

How Cambridgeshire County Council's learning disability team used the three conversation model - and some advice from Costa!

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During the past few weeks, I've been writing about case studies of how we've been implementing our three conversations model. In Cambridge we've been using this model in their integrated learning disability team for about a year. This week **Charlotte Kirin, Learning Disability Team Manager**, explains how you can use the model in a learning disabilities context. This is how the conversation model runs:

Conversation 1

- How can I connect you to things that will help you get on with your life - based on your assets, strengths and those of your family and neighbourhood. What do you want to do? What can I connect you to?

Conversation 2

- What people are at risk? What needs to change to make you safe and regain control? How do I help to make that happen? What offers do I have at my disposal, including small amounts of money and using my knowledge of the community to support you? How can I pull them together in the 'emergency plan' and stay with you to make sure it works?

Conversation 3

- What is a fair personal budget and where do the sources of funding come from? What does a good life look like? How can I help you to use your resources to support your chosen life? Who do you want to be involved in good support planning?

These conversations try to follow some 'golden rules', which include:

- Always start conversations with the assets and strengths of people, families and communities.
- Always exhaust conversations 1 and 2 before having a conversation 3 – and test this out with your colleagues.
- Never plan long term in a crisis.
- Stick to people like glue in a conversation 2 – there is nothing more important than supporting someone back to being in control of their life.
- Listen hard to carers.

- Abandon ‘assessments for services’ as an activity – for ever!

What have we found?

It hasn’t always been easy or straight forward, but we believe we are doing a better job for people and their families – and for ourselves too. So what is different?

We respond to all queries as quickly as possible – we don’t wait for an allocation meeting or a referral process. Furthermore, we have stopped using our ‘access assessment’ to determine whether someone can use the team (ie, whether they have a learning disability or not). If they want to talk to us we will talk to them. We have not been deluged.

In addition, we have stopped arguing with mental health colleagues about the status of a person and who she/he should be ‘owned’ by. Instead, we are practicing a more collegiate, collaborative approach where if we have started a conversation we keep it, but go looking for expertise that we need from others. This is saving us a lot of time.

Our conversations are now based on what people want to tell us and what they want us to know, not what we want to ask them. We still use the knowledge we have of people (and where possible put together team formulations so we share our understanding), but more important is listening to what people are saying they need from us. Importantly, we have to remind ourselves that we don’t know best. Sometimes it is best to forget previous assumptions.

It’s also important that we are now establishing ourselves in community settings so people know where to find us, for example, through drop ins. But it’s important for us to go to and support the places that the community already uses, rather than expecting people to come to us.

Meeting, talking, challenging and sharing decisions is an essential part of this way of working. We use data to help us and meet weekly to reflect on our practice and on our data.

Team members are trusted with budgets and decisions. They have the capacity to put in what is needed without prior agreement, and can make decisions about whether to provide a conversation 1 or conversation 2 response without waiting for an access decision.

Some team members have found it easier to adapt than others. We’ve been asking people to work outside established processes and in ways that haven’t been tested. Moreover, it’s been important to create space to talk and question, and an environment that allows challenge and uncertainty.

Any member of the team can agree to up to £2,000 worth of spend without discussion when they are having a conversation 2 – helping someone resolve a crisis. If a spend is made then a tier 2 plan is created, and comes to weekly meetings to be discussed and reviewed until it ends. A conversation 2 plan might be for days, or it might go on for months.

If a conversation 3 package of support is needed, then involved members of the team get together as soon as possible to discuss, make sure that there isn’t a conversation 1 or 2 solution, and embed outcomes collectively. At this stage, an assessment and support plan are

needed and the discussion is recorded in case notes with the consideration that led to a tier 3 agreement ie, why this was the only appropriate course of action.

This is what we've we learnt 12 months on:

- We've realised that we're thinking differently about situations as they arise.
- There is whole team involvement. This includes health professionals – but we are still learning about this.
- We're far more aware of what's happening in local communities and the sorts of events that people we know are involved with.
- We're trying to be informed, but not led by what we already know about people, so that we 'don't write a story before we've had a conversation'.
- We look at risk differently – we are taking more risks, but always collectively with lots of reflection and discussion.
- This way of working doesn't feel easier for the team, but it's more interesting, more flexible - it's about working with people. No one wants to go back to the way we were working before.

And one funny story...

We were aware that some of the people we worked with used public community facilities and we wanted to do what we could to support this happening more. We offered the local library training in autism and they happily accepted and said it was really useful.

We offered the same training to the local Costa Coffee team. They reacted with a laugh, saying they had already been serving our guys coffee for some time. As a result, they knew them well enough and really enjoyed their presence in the coffee shop. So there was no need for training. Nevertheless, the Costa team was glad to meet us and would be in touch if they ever needed us.