Courageous conversations in health and social care

Design Brief

The following design brief is informed by insights and opportunities generated from the Care 'in between' project that explored how care can be provided between acute hospital and home in Moray. The design brief asks:

'How can we support and encourage 'courageous conversations' about health and social care to promote realistic expectations and shared understanding?'

Key Insights

People receiving and providing care both recognise the need to have more open and honest conversations about health and social care in order to manage people's expectations about what their experience might involve. Having open and honest conversations can be particularly difficult when discussing sensitive subjects e.g., age-related difficulties, giving bad news or considering lifestyle choices such as losing weight.

Supporting open and honest conversations is also important in relation to societal perceptions of health and social care and raising awareness of how people can navigate and interact with services. Developing ways to have 'robust' and 'courageous' conversations by ensuring consistent information and ethos across health and social care can help in shifting perceptions and promoting understanding of services to enable realistic expectations. Equally, it is important to build a shared understanding of health and social care through language and the way in which services and support are described.

Opportunities

Developing an inclusive approach that moves beyond treating people in 'segments' and shifting towards 'wellness' conversations that support people to share their aspirations for care and support can enable and foster trusting relationships.

Learning from other models such as 'House of Care' and approaches developed in the context of Mental Health services can also help to inform how courageous conversations can be designed, evolved and shared.

Key questions for exploration:

· What does an honest conversation feel like and how can we design the space within which this occurs? What principles and qualities might be created as a result?

· What tools can we create for health and social care professionals to feel confident to have 'courageous conversations' with patients? What training might be offered to support the development of skills and practices?

· What tools can we create for people receiving care to support them in having high quality interactions across services?

· How can we design conversations to enable people to receive the right quality and quantity of information?

· How can we ensure a consistent message, ethos and tone of conversations across all interactions in the system?

· What type of language and vocabulary might be created that supports honest and open conversations?