

# Design in Social Care Discovery Report

## February 2019

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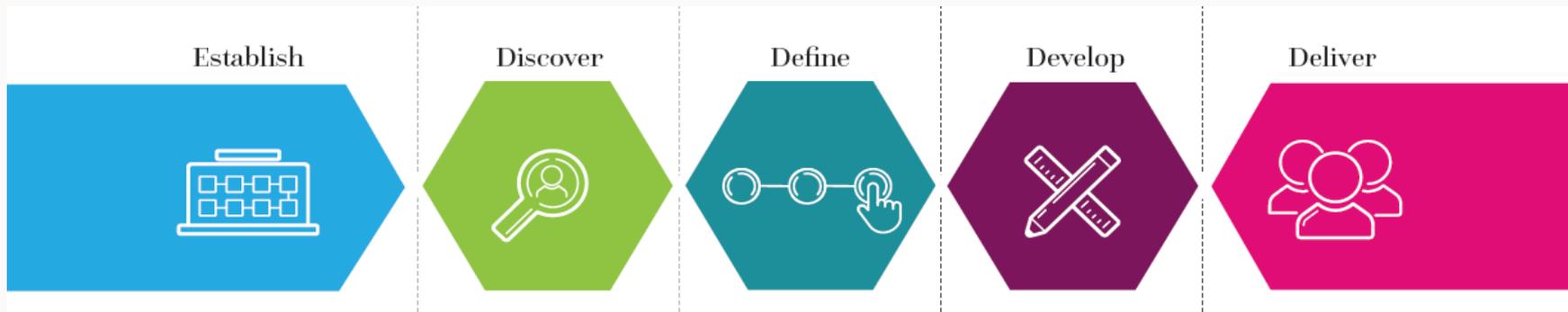
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## Background

In September 2018 BCC were successful in their bid to participate (along with 9 other Councils) in the LGA funded Design In Social Care (DiSC) programme, delivered by Design Agency 'Snook'.

Armed with a problem statement, a team of 4 immediately began their training and use of the DISC methodology (depicted below). Support and training is offered in the form of workshops, site visits and webinars.

The following slides describe the activity, progress and some of our key findings to date.



## Our problem statement

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How might we help people in their 50s / 60s access information that can help improve their knowledge of services, health and wellbeing?

## Our project team

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### The Core Four –

- Corporate Business Improvement Lead
- Community Links Officer
- 2 x Programme Support Officer, Transformation

### The Wider Project Team/Stakeholders –

- Director of Public Health - DISC Sponsor
- Assistant Director of Public Health
- Head of Digital
- Project Manager, Transformation
- Communications and Engagement

## Our Reach

We identified the following cohorts:

- People not yet accessing services but who represented potential future demand on ASC – Tier 0
- People who (according to public health research) don't tend to plan for their future – especially 50 – 70 year olds
- People who do exercise and those who don't
- People who are retired, employed, IT literate and non IT literate and have a range of backgrounds and thus represent Buckinghamshire residents



## Our approach

- We approached various settings where we might find people in their 50s/60s age range
- We had up to a 30 minute discussion one on one or in small groups. These started with broad questions (new years resolutions, career and family)
- We were also able to watch as people demonstrated how they would look for information
- We developed an online and paper survey to reach a wider audience
- We have kept our stakeholders involved via our blog, business unit newsletters and ‘show and tells’.

### The interviews

We visited people in a sports and social club to find out what would encourage them to look for information about health and wellbeing



### The interviews

We visited a group of people at the local gym. They are already keeping fit, so how did they find out about their classes and what encouraged them to go?

## Who we spoke to

Here are (anonymised) examples of the 25 people we spoke to in the cohort we were looking at:

1. Market Trader, heavy smoker with previous health scares
2. Lives alone, works full time as a custody officer and part time in a bar
3. Refugee, family focused, trainee engineer
4. Enjoys a pint after a day's work on the railway, has chest pains regularly, no local family
5. Likes holidays, retired, has family history of heart attacks



## Key findings – Themes

### **Social Influence** *“I do what my mates say, I trust them”..... “Talk to me as you would a friend, not a patient”*

- Most are motivated by their social circles and the actions, choices, advice of those around them
- Most respond well to 'word of mouth' or recommendations over that of general IAG
- Those who don't have a network feel cut off

### **Time** *“There is no spare time to exercise. I work, come home, cook, clean, sleep and work” “I don't need information now as I'm fine”*

- Time is an important factor. Expectations are that information should be clear, and given in short, snappy steps so that it's easily digestible.
- Similarly, if healthy behaviours can be achieved in bite-size chunks that don't take up much time, they're more likely to be adopted.
- People respond better to messages that are relevant now and not 20 years down the line. Linked to complacency.

### **Awareness** *“I wouldn't even think of the council”*

- Most don't consider the council as a source of information, advice and guidance and so wouldn't reach out to them as a first port of call

## Key findings – Themes

**Trust** *"I don't trust them, they'll just take advantage of me".... "I googled my mums prescription because I didn't trust the GP, I was better informed and my mum is better now I have acted on it"*

- Most trust and respond best to 'word of mouth' or recommendations from family/friends over that of general IAG found online/in a library
- Older ages (70+) seem to lack trust in services/traders/websites. They are more cynical and wary of being taken advantage of
- Professionals are perceived to have a lack of respect and trust for residents...assuming they know best
- Mixed feelings of trust for health professionals

**Perceived judgement** *"I want to walk into a gym and feel welcomed not judged"*

- Some feel judged by those around them which prevents them from engaging in healthy (fitness) behaviours
- Some feel judged for engaging in unhealthy behaviours
- Some feel judged and patronised by professionals as they believe professionals think they 'know best' They lack respect.

## Key findings – Principles for IAG *(with quotes)*

### Make it actionable

- *“I don’t have time for an hour’s Zumba session on a Wednesday, I need a short bitesize session that I can do in my tea break”.*
- *“I need to set small goals I believe I can achieve”*

### Make it age-agnostic

- *“I don’t want to be patronised”*
- *“I might look old but I don’t feel it”*

### Make it informal

- *“Talk to me as you would a friend, not a patient”*
- *“I do what my mates say, I trust them”*

### Make it diverse

- *“Watching YouTube videos multiple times helps me to understand things better”*
- *“If it’s in front of me, I will read it.. Like on telly or on this beermat.*

### Catch my eye

- *“If it’s in front of me, I will read it.. Like on telly or on this beermat”.*

## Key findings – Personas – Scale of attitudes to prevention

### Attitudes to Prevention Personas

There appears to be a “prevention attitude” scale which could be used to inform targeted marketing strategies for our IAG offer. We’ve created benchmark personas based upon our research to influence our design outcomes.

1. **DORIS** - actively disengaged in healthy behaviours and are complacent about planning for their future health needs **“I live in the moment, que sera sera”..... “it won’t happen to me”**
2. **SELIMA** – have an understanding and appreciation for the risks/benefits and has attempted to engage in healthy behaviours in the past but can’t sustain it long term **“aware but don’t care, there’s always a but”.... “it probably won’t happen to me”**
3. **BEN** – engage in healthy behaviours only when they become an issue, self aware and consider themselves fit enough for their current lifestyle **“I know my body and I’m ok right now”... “it could happen to me”**
4. **BERNARD** - have an understanding and appreciation of the risk/benefits and actively engage in healthy behaviours but not consistently. Time and social factors influence me **“I don’t want it to happen to me”**
5. **GREG** - actively plan and engage in healthy behaviours and have an appreciation for the positive impact it can have on their long term health and wellbeing **“use it or lose it”... “I might look old, but I don’t feel it!... “I won’t let it happen to me”**

## Key findings – User Needs (based on our “attitudes to prevention” personas)

- 1** **As someone who** thinks "it wont happen to me"  
**I need** IAG to be something that I can really identify with (and know how it can benefit me) now (and not in 20yrs time)  
**So that** I am motivated to take action now
- 2** **As someone** who is “aware but doesn't care”  
**I need** IAG to offer simple, actionable, achievable advice  
**So that** it appears easy and I can build it into my everyday life
- 3** **As someone** who believes they're doing enough (until it happens to me)  
**I need** subtle, gentle reminders that are drip fed  
**So that** I'm encouraged to create and maintain good habits
- 4** **As someone** who is easily influenced and motivated by a network  
**I need** IAG to respond to my social needs  
**So that** I maintain good habits, consistently in a group environment
- 5** **As someone** who believes in looking after themselves  
**I need** a wide range of information offered in a variety of ways  
**So that** I can respond to changes in my wellbeing no matter how big or small

## Key findings – User Needs – Based on General Themes/Principles

### Awareness

**As someone** who wouldn't think of the council as a source of IAG

**I need** the existence and offer of IAG to be made really clear to me

**So that** my perception of the council changes and I readily go there for information

### Make it diverse & catch my eye

**As someone** who is bombarded by advertising

**I need** information to be diverse and refreshed

**So that** the message is emphasized and reinforced

### Make it age-agnostic

**As someone** who is aware of my age but isn't defined by it

**I need** information to be age-neutral

**So that** my needs are met without being pigeon-holed or patronised

## Emerging findings - From Survey Responses

Here is a snapshot of some of the survey responses, of which there have been 399 to date.

Also recommendations information Various search engine first local magazines notice  
local newspaper Local radio notice boards apps Go online mainly  
local paper ask friends neighbours Facebook cinema social media ads  
Use google leaflets Library etc Use internet free local  
local ask friends online community Google Go  
Internet Nextdoor search sometimes Look people  
website on-line line mag Google search village  
Look online free magazine Use smartphone word mouth primarily ask  
search engines web pages magazine web sites newspaper google safari groups app  
Go line via usually check read