

7 Missing Links between Social Policy, Social Services, and Outcomes: An Argument for Grounded Change

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Draft 1.1 / The Discussion Document

We welcome your feedback whilst we improve this draft.

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This is the second iteration of our discussion paper. The most notable difference is the title. Our first title - *7 Reasons Why Social Services Are Failing* - alienated social service providers. It mistakenly suggested that social services were to blame for poor outcomes. We believe poor outcomes are the product of systemic disconnects. Between governments, service providers, employers, neighborhoods, families, and individuals. We also believe that to improve outcomes for the most marginalized folks, we have to re-design interactions between individuals and each of these systems. We've identified 7 kinds of interactions that prompt change. 7 interactions that are too often missing from policy frameworks, procurement specifications, and social services.

After 10 years working in 6 different countries with families in crisis, isolated older adults and troubled teenagers, we keep surfacing a need for the same solution types. Like networks to find and match positive deviants with peers. Like roles which catalyze taster experiences and build bridging relationships.

We think it is time to stop re-inventing the idea of the wheel. Instead, it is time to re-invent when and how we use the wheel. You see, there are 6 simple machines: the wheel, lever, inclined plane, pulley, wedge, and screw. That are the building blocks of more complex machines. Similarly, we think there are 7+ building blocks - or change mechanisms - which are the missing links between social policies, social services, and outcomes for marginalized people.

So we're shifting our focus. From the discovery and ideation process. To the implementation process. We couldn't agree more with Professor David Good,

“Although reforms are usually designed by a few people, invariably they are implemented by many. It is through implementation, and not by the design, that the issues, contradictions, and dilemmas rise to the surface and become grounded in the reality of administration and politics. And it is often the implementers, not the designers, who are called upon to reconcile them.”¹

We're calling the next iteration of our approach, **Grounded Change**. And we invite you to learn more:

- >> Read **the context** for Grounded Change
- >> Read **the reasons** for Grounded Change
- >> Read the **7+ mechanisms** of Grounded Change

The context

Had you visited our website just a few months ago, you would have found a process diagram on our approach page. The kind you see on most design consultancy and social innovation websites. You know the arrows, the spirals, the double diamonds? Whatever their shape, these diagrams emphasize discrete stages or phases of work. First, discover and explore the problem. Second, build and test solutions. Third, spread or scale solutions. What's never clear in these diagrams is *what kinds* of solutions are produced, and for whom. What makes a *good* solution and therefore what makes a *good* process?

We think good solutions are those which measurably change the lives of people who are left out, on the margins, and experiencing lousy outcomes. We think good processes are those which measurably change how systems work. So professionals and policymakers shift how they deliver, procure, contract, and quality assure good solutions.

This is why we're flipping the order of our approach. **We're starting by describing the solutions we make, and positioning our methods - ethnography, prototyping and immersive learning - as the ways in which we build *local* evidence and *local* capacity for good solutions with good process.**

The *local* is important. We do not believe there is anything like a plug-and-play solution that can be generalized from place to place. Indeed, experience tells us (as does empirical literature) that end users' *ownership* over the solutions is itself a mechanism of change. And you get to that ownership by collecting local data, evidencing solutions in-context, and immersing people in the day-to-day iterating (a cycle of continuous making and testing). Because knowing why and how to iterate when things *don't* work is the key to spreading impact. And systemic impact is what we're really after.

Systemic impact is one of those jargon-y words. We see systems - whether they are government systems or family systems - as lots of people interacting based on a set of rules, routines, expectations, and norms. To change systems, we think you need to change those patterns of interactions. You can do so through formal levers (like legislation) and through informal levers (like training). We need both levers. We believe it's often useful to *start* with the informal in order to better identify, test, and tweak the formal. *Grounded Change* starts with this sequence in mind.

- >> Dive deeper into the **7 mechanisms**.
- >> Dive deeper into **the reasons** for Grounded change.

The reasons

1.1. Global patterns.

Our work has spanned three continents, six countries, fourteen cities, and most social issue areas - including teenage pregnancy, youth offending, domestic violence, child protection, drug addiction, mental health, homelessness, disability, and aged care. Across these jurisdictions and sectors, we see the same patterns playing out against a strikingly similar backdrop.

- Rising costs of welfare at the same time as rising inequalities.² Leaving public sectors left to address the stubborn symptoms of marginalization - like family breakdown, inter-generational unemployment, and social isolation - in a climate of austerity.
- Rising ambition to generate public value. To produce outcomes alongside cost savings. Health, safety, well-being, economic independence, and educational attainment are the outcomes we hear governments talk about the most.

1.2 Hours don't equal outcomes.

Public sector agencies are walking the public value talk by setting-up new structures and funding streams. For example, British Columbia established a Social Innovation Unit within its Ministry of Social Development. And South Australia created an Innovation Fund for Home & Community Care Services. But when we look at what these new units and funds actually purchase, we find a lot of overlap with existing procurement. Governments continue to buy hours of care and support. Be it for the seniors living at home. For disabled individuals with a low IQ. For families at-risk of their children being removed. What we rarely see government buy are activities that quantifiably change the motivations and behaviors underpinning outcomes. We call these activities *change mechanisms*. And we use these mechanisms to create new kinds of social services and neighborhood networks. Along with the policies and procurement frameworks required for delivery.

1.3 Not all activities prompt change.

Not all activities are change mechanisms. Whether it's a parenting program in inner-city London, a disability day service in suburban Vancouver, or assisted living centers in rural Australia, we're observing the same three activities on repeat: assessment, referral, and planning.

What brings about change, though, isn't receiving one service or even receiving multiple services. What brings about change are a series of *interactions* that build competency & control; self-worth; purpose; future orientation; and social support. Because these are the factors underpinning outcomes like health, well-being, and independence.

Change can also come from the opposite kinds of interactions - from taking away control, shaming, and non-mutual relationships. Unfortunately this isn't the kind of change that leads to measurably *better* outcomes.³ Assessment, referral, and planning that does the latter can exacerbate the very problems they were intended to ameliorate. Assessment, referral, and planning that does neither expends money without results.

1.4 Effective is efficient.

Buying change mechanisms - rather than hours of care - makes dollars and cents. Government can save money by enabling people to lead purposeful lives with plenty of informal supports, rather than *only* relying on formal services. Instead, repeat service users are a reoccurring system drain. In the UK, 27% of homelessness applications come from individuals who have previously received services.⁴ In Australia, 67% of children in child protection services are repeat clients.⁵ In Canada, 75% of individuals released from jail are charged with another offense within two years.⁶

More often than not, we see governments try and save money by cutting service provision and restricting service usage to those in acute need. And yet we also see the negative effects of narrowing eligibility criteria: (1) Individuals only able to get help at crisis when the costs are high and the likelihood of positive outcomes are far lower; (2) Frontline staff burned out from working with the most intensive individuals; and (3) Resources that are lost because the client pool no longer includes a diversity of individuals. With only the most vulnerable folks left in the pool, there are few opportunities to leverage important informal supports.

1.5 Measuring what's effective.

Effective services and policies are those that change the reasons why people need supports, or change what those supports add up to. Effective youth services might increase young people's bridging networks and future orientation so they are less likely to go on social welfare. Effective disability policy might enable supported individuals to use their care dollars to purchase experiences - not simply hours of care. **Measuring service utilization rates or dollars spent tells us little about whether services & policies are prompting meaningful change in the factors underpinning good outcomes.**

Internationally we're seeing governments' increasing appetite to link dollars spent with the outcomes they care about - with educational attainment, economic and independence, health & well-being. For example, the United Kingdom's *Every Child Matters* framework created a common set of outcomes for all children and youth services.⁷ Australia's *Being, Belonging, and Becoming* framework articulated good early childhood outcomes.⁸

Still, we encounter consistent confusion between measuring ‘means’ versus ‘ends.’ A diploma, a job, a reduction in risk behavior can be a *means* to economic independence, educational attainment, and health. But not necessarily so. You can have a diploma, and no job. You can have a job that creates stress, and worsens health outcomes. You can *not* smoke, drink or engage in unprotected sex, and still have poor emotional and social well-being. **The question is what kind of diploma, what kind of job, what kind of relationships are needed to enable a flourishing life?**

To answer these questions, we need to measure the link between the *quality* of services & programs, *intermediary outcomes* (like a diploma or a job), and *end outcomes* (like well-being). There are methods for doing this. We draw on realist evaluation methodologies to figure out what about programs & services leads to a change in intermediary and end outcomes, for whom.⁹ And we make use of a growing number of data collection instruments to capture program and service quality. See for example, the [Forum for Youth Investment’s after-school program quality tool](#), or the Search Institute’s method for measuring positive youth development.¹⁰ Of course, it’s not simply about *collecting* quality data. It’s also about how that data is used.

1.6 Improving local data & intelligence.

Creating policies and procurement frameworks that lead to high-quality services requires collecting and using local data from the start. Service evaluations that come *after* implementation are of little use to policymakers and commissioners trying to figure out *what* to implement. Typically, analysts and commissioners have access to three types of data: (1) statistical trends, (2) public consultations, (3) literature reviews. None of these data sources helps to work out what types of services might be effective in the local contexts, for whom, when.

Statistical trend data alerts decision-makers to emergent problems - perhaps teenage pregnancy rates are rising or there is a cluster of heroin-related deaths. This type of data rarely digs deep to look at the factors underpinning the problem, or most importantly, the types of solutions that might attract and engage the people experiencing the problem.

Public consultation data comes via satisfaction surveys, interviews, focus groups, and public forums. It tells decision-makers something about the preferences of *respondents*. This type of data has a selection bias; it's missing the perspectives of the people who don't reply or show-up. Meaning it's missing the people who are *most* marginalized. This type of data also has a social norming bias. What people say and do in a public setting is different to what they say and do at home. Plus, surveys, interviews, focus groups and public forums are predicated on people *knowing* what they think and want. We consistently find that if people have never been exposed to what could be different they do not know what to ask for. They more readily accept a variant of the status quo.

Literature reviews draw on evidence and practice from elsewhere. All of the governments we've worked with like to cite each other. Australia looked to Canada's disability policy. The United Kingdom looked to the United States' early childhood education programs. Whilst case studies, evaluated programs, and randomized controlled trials from other jurisdictions can serve as useful reference points, bringing a solution to a new context requires *both* fidelity and careful adaptation.¹¹ In other words, it requires understanding what the underlying change mechanisms are and how to faithfully deploy those mechanisms within a particular setting and culture.

Getting to a localized understanding of change mechanisms demands data that is both analytic and generative. That can explicate what is going on, in a particular place, for the most extreme users - and at the same time, explore many starting points for what could be different. If an intervention works for extreme users - for the people who are left out and on the margins - it's much more likely to work for the average.¹² The reverse rarely holds true, and yet, there are few methods to find and capture the lived realities of extreme users, let alone, methods to develop plausible alternatives.

Traditional qualitative data derived from interviews and focus groups also proves to be insufficient. Because it relies on what people say. Rather than probing the gap between what people say and do, or between what people say and really want. **To get at people's hidden motivations and aspirations, we can't always use direct questioning.** We have to trigger memories and associations - and help people project into the future. This is why we use ethnographic methods coupled with visualization techniques drawn from design.

1.7 Procuring and implementing mechanisms.

Whilst ethnographic data can help the public sector identify problems and potential solutions in local contexts, it does not help the public sector figure out how to procure, contract for, or quality assure those solutions. And implementing solutions is always the trickiest part, as political scientist Andrew Graham reminds us. “Policy conception (and we’d add, program conception) needs to account for the whole picture, not just the front-end conceptualization but also the reality of actually doing it and accounting for what is actually done.”¹³

Yet the public sector only has two instruments for moving from front-end policy & program design to on-the-ground practice: (1) direct delivery or (2) commissioning. In both cases, public servants create the ‘spec’ or ‘blueprint’ for the policy or program before implementation. Implementation is conceptualized as a linear process. There is little room or resources to change the ‘spec’ or ‘blueprint’ based on evidence-in-practice. That’s the kind of evidence that comes from rigorous experimentation and iteration.

Prototyping can become another implementation instrument for the public sector. Rather than having to create the spec or blueprint at the start, without understanding the on-the-ground realities, the public sector can invest in developing the spec and the evidence base. With the very users for whom the policy or program was intended to reach.

Prototyping means running a small-scale version of a new policy, program, or service. Over the course of a prototype, users help to work out the front-end interactions that create change, and equally as important, the back-end systems required for the front-end to run effectively and efficiently. That means the deliverables from a prototype are new user-facing roles, materials, and interactions - along with system-facing hiring processes, commissioning frameworks, accounting systems, databases, metrics, etc.

Where much top-down implementation of programs and policies is met with skepticism, if not resistance, prototyping turns users & frontline deliverers into co-producers. That means that both users and deliverers are helping to *make* the programs and policies over time. They have a meaningful role with a sense of control. Contributing & reciprocating is one of the 7+ change mechanisms we consistently see missing from existing social services, but, that we know from the literature builds motivation & competencies for

change. **Prototyping, then, isn't just a way to do bottom-up implementation, but a way to increase the likelihood of behavioral change.**

1.8 Spreading mechanisms.

We've argued that local data and local implementation yields more effective, and thus more efficient, social services. But, how does local data and local implementation facilitate scale? That's the rub about public services. They have to work not just for one user or one family in one particular community, but for thousands - if not millions - of users and families across multiple communities.

But do those services have to look exactly the same? Is fairness about access to the same services, or facilitation of the same outcomes? We would say the latter. If you accept that premise, then you would not spread the exact blueprint or spec. Instead, you would spread the principles, the underlying development process, and the quality framework.

It's the difference between how Starbucks scales, and how French bakeries spread. Starbucks has over 21,000 stores around the world. Each is a near replica. With the same look and feel; the same menu; the same hiring; the same training; the same kitchen process; etc. France has over 200,000 bakeries. Each is independently owned and operated. To be an artisan baker, you have to go through a rigorous apprenticeship process. You've learned the principles and the practices of baking, and met the quality standards.

Were social services to spread like French bakeries, then, we would spread immersive learning opportunities and a common understanding of quality. Indeed, we would enable local teams in local communities to discern what makes a good solution, and to have the opportunity to practice making their own versions. This is why we offer immersive residencies and seminars - alongside Starter Research Projects and Prototyping.

The 7 mechanisms

(& one moderator)

We apply 7+ types of change mechanisms *in-context*. Because these are the 7+ activities we see missing from policy documents, procurement frameworks, and social services. Activities that are the difference between a service *maintaining* peoples' lives and a service *changing* peoples' lives - changing their preferences, intentions, competencies, confidence, self-worth, control, purpose, social supports, and stressors. So people have in place the factors underpinning health, safety, security, independence and self-sufficiency. All of the outcomes governments say they want for their citizens.

A word on the phrase mechanisms. In biology, a mechanism is an activity that brings about an effect. In engineering, a mechanism is a device designed to shift input forces and movement into a desired set of output forces and movement.

Similarly, we're using the word mechanism to describe activities that shift inputs (e.g hours of care) into desired outcomes (e.g health, well-being). But we are not suggesting that there is causality; that if you 'turn on' a mechanism, you will automatically 'turn on' a particular outcome. Human beings are *not* simple machines.

Instead, we're suggesting that these 7+ mechanisms are the component parts of change. **How many component parts, in what sequence and configuration, packaged in what ways, with what intensities and durations, must be tested and tweaked with people in the particular contexts they live.**

We use ethnographic and prototyping methods to do this testing and tweaking - based on social science theory and practice. Our thinking of what prompts change is heavily informed by behavior sciences, along with issue-specific literatures & histories (e.g disability studies, feminist studies, gerontology). For a good overview of the kind of behavior science research that we apply, read "[A taxonomy of behavior change techniques used in interventions](#)" by Charles Abraham and Susan Michie¹⁴.

Mechanism 1:

Modeling & Rehearsing

to build skills and confidence

Dustin learned how to inject heroin by watching his friends. Then trying himself. The conditions for learning were just right: Dustin trusted his friends. He felt secure: able to make mistakes and still be accepted. As his confidence increased, so too did his competency for intravenous drug use.

We see how modeling and rehearsing is used within informal social networks to teach behaviors underpinning lousy life outcomes. Rarely do we see modeling and rehearsing used effectively within social services to teach behaviors underpinning great life outcomes.

Instead, we see *instruction* as the dominant teaching approach. Trained professionals offer information and guidance. There are few opportunities to watch *how* the professional performs a new behavior in the messiness of everyday life. Plus, the power differential between the professional and the user shifts *how* the information and guidance is received. The professional may be perceived as "too different" to be credible. Little *vicarious* learning unfolds.

Vicarious learning is as important as direct learning writes psychologist Albert Bandura, “In actuality, virtually all learning phenomena resulting from direct experiences can occur on a vicarious basis through observation of other people’s behavior and its consequences for them. Man’s capacity to learn by observation enables him to acquire large, integrated units of behavior by example...”¹⁵

Family by Family is the solution in our portfolio that best exemplifies learning through observation.¹⁶ Designed as an alternative response to child protection services in South Australia, families in the midst of a tough time are matched with families who have come through tough times. It’s these positive deviant families - rather than social workers - who model new ways of doing family. In living rooms, at the dining room table, in backyards, at the park.

Unlike existing parenting programs or even other peer mentorship models, Family by Family enables social learning for the *whole* family, kids and adults included. 90% of families report reaching their goals through Family by Family. But crucial to the success of a model like Family by Family is finding and supporting families who can credibly model. Families who have the same background, the same values and similar imperfections - but who also have helpful behavioral techniques to share. The role of professionals, then, shifts from direct teaching to recruitment and behind-the-scenes support.

Mechanism 2:

Story Editing

to increase self-worth & control

“The idea is that if we want to change people’s behaviors, we need to try to get inside their heads and understand how they see the world—the stories and narratives they tell themselves about who they are and why they do what they do,” writes social psychologist Timothy Wilson.¹⁷

George can go to a dark inner place. He tells himself that he is ‘slow’ and that he will never find a woman. Despite years of special education classes, psychiatric services and mental health drop-in centers, George’s core narrative hasn’t really budged. He doesn’t feel that he

Clinical psychologist Irvin Yalom argues that leading an observed life is a fundamental human need.¹⁸ To enable someone like George, then, to tell a different story, we have to start by observing and making visible his existing story. And literally re-writing parts, and acting out new chapters. Techniques like ethnography, writing prompts, and reading alternative stories can facilitate narrative shifts.

This is the logic behind I-Ethno and Critical Learning, one of the proposed solutions emerging from the Burnaby Starter Project. Rather than use the standard assessment methods to acquire information from individuals & families with a disability (which often serve to *solidify* existing scripts), we hope to prototype the use of ethnographic methods to elicit and re-shape stories.

Over the past 10 years using ethnographic research methods, we've been consistently surprised by how they can serve as an intervention in and of themselves. The act of *returning* someone's story, and editing it together, can unlock new personal insights. People see patterns, and hidden strengths. By collecting stories *over time*, we can also create a database of alternative narratives. Individuals and families can receive stories as a kind of prescription. To encounter other ways of looking at their own lives and situations. These relatively simple interventions have proved effective in other domains. Like helping college freshmen improve their academic performance and helping veterans overcome post-traumatic stress disorder.

Mechanism 3:

Contributing & Reciprocating

to increase meaning & purpose

One night, after months of planning, Anneke left her husband of 30 years for a domestic violence shelter. A project manager, an artist and a computer lover, Anneke found herself thrust into the role of "client." For four hours a week, Anneke received therapeutic services, some of which she found useful. What wasn't so useful was losing so much control to professionals, and to the system. They held all the information, the time frames, the

expertise. She was left wondering what her role and purpose was - other than to show-up to appointments and follow directions.

The psychologist Martin Seligman, in his book Flourish, identifies engagement in meaningful activities and purposeful roles as two of the five elements of well-being.¹⁹ One way to enable meaning and purpose is by creating opportunities for ‘clients’ to contribute their skills & know-how. To move from a ‘client’ role to a ‘co-producer’ role, where there is much more reciprocity with professionals. Another way to enable meaning and purpose is by identifying and supporting ‘clients’ to become ‘role models’ for others. To share their acquired experience and coping strategies. Abraham and Michie, in their systematic review of behavior change techniques, name “identification as a role model” as one of twenty-one key techniques.²⁰ How that identification happens and the matching process between role models and peers matters a great deal to effectiveness. Role modeling can have a much stronger impact on the role models than on the peers.

Weavers is a solution in our portfolio that shows how contribution & reciprocity can function as a differential change mechanism.²¹ Developed to prevent carer burnout, Weavers is a network that connects individuals with practice caring for family to individuals new to or struggling with their caring roles. Results from the initial prototype confirmed that the carers who *shared* their know-how experienced the *most* change. That’s why coupling change mechanisms, and understanding *which* mechanisms work for which user groups, is such a critical part of the local testing and tweaking process.

Mechanism 4:

Feedback

to increase validation & motivation

Four of the 21 behavior change mechanisms identified by researchers Abraham and Michie are about feedback. Feedback comes in a variety of forms - as external encouragement; as social comparison against a peer group; as self-monitoring against a personal goal; and as internal reflection & review. Whether its domestic violence services or after-school programs for young people, we see very few of these forms in regular &

Tina, age 33, had already had three of her children removed by the child protection system when we met her. Her fourth child was at risk of removal too. She went along to all of the court-appointed social work sessions and parenting groups. But she had no idea if she was doing 'good' - was she changing enough to get her kids back? She always knew when she was doing 'bad' - when her visits with her kids were shortened, or another hearing was hastily called.

Whilst users like Tina can provide feedback to a service via a formal complaint process or a yearly satisfaction survey, users rarely get feedback *from* services. Unless they are doing something wrong. The same is true of most frontline staff we've shadowed. Who know what 'bad' practice looks like but frequently do not know what 'good' practice looks like. Whilst users and staff often report information up the hierarchy, this data is never disaggregated at an individual level to enable people to see what's really changed for them or for peers like them. Data becomes a risk & accountability tool rather than a behavior change tool for staff and users. Positive change is neither recorded *nor* validated and further stimulated. The opportunity for re-setting individual expectations and social norms is lost.

The Family Independence Initiative, headquartered in Oakland, California, is changing all of that. They are demonstrating how data can both be aggregated as a policy-making tool and kept at a disaggregated level as a behavior change tool for individual families and groups of families. Immigrant families form their own support groups, set personal and collective goals (e.g saving money), and directly record changes in a database (e.g bank account balances). The data is used to help families tweak their goals, celebrate progress, and re-set social norms. At the same time, the data is sold back to government agencies to inform decision-making. Families receive compensation for their data collection efforts.

Mechanism 5:

Bridging Social Capital

to widen possibility & deepen support

Writing about the link between relationships and change, Researcher Martin Smith concludes that, "...Trusting and supportive relationships are at the heart of the intentional change process...Our relationships offer context for understanding our progress in our learning and change efforts and for realizing the usefulness of what we are learning."²²

Building and strengthening relationships, not surprisingly, is a fundamental change mechanism. But not all relationships are the same. What kinds of relationships help versus hinder change?

We met Mo in a parking lot on a rainy London day. He was skipping school with his mates. Even when he was present at school, he wasn't really present. He struggled to read and write. His mates didn't care. In a year, Mo would officially be done with school. He wasn't sure what would happen next. He'd probably just take-up a job in his parents' Bangladeshi restaurant. He liked mechanics, but he didn't know anyone in that line of work.

Youth services - just like homeless, addiction, and domestic violence service - are designed to divert individuals from risky situations. To offer users like Mo an alternative to hanging out on the streets and getting in trouble. These services do so by opening up a drop-in centre: a physical space that attracts the same types of people. That strengthens *bonding* social capital, but not *bridging* social capital. Whereas bonding social capital is all about ties between people with similar backgrounds & resources - like family, friends, neighbours - bridging social capital is all about connections with people who have distinct backgrounds and resources - like colleagues or acquaintances.²³

Bridging social capital contributes to intentional change by widening what people see as possible for themselves and giving them the means to move towards that revised vision. Whilst bonding social capital can create a safe space for learning and experimentation, bridging social capital provides a lot of the *content* for that learning and experimentation.²⁴ Without bridging social capital, individuals might feel *supported* but lack the information and tangible contacts to explore and take-up new opportunities.

Loops is the solution in our portfolio designed to build bridging social capital with and for young people like Mo.²⁵ Working with 100 young people in two communities, we prototyped a platform for community and youth development. Rather than go to the youth centre after school, young people were brokered to surprising experiences and people in the community. Mo got linked-up with mechanics in the community, with the bicycle shop owner, and with maintenance crews from the local authority. Local business owners and community members became youth development providers, and functioned as a network expander. No longer was youth service provision solely the domain of youth workers. Outcome measurement indicated that young people with insular bonding networks gained a broader perspective and tangible interpersonal contacts *after* the prototype.

Mechanism 6:

Taster Experiences

to shape preferences & goals

You don't know what you don't know. And yet, upfront goal setting and planning is a consistent feature of most social services. Fay, age 56, has received disability services since she qualified at age 19. Every year, she goes through an individualized planning process. For three hours, Fay and her workers sit around a table and talk about the upcoming year. They brainstorm activities they could do - go to the movies (it's been a while), join a bowling club (Fay enjoyed that as a teenager), get a holiday job as a Salvation Army worker (Fay did this before). Fay and her workers are limited by what they have directly seen and experienced.

When we expand what people directly see and experience, then, we expand their preference sets and therefore their goalposts. Goals are a hallmark of *intentional* behavior change. Individuals seek to close the gap between where they want to get to (their ideal selves) and where they are now (their actual selves).²⁶ To help form a picture of our ideal selves, we need different types of information. Information about social expectations, about viable alternatives, about consequences of particular courses of

action. And this information needs to be delivered in appropriate ways - verbally, visually, and kinesthetically. Social services rely heavily on verbal information delivery.

We place particular emphasis on visual and kinesthetic information delivery. And we package this delivery as taster experiences using face-to-face interactions, along with stories and media. To be effective, we've found these experiences need to layer over time - building on each other, and enabling individuals to go wider or deeper and explore what it means *for them*.

This is one of the principles behind Kudos, another solution to emerge from our Burnaby Starter Project. Kudos has been designed as an alternative to disability day programs and 1:1 respite. Individuals will choose content streams (e.g plant biology, geography) that interest them, be connected to a range of informal learning experiences in the community, and get recognized for their increasing skills & know-how through a badging system. We will test whether badges function as a kind of alternative credentialing system similar to Mozilla's Open Badges Program, which gives individuals who lack formal education a foothold in the job market.

Mechanism 7:

Barrier Busting

to manage stressors & increase future orientation

Stress can get in the way of behavior change. Stress rises when a person appraises something in their environment to be a significant threat for their well-being and judges their coping resources to be insufficient."²⁷ Too much stress, and people can lose sight of their future goals and revert to past behaviors.

Turns out there is a neurobiological basis for falling off the behavioral change wagon. Studies of rats show how stress influences the plasticity of neurons, leading to relapse.²⁸ Relapse Prevention Theory is all about identifying the stressors likely to get in the way of sustained behavior change, and helping people to practice coping strategies in the actual environments that trigger stress.

For Beaker, hospitals & dialysis treatments are environmental triggers. Trouble is, Beaker needs dialysis to stay alive. To calm his nerves before dialysis, Beaker tends to drink even more. One more bottle of Listerine, or cheap red wine. The health and addiction services Beaker interfaces with don't have any systematic ways to identify or reduce the stress they inadvertently cause.

Here's where 'barrier busting' becomes an important change mechanism. Rather than seeing behavior change as completely within the individual's control, we can focus on shifting the environment around the person. We can change the setting where interventions happen, the look and feel, and the timing & sequence of interactions. We can also anticipate challenges and help people develop ways around them in advance.

Coach In Your Corner is a solution that's all about helping people identify barriers to behavior change and try out coping strategies in real life environments using volunteer coaches. We began testing the concept as part of the Burnaby Starter Project, where we met people like George.

George felt incredibly lonely most of the time, and desperately wanted to meet women. But he didn't know where to go, how to initiate conversations, or how to move from a conversation into a friendship or a romantic relationship. Existing social services and talk-based therapies all took place in office buildings between the hours of 9 to 5 Monday to Friday. Not always the optimal time to build a social network. By simply changing the environment, and providing George 1:1 coaching in a pub on a Saturday, we helped George feel less stressed about meeting people, and more able to reach out. Solutions such as Coach in Your Corner show us how to recalibrate the boundaries between 'public' and 'private' to address the underlying needs for support.

Moderator 1:

Intensity and Duration

A moderator variable changes the strength of a relationship between two variables - between a mechanism, for instance, and an outcome. Intensity and duration are too often the *missing* moderators. Even where a social service has in place the 'right' change mechanisms - feedback, say - they may not be providing enough feedback over time to shift behaviors. Because decisions about the length of an intervention are typically decided by how much funding is available, there is often little scope to experiment with intensity and duration.

And yet, we all know how important dosage is when we're feeling sick. If we have a headache, and we don't take paracetamol at the right time or at the right amount, we may not get any pain relief. Experimenting with dosage, then, must be part of testing and tweaking solutions. Ultimately this is where efficiencies come from: understanding *how much* of a solution people need, when, to ensure success rather than perpetuate failure demand.

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