The art and science of 'good help'

Characteristics of good help

As we have carried out our research we have identified seven common characteristics of 'good help':

1. **Power sharing**

2. **Enabling conversations**

3. **Tailoring**

4. **Scaffolding**

5. **Role modelling and peer support**

6. **Opportunity making**

7. **Transparency**

1. Power sharing

Recognising and building upon the influence and control that each person brings

What	'Good help' recognises that people are the key agents for change in their own lives - for example, if a person is diagnosed with diabetes, it is their decision whether they change their diet. 'Good help' also recognises that the relationships between professionals and people are about supporting a good outcome, allowing power to circulate between both parties, rather than 'directing' people to do things. Both parties recognise that they have influence and control over the situation. For 'good help' to be effective, an adult-to-adult relationship needs to be established. This enables each person to bring his or her own knowledge and ideas to the table, and for these to be considered equally. This idea of adult-to-adult relationships was created by Eric Berne as part of his Transactional Analysis theory and involves keeping the locus of control with the person being supported where possible.
How	Five key conditions that support power sharing include: • **Language**: words that suggest someone has a power deficit – such as 'empower', 'claimant' and 'users' – are unhelpful as they suggest a one-directional, top-down power transaction in which something is being done 'to' or given 'to' a person. • **Expertise**: it is important to combine the expertise that each party brings in order to make good choices and sustain change. The people being supported bring a detailed understanding of their lives and preferences, while the professionals bring knowledge and experience of working with others in this way. • **Decision-making**: should be open and transparent, with the full involvement of the person being supported. In the context of public services, such as personal budgets in health, this may involve a third party, such as a community-based advocate who helps people make choices and decisions. • **Responsibility for action**: acknowledging the different ways that each party can take responsibility will help to initiate and sustain action. For example, with diabetes, people can choose what they eat and monitor their insulin levels, while health professionals can provide treatment advice and tests. • **Trust**: trust enables people to be honest about how they are feeling, including what is important to them and their fears and concerns. It is essential for aligning a programme's purpose with that of the people it's supporting. Trust is often a prerequisite for people accepting help in the first place. But it takes time to grow and can be easily eroded if power sharing is not authentic.
Example	Mark Johnson, an ex-offender, saw serious problems with the criminal justice system's approach to rehabilitation. He set up the organisation User Voice to challenge the 'us versus them' culture between society and ex-offenders. User Voice equalises power by bringing criminal justice staff, prisoners and ex-offenders together to improve services. Through these more equal collaborations, prisoners and ex-offenders develop new relationships, skills and ideas of what is possible for them. All the staff of User Voice are ex-offenders, which reduces the divide between those who deliver services and those who receive services.

2. Enabling conversations

Conversations that enable people to feel safe, hopeful and ready to take action for themselves

What	'Enabling conversations' are structured to help people to think through what's important to them and to come up with their own solutions. These conversations also build trust, ownership and motivation for action. They create the conditions for people to feel listened to, safe to share personal experiences, and ready to decide if and how to act. These conversations use Bandura's third and fourth sources of confidence: encouragement and positive association. The language and approach of 'enabling conversations' should also flow through to written or online communications.
How	Examples of how to have conversations that are 'enabling' include: • **Questioning**: practitioners can help people think through their own motivations and resources, by asking questions about the things that they value, their strengths, their confidence to act and the barriers to change. When tempted to provide a solution, consider asking a question instead, so that the individual can develop and take ownership of the solution. • **Constructive challenge**: use constructive language that stretches people's thinking about what is possible. Help them to reflect on the gap between where they are at now and where they want to be (see motivational interviewing example, below). This ensures discussions reflect power sharing and avoids 'telling people off' or highlighting a 'lack of progress' ('parent child' mode). • **Using people's own words**: when reflecting back to someone what you have heard, use language they have used themselves whenever possible. This shows you are actively listening to their unique experiences and avoids jargon or generic language which feels impersonal and creates a barrier between you. • **Action**: where possible, finish each interaction by asking people to take away a 'next step' they feel confident to take. • **Safe to fail**: Help people to feel safe to try new behaviours and prepare for possible failure. Frame failure as an opportunity for learning.
Example	Perhaps the best-known technique for enabling language is motivational interviewing (MI) which was originally developed to help people with addiction problems. Through careful questioning, MI evokes a person's intrinsic motivation for change and uncovers barriers that are preventing action. Understanding the barriers that exist helps a person and a practitioner to work on solutions together for overcoming these barriers: for example, exploring the tension between wanting to lose weight and enjoying unhealthy food. MI keeps the locus of control firmly with the person being supported so that they uncover their own reasons for change and take responsibility for doing so.

3. Tailoring

Helping people define their own purpose and plans, and responding to their individual needs

What	For help to be transformational, it needs to address the particular circumstances that people themselves are facing – in other words, it needs to be personalised. This can be achieved by helping people to define their own purpose and goals and developing a plan for working towards them. This might sound obvious, but many programmes offer a standardised approach that can feel impersonal and mechanistic, and which fails to catalyse real and sustained changes in people's lives.
How	The core skill in 'tailoring' is adapting the help offered to different people, at different times, to their individual and changing needs. This is done by: • **Aligning purpose**: The expressed purpose of the programme and the people it is supporting may not be fully aligned to begin with. A programme could have a specific target that it is working towards. For example, a mathematics teacher is likely to want to improve marks, whereas a student aspiring to become a gardener may not see why maths is relevant to their goal. In this example, we would need to find out what's important to the student and explore how maths could be relevant. • **Setting goals**: Once someone has identified and shared what is important to them (their purpose), the next step is for them to decide what they want to do about it. This usually involves setting achievable goals or helping them to identify a starting point. Goals should clearly link to the purpose of the person being supported. For example, Betty wanted to feel less lonely and more connected to others, so she set herself an ambitious goal to reinstate a community minibus that had previously taken local people shopping once a week. This became a valued resource, which helped Betty and her friends maintain connection and develop new friendships. • **Reviewing goals**: Over time, as life circumstances change, goals are likely to need to be adjusted to be more ambitious or more realistic. Creating a space for those being supported to reflect and adapt their goals is critical to avoid slipping into a negative cycle of inaction. • **Individualised measurement**: Encourage people to select their own measures of success in addition to their goals. Practitioners could provide a range of outcomes for the person to choose from. For example, measures of happiness, confidence and quality of life.
Example	NEET in Crewe works with young people who are not in education, employment or training, to improve their physical, emotional and mental health. They help young people to tailor their own support plan to fit with their preferences and goals. Some options include: counselling, educational programmes (e.g. legal highs, sexual health, self care and cookery), sports, gardening and music.

4. Scaffolding

Offering practical and emotional support that helps people take action, then stepping back as they build confidence to continue taking action alone

What	Scaffolding is the support that practitioners put in place to ensure that change is sustained over time. The intention is to build confidence and independence, by helping people to take positive action, firstly in collaboration and then by themselves. This relates to Bandura's first source of confidence: achieving. Of course, help may need to be ongoing when supporting people with long-term challenges, such as chronic health conditions, but this help should be structured in ways that create opportunities for people to take action themselves wherever possible and desirable.
	Scaffolding theory was first introduced by Jerome Bruner and developed by Lev Vygotsky in the 1970s. It still underpins many fields of learning today.
How	Scaffolding involves:
	• **Understanding**: the level of support needed for each person. Some people may want more emotional support and others may want more practical help. Measuring confidence levels can help gauge the level of support needed (see below).
	• **Supporting not doing**: Practitioners should show that they are willing to work alongside the people they are supporting, but that they cannot do things for them. Working on things that feel achievable will help to minimise the experience of negative emotions such as fear or disappointment.
	• **Frequency of touchpoints**: creating as many points of contact as people feel they need to feel confident to take action.
	• **Stepping back**: As the individual starts to build confidence to take action, practitioners can help them to reflect on their successes and discuss how they plan to take a step back, while still being available to offer support. This may translate into fewer touchpoints between the person and the practitioner.
	• **Sustaining change**: before a programme comes to an end, it can be helpful to find ways for someone – for example a family member, carer, friend, colleague or other practitioner – to continue to provide scaffolding to support the person being helped to sustain action in their everyday lives.
	The 'confidence to act' scale is a well-established tool that helps people rate their confidence in performing a particular action on a scale of 0-100. If people rate their confidence as less than 70 it might be helpful to revisit their goal or explore further the reasons for low confidence.
Example	Groundswell is a charity that helps homeless people to make better use of health services and to play a full role in the community. One way they offer support is by connecting homeless people with a peer advocate who helps them to address their health needs through new structures and habits. This includes practical support, such as arranging appointments and accompanying people to the GP or hospital. The support tends to be most intense at the start of the relationship and reduces over time as the person builds confidence to manage their health themselves.

5. Role modelling and peer support

Helping people develop relationships that inspire and sustain action over time

What	'Good help' approaches rarely engage with people as isolated individuals. Instead, they attempt to understand the wider context in which people live, including their immediate relationships and wider networks. Sometimes relationships may be absent or negative, which may be part of the challenge people face. 'Good help' seeks to deepen and enrich people's relationships, networks and communities, as vital enablers of action. Positive relationships expand our sense of what is possible, help us do things we wouldn't attempt alone and encourage us when things get tough. Often the most powerful relationships are with people we consider similar to ourselves. Opportunities for peer support or access to role models can create lifelong friendships and connections that can sustain confidence and motivation to act.
How	Projects usually help to make these social connections through: • **Peer mentors or support staff**: people with lived experience who share similar backgrounds and experiences to the people they are supporting. This can help to build trusting relationships and inspire people to realise what is possible. This relates to Bandura's second source of confidence 'witnessing'. • **Support networks**: groups of peers with similar goals or experiences (for example, dealing with addiction, or finding a job), who can support one another emotionally and practically. These connections can lead to powerful social networks that support people to feel less isolated and more motivated and hopeful. • **Community networks**: connecting people who live in the same place provides local friendships that can support people to take positive steps forward. Local networks are more likely to be sustainable and not dependent on a programme. These relationships can exist online, over the phone and face-to-face, and many projects offer multiple ways to connect.
Example	Body and Soul is a charity that delivers transformational programmes for people of all ages who have experienced childhood adversity, including those affected by family disruption, suicidal behaviour and HIV. One of the programmes delivered by Body and Soul - Beyond Boundaries - uses volunteer peer coaches to support teenagers and adults living with or affected by HIV. Peer coaches have in-depth knowledge and understanding of what it is like to live with HIV having been directly or indirectly affected by it themselves. They provide remote peer support (e.g. by phone, text or video call), and those who have been supported report an increase in their confidence to communicate openly with health professionals, friends and partners.

6. Opportunity making

Increasing opportunities and decreasing barriers for people to take action

What	Sometimes new opportunities need to be created for people to be able to achieve their goals, or barriers need to be removed. These are often outside of people's control and require help from an external source.
How	Examples of how opportunities are increased include: • **Brokering relationships**: for example, with local enterprises or businesses, so that people can start or resume hobbies, voluntary or paid work or other activities. • **Budgets**: these could be personal budgets, for example, to pay for transport, or buy clothes or equipment necessary for certain activities. These could also be community budgets to create new opportunities for local groups or neighbourhoods. • **Offering new services**: for example, classes in health and fitness that otherwise would not exist in an area. • **Creating work opportunities**: many 'good help' organisations train and support people to become volunteers and employees within their own organisations. They then support other people to make their own journeys of growth or recovery as a peer volunteer or staff member. • **Removing barriers**: this involves asking people what is getting in the way of them taking action, and finding ways to help them address this. Examples of this could be helping someone to develop their CV or to access online resources. It could also involve organising or helping to fund their caring responsibilities, or helping them to make practical changes to live safely and independently at home.
Example	Envision works with schools to improve the social mobility of disadvantaged pupils by helping young people develop skills for adulthood. It supports young people to work in teams to tackle social problems faced by their peers or local communities. This might include a focus on gang crime or teenage mental health. At the heart of the organisation is opportunity creation - young people steer the agenda, develop new skills and take action that makes a difference to their community through a structured programme of support.

7. Transparency

Sharing information and data between people and practitioners

What	This is about ensuring that people have access to all the available information. Professionals (and their organisations) often have access to information about people – including their health records - that is not routinely shared with people themselves. Equally, citizen-generated data, for example, from wearable devices that track health conditions, could also be used more effectively as part of decision-making. Having open and shared data is an important part of building an adult-adult relationship and supporting people to make informed decisions.
How	There are three principles that underpin transparency: • **Availability**: ensuring that relevant data is made available to people. • **Accessibility**: ensuring that data is available in a form that can be easily understood. • **Timeliness**: ensuring that data is made available in a timely manner, so it can be properly considered before any decisions are made. There are also challenges that need careful consideration. Data collection can reinforce a sense of having something 'done to you' by a service, as people are asked – often repeatedly – to share their personal information and re-live what may have been difficult experiences. In order for data sharing to build our confidence to act it needs to be captured, shared and retained in a way that maintains the power balance and keeps the control with the individual. Data protection legislation (or its interpretation) can also make it hard for people to share information in the way outlined above. It creates important and often necessary protections, but can also limit collaboration. The new General Data Protection Regulation (GDPR), expected in 2018, will hopefully overcome some of these issues. Increasingly, organisations are seeking data sharing agreements that allow them to productively share information. These agreements can be hard to arrange, but show that it is possible to work within the law and still share data appropriately.
Example	Year of Care helps NHS teams working with people living with long-term health conditions. They make sure that all necessary tests are undertaken in advance of appointments and results are shared in easy to understand formats. This provides the starting point for a new type of consultation with a specifically trained GP or Nurse Practitioner, where they jointly develop priorities, goals and actions. People report feeling more informed and better able to manage their health in their own way.

Good help checklist

If you are involved in the design or delivery of public services or social programmes, you might want to use this simple checklist to get a sense of whether the help you are offering is 'good help'.

Are you:

1. Recognising and building upon the influence and control that each person brings (**power sharing**)?

2. Having conversations that enable people to feel safe and ready to take action for themselves (**enabling language**)?

3. Helping people define their own purpose and plans, and responding to their individual needs (**tailoring**)?

4. Offering practical and emotional support that helps people take and sustain action, then stepping back as they build confidence to take action alone (**scaffolding**)?

5. Helping people connect with and take action with other people they identify with (**role models and peer support**)?

6. Expanding opportunities for people to take action (**opportunity making**)?

7. Sharing information between practitioners and the people being supported (**transparency**)?

The majority of the examples we have looked at have been from the voluntary and community sectors. Many of these organisations have established themselves outside mainstream public service systems, and almost always by co-designing what they do with the people they are working with. However, these characteristics need not, and should not, be exclusive to these programmes. With the right support they can be nurtured and spread throughout mainstream services and social programmes.

To read the full publication and get involved, please go to:
www.nesta.org.uk/project/good-help