Reimagining Help

An evidenced-based approach to helping
people reach their goals

nesta

MACMILLAN
CANCER SUPPORT

British Heart
Foundation

UCL
CENTRE FOR
BEHAVIOUR CHANGE

Reimagining Help

An evidenced-based approach to helping people reach their goals

The framework

The Reimagining Help guide was developed by Nesta in partnership with the **British Heart Foundation, Macmillan Cancer Support** and the **UCL Centre for Behaviour Change**. *All* four organisations were interested in developing a universal model of 'help' that supports people to reach the goals that matter to them. This report builds on the **Good and Bad Help report (2018),** diving deeper into the behavioural evidence and its practical applications.

The UCL Centre for Behaviour Change collated the behaviour change evidence (from the scientific literature and primary research) underpinning this guide.

We worked with a co-design group of 30 frontline practitioners, people with lived experience of long term health conditions, and academics who helped us understand the realities of delivering and receiving 'help' in health and care systems.

We also worked with **Dartington Service Design Lab**. They designed the structure and format of the guide to make it accessible and as easy to use as possible for those delivering 'help' in a range of settings.

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DARTINGTON
SERVICE
DESIGN LAB

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Reimagining help

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Why do we need to Reimagine Help?

Traditional models of health and care can encourage people to depend on 'experts' who hold knowledge and power, rather than supporting people to use their own knowledge, relationships, strengths and purpose to determine solutions that work best for them. This power imbalance is deeply rooted in the history, culture and structures of our health and care systems.

All too often:

- **People are told what is best for them and offered a one-size-fits-all solution** that doesn't relate to the things that matter to them. Offering solutions that are disconnected from a person's motivations are unlikely to work, yet 60 per cent of adults have not discussed what is important to them with a healthcare professional (NHS England, 2018).
- **There is an excessive focus on fixing medical symptoms** rather than exploring how a condition impacts on a person's life. Yet 45 per cent of all adults living with a long-term condition don't feel they have the knowledge, skills and confidence to manage their health and wellbeing on a daily basis (NHS England, 2019).
- **There is a lack of focus on people's wider life circumstances** - their home, relationships, social environments and finances - things that can be significant barriers to health and behaviour change. An example is suggesting people eat more healthily when 50 per cent of families cannot afford to eat what is recommended (The Food Foundation, 2018).

We understand that 'fixing' problems is sometimes the right and necessary thing to do; for example, in acute care settings it is essential for medical teams to use expert knowledge and make complex decisions at pace, as demonstrated throughout the coronavirus pandemic. But we believe the majority of health and wellbeing interactions (whether with healthcare professionals, those working in community settings or even online) could build in more *Good Help* principles, rebalancing power between experts and people and using practices informed by behaviour change research which support people to feel more confident to reach their own goals in a way that fits with their lives.

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What do we mean by Good Help?

The following definition was developed using insights from behaviour change research and people's lived experience of being helped and/or helping others.

Good Help supports people to adapt behaviours to reach their goals by:

- **Understanding what matters** to them individually, building on their strengths and **celebrating successes**
- Understanding the importance of their relationships and harnessing **social connections**
- Recognising practical barriers to change and **adapting environments** to overcome them
- Providing opportunities to **learn new skills** and **access tailored information** at a time that feels right for them
- **Tracking how behaviours change** over time and being **prepared for challenges and setbacks**

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An evidenced-based approach to 'help'

Behaviour change programmes have an established evidence base and work well for some people, but often these programmes miss opportunities to understand the wider issues that are affecting people's health and wellbeing. We think there is an opportunity to build on this learning and apply it in different ways. Here's why:

- There could be more focus on wider environmental, social and economic drivers of health and wellbeing (such as living conditions, community life, relationships, money and time), rather than a **narrow view of what is 'wrong'** (drinking too much alcohol, smoking and eating a poor diet), which limits opportunities to understand the person beyond their 'condition'.
- 'Help' could be more closely tailored to each person's goals and motivations, which may not be health focused (e.g. finding meaningful work or a new relationship), rather than based on **assumptions of what should change** (commonly behaviours linked to physical health and lifestyle).
- 'Help' could be delivered in flexible ways which enable more people to access the right support, rather than delivering programmes in a fixed way that may **exclude people from accessing support**. Someone working shifts, for instance, might find it hard to attend a fixed number of sessions, and some people might feel uncomfortable speaking in groups.
- The knowledge and skills needed to apply behaviour change practices could be made available to a wider range of practitioners across more diverse settings, rather than **limiting skills training to practitioners delivering specific programmes**.

We believe that insights from the field of behaviour change research can be applied to a wide range of organisations and places where people interact. Community facilities, local charities and businesses, employment and housing support, as well as health and care services can all play a role in supporting people to reach their goals in ways that feel right for them.

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Previous attempts to share behaviour change research and practice have not been easily accessible to people in 'helping' organisations, especially those working outside formal health settings. In this guide, we have aimed to simplify the evidence into 8 characteristics of Good Help. By doing this, we hope to encourage practitioners, system leaders and anyone who works in a 'helping' role to feel more confident about adapting and applying behaviour change principles in their organisation or community.

Now more than ever, there is a need to help people live well in their homes and communities. We must think more flexibly about what 'help' means and question whether traditional models of health and care are still fit for purpose. The coronavirus pandemic has highlighted the importance of diversifying sources of help beyond the hospital, supporting people to manage their health and wellbeing more independently and ultimately taking pressure off public services. We hope this resource will serve as a useful guide for reimagining what new forms of help could look like.

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Experiencing Good and Bad Help

Good Help makes me feel that...

I have the **information I need**

I am **supported** in a way that fits my life

I have the opportunities to **connect with other people**

I have the **resources** I need to reach my goals

My story and strengths are valued

I can choose what is right for me

I am safe enough to say what I need

Others understand **what matters to me**

I have the **confidence** to reach my goals

Bad Help makes me feel that....

I am alone in my experiences

I don't have the resources I need to make change

I am anxious about what will happen to me

I do not have the information I need

I don't have the confidence to reach my goals

My life and **wider needs are not considered**

I am a problem not a person

I am told what is best for me

I feel blamed and judged

I am not in control

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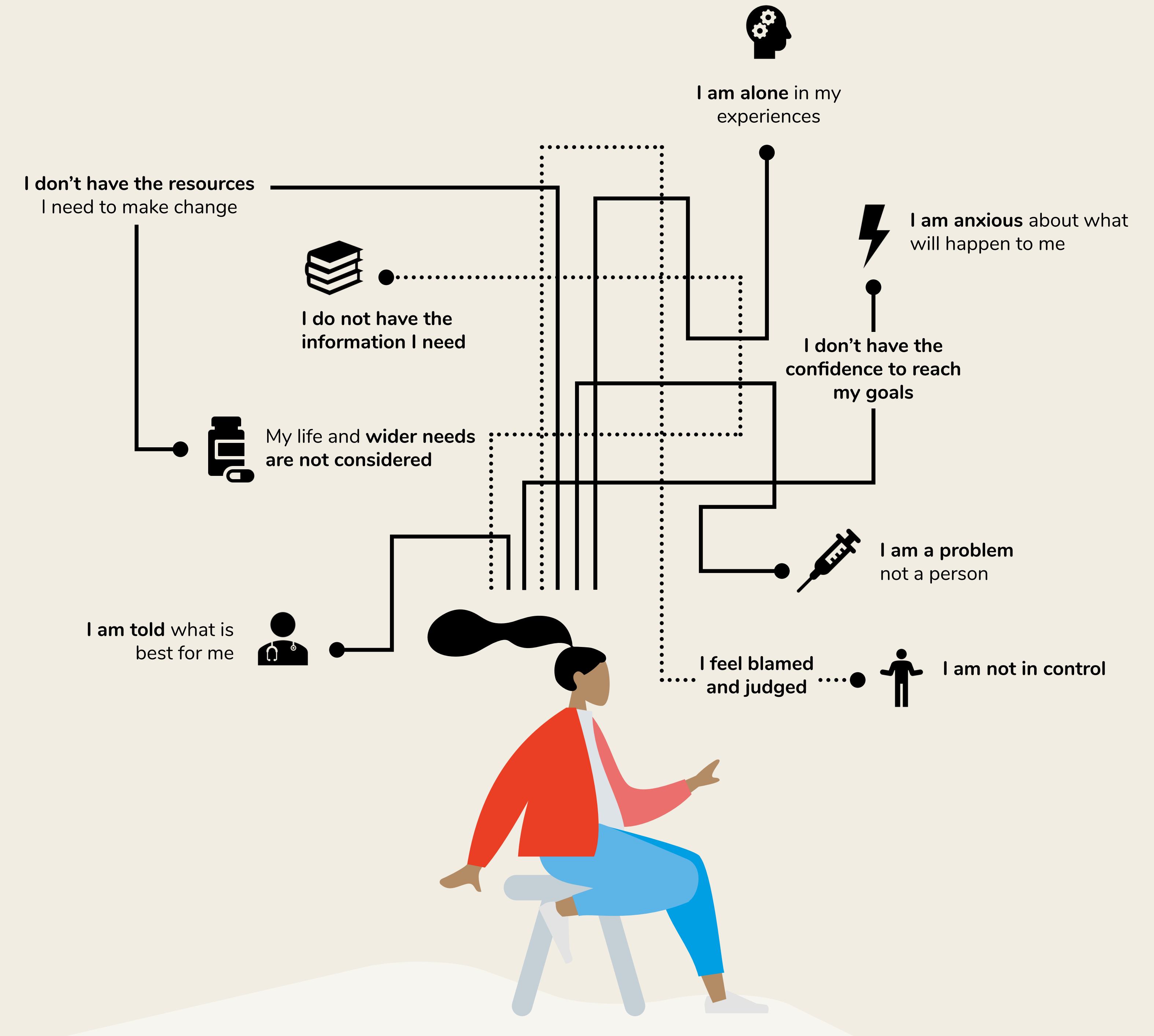
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The guide

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Understanding the guide

The purpose of this guide is to help the reader, and the organisations they work with, to:
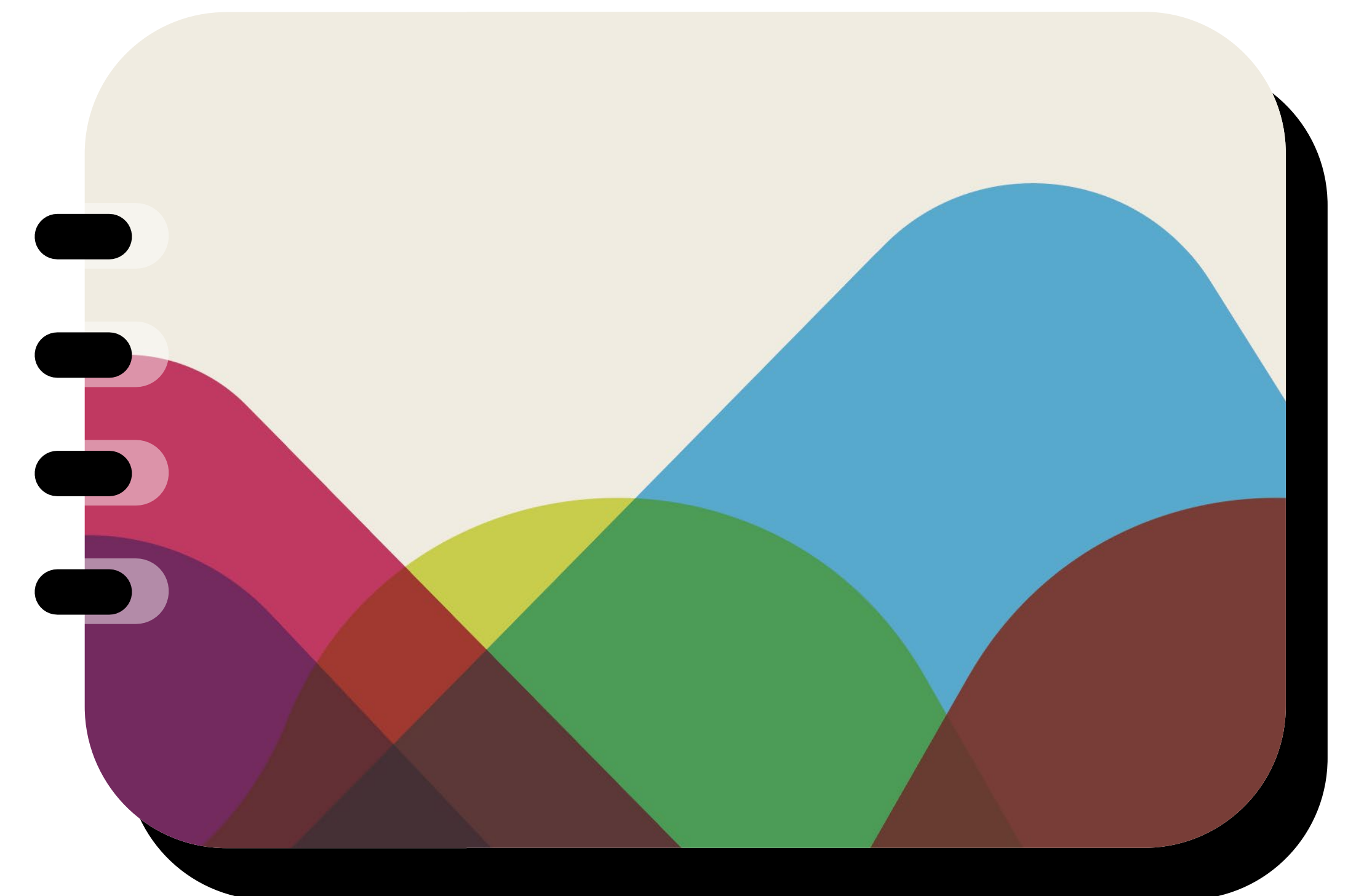
1. **Understand what Good Help is**, the behaviour change evidence that underpins it, and what it looks like in practice

2. **Develop new ideas or adapt offers of help**, which can be tested out in organisations or local communities.

Who is this for?

This guide was created for practitioners, system leaders (such as service managers, charity directors or commissioners) and any person working in a direct 'helping' role. Most of the evidence has come from the health and care sector; therefore it should feel particularly relevant to people working in places such as GP surgeries, hospitals, mental health and community services, local charities, day centres, residential care and home care services. But because Good Help is fundamentally about better ways to support people to reach their goals, it is relevant in other contexts too, including:

- Public services, such as employment support, housing associations, the Citizens Advice Bureau, adult learning centres and rehabilitation services.

- Community facilities, such as sports and leisure centres, libraries and places of worship.

- Local and community businesses interested in supporting local health and care services to help people living in their communities, such as cinemas, music venues, hairdressers and supermarkets.

For the purpose of this guide we have used the term 'practitioner' throughout, but this represents any person working in a 'helping' role across multiple settings. We also refer to 'organisations' providing help, but this is equally relevant to services, community groups and other providers

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Where did the evidence come from?

We drew on three key sources of evidence to develop this guide:

1. **Academic evidence:** We worked with UCL's Centre for Behaviour Change, who reviewed the academic literature to identify core behavioural approaches that underpin Good Help. We have used UCL's COM-B model (capabilities, opportunities and motivations which drive behaviour change) throughout the guide. When we talk about these terms we mean:
   - **Capability** - people having the right knowledge and skills to do things differently.
   - **Opportunity** - people having the right support, relationships and practical means to undertake the behaviour.
   - **Motivation** - people believing it is possible and worthwhile to change their behaviour.

2. **Practice-based case studies:** We interviewed people working in organisations or delivering programmes that already embed characteristics of Good Help to understand how it has been applied in practice (illustrated in the examples and case studies).

3. **Lived experience of people and practitioners:** We worked with a group of 30 people with lived experience of long-term health conditions (including cancer and heart conditions) and frontline practitioners (including GPs, physiotherapists, psychologists, nurses and specialist doctors). The group drew on their direct experience and understanding of the systems in which help is delivered. They also helped to translate the theory into language that people could connect with.

Together, these sources of evidence have been combined into **eight characteristics of Good Help.**

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How do I use the guide?
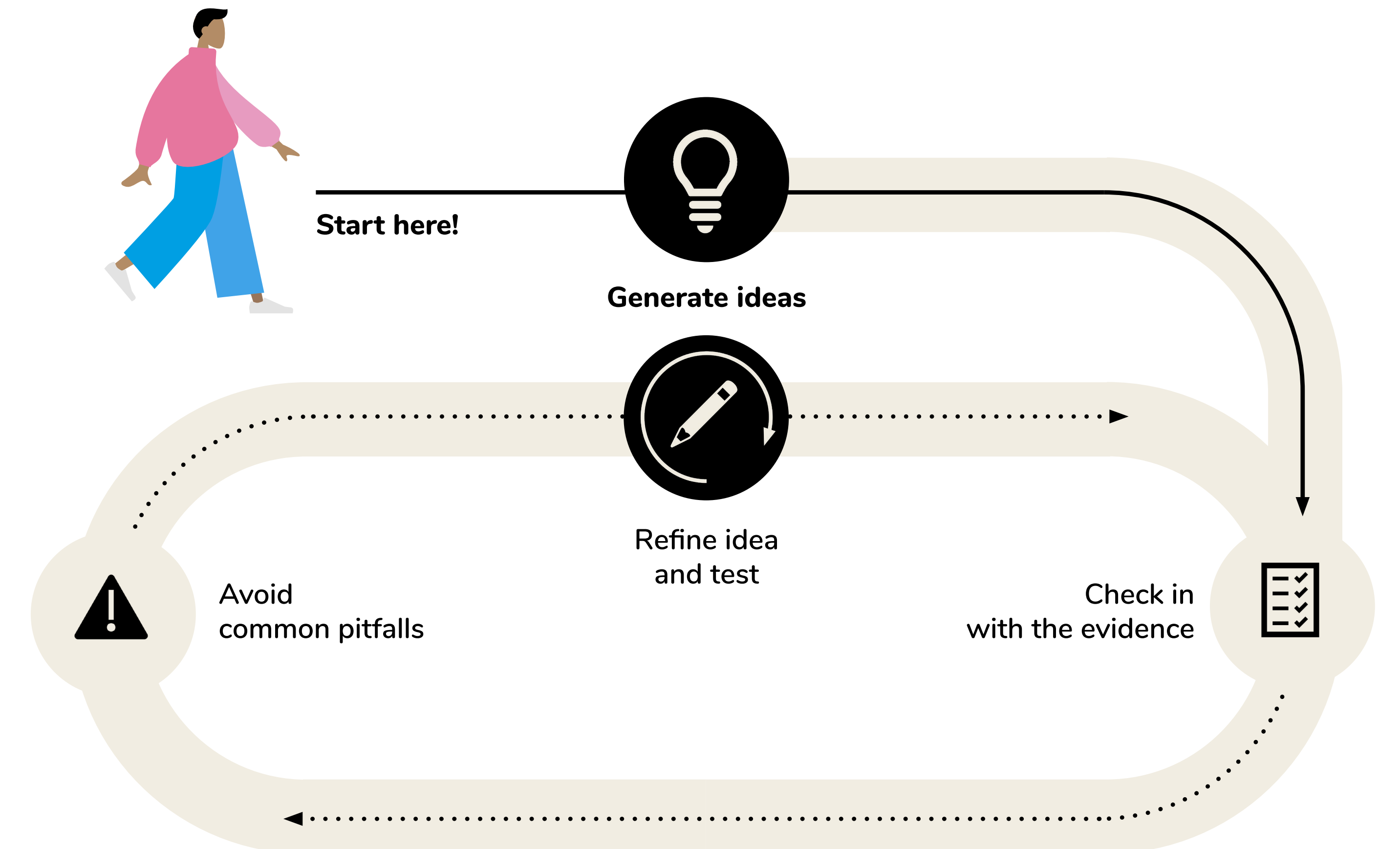
This guide is divided into two main sections:

1. **The eight characteristics of Good Help:** This section aims to help you to understand the behaviour change evidence and generate your own ideas for applying Good Help in your organisation or local community. For each characteristic, you'll be able to read:
   - A **description** of the characteristic and why it matters
   - The **behaviour change** theory and evidence behind it
   - **Examples** of the characteristic in practice
   - A **checklist** to assess whether your idea includes the core components
   - **Common pitfalls** that might arise when developing and implementing ideas.

2. **Good Help case studies:** This section aims to illustrate how Good Help characteristics have been applied and embedded into practice. Within each case study, you will find:
   - A **description** of what the organisation or programme does
   - The **Good Help characteristics** that have been embedded and how this has been done
   - **What practitioners and organisations can do** to implement Good Help. This section has been structured using the COM-B model, and outlines what is needed at an organisational level and a practitioner level.

We hope that you can borrow learning from the case studies and get inspiration for how to tailor ideas to what your local community wants and needs.

Start here!

Generate ideas

Refine idea and test

Check in with the evidence

Avoid common pitfalls

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Eight characteristics

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The eight characteristics of Good Help

As you go through this guide and generate your own ideas to
try out in your service, organisation or community, you do not
need to incorporate all eight characteristics at once. Some ideas
focus on a single characteristic and others may cut across several
characteristics.
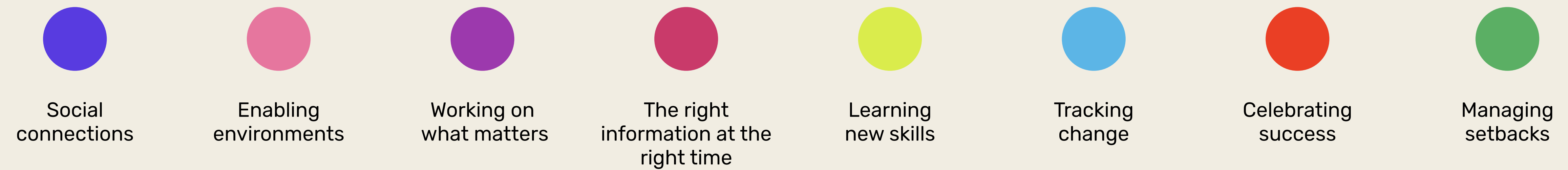
Social
connections

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environments

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what matters

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information at the
right time

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new skills

Tracking
change

Celebrating
success

Managing
setbacks

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Social connections

Why is this important?

Organisations that draw, and build, on the social value of people's relationships and communities will tap into wider sources of emotional and practical support which cannot be provided by practitioners alone.

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What do we mean by social connections?

Social connections can be any meaningful contact with another - for example, friends, family, neighbours and community members or new people with shared experiences. When it comes to changing behaviour it can be particularly helpful to meet others with similar goals and experiences; realising you're not alone in your experience and believing that things can change can be an important source of motivation.

Taking part in social activities can improve health and wellbeing through learning from others - for example, sharing health information, practising new behaviours and supporting each other's successes (see *Celebrating success*). Social connections can be harnessed to help people move towards their goals - for example, by creating shared goals with friends or by asking family and friends not to tempt them away from their goals.

If social activities are being offered, they should be delivered in a way that feels inclusive and safe enough for anyone to take part (whether face to face or virtually), recognising not everyone has the same amount of time, money or confidence in social situations.

Social connections

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Social connections

🧠 What is the behaviour change theory and evidence?

Social connections:

- Increase **opportunities** for behaviour change by exposing people to a range of behaviours modelled by others in similar situations. Role-modelling provides people with examples to try out or aspire to, and helps to establish new norms for helpful behaviours within a community.

- Increase **motivation** for behaviour change because goals set within the context of a person's relationships and families are likely to be consistent with their belief system, identity and culture. Seeing others successfully change can increase people's confidence (a key element of motivation) to make changes in their own lives. Social connections also create opportunities for feedback and positive reinforcement (*Celebrating success*), which is critical to the process of changing behaviour.

- Increase **capability** through the exchange of knowledge and skills via interpersonal learning (learning from others).

Examples

- Club Soda runs social events for people trying to stop or reduce their alcohol intake. These events role-model socialising without alcohol, enabling people to make friends with others with similar goals, in an environment that has a great social atmosphere (as you would find in a pub!) and interesting non-alcoholic options available (see *Enabling environments*).

- GoodGym is a community of runners that combine getting fit with doing social good. They harness social connections by providing opportunities for people to come together and work on a shared goal - for example, planting trees in a community garden. This sense of shared interest and peer support helps people stay motivated and build exercise into their regular routines (see case study for more detail).

- Peer-support platforms that match people to others with similar health conditions, interests and ambitions, and virtual events which help people connect with and learn from each other about living with particular experiences. For instance, TeenHeart is a peer support programme facilitated by the British Heart Foundation for young people with congenital heart conditions; and Grapevine's Teenvine Plus is a programme for young people with autism or learning disabilities which focuses on developing friendships, confidence and skills to achieve their ambitions.

💡 Generate ideas

Using the information above, start to brainstorm ideas to try out in your organisation or community. Think about how to co-design ideas with other practitioners and people in the local community who could benefit from Good Help.

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Social connections

Generate ideas

Refine idea and test

Common pitfalls

- Signposting people to a support group without first exploring with them what their needs are and whether it will be met by this kind of group.
- Asking someone to make a plan for reaching their goals without acknowledging their wider lives: home life, relationships, work, time and money.
- Setting up a support group in a way that disadvantages some more than others - for example, people with learning difficulties or people whose first language isn't English, or that does not provide support for people to access the group if barriers are present.

Use these questions to assess whether your idea includes the core components of this characteristic.

Check in with the evidence

1. How will your idea enable people to connect with others with similar experiences?
2. How will you support the person to draw on their social networks when developing individual or shared goals?
3. How does your idea provide opportunities for people to receive positive reinforcement and feedback? And how will this be achieved?
4. How does your idea support people to practice new behaviours and develop new skills through opportunities for interpersonal learning?
5. How will you enable a diverse range of people to access and engage with the idea? Are there things you can put in place to make it as equitable and inclusive as possible?

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Enabling environments

Why is this important?

So much of human behaviour is directly triggered by the environments in which people live. Organisations that recognise this and look for ways to adapt environments can help people to access opportunities and enhance health and wellbeing.

What do we mean by enabling environments?

If people's environments (their homes, places of work and wider communities) are set up in a way that makes it easier to access support or undertake certain behaviours, it can help people to reach their goals. This includes locating resources, equipment and support in closer proximity to the person - at home, within walking distance, or in public places that people come into contact with as part of their everyday routines. But it is more than just physical distance. It is also about presenting things in ways that make people feel safe enough to approach what's available - for example, feeling confident enough to use gym equipment in parks or to walk into a group on debt management. This can be done in different ways, such as choosing venues that people already trust and which are easy to find or by providing a demonstration in advance so that people know what to expect and how things will work.

As well as public spaces, it can be helpful to support people to adapt their home and work environments in ways that helps them to move towards their goals - for example, a timer on the TV to switch off after a certain time to improve sleep routines, clearing a small area at home to do exercise or putting alcohol-free beer in the fridge.

Enabling environments

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Enabling environments

🧠 What is the behaviour change theory and evidence?

Enabling environments:

- Increase **capability** for behaviour change, as people learn how to adapt their own environments in accordance with the goals they are trying to achieve.
- Increase **opportunity** for behaviour change by making sure people have the resources they need - for example, money, equipment, space - to do the behaviour.
- Increase **motivation** for behaviour change by removing barriers from the process of change, essentially making the desired behaviour the easiest behaviour. This might be by ensuring there are plenty of cues to remind people to do the behaviour or removing cues to do other unhelpful behaviours. It could also involve moving services that support behavior change closer to the places where people live, work, learn and play, rather than having them in places that are convenient for the service or practitioner - for example, co-location of services.

Examples

- Installing free blood pressure machines in supermarkets alongside a demonstration video, information about how to interpret readings and what to do if blood pressure is high.
- Providing free or discounted taxi rides to appointments in order to remove barriers to accessing support.
- Gaming or virtual reality to reduce anxiety about accessing support or treatment - for example, Great Ormond Street Hospital has recreated the hospital in a Minecraft world, enabling children to virtually visit the hospital before they attend and meet other children; others have used virtual reality as a method of distraction during procedures such as blood tests.
- Offering accessible bike stores and shower facilities in public spaces and workplaces so that it is easier for people to run or cycle, rather than having to drive or use public transport; providing access to free running shoes or other sports equipment for people who can't afford them.
- First Call support at home works with local volunteers to improve the environments of people recovering at home - for example, clearing rooms so that medical furniture or recovery equipment can be installed or picking up prescriptions or shopping for people. These adjustments help people to focus on and prioritise their recovery.

💡 Generate ideas

Using the information above, start to brainstorm ideas to try out in your organisation or community. Think about how to co-design ideas with other practitioners and people in the local community who could benefit from Good Help.

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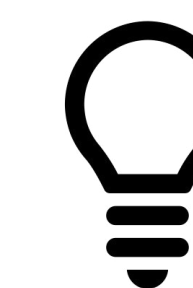
Enabling environments

Generate ideas

Refine idea and test

Common pitfalls

- Locating support/equipment in places which might be easier for organisations without thinking about how to address barriers to accessibility for particular groups - for example, people living in rural locations or those with mobility difficulties.
- Making recommendations without understanding the limitations of people's home environments - for example, suggesting a healthy cooking course that requires the use of an oven when the person hasn't got an oven or can't afford to use one.

Use these questions to assess whether your idea includes the core components of this characteristic:

Check in with the evidence

1. How will you make it as easy as possible for people to physically access the opportunity?
2. How does your idea help people to overcome practical barriers to behaviour change?
3. How will you put in place information or support that helps people feel confident to access or interact with what you are offering?
4. How will you make sure that the idea feels safe and inclusive enough for people? Can you connect to and make use of existing community infrastructure - for example, existing community groups, local policing, green spaces?
5. How could your idea span multiple environments - for example, home, work, wider communities?

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Working on what matters

Why is this important?

Organisations that seek to understand what is important to each person are better able to tailor support to help people change the desired behaviour and reach their goals.

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What do we mean by working on what matters?

If people identify what is important to them and what goals they want to work on, they are more likely to take action. This might seem obvious, but many of our health and care systems are set up to offer standardised solutions to people, with little room for tailoring support. Starting conversations with 'what's important to you and what do you want to work on?' might feel quite different to some practitioners who are used to working with direct approaches.

People should be supported and encouraged to set goals relating to any aspect of their lives that are important to them, such as physical and mental health, work and finances, or family and social life. As mentioned in _Social connections_, goals can also be collective (a group of people who care about achieving the same thing).

Once people have decided on their goals they should be supported to create plans for reaching them, building on their strengths, interests, achievements and wider social support networks. Where organisations feel unable to support people with particular goals (for instance, a care leaver who mentions to their GP they need help accessing specific benefits), they should aim to connect the person to organisations that can help.

Working on what matters

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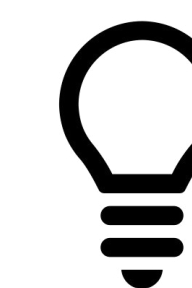
Working on what matters

What is the behaviour change theory and evidence?

Working on what matters:

- Increases **capability** for behaviour change because people learn what moves them towards or away from their goals - for example, practical resources or psychological barriers to change.

- Increases **motivation** for behaviour change because it enables people to connect with and focus on the things they care about, which increases commitment and engagement with the goal over time.

- Increases **opportunity** for behaviour change by enabling people to connect with groups or activities that link with their personal interests and goals and which unlock new opportunities for social support and peer learning.

Examples

- Practitioners often have limited time to ask open questions. Moving Medicine guides practitioners on how to make the most of 1 minute, 5 minute or longer conversations with people with a range of health conditions, building in behaviour change evidence to support people to become more active.

- Dance to Health connects people's love for dance and music with evidence-based exercises that are proven to help reduce falls in older people by increasing mobilisation, endurance, strength and balance.

- Supporting practitioners to have conversations that focus on people's strengths, interests and goals (rather than focusing on the 'problem'). This could consist of offering coaching conversations in non-clinical settings (e.g. leisure centres) that start with 'what do you want to work on?' and 'how do you want to get there?'

- Cornerstone works with people with learning disabilities, physical disabilities, autism and dementia. Each person is given the opportunity to select their own care team based on the staff they feel align best with their dreams and strengths.

Generate ideas

Using the information above, start to brainstorm ideas to try out in your organisation or community. Think about how to co-design ideas with other practitioners and people in the local community who could benefit from Good Help.

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Working on what matters

Generate ideas

Refine idea and test

Common pitfalls

- Organisations may assume that staff already have the skills required to ask open questions, set goals and build people's confidence to change, but these techniques require practice and knowledge.
- There may appear to be buy-in from senior staff, but the way an organisation is commissioned, regulated and evaluated can make it harder to move from 'fixing' to 'co-producing' solutions with people - for example, if services are incentivised to measure clinical outcomes (rather than person-centred outcomes, like confidence).

Use these questions to assess whether your idea includes the core components of this characteristic.

Check in with the evidence

1. How will your idea enable people to explain what matters to them beyond their health condition(s)?
2. How will you ensure that staff or volunteers know how to have conversations that draw on what matters to people and relate this to behaviour change?
3. How will you ensure that people feel safe enough to share what matters to them?
4. How does your idea create space for people to develop personal goals and make clear plans for reaching them?
5. How will people be supported to reflect on their strengths and personal achievements and to draw on their social networks when developing their plans?
6. How do you intend to support the person to work through specific barriers to change?
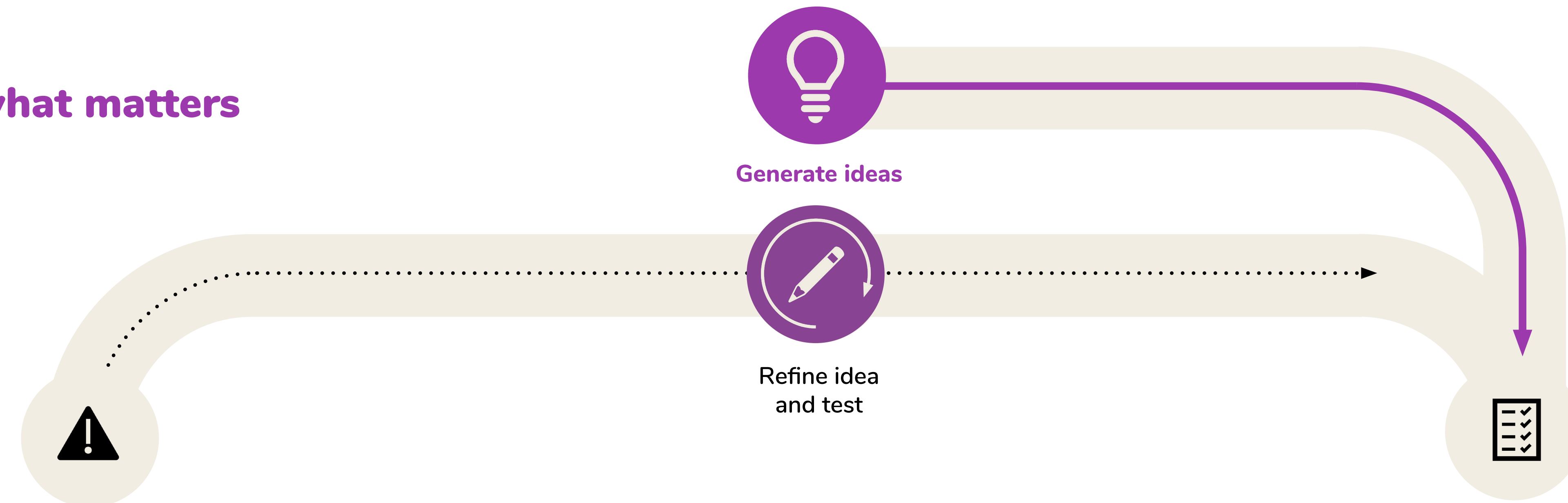
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The right information at the right time

Why is this important?

Providing high-quality and easy-to-digest information at the right time helps people to feel in control during challenging times. Timing is everything - the right information at the wrong time can overwhelm people or cause distress, which could lead to them avoiding or withdrawing from much-needed support.

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What do we mean by right information at the right time?

People should be able to access accurate information that helps them to feel informed and in control of their health and wellbeing when they need it. It should include consideration of:

- **Timing and type of information:** Rather than giving people standard information at set points in their health journey, there should be opportunities to tailor information to what is needed at different points. This can be achieved by asking people what information they want, in how much detail, and when and how they want it. For example, post-diagnosis, some people may want lots of information straight away, but others may want time to process the diagnosis and involve their family and friends before finding out more.

- **Language:** When information is communicated (verbally or in written form), it should be done in a way that is non-technical and empathetic and that does not exacerbate anxiety. Some medical terms may induce more anxiety than others - for example, a diagnosis of 'heart failure'. When sharing information, an individual's communication needs should be taken into account - for example, people with learning disabilities may benefit from easy-read formats, or the support of an advocate.

The right information at the right time

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The right information at the right time

🧠 What is the behaviour change theory and evidence?

Having the right information at the right time:

- Increases **capability** for behaviour change by ensuring that people are able to understand and act upon information when they are ready. Education and skills-based interventions are more likely to be effective when people can access information at different points in their behaviour change journey.
- Increases **motivation** by making sure that information provided is in line with the individual's emotional state. When people are experiencing strong feelings of anxiety, they may not be in a position to retain lots of factual information, so this may be better provided when the person feels more able to take on board new information.

Examples

- Asking people open-ended questions like 'what can I tell you right now that would be helpful?' will create opportunities for people to let practitioners know what they need from an interaction.
- Trusted health forums or helplines with specialist advisors that provide access to instant support at a time and place that suits people - for example, the British Heart Foundation's helpline and Macmillan's support line.
- The University of Edinburgh has designed an interactive mobile app to support parents and carers of children undergoing assessments for autism. The app automatically generates information based on individual preferences - for example, information on diagnosis, treatment options, lifestyle changes and local support groups.
- Rather than prescribed sessions, organisations like Off The Record Bristol run drop-in days called 'hubs', which give young people the flexibility to access information and support at moments that suit them.
- Groundswell uses a peer advocacy model in which volunteers who have experienced homelessness support others to manage their health and wellbeing more independently. Peer advocates can share information in a non-medical way based on their own experiences.

💡 Generate ideas

Using the information above, start to brainstorm ideas to try out in your organisation or community. Think about how to co-design ideas with other practitioners and people in the local community who could benefit from Good Help.

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The right information at the right time

Generate ideas

Refine idea
and test

Common pitfalls

- Often there is an assumption that sharing information (even in clear language) means that the other person has understood it, but this is not always the case. If people are experiencing strong emotional responses at the time or if the interaction is rushed they might become overwhelmed by the information and need more time to process it. For example, when a person is diagnosed with a condition the default might be to give lots of information about symptoms, prognosis and treatment options.

Use these questions to assess whether your idea includes the core components of this characteristic.

Check in with the evidence

1. How will people easily access the information - for example, in local non-clinical settings or online - at a time that suits them and in formats that can be understood by everyone?

2. How will the information be tailored to people's preferences - for example, language, format and volume? Will there be an opportunity to check that the person has understood the information?

3. How will people be given opportunities to ask different questions at different points? Have you thought about key moments for information sharing - for example, transition points when people might feel most anxious?

4. How will you ensure that the information is credible and up to date? Have you considered different sources of credible information - for example, professionals, peer groups, online sources and local charities?
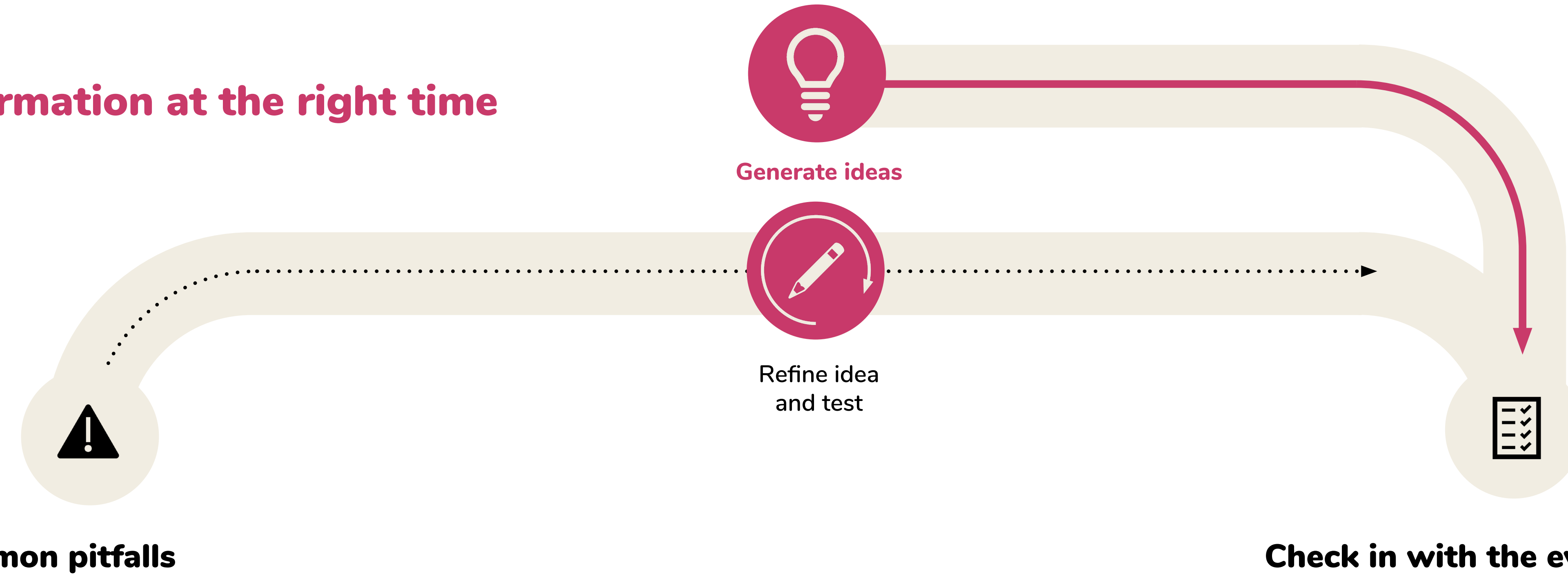
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Learning new skills

Why is this important?

A lack of opportunities for people to acquire new skills can be a major barrier to behaviour change. Organisations that support people to learn and practice new skills will help people be more successful in reaching their goals.

What do we mean by learning new skills?

In Western society, a common narrative is that an individual can change their life if they simply put their mind to it. This narrative places a lot of responsibility on the individual without acknowledging the wider context of people's lives or that people need opportunities to learn and develop skills in order to reach their goals. It is often the lack of opportunity rather than a lack of trying that prevents change from taking place.

When people are equipped with new skills and knowledge - for example, training that enables them to enter more secure and rewarding careers, it can help them to build confidence and motivation to change behaviours. It also helps when opportunities for learning are easy to access - for example, low cost or free and located in non-clinical settings close to people's homes - see _Enabling environments_, and are flexible enough to provide tailored support to those taking part - for example, personalised learning that maps directly onto people's goals - see _Working on what matters_.

Learning
new skills

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Learning new skills

What is the behaviour change theory and evidence?

Learning new skills:

- Increases **capability** for behaviour change by helping people to learn how to manage their health and wellbeing and by applying skills that help to address the wider determinants of their health, such as communication skills and financial management.
- Increases **motivation** for behaviour change, as becoming good at something (e.g. home cooking) makes a person feel good about the behaviour and increases the likelihood that they will do it again (e.g. experimenting with new recipes).

Examples

- Blue Marble training introduces young people to a restaurant kitchen to develop the skills needed to work in a professional environment whilst being mentored to support their wider personal development needs.
- Envision supports young people to develop skills for adulthood by providing opportunities for young people to tackle social problems in teams and take community action.
- The Stroke Association provides digital training and support to people who have had a stroke to support them with their communication needs.
- The Bromley By Bow Centre understands that health is driven by social factors, not just medical ones. They offer a range of opportunities for skills development in their local community hub, including money management, starting a business, computer skills, creative arts and languages.
- Body & Soul's MindSET is a free weekly livestream for young people to learn skills to help manage emotional distress.
- Foundation for Change offers training courses for people in recovery from drug and alcohol addiction to achieve their goals and grow in confidence and self-esteem.

Generate ideas

Using the information above, start to brainstorm ideas to try out in your organisation or community. Think about how to co-design ideas with other practitioners and people in the local community who could benefit from Good Help.

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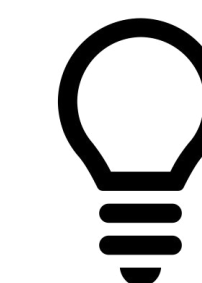
Learning new skills

Generate ideas

Refine idea

Common pitfalls

- Making recommendations or referrals to courses or workshops based on a narrow view of what skills the person needs, without understanding their individual preferences or barriers to participation.
- Placing too much emphasis on internal drivers of health, such as mood and beliefs, without considering the wider influences on a person's experience - for example, referring someone for cognitive behavioural therapy for depression without understanding how the person's income, housing, relationships and community life might be making it harder to reach their goals.

Use these questions to assess whether your idea includes the core components of this characteristic.

Check in with the evidence

1. How will you identify the types of skills and learning opportunities people want? Can you speak to people in your local community?
2. How do the skills and learning opportunities help people move towards their personal goals? Will you be able to tailor the opportunities to individual needs?
3. How will the skills and learning transfer to people's wider lives or will they need further resources to continue to learn and apply them once the opportunity has ended?
4. How will you communicate the opportunity and encourage people to access it? Is it delivered in a way that everyone can understand and in a place that people can reach?

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Tracking change

Why is this important?

Seeing how behaviours change over time can help people to understand their own patterns of behaviour, feel motivated by progress, predict when things might be getting worse and get support at the right time.

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What do we mean by tracking change?

When anyone sets out to make long-term changes in their lives, whether related to health, relationships, work or any other aspect of life, it is likely they will experience variations in their ability to focus and do what is required to move towards their goals. Some weeks or months might go better than others, and life events and other external factors will contribute to fluctuations in activity. For example, an unsuccessful interview may discourage a person from applying for more jobs and an upcoming social event may motivate a person to exercise more regularly. Tracking change can help a person understand their own patterns of behaviour (and how they relate to things like mood, work and relationships), identify common obstacles and adapt their plans accordingly (see **Managing setbacks**).

People should find it easy to track changes - if too much effort is required to enter data, this can be a deterrent. People should be able to decide which behaviours or other things (e.g. outcomes such as weight) they want to track and the way to do this that works for them. They should have control over their own data and make choices about who to share their data with. It can be motivating to know that someone else, such as a practitioner or a friend, is following your progress, particularly if feedback and support is tailored accordingly.

Tracking change

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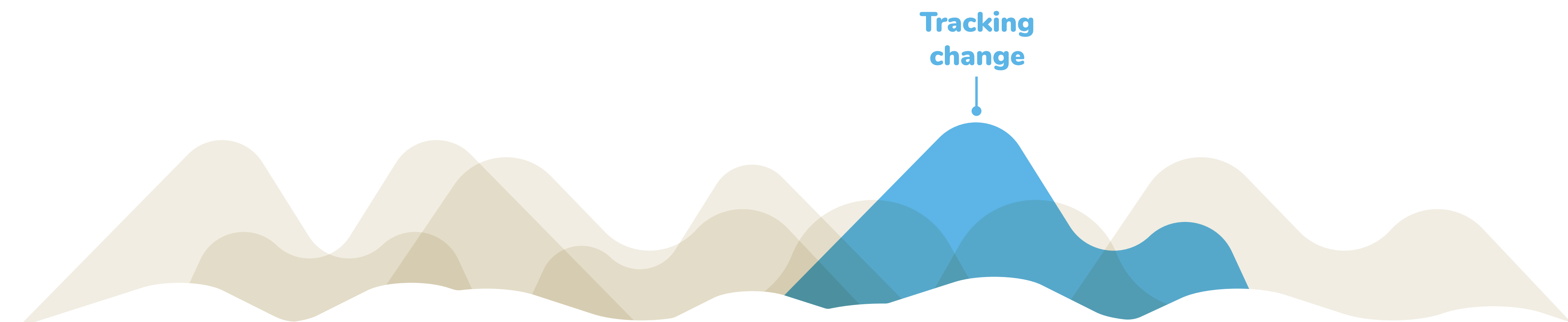
Tracking change

What is the behaviour change theory and evidence?

- People often underestimate or overestimate changes in their behaviour - for example, they underestimate the number of calories consumed or overestimate the time they spend exercising. Tracking behaviour increases **capability** by people having a better understanding of their progress, barriers and patterns as well as the ability to put solutions in place based on their observed progress.
- Tracking change increases **motivation** when people can tangibly see their successes.

Examples

- Taking regular blood pressure readings at home alongside keeping diet or activity diaries and sharing the results directly with practitioners to discuss progress or plans to change behaviours.
- Sleep diaries or sleep data from a wearable device that is connected to tailored psychological support.
- A text message that asks a person to rate their mood each day and which notifies a known practitioner if mood is consistently low for an agreed amount of time.
- Apps that use activity-tracking functions - for example, Fanfit tracks football fans' step counts and shares this information in a visual leaderboard allowing fans to share and compare their progress with others.
- OWise cancer app uses tracking tools to monitor wellbeing and notify people when their health deteriorates. It also enables users to share their real-time data with practitioners directly.

Generate ideas

Using the information above, start to brainstorm ideas to try out in your organisation or community. Think about how to co-design ideas with other practitioners and people in the local community who could benefit from Good Help.

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Tracking change

Generate ideas

Refine idea

Common pitfalls

- Suggesting which behaviours or metrics a person should track without asking them if they feel comfortable doing this and explaining how they link to the person's goals. Some people won't want to share their data and will feel like they are being monitored.
- Asking a person to spend time tracking their progress and then not using the data to inform support. People who are motivated by sharing their progress with others might not continue to track changes if no one is looking at what they are achieving.

Use these questions to assess whether your idea includes the core components of this characteristic.

Check in with the evidence

1. How will people decide what behaviours or other metrics they can track? What behavioural or non-behavioural metrics (e.g. weight, confidence, knowledge) could be tracked?
2. How can tracking be made as easy as possible? - For example, taking pictures of meals rather than keeping a food diary?
3. How are people supported to use the data they track for example, visualising how close they are to their goal or opportunities to review data at different points.
4. How will the idea help to tailor support or feedback based on the data tracked? Are there opportunities to agree in advance with the person when to reach out - for example, if activity or mood dips to a certain point? (see *Managing setbacks*)
5. How will people share their progress with others and is there opportunity for peer feedback (see **Celebrating success**)?
6. How will you address concerns about how data will be used and accessed?
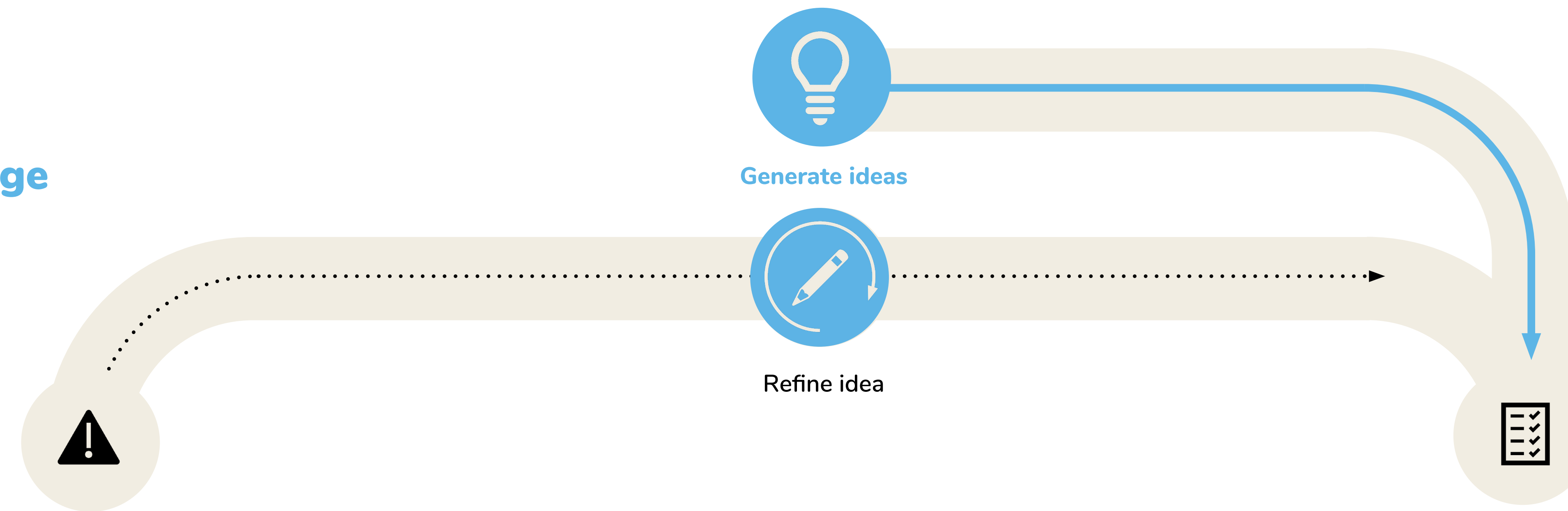
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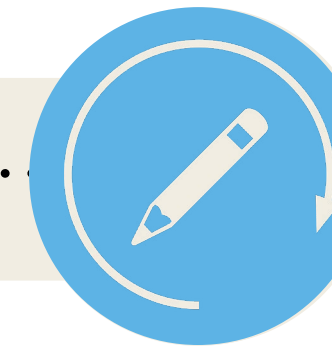The side menu and the underlined content can take you to different sections of the document and external sources.

Celebrating success

Why is this important?

Organisations that focus on recognising and finding ways to celebrate people's progress and successes (rather than focusing on what is not going well) will reinforce and encourage behaviour change.

What do we mean by celebrating success?

Human behaviours (whether they involve trying new behaviours, maintaining existing ones or giving up unwanted ones) are strongly influenced by incentives and rewards. **Incentives** drive behaviour by making people aware of the prospect of a reward for their behaviour. **Rewards** drive behaviour when the behaviour is reliably followed by a positive experience (e.g. a feeling of satisfaction, money, praise etc). Each person has their own set of things that will motivate them, and if organisations can tailor rewards and incentives to what each person cares about, they will be more effective.

Rewards and incentives could be:

1. **Intrinsic (internal to the person):** Setting and achieving meaningful goals (see *Working on what matters*) will help people to feel a sense of individual achievement (e.g. satisfaction) and positive emotions (e.g. pride) which will reinforce behaviour change.

Ensuring that environments in which help is offered are welcoming and pleasant can also help people feel valued and want to engage with services (see *Enabling environments*).

2. **Material:** These might take the form of money (e.g. cash or vouchers) or other resources (e.g. access to services such as gyms) and can have a powerful influence on behaviour. Although the provision of material rewards has been criticised as being at odds with the ethos of public sector services and incurring additional cost, the evidence is that programmes containing such incentives are successful at supporting change and can be cost-effective. Schemes devised in partnership with community businesses can bring benefits to both individuals and communities.

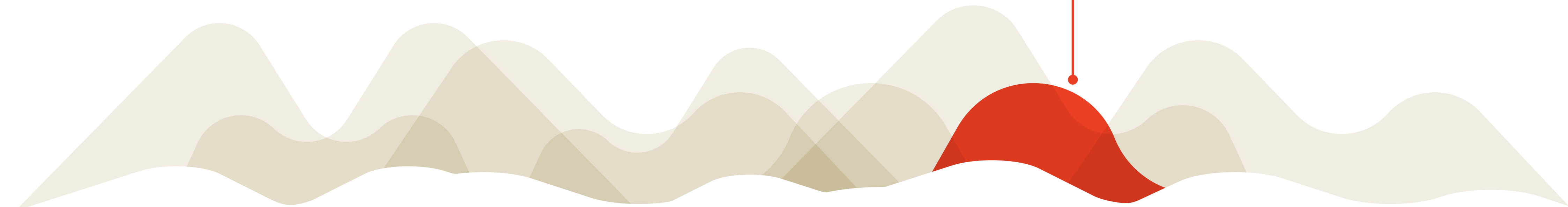3. **Social**: Some of the simplest and most powerful rewards for behaviour cost nothing and can be engineered into *Social connections* in which peers and professionals recognise and praise the effort or achievement of others. Services can also support people to elicit effective social rewards from others in their life (e.g. friends and family) rather than simply expecting this to happen.

Celebrating success

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Celebrating success

🧠 What is the behaviour change theory and evidence?

Celebrating success:

- Increases **motivation** for behaviour change by positive reinforcement. Feeling good about achieving a goal (i.e. intrinsic reward), receiving praise for one's efforts (i.e. social reward) and being rewarded financially (i.e. material reward) all make the behaviour more likely to happen again.
- Increases **opportunity** by overcoming barriers - for example, material rewards such as supermarket vouchers for attending nutrition classes can improve financial barriers to healthy eating behaviour.
- Increases **capability** through people learning about what works in changing their behaviour. For example, a person may learn that without social reinforcement, they personally are unlikely to feel motivated to work on their goal.

Examples

- Linking health behaviours such as step count to material incentives/rewards that a person is genuinely interested in - for example, earning points that can be converted into a charity donation or voucher to spend in local shops (Better points).
- Social recognition of health or other behaviours through a status symbol - for example, different coloured cards depending on how many times a person has donated blood or a t-shirt design that differs based on how many runs someone has achieved.
- Feedback from practitioners as people work towards or reach certain goals, where they are recognised for their efforts and successes.

💡 **Generate ideas**

Using the information above, start to brainstorm ideas to try out in your organisation or community. Think about how to co-design ideas with other practitioners and people in the local community who could benefit from Good Help.

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Celebrating success

Generate ideas

Refine idea

Common pitfalls

- Recommending incentives or rewards without exploring whether they are meaningful and appropriate to the individual - for example, suggesting they treat themselves to a pair of new shoes or a nice meal when they may not have the resources to do this or may not place any value on these things.
- The way that positive feedback is delivered matters - there is a fine line between encouraging a person and patronising them. It might help to start with a question like 'how do you feel about what you've achieved?' before adding your own feedback.

Use these questions to assess whether your idea includes the core components of this characteristic.

Check in with the evidence

1. How will you make sure that people's successes are recognised by the service and/or practitioners?
2. How will you take into account the different kinds of incentives and rewards: intrinsic, material and social?
3. How will incentives and rewards be tailored to the person's particular motivations? And will the person be supported to apply the principles of reward more widely?
4. How are rewards linked to health-related behaviours or other outcomes?
5. How might the rewards change over time to keep people interested and motivated?

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Managing setbacks

Why is this important?

People's behaviour change journeys are rarely linear, and most will experience large and small setbacks along the way. Organisations that recognise this and support people to anticipate and plan for setbacks will encourage long-term success.

What do we mean by managing setbacks?

Everyone experiences setbacks as they change their behaviour. The triggers for this may be changes in life circumstances that are out of a person's control - for example, a new diagnosis, redundancy, housing difficulties or they could be related to normal variations in motivation (e.g. boredom with healthy eating routines). Setbacks will be experienced in many different ways by different people, including decline in mental health, reduction in social contact and increase in alcohol or substance use. Setbacks themselves are not necessarily a problem: it is how people and their supporters react to the setback that makes the difference to the impact they have.

We tend to go through life reacting to problems as they crop up rather than taking time to plan ahead. But in many cases setbacks can be planned for and managed by drawing on people's strengths and their experience of navigating previous difficulties. Making space to plan ahead can help people to feel more prepared for difficult times. When developing plans for possible setbacks, people should be supported to reflect on: the signs that things are getting worse; the strategies and resources that have helped them to manage in the past; and the support of others (family, friends, professionals, community services etc. - see Social connections). Supporting people to think about how they might foresee setbacks (e.g. identifying a gradual decline in mood or reduction in physical activity - see Tracking change) can help them to put support and strategies in place before things get worse.

Managing setbacks

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Managing setbacks

🧠 What is the behaviour change theory and evidence?

Managing setbacks:

- Increases **capability** for sustained behaviour change as people learn how to identify possible setbacks and get back on track as well as how to avoid or manage situations which may trigger a setback
- Increases **motivation** for behaviour change as people will become more confident that they can respond constructively to new challenges in their lives

Examples

- Personalised setback plans that are developed and shared with practitioners and can be easily accessed and adapted when people are going through difficult times.
- Helplines or drop-in sessions that can respond to people's setbacks in a timely way and do not require advance notice - for example, walk-in support groups for people experiencing grief.
- Open drop-in coaching sessions for general support and motivation that can be accessed whenever people need them.

Generate ideas

Using the information above, start to brainstorm ideas to try out in your organisation or community. Think about how to co-design ideas with other practitioners and people in the local community who could benefit from Good Help.

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Managing setbacks

Generate ideas

Refine idea

Common pitfalls

- Spending time developing a setback plan with people and then never returning to it! This might occur because the person is in contact with different services or sources of support and it isn't clear who can access the plan or who can provide support when it is needed.

Use these questions to assess whether your idea includes the core components of this characteristic.

Check in with the evidence

1. How will your idea convey that setbacks are a normal part of the process of change and to be expected?
2. How does your idea help people prepare in advance of setbacks by drawing on their personal strengths and wider support networks?
3. How does your idea help people put their plan into practice when a setback occurs? Can the plan be accessed easily by those who need to see it?
4. How does your idea cater for different types of setbacks, from minor to significant?

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Case studies

Case study 1
Mayday Trust

What does the Mayday Trust do?

The Mayday Trust works with people who are experiencing challenging life transitions, such as homelessness, leaving care or coming out of prison. People experiencing such transitions are commonly offered support based on what is 'wrong', which can feel impersonal and can leave people feeling trapped and dependent on services. The Mayday Trust works to actively change this experience and to support people by working in a person-led, strengths-based way through their Personal Transitions Service (PTS).

How do they do this?

The PTS ensures power is passed back to the individual, using coaching skills, like active listening and reflection, to support people to recognise and build on their strengths - rather than starting with 'what's wrong' - and to uncover the barriers people face when accessing help. It also focuses on helping people build social networks in the community to reduce reliance on services and foster independence.

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Which Good Help characteristics do they apply and how?

Working on what matters

The PTS approach is centred around the relationship between an individual and their PTS coach. Referrals are handled by PTS managers so that coaches do not have any information about the person prior to meeting them apart from their name and phone number. This means that the person can choose what to share and the relationship is not based on any preconceived perceptions of deficits or failures. Through taking time to build a trusting relationship where honest and open conversations can take place, a PTS coach can work without an agenda, solely focusing on the person and building on strengths rather than fixing perceived problems. This balances the power dynamic and avoids the paternalistic, top-down approaches that typically characterise helping organisations.

'It's not fixing that tough time specifically...it's focusing on that person, what they want out of life' (PTS coach)

Social connections

Front-line staff support individuals to engage in meaningful activities that maintain or increase their positive social networks and social support - for example, by providing personal budgets for people to connect with their interests and passions (anything from going to gigs, fishing or parkour). This allows individuals to pursue activities that interest them whilst also building important social connections that will persist after the Mayday Trust's involvement has come to a close.

'It's about getting people linked in a real-world way with their communities... allowing people to embed themselves in their communities' (senior manager)

Learning new skills

People who seek support from the Mayday Trust spend time identifying what skills and knowledge they want to acquire in order to reach their personal goals. They are supported to build meaningful links with their communities and other services, which includes advocacy on the individual's behalf where needed.

Social connections

Working on what matters

Learning new skills

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What is needed at the practitioner and organisational level to deliver this type of service?

	Mayday PTS coaches	**The Mayday Trust (the organisation):**
⚙ **Capabilities** The knowledge and skills	• Feel comfortable not having the answers and avoid a paternalistic approach when someone may not be 'succeeding' as they had envisaged • Understand and can apply evidence-based insights (e.g. tapping into people's skills and providing the social support to help people overcome barriers and reach their goals)	• Takes a 'real world' approach to risk management (e.g. by not having clinical information about people prior to meeting with them), which encourages a flexible and autonomous work culture, and allows staff to tailor support to individuals' needs rather than using a set formula • Engages in deep listening exercises with their communities to improve people's experiences and maximise the impact of their services
◎ **Opportunities** The right support, relationships and practical means	• Have the tools, resources and training available (e.g. reflective practice, skills training on person-led approaches) to do the job, and don't have to spend time focusing on organisational bureaucracy	• Creates strong community networks with diverse groups of people and services so that people can find what works for them in their communities and access a wide range of support • Encourages other organisations in the sector to change by role-modelling alternative approaches to help and openly sharing learning to strengthen the case for Good Help • Reduces barriers to accessing help by enabling self-referrals
✳ **Motivation** The belief that it is possible and worthwhile	• Believe in the organisation's mission and values and feel equipped to bring these into their practice and work towards fairer and better help for all • See the difference the PTS makes to people through stories and reported outcomes	• Ensures that the values of person-centred approaches are reflected in the organisation's culture and operating procedures, and commits to upholding these (e.g. by only working with partners and funders who support their values) • Commits to measuring social impact (e.g. young people moving into stable accommodation or finding employment)

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Case study 2
Goodgym

What does GoodGym do?

GoodGym is a community of people who combine getting fit with doing 'social good'. It attempts to make exercise part of everyone's day-to-day life by connecting it to meaningful reasons to be active for those who might otherwise lack motivation. GoodGym is present in 58 areas across the UK, and people can find their nearest GoodGym online and sign up to become a community member. The majority (93 per cent) of GoodGym participants report their motivation to exercise has increased since joining; before joining over half (53 per cent) of these participants rarely or never exercised regularly.

'Before GoodGym I always lost motivation to stick at running or the gym but now I run two or three times a week' (GoodGym Runner)

How do they do this?

GoodGym has three ways for people to get involved:

1. **Group runs**: These are weekly organised runs that involve a community activity, like gardening in the local park or painting a fence in a local school. Once you've signed up online, you will receive an encouraging email from the group leader giving you all the details of what to expect on your run.
2. **Mission runs**: One-off tasks requested by older neighbours (e.g. buying groceries or changing a light bulb) are posted on the online mission wall for members in the local area to see. People can sign up to do one-off 'missions' by ticking it off on the mission wall and running to their neighbours house to complete the task.
3. **Coach runs**: Each runner is matched to an older person in their community. They both commit to a weekly visit where the runner runs to the neighbour's house for a cup of tea and a chat. The older person agrees to take on the role of 'coach', asking about the person's run and encouraging them to do it each week.

'I really enjoy getting to know my coach. She's such a live wire, so full of stories and keen to hear about my life too. Oh and she keeps me fit too!' (GoodGym runner)

An important motivational factor for GoodGym runners is peer support. Runners report that the network of support they get from the community helps them to maintain their new exercise behaviour. Even when people are not running together, they can connect with others via GoodGym's online platform by sharing details of their runs and their stories by offering encouragement to their peers and finding opportunities for more runs.

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Which Good Help characteristics do they apply and how?

Social connections

GoodGym is as much about forming friendships and connections in the community as it is about getting fit. The array of different opportunities enables intergenerational and peer-to-peer friendships to develop. These social connections play a big part in boosting people's motivation to keep active. The community works hard to keep this support and connection going, beyond the group's runs, missions and coaching, by hosting a range of social events, such as trips to the pub and walks as well as race weekends, phone calls and zoom hangouts when face-to-face contact isn't possible.

Enabling environments

GoodGym recognises that people face common barriers to exercise, and it has set out to design an easy way for people to engage in physical activity. A common barrier is the environment in which we traditionally exercise: gyms. These can be expensive and intimidating spaces for some people and require long-term membership commitments. GoodGym's approach is to help people to be more active in community spaces that are close to their homes. It is free to participate, and there is no requirement to pay a membership fee

(members can donate a small monthly sum if they wish). GoodGym also recognises that people have different levels of physical ability and offers walking groups for people who don't feel ready or able to join a run.

Tracking change

Each member has an online profile that tracks how many runs/walks they have done. GoodGym members and their coaches can share their stories, the distances they covered, photos of their runs/walks and links to their wearable device (e.g. their strava accounts).

Celebrating success

Celebrating stories of people's fitness journeys is a big part of the GoodGym community. People can celebrate one another's successes virtually by 'cheering people on' for each run/walk or mission that is tracked on their profile, and there is a monthly post of 'GoodGym Heroes' leaderboards. They also provide public recognition by awarding members different colour t-shirts to symbolise their level of achievement.

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What is needed at the practitioner and organisational level to deliver this type of service?

	GoodGym paid staff and volunteers:	GoodGym (the organisation):
⚙ **Capabilities** The knowledge and skills	• Have experience or qualifications in fitness and coaching to ensure people stay motivated to keep exercise as part of their regular routine • Know how to make members feel comfortable and confident to take part regardless of their experience, by identifying their strengths and motivations, and tailoring support to these	• Uses different fundraising approaches to generate multiple streams of income (e.g. brand sponsorship and local authority commissioning), in order to keep membership free for those who need it • Collects data systematically to show what impact their model of voluntary action has on local residents and uses this data to persuade local commissioners to invest in the service
🎯 **Opportunities** The right support, relationships and practical means	• Take part in training and events that increase their confidence to support members (e.g. safeguarding training and an annual Shindig event where members get together to celebrate their achievements, share learning and plan for the future)	• Builds relationships and partnerships with local authorities, businesses, communities and other organisations to provide interesting opportunities for members, whilst also providing partners with the resources and capabilities to build community asset-based approaches into their own services
✺ **Motivation** The belief that it is possible and worthwhile	• Witness people overcoming typical barriers to fitness, such as money and confidence, through the social connections made in their local communities	• Focuses on celebrating members' stories of success and reinforces the organisational belief that peer support, role modelling and doing social good is key to improving people's lives • Values the experience and insights of its members to create a culture where everyone feels able to share ideas and contribute to shaping the direction of GoodGym

Case study 3
FanFit

What does FanFit do?

FanFit, a project from the University of Salford, draws on behaviour change evidence by using competitions and incentives within communities of sports fans with the aim of increasing daily physical activity. It is a technology-based approach in which sports fans download the app, connect it to their phone tracker or wristband and track their steps and activity. All members are added to a league table so that they can compare their activity levels with those of other fans and compete for a chance to win prizes. Members can also create their own private leagues with friends and family. The FanFit team organises competitions amongst members of the community to incentivise activity (e.g. the most steps walked in a month or the most consistently active fan). Prizes are negotiated with the club, and these include stadium tours, signed shirts and tickets to matches.

How do they do this?

FanFit utilises the strong shared interests and motivations found within sports communities to encourage positive behaviour change. Sports fans download the app because of the association with the club, the chance to interact with fellow fans, access to club related news and the opportunity to win club-related prizes. Most recently, FanFit have partnered with Rangers FC Charity Foundation in Glasgow to produce a bespoke version called 'Fit Bears' for Rangers fans. By partnering with local sports clubs and adapting the app to match the brand and motivations of fans, they can reach and engage people who might not otherwise be motivated by traditional fitness schemes.

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Which Good Help characteristics do they apply and how?

Social connections

FanFit is built upon the social connections found within sports-club communities. It capitalises on the community spirit and mutual interest amongst fans to build a shared sense of motivation for increasing activity. At its core, it is these social connections between fans and their clubs that encourage users to download the app, to interact with each other and, eventually, to change their behaviours. The 'banter' and sense of competition between fans has been reported as one of the key reasons for using the app.
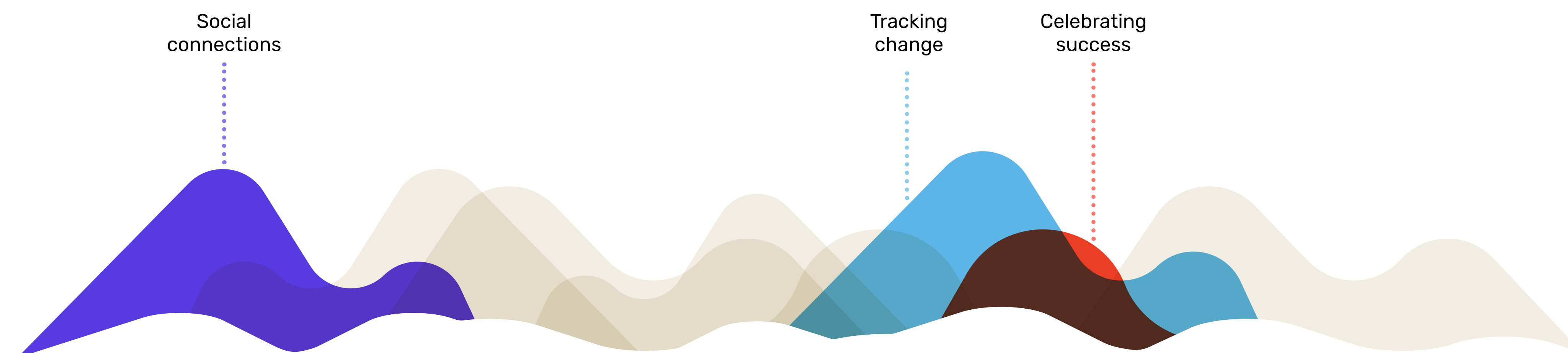
Tracking change

Through the app's activity-tracking function, users are able to observe changes over time, week by week and month by month. They are able to see days when they were active and when they were not. In addition to this, the FanFit team has access to data on which competitions have encouraged the most changes in activity. This means they can be driven by data when it comes to designing what is most motivating for the community, as what works for

one community may be different for another. Clubs also recognise that even within a community, individual fans will be motivated by different things; so they aim to provide a variety of prizes allowing people to take part in competitions that feel particularly motivating to them.

Celebrating success

Increased and sustained physical activity is celebrated through a variety of rewards and incentives. Overall winners of leagues and competitions are given prizes such as signed shirts, stadium tours and match tickets. In addition, information about the winners is widely shared on social media, and they also receive badges within the league tables so that other users are aware of their achievements.

Social connections   Tracking change   Celebrating success

What is needed at the practitioner and organisational level to deliver this type of service?

	Rangers FC Charity Foundation:	The developers of FanFit:
⚙ **Capabilities** The knowledge and skills	• Has knowledge of their community of fans and understand the incentives that will motivate them to engage in positive behaviour change • Knows how to grow a strong online community and motivate them to engage with the app and reach their fitness goals	• Understand behavioural theory and can translate this into an online community-based approach to help people set and achieve their fitness goals • Co-create different aspects of the app with the people they want to help to ensure that the help is accessible and useful to multiple communities
◎ **Opportunities** The right support, relationships and practical means	• Uses the data collected and resources available to provide club-related prizes that are desirable to the fans and act as incentives for them to reach their fitness goals • Uses their social media platform to promote the app, to encourage fans to take part and to celebrate the prize winners	• Give permission to sports-based communities to rebrand the app for their own purposes, so that a community can feel personally connected and motivated to engage with it • Support local sport-based communities to understand and interpret data collected from fans, in order to tailor support to suit their communities
✴ **Motivation** The belief that it is possible and worthwhile	• Commits to investing in the health and wellbeing needs of their community of fans, as well as the morale of the club, by incentivising healthy behaviours and peer support • Believes that being part of this can lead to a wider health and wellbeing movement in their local area, reducing the rates of disease such as heart disease and diabetes and lowering the rate of obesity	• Believe that people belonging to communities with shared interests can motivate each other and encourage positive behaviour change, reducing inequalities in certain areas that lead to poor health and lower life expectancy • Know that the app can be tailored to meet the unique needs of different communities and that this will create more incentives for communities to invest and support healthy behaviours

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Case study 4
NHS Lothian Cardiac Rehabilitation service

What does NHS Lothian Cardiac Rehabilitation service do?

The team at NHS Lothian supports people following a cardiac event, procedure or recent diagnosis through a combination of education, shared decision-making and guided support. Their aim is to reduce risk of a further event and improve quality of life. The team has moved away from a traditional one-size-fits-all approach, instead focusing on the needs of each person as an individual.

How do they do this?

The Cardiac Rehabilitation Assessment Workbook, used in conjunction with a House of Care approach, encourages shared decision-making between people and practitioners. It focuses on individual's aspirations, and care and support needs, rather than a default offer of group-based exercise or education sessions. It is designed to make sure that a person's thoughts and feelings are fully understood by clinicians, and that their condition is viewed in the context of their life. This gives a better overview of their preferences and needs, rather than solely relying on a clinical assessment of health risk.

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Which Good Help characteristics do they apply and how?

Working on what matters

The workbook assesses people's mental, physical and social needs as a whole, and uses people's preferences and interests as a basis for a care plan that feels meaningful for them. Some people may decide to work on their goals independent from the service, whereas others might want ongoing contact and support. The mode, duration and level of support is driven by the patient, with the service truly embodying the ethos of 'what matters to you?'.

'Using this approach has changed the way cardiac rehabilitation is delivered in Lothian – no longer is it an inflexible one-size-fits-all based around education and group exercise. It puts patients at the heart of the conversation, leading to joint decision-making in matters that are important to the individual, empowering them to make confident, informed choices encouraging realistic longer-term benefits."

Frances Divers, *NHS Lothian Cardiac Rehabilitation services and Scottish Government National Lead*

Enabling environments

The flexibility and open-ended nature of the workbook is vital to the success of this approach, empowering people to access support in a way that does not feel rushed or time-pressured. Moving from a fast-paced, structured 'tick-box' assessment process to a more conversational approach over multiple visits and including a range of different options for communicating (including face-to-face, phone and digital) helps people with a cardiac condition to have more meaningful and individualised consultations.
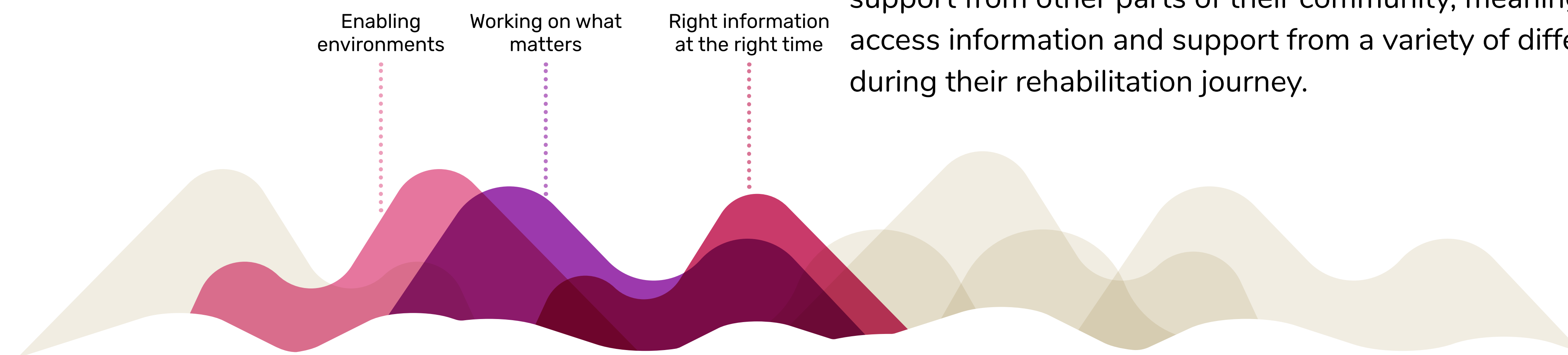
Right information at the right time

Traditionally, people receive education as part of a fixed rolling group-based programme (i.e. Week 1: smoking cessation; Week 2: healthy diets, etc.). But if people cannot attend sessions or join late, they miss the opportunity to access that information. The open-ended and multi-stage approach that the Lothian team uses enables them to tailor how and when people access support based on what is best for them. This can include printed materials, digital resources, face-to-face sessions, and/or signposting to specialised, topic-specific sessions based on what people choose. The person can continue to be supported by the Lothian team, while also getting support from other parts of their community, meaning they can access information and support from a variety of different sources during their rehabilitation journey.

Enabling environments

Working on what matters

Right information at the right time

What is needed at the practitioner and organisational level to deliver this type of service?

	Clinical multidisciplinary team (e.g. doctor, nurse, physiotherapist, occupational therapist, dietician and psychologist) delivering the service:	The service, or NHS Lothian:
⚙ **Capabilities** The knowledge and skills	• Actively encourages people to own their personal rehabilitative journey	• Adopts a flexible approach to the intervention that allows support to be offered based on people's needs (e.g. increasing time for consultations and not putting lots of resources into fixed, rolling groups)
◎ **Opportunities** The right support, relationships and practical means	• Starts MDT case discussions with what the person is keen to work on (which might not be health focused), rather than making assumptions about the best course of action based on their condition • Creates capacity to learn from and integrate with a broader range of providers outside the 'norm' (such as leisure centres and local charities) that can aid in delivering Good Help	• Develops strong relationships across sectors and community organisations to build a wider menu of support for people to choose from • Streamlines referral and signposting processes to other partners to promote a seamless transition for people (e.g. by removing unnecessary form filling)
✴ **Motivation** The belief that it is possible and worthwhile	• Believes that tuning into a person's strengths and values, and developing a tailored approach to each person's rehabilitation journey is more likely to help people reach their goals	• Equally values success in capturing patient reported outcomes in addition to physiological metrics (e.g. blood pressure, weight, functional capacity) • Ensures that the values of person-centred approaches are reflected in the organisation's mission and operating procedures

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Case study 5
Macmillan Primary Care Home

What does the Macmillan Primary Care Home Project do?

This project encourages community cohesion and exploration of what matters locally to people living with cancer in their communities. It does this by:

1. Bringing together stakeholders from local communities to develop their own solutions to support people living with cancer, taking into account local factors such as social and economic influences on the delivery and uptake of care and support.
2. Bringing together a network of practices to implement the Macmillan Quality Toolkit for General Practice
3. Providing training to GP teams (doctors, nurses and social prescribing roles) to equip them to have conversations with people living with cancer that focus on what matters to them and what goals they want to reach.

This project focuses on building connections, knowledge and skills within local communities to enable Good Help to be delivered by everyone involved in the person's care. This integrated approach has contributed to reduced hospitalisation, increased rates of early discharge, and improved quality of life for people living with cancer in the St Austell area.

How do they do this?

Macmillan and the National Association of Primary Care work in partnership, sharing their experiences of harnessing social connections and building community cohesion. The project encourages health and care professionals in the Primary Care Home (now Primary Care Network) site to dedicate time to building relationships with key stakeholders across the local area, and the Quality Toolkit supports health and care professionals to feel more confident to have holistic, person-led Cancer Care Review conversations. This approach enables people living with cancer to access the type of help that they want at a time and place that suits them.

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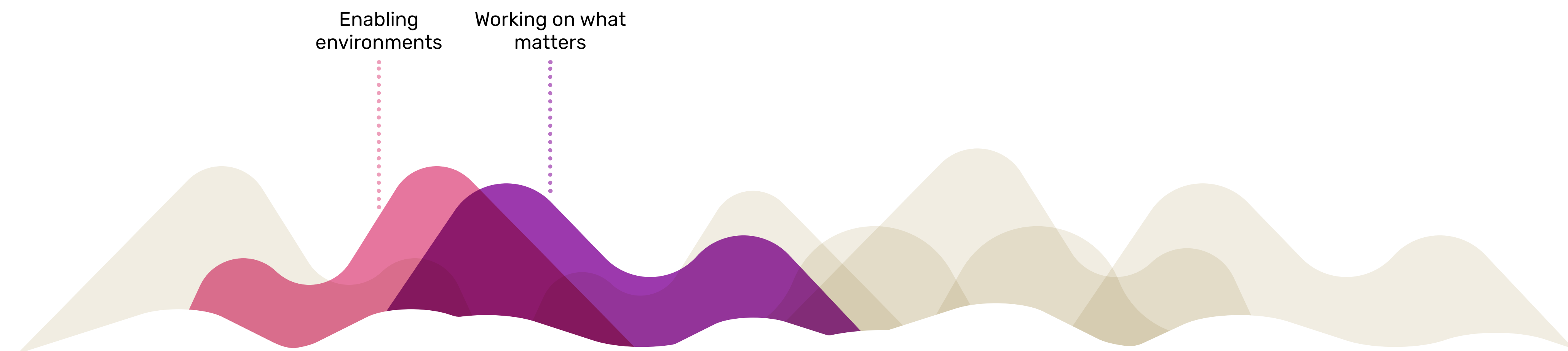
Which Good Help characteristics do they apply, and how?

Working on what matters

Macmillan's ambition is to support everyone living with cancer to find their best way through, acknowledging that it will differ for each person. The training, tools and templates offered as part of this project, emphasise the need for open conversations which start with 'what matters to you?', ensuring that conversations are always centred around the goals and strengths of each person at each stage of their care. This project is not only person-centred but also community-centred, taking into account what matters to people at a local level.

Enabling environments

Places involved in this project were encouraged to consider inequalities in healthcare provision for people living with a diagnosis of cancer. In some instances, this involved adapting environments. For example, in a remote rural area where service users were required to travel long distances for their chemotherapy treatments, the team 'arranged for chemotherapy trucks to be in the practice car park once a week' so people no longer had to make the long journey.

Enabling environments

Working on what matters

What is needed at the practitioner and organisational level to deliver this type of service?

	GPs, Practice Nurses and those in Social Prescribing roles	**Macmillan Primary Care Home - the service**
⚙ **Capabilities** The knowledge and skills	• Have the skills and confidence to focus conversations on the wider aspects of a person's life and the impact on their health and wellbeing • Be able to reflect on their own practice and recognise when they are slipping out of person-centred mode and be able to take the appropriate actions to change this	• Collect data and gather insights from those engaging with this project (e.g. practitioners, people living with cancer, service managers) through surveys and structured conversations, to understand whether services are able to deliver the core components of the model, help people to reach their goals and get the right information and support at the right time
◎ **Opportunities** The right support, relationships and practical means	• Prioritise continued professional and personal development that supports this way of working (e.g. Practice Nurses electing to attend additional training to improve their skills and confidence in supporting people living with cancer) • Be familiar with a diverse range of local and national support, and share knowledge and connections with those living with cancer where relevant with those living with cancer	• Create networks to ensure the approach has widespread support, implementation and reach. The networks also provide peer-to-peer support opportunities for front-line workers • Redesign IT systems to capture new information (e.g GP systems to capture the number of Cancer Care Review conversations taking place and how many of those have covered psychological, financial and employment concerns). Capturing this information helps services to change the narrative to focus on what matters to the person
✱ **Motivation** The belief that it is possible and worthwhile	• Recognise that the small things or aspects of people's lives you might not automatically ask about can often be what makes the biggest difference, and be open to people's needs changing at any point in their care	• Know the approach only works at its best with a strong network of people and organisations. The service continues to prioritise strategic engagement through key contacts in the network

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Key resources and key references

Key resources

General

- Prototyping: using feedback to develop your ideas
- Design thinking for public services
- Iriss: Co-production Project Planner
- We Coproduce: a guide to co-production
- Co-production Network for Wales: Measuring What Matters is a simple and practical tool for anyone undertaking evaluation
- Reboot: Driving Transformative Collaboration - three masterclasses on on running co-creation processes
- The Health Foundation: Person centred care made simple

Behaviour change skills

- Health Education England: free e-learning modules
    - Behaviour change literacy
    - Making every contact count
- Psychology Tools: overview and resources for motivational interviewing (MI)
- East Midlands Health Trainer Hub: An implementation guide and toolkit for making every contact count

Social connections

- MIND: toolkit for setting up community based peer support groups
- Practical insights from peer support organisations
- NCVO: peer support hub
- Q Improvement Lab: making peer support more widely available

Working on what matters

- Free online NHS coaching skills module
- The House of Care Framework to support collaborative care and support planning conversations
- Obesity UK: Language matters

The right information at the right time

- Moving Medicine: how to have a meaningful conversation about physical activity in the time available
- NHS England and Change have both produced guides on how to make information accessible for people with learning disabilities

Tracking change

- Patients Know Best: a platform that enables people to share medical information and track their health, allowing them to choose who to share this information with

Managing setbacks

- Mental Health Foundation: managing and reducing stress
- Ideas for what to ask or include in a setback plan

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Reimagining Help

An evidenced-based approach to helping people reach their goals

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