive perception of Social Workers".

"I am spending less time completing forms and spending more time in the communities building knowledge of resources."
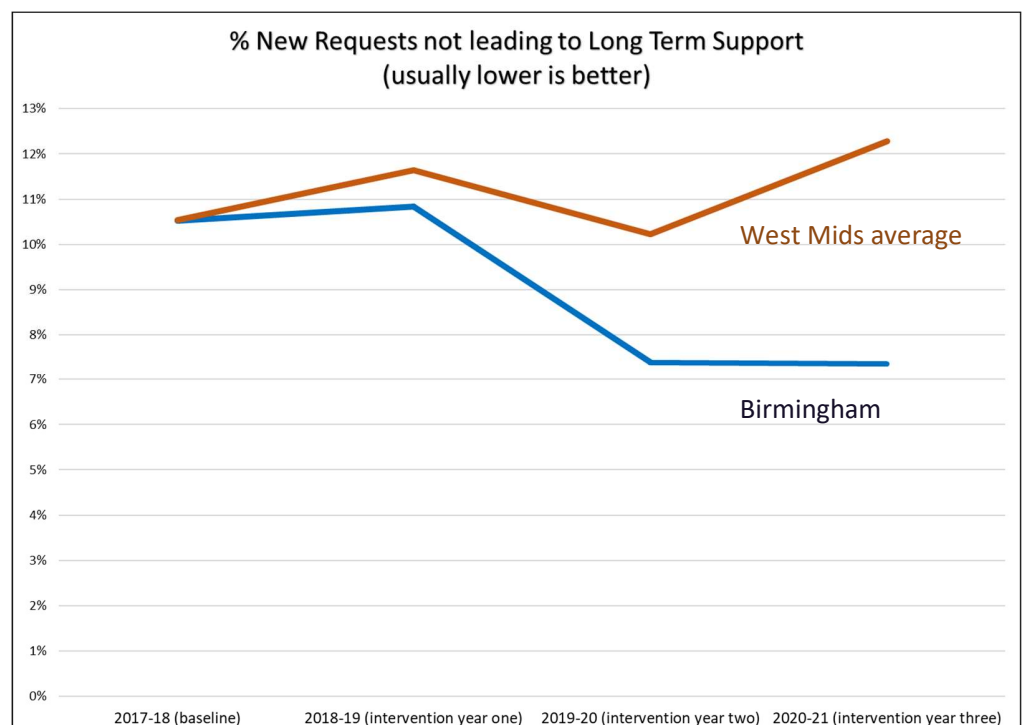
"This is real Social Work."

From published reports

Figure 5

SOURCE: analysis from SALT STS001 and STS002a published by NHS England

% New Requests not leading to Long Term Support (usually lower is better)

West Mids average

Birmingham

2017-18 (baseline)   2018-19 (intervention year one)   2019-20 (intervention year two)   2020-21 (intervention year three)

Meanwhile, in its work with people already in receipt of care and support Birmingham's data in 2017-18 showed the majority (62%) of people receiving an 'unplanned review' in the community saw their care increase - significantly higher than the regional average.

"3Cs is the best change the Local Authority has made in a long time."

Over the following two years the council came much closer to matching the regional average with just 42% of reviews leading to increases in care in 2019-20.

During the pandemic in 2020-21 the council then halved that proportion to just 21% - in contrast to what was happening in the region overall. This drop in the proportion of people receiving an increase in support was not because Birmingham cut back the number of reviews. In fact, the number of 'unplanned reviews' actually increased significantly.

£4.9m saving in 18 months

According to Barbara Fawcett and colleagues published in The British Journal of Social Work (2020)* the overall cost savings "*from the start of the roll-out to eighteen-month evaluation point has amounted to £4,926,780*" (page 9). The authors also say "*...those citizens opting for Direct Payments through the Three Conversations route have used less money than previously... and, importantly, a rise in overall reported levels of satisfaction.*" (page 10)

Figure 6

Source: SALT LTS002a – analysis of community unplanned reviews
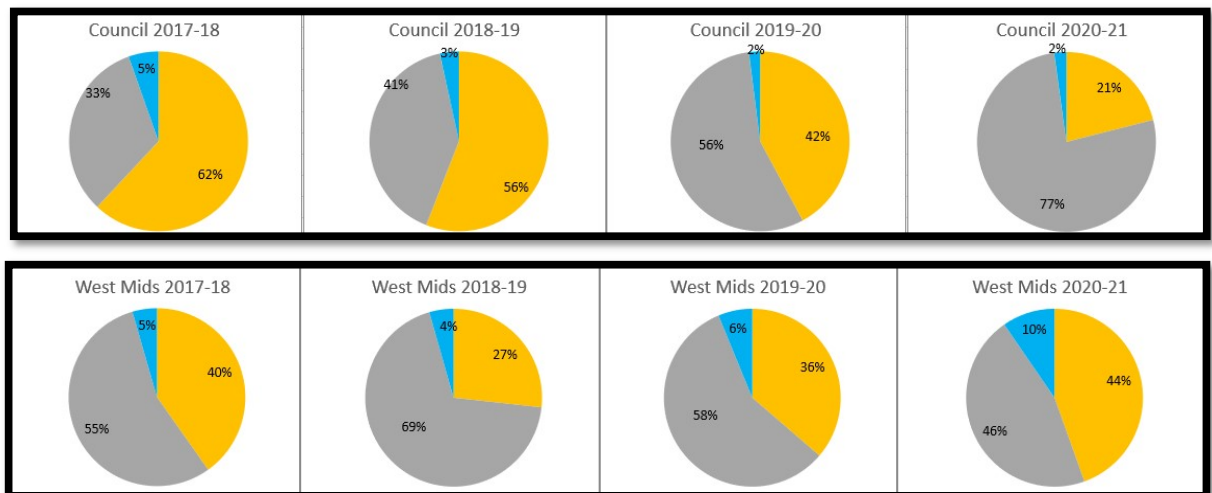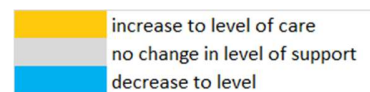
*The British Journal of Social Work (2020) 0, 1–17 doi: 10.1093/bjsw/bcaa109

CONCLUSIONS

This isn't an academic paper and while we have been able to present results compared to a 'control group' (the local ADASS grouping of local authorities) we aren't able to definitively link the results from these councils to the implementation of Three Conversations.

While great care has been taken to use results from national datasets subject to a degree of validation and checking by each local authority and NHS England, the datasets used aren't perfect and weren't invented to try and evaluate the impact of using the Three Conversations approach. Nevertheless, the changes suggested by the data are not trivial and our conclusions don't rely on the SALT data alone.

There are many competing methods, models and approaches to social work that have more or less in common with Three Conversations. Three Conversations is not an end in itself and is not a new model. It is not an alternative form of care management (though one council announced it as the "death of care management"). It is a different way of seeing the world, a different way of thinking, being and acting when we are at work - a different way for whole organisations to organise and behave.

Other reports linked to in the 'Further Resources' section at the end provide further evidence that something profound happened in these councils which cannot be dismissed as mere 'chance'. There may be other theories or ideas for what caused these changes, but those organisations commitment to Three Conversations during the years examined is not in doubt.

What then to conclude from the findings ?

1) That it is possible, despite all the challenges faced, to bring about profound positive change in social care – we are not inevitably stuck with the status quo
2) That use of an approach such as Three Conversations appears to be connected with these positive changes, at least in some councils
3) Improvements over time can be dramatic and there is evidence they can be sustained

FURTHER RESOURCES

The views expressed in this report are solely those of P4C with anonymised comments from partners. Any errors are our own. Examples presented from partner organisations are drawn from the published national data and previously published reports which can be consulted at the links below.

National SALT data
https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report

Birmingham
The British Journal of Social Work (2020) 0, 1–17 doi: 10.1093/bjsw/bcaa109

https://academic.oup.com/bjsw/advance-article/doi/10.1093/bjsw/bcaa109/5899374?guestAccessKey=9e9acb1e-974e-4fb6-a909-e74e3610a545

http://partners4change.co.uk/3-conversations-in-bcc/

Harrow
http://partners4change.co.uk/the-three-conversations-in-harrow-story-of-change/

Camden
https://www.thinklocalactpersonal.org.uk/_assets/Events/SDS-Network/S-Smith-What-matters-The-Camden-approach-Copy.pdf

YouTube video: https://youtu.be/JRwQcE6z72IO

British Association of Social Work
https://www.basw.co.uk/8020-campaign-relationship-based-social-work

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