Leading the Agenda

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6 hats for Vista

August 2018

Overview

We want to ensure that everyone can help shape how we do things. The 6 hats activity at the staff conference aimed to help those attending think about the different services that we offer we might develop services in the future.

At this year's staff conference we used the 6 hats method of creativity to pose some case studies to our staff to find out how they would address the challenges. Six Thinking Hats is a system designed by Edward de Bono which describes a tool for group discussion and individual thinking involving six coloured hats. It is often used to create ideas that don't normally spring to mind and has been used in a variety of different sectors ranging from education (see Childs, 2012) through to nursing (see Karadag et al., 2009).

What did we do?

Two case studies based on examples of future users were presented based on our community and residential services. We set some questions based on 6 hats thinking that were used to guide group discussion. 6 hats is a method is used for creative thinking and problem solving and provided a new lens to consider the case studies.

Working in groups, we asked everyone at the conference to discuss each question. We wanted to know how we could support these people and this will help us understand how to make what we do better.

There were lots of great ideas and viewpoints. This document outlines the summary of these produced by going through all the outputs and picking key themes for each case study. There were many similarities in thinking and some challenges.

On the following pages we describe each case study, the questions asked, and the responses for each colour hat with a summary for the case study at the end.

Case study 1

"Saeema, aged 18, has used Vista's community services. She has enjoyed using the services and they have helped her come to terms with sight loss which was caused by retinitis pigmentosa. This has meant she is able to be more independent and her confidence has improved.

Saeema is looking for work and wants to have support from Vista during this transition period from education to work. She would also like to move out of home.

Her family understand she needs to take this step but are worried about the future and that she may be underestimating the level of support she needs.

How can we support young adults in this situation?"

What questions did we ask?

Black Hat

- Why should Vista provide this support?

- Would it be better if Saeema didn't work?

- Why should someone fund the support Saeema needs?

Green Hat

- Other than her family, who are the people who can support Saeema? What can be done to discover who these people are?

Blue Hat

- What are our current support process?

- What should our future support look like?

Black Hat

- Why should Vista provide this support?
- Would it be better if Saeema didn't work?
- Why should someone fund the support Saeema needs?

Green Hat

- Other than her family, who are the people who can support Saeema?
- What can be done to discover who these people are?

Blue Hat

- What are our current support process?
- What should our future support look like?

Help putting your hat on results

White Hat:

White does not take sides and is objective. The purpose is to present information that can guide questions about the case studies.

- Signposting to local career advice centres. Establish suitable agencies for support.

- Develop educational service and understand what young adults need for training.

- Saeema needs advice on what her the longer-term prognosis of her eye condition so this can be factored in. This also helps manage expectation for others.

- The whole family needs support not just Saeema. Therefore, it needs to be person and family centred.

- Could offer taster sessions for work and living independently. This could be in a supported living space.

- Engage with employers so they understand needs and opportunities in supporting people like Saeema.

Yellow Hat:

The yellow hat is positive. When using questions on the yellow hat, advantages and recommendations that are made and to find solutions to the case studies.

- We need to support younger adults as they are the future and will support us in the future.

- Confidence will improve Saeema's ability in the future and she will then support others.

- Allows us to build new service and support more young people.

- Opportunity to train employers and their staff so they are familiar with visual impairment. This an opportunity for new partnerships with new organisations and reach more people.

- Potentially use the model of rehab in a new service to engage promote independent living in its full sense.

Red Hat:

The red hat gives an emotional viewpoint. When the red hat is used, it is a chance for feelings about the case studies to be given. The red hat helps to explain what the other people involved in the service and organisation might be feeling.

- Saeema could become depressed if she doesn't get the support that she needs.

- We should support and enable Saeema. Provide support to the family so it is joined up for all involved.

- Why can't spaces in the new build be for young tenants?

- It is more difficult because of the different factors that needs to be considered (e.g. training and living). But this doesn't mean we shouldn't try.

Black Hat:

The black hat is negative and points out risks and why something may not be beneficial. This hat can be used to remind us of policies, protocols, laws, regulations and risk related to the case studies.

- We have a CYP service team and other services for adults so this is more complicated to deliver.

- Family should support her so it is sustainable (but should we support the family?).

Green Hat:

The green hat is used to suggest recommendations and new opinions related to the case studies.

- Doing this would enable and facilitate Saeema to live independently.

- A services like this would to be joined up with all the other services that Saeema would use. Ideal for working in partnership and creating larger service.

- Growth opportunities for us to develop this as a service for young people.

- Could we run our own apprenticeships or work like experience as a taster for being independent?

- Create holistic support for whole family and engage them all in the way that they need.

The Blue Hat

The blue hat is used to summarises the results of the discussion.

- Become an intermediary and this could be digital rather than physical.

- Engage and work in partnership with organisations that are involved in transition e.g. schools, colleges, disability access specialists, DEA advisors, and more.

- Facilitate relationships across organisations to deliver joined up process.

- Saeema should be encouraged to be self-directed and facilitated through computers and online tools.

- Build on the skills we have in the rehab team to give her independent living skills.

Case study 1 summary

The consensus was that providing support to Saeema would be a positive and create an exciting and needed service that we don't currently have. All the groups discussed working in partnership, acknowledging that this isn't something that we could do on our own. Linking with employment agencies, colleges and schools would all be important in providing a suite of opportunity. It also means that these

young people can tell us what they want and we can support them to achieve it.

Family was also key. Many comments reflected the anxiety that some members of the family can have in these situations and a holistic approach to support of all involved in needed. The practicalities of doing this were acknowledged and it was suggested more than once, that use of digital technology should form part of the support. It also made reference to the current work we are doing with the digital buddy scheme, showing how important this service is.

Any service like this should be person centred and self-directed to encourage independence. The work our rehab team delivers in providing independent living skills was mentioned as important.

It was also suggested we should make more of the assets we have. Giving work opportunities across the different parts of the organisation. The new build development was also suggested as a mean to provide a safe environment for transitions to independent living for young people with sight loss. Although this might not be suitable through working in partnership we can provide these spaces.

The discussions were very useful in confirming some of our thinking on how a service supporting young working age adults might look. It also threw up some new suggestions of using the organisations assets for work experience.

Case study 2

"Malcolm, aged 57, was diagnosed with early onset dementia 5 years ago and has poor eye sight (although he is not registered as sight impaired). As Malcolm is becoming increasingly disorientated, living at home with care offered by his wife (Jane) and their two sons is almost impossible.

Jane is now looking for a residential home that can support Malcolm through the coming years. Malcolm is becoming aggressive when people try to explain the situation to him.

After viewing several homes, Jane has yet to find one she feels confident in and is becoming increasingly desperate.

Should we support Jane, Malcolm and their sons in this situation?"

What questions did we ask?

White Hat

- What is early onset dementia?

- What information is required about Malcolm, Jane and their sons?

- What other information would be useful?

Yellow Hat

- What choices are there in the support that could be provided? (e.g. who else would/could provide this support?)

- Would offering care for early onset dementia be positive?

Red Hat

- Isn't Malcolm too young for our residential homes?

- Would respite care offer a better alternative?

Black Hat

- Why should we support Malcolm?

- Isn't care by the family a better option?

Green Hat

- If Malcolm joins one of Vista's homes what is the effect going forward?

- How can Malcolm's specific needs be met?

- How would supporting early onset dementia be of benefit?

Blue Hat

- How would our current processes cope with this situation?

- How can the processes within our OPH be improved?

Help putting your hat on results

White Hat

White does not take sides and is objective. The purpose is to present information that can guide questions about the case studies.

- How long has Malcolm had dementia, where are the local care homes?

- Is he at risk and risk to others?

- What is the impact on him and the family?

- What are the important factors the family are looking for in a home to be an attractive package? Staff ratio, number of residents, built environment?

Yellow Hat

The yellow hat is positive. When using questions on the yellow hat, advantages and recommendations that are made and to find solutions to the case studies.

- Offering early onset support should involve package that supports the whole family and it is a longer-term prospect.

- Support for the most positive outcome should be used so it should be person centred. Even if that doesn't mean we provide long term support.

- Should help the family initial asking questions such as 'why' is Malcom aggressive?

- Provide recommendations for support and this could be through day care provisions.

- No age restriction but we could look at using different floor layouts to support younger residents in different ways.

Red Hat

The red hat gives an emotional viewpoint. When the red hat is used, it is a chance for feelings about the case studies to be given. The red hat helps to explain what the other people involved in the service and organisation might be feeling.

- Malcolm is too young and should be offered supported housing.

- Maybe respite would be more suitable opportunity and help family adjust.

- Support should be offered to all over 18 years old.

- Not enough information so other care packages should be explored.

Black Hat

The black hat is negative and points out risks and why something may not be beneficial. This hat can be used to remind us of policies, protocols, laws, regulations and risk related to the case studies.

- We specialise in dementia care and sight loss – should this remain?

- Not fair to put pressure on the family. Not enough resource to support the family at home.

- Expensive.

- If help isn't wanted should we intervene?

Green Hat

The green hat is used to suggest recommendations and new opinions related to the case studies.

- There will be financial implication in receiving specialist care.

- Key factor is that there should be the right care, in the right location, at the right time

- Flexibility so the family can engage and take Malcolm out.

- Provide emotional support to family and Malcolm to help him adapt to the new location. This could be a mixture of stay and home care during the period.

- Safety and security of Malcolm and the family is key.

- Make any space personalised.

The Blue Hat

The blue hat is used to summarises the results of the discussion.

- Make assessment for suitability for residential care.

- Agencies needs to look at the level of support across the area to inform the family fully.

- Ensure that staff levels are suitable for support day and night.

- Age should not be considered. It should be the level of need and condition as the driving factor.

- Keyworker support to act as main point of contact with the family through this process.

- Develop a support system for staying at home until there are triggers for residential care. A transitions programme could be developed around this

Case study 2 summary

"Age doesn't matter" was the consensus from this case study. There was interesting thinking about how this can be handled and that a different support package may need to be created should it be a common occurrence.

The starting point was to assess the risk to Malcolm and his family. From here low-level support should be explored (e.g. respite, day care) initially and then move into residential care should this be most suitable. All notes that were taken said that we would support the family in making the right decision and ensure that it was person centred (like case study 1). This could be achieved through a keyworker model supporting the family through the decision process.

One interesting concept was to develop a transition model that would support a family in this situation at a low level and then transition into residential care when this was needed. Doing this would help build relationships and longer-term engagement with us. A new service model would have to be designed around this. The feasibility of this is something that can be explored.

The environment of the care homes was also mentioned. There was differing option to mixing residents with large age differences. Some promoted creating an early onset wing so that this could be tailored to the different experiences these residents might have. The viability of this would need to be considered in the broadest sense.

These discussions revealed that all the groups would address this case study in very similar manner. As dementia prevalence is growing, capturing thoughts on how to accommodate and respond to different and new scenarios is a great learning opportunity. As most pointed out, each case of dementia is different and the key is in us providing a service (and support) that is flexible enough to respond to this.

How does this help us?

Firstly, thank you to all those that contributed to this task on the day. It was designed to get everyone thinking about areas that they are both familiar and unfamiliar with.

We have uncovered some great insights. Case study 1 has help confirmed our thinking and consultation with working age adults about the content of a service that will support life skills and experiences. We are currently looking at funding options for this.

Case study 2 has helped us understand the approach to supporting early onset dementia and the different routes this might take. This is a complex scenario and we appreciate that only limited information was given and that assumptions had to be made. Nevertheless, ideas around transitions from 'your' home to 'our' homes is something we can explore more, particularly as we have the new development on the horizon.

References

Childs, P. (2012). Use of six hats in STEM subjects. *The Higher Education Academy*, 1-7.

Karadag, M., Saritas, S., & Erginer, E. (2009). Using the'Six thinking hats' model of learning in a surgical nursing class: sharing the experience and student opinions. *Australian Journal of Advanced Nursing, The*, *26*(3), 59.

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