

Reimagining help

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An evidenced-based approach to 'help'

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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.

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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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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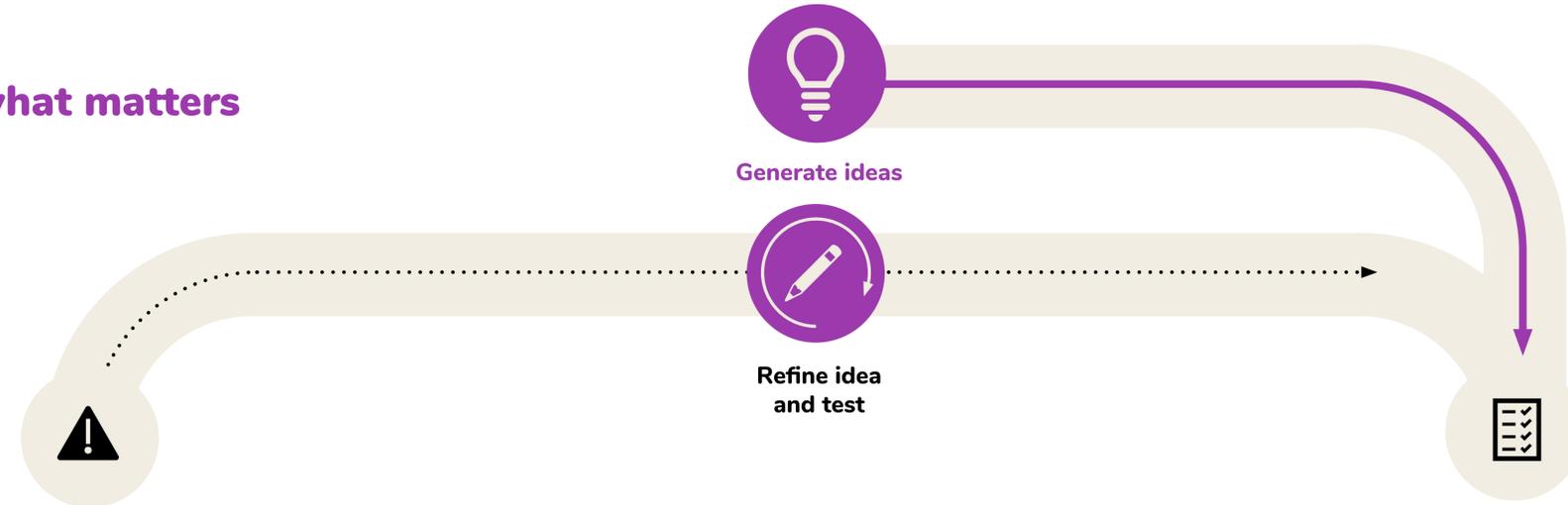
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Common pitfalls

- 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).

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?

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



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