We don't hear as much about carers and how the Three Conversations approach can be used effectively with them.

Jonathan from P4C spoke to Meghan from Tameside Borough Council about how the Carers Centre has been using Three Conversations in their work.

J: Please introduce yourself!
M: I'm Megan and I'm a health and well-being advisor with Tameside adult social care, particularly working with carers.
J: OK. What does a well-being advisor actually do?
M: We support informal carers who are caring for somebody within Tameside to help them manage their caring role and all the way along their journey, and they can come in and out of our Carer Centre services and support quite informally.
J: It's interesting to understand how Three Conversations might be used in that environment because it may not be obvious or may need some thought about how to implement it. When you first heard about it, what did you initially feel about the idea of using Three Conversations for your work?
M: I personally felt quite positive because for quite a long time we'd been looking at adapting the 'carers assessment' in the system that we use - trying to make it more person centred. Though there was also some apprehension that there always is with change and how it might be introduced.
J: We often see very system-driven approaches so that "if it is on the form you must ask about it". Do you think that by adopting the approach you achieved some of those things that you were looking for around becoming more person-centred?
M: Yeah, definitely. It really is led by the carer and you can go straight to what they want to talk about. It's cut away that process of just question after question, you know, reeling off a list and that person sometimes having to answer quite a long section of irrelevant questions, being very process-led. It didn't really give a lot of scope for people to answer more than a yes or a no. In that way it's been brilliant, I think. And I think the care assessment we previously used had been added to and added to so it'd become really quite repetitive and but there was also a lot of "it's the Care Act, we've got to ask that."
We'd had a serious case review that caused anxiety, understandably, and again more and more added in with the idea of capturing everything. And people were frightened that something could be left off, and that could have repercussions and things like that.
And I think slowly people have realised that isn't the case and that if you feel something's relevant, you ask it and if the carer feels something's important to them, they'll talk about it. I've never felt you've missed something because if anything they feel more inclined to tell you something that perhaps is important.

J: Do you have an example of a carer that you worked with where you think this approach really made a difference?

M: Yeah, I think a lot of the time it has been in that freedom for them to talk. But in particular there was a guy who really doesn't like authority, formality and things. But this way of talking was how he likes to talk anyway. He's doesn't like to feel he's being assessed or, you know, put under a sort of microscope. We just had a chat, but through that it became clear that he had needs of his own for support because his caring role had become so demanding. And through the conversation we were able to really get to his own needs, how he was feeling. I made contact with the social worker and then we worked together to help him but because someone new would have really thrown him off balance I went through that process with him. The social worker was really understanding and liked the fact that we were working together. And that support has continued, he still meets them in the Carers Centre because he wanted somewhere away from home, a place he felt comfortable, which I thought was a really good sign as well.

J: One of the most important aspects of this way of working is about building relationships with people and we've got, as you know, some golden rules including about not 'passing people around'. You've had to work collaboratively with colleagues in this example. How's that been working more generally?

M: I think other teams really welcome that approach. We also linked him in with (some community based) support. They have a sort of "three strikes and you're out" procedure via phone calls. He doesn't answer his phone. So I was able to sort of say, look, he won't answer his phone but I set up a meeting where I was present as well. On the phone, he wouldn't have arranged to meet them on his own.

It's really welcomed I think and people are almost taken aback in that, alright, you're not just going to fill a form in and 'throw me over' to them and probably not check in with me again. And it makes everybody's work easier, doesn't it?

J: It all sounds really lovely, but there are some sceptics out there and one of the questions that they sometimes ask is well, surely this way of working must slow you down. It must mean that you're able to support fewer people because it sounds like you're spending a lot more time with each person.

M: Yes, we've got a lot of carers, but they're not all going to need intensive support at the same time. And that's the same with most services, isn't it? If you put that groundwork in and that slightly longer support in, more often than not the work won't bounce back. Rather than racing through things, firing off 30 referrals, some of which could easily fail. And when I say fail I mean that they don't get picked up, the person doesn't answer their phone. I suppose it's 'quality, not quantity' to a certain degree, but a mix of the two.

J: I think both health and social care do love their labels so people get referred to as 'hard to engage' and when people are referred off to various services and the connection doesn't happen and they come back around again, they're labelled 'frequent flyers'.

M: And through no fault of theirs, really, isn't it? It's more about the system. I think that 3Cs does help reduce that slightly in that, yes, you might put in a bit more time to it, but it saves time

further down the line. The person's not repeating their story with the other services, the services aren't coming in midway trying to pick up various strands... And people know they can come back to you for information.

J: We often talk about it being the innovator's job to get the system working for people because it often feels to them like it's set up to be against them rather than work for them.

M: And also there is the paperwork side. It's much quicker in that respect. It's a much better way of recording work. So time is saved there as well.

J: OK, so after after three months or so of working this way what were the conclusions that you reached in terms of whether to carry on – how well did it go?

M: I think the whole team really wanted to carry on, which I think was a shock to everyone - in a good way! I do feel now nobody would go back to the old way of working. It's given us more time to spend supporting carers, a better understanding of each individual carer and being able to get to what they want because you're not starting with "right, let's check this, let's check that..." When you give an open floor to someone, people will pick up and quite easily go to what they want to talk about and what's important quite quickly. So that's been really good.

We were talking about changing the carers assessment for a long time and nothing really happened, and that was nobody's fault. It was just, you know, life, isn't it, especially in a local authority? It's like, oh, yeah, we'll look at that...

But now if there are things that aren't quite right, they do get changed quite quickly, which again is a real plus. Something that you talked about a week ago, in about another week it's changed. That's been a really positive thing as well I think and that's given people a bit more faith in it. The minute something's flagged up, there's normally an action.

J: We do try and get some strong governance around the idea of Making it Happen meetings where decisions are taken and people are accountable and there's a Data and Systems Group also. Some people say there's there are a lot of meetings, but I think the test is whether the meetings are actually useful and are people experiencing them positively?

M: I think the Making it Happen meeting is really good. It's about everybody being there, particularly frontline staff, not just managers sitting making decisions and I think that's a really good message to send. If everybody's there together you do get to the nuts and bolts of it quicker I think. I do think it's really linked up managers and (the Systems Team). We've always known they're there and it's a nice relationship but it's really strengthened that I think and just taken down barriers so that you just think, "Oh, I'll just give Karen a ring".

J: Is there a value to having those reflective sessions where you look back at the week just gone and talk about what's going well or not?

M: Again, it's that joining up, isn't it? And encouraging people to become regular contacts and because we do go off into our own little silos, even within a small team like ours. I think it did make us much all aware of the process and how people were feeling about it. And it did also help people support each other.

J: Is there anything you wanted to say about this work that I've not asked you about?

M: It was something that we wanted to do and it came at the right time and I feel it's been really helpful for us but more than that, it's really helpful for the people that we support. You're not

drowning in paperwork and you really are having a conversation with them and they respond really well to that and you get good results from that.

J: Thank you very much for your insights, Meg.