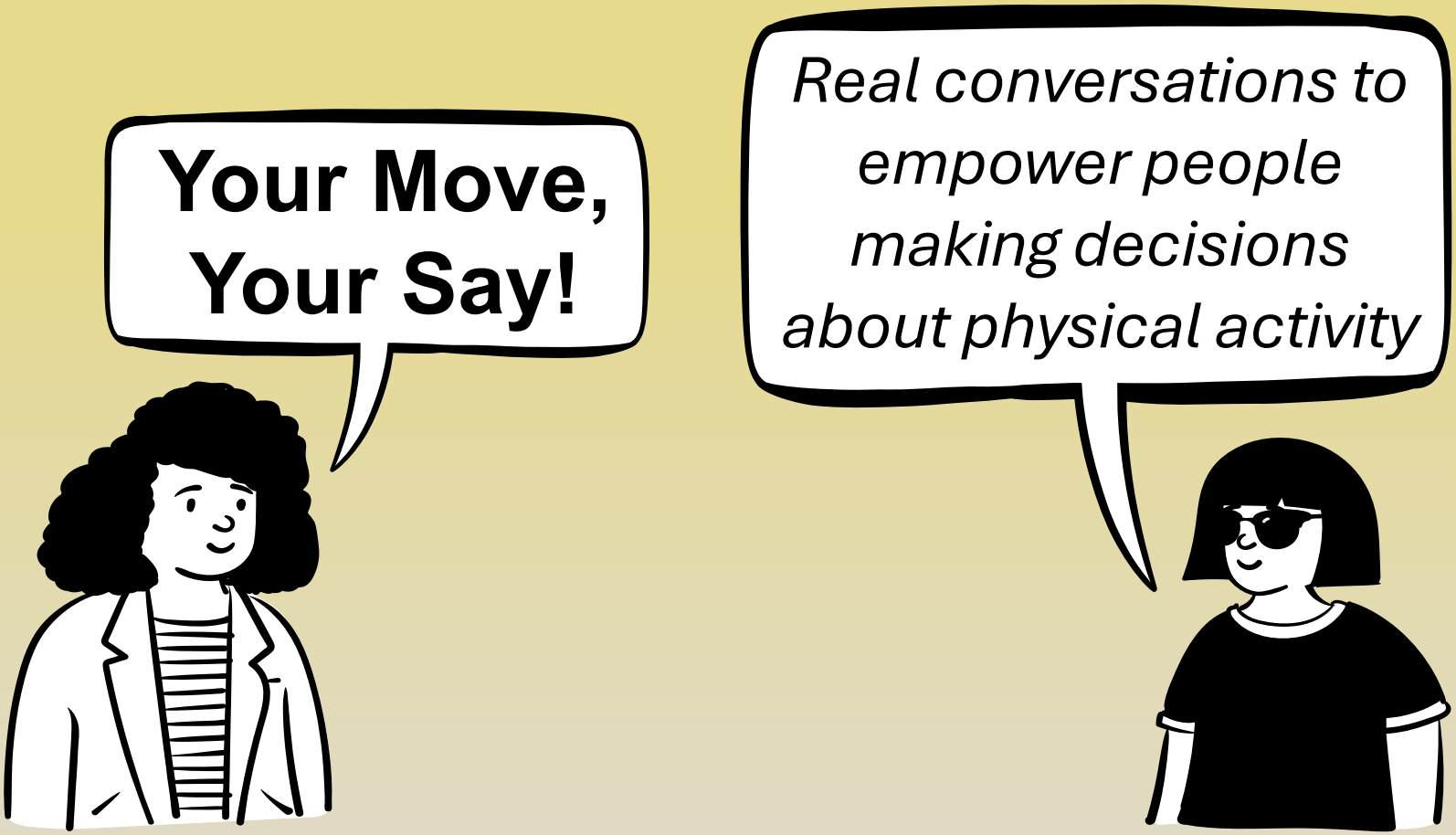


Moving Social Care™

Disability Rights UK

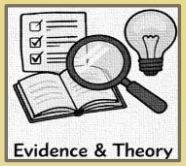
Durham University
Department of Sport and Exercise Sciences

SPORT ENGLAND

wellcome

What this resource is

These vignettes are a **resource** for **Social Care Staff** and **people who use care services**.
The vignettes show **real conversations** with people who live with **intellectual disabilities.**
Real examples help people understand and relate to **what works in everyday life**.
They help reflecting on **shared decision-making** about **wellbeing & physical activity**.



The resource uses ideas from **research** about conversation and communication.
These ideas help explain **why some ways of talking work better**.
The focus is on **respectful communication,** and on **strengths**, not problems or things to avoid.

This resource was **co-produced together with** the **people** with lived experience **it is meant for.**
Group discussions helped decide **what feels right and useful**.
The selected practices are not rules to follow. There is **no single right way** to talk to someone.

What feels normal or familiar may **not work for everyone**.
It is important to **stop and think** about how we talk to help avoid making assumptions.
It helps people feel **listened to, respected, and involved**.

What you can do with it

How you can use them

Read on your own to experiment these practices in your conversations.
Read together with your team during reflections sessions to gain awareness.
Read together with people in the system of care to show “good” practices.
Use for discussion or role-play in your team.
Embed them into your training as evidence-based examples.
Add your own examples respecting the principle of real and authentic conversations.

What you can think about

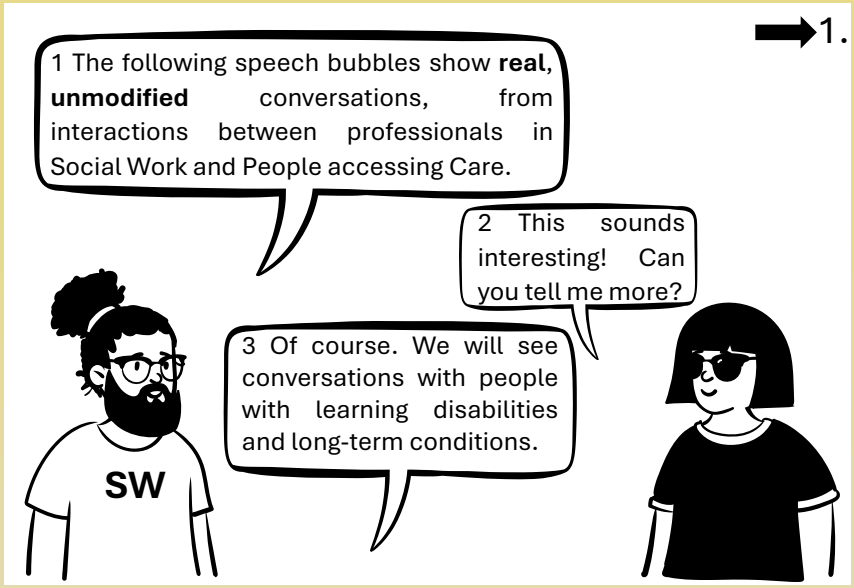
How questions are asked and answers provided.
How choices are offered.
What conversational “adjustments” have been made that have opened up space to people.
Small changes in communication practice can make a **big difference**.

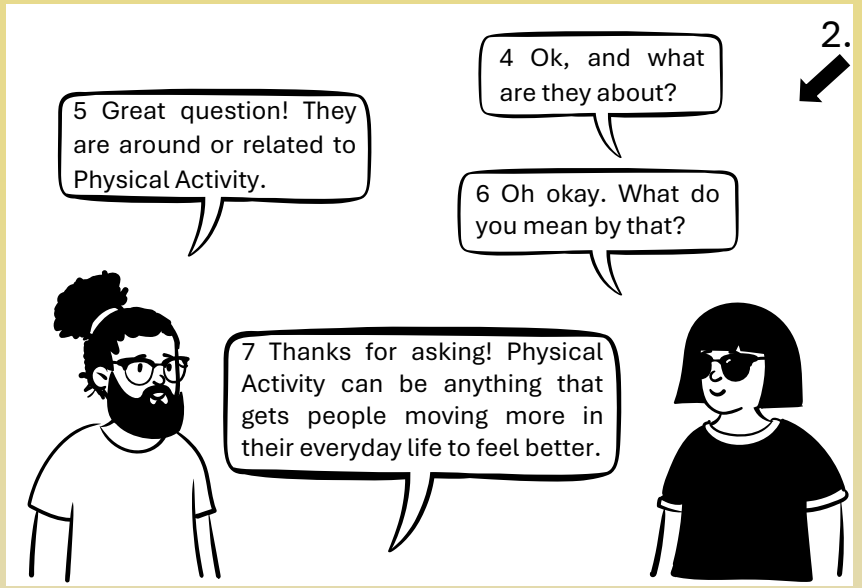
Use with care

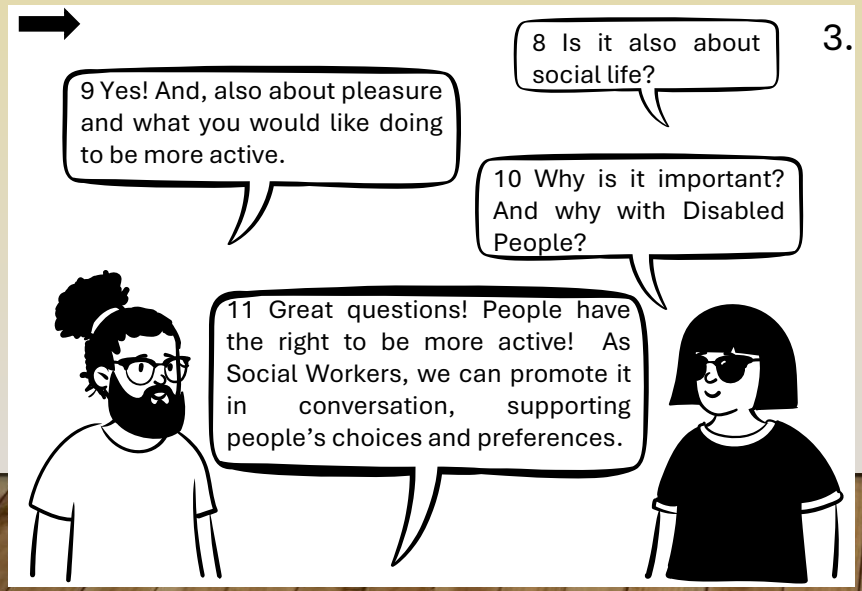
Use them to reflect, not to judge the ways people talk or work!
Learn together and respect different views.
Adapt to the person in front of you: physical activity looks different for different people!

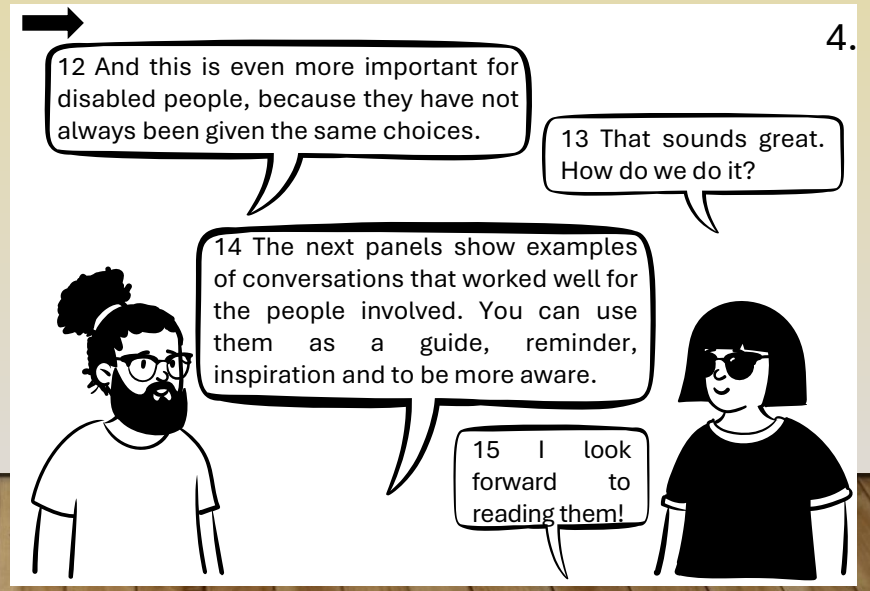
HOW DOES IT WORK?

This series of vignettes are made of little panels. Read them from left to right and top to bottom as signaled by the arrows ➡(1.-4.). Speech bubbles show what the people are saying. The direction of the bubble points at each speaker. Read them in the order they appear, left to right, top to bottom (1-15). The person with SW on the t-shirt is the social care worker, the other one is the person accessing care and support.





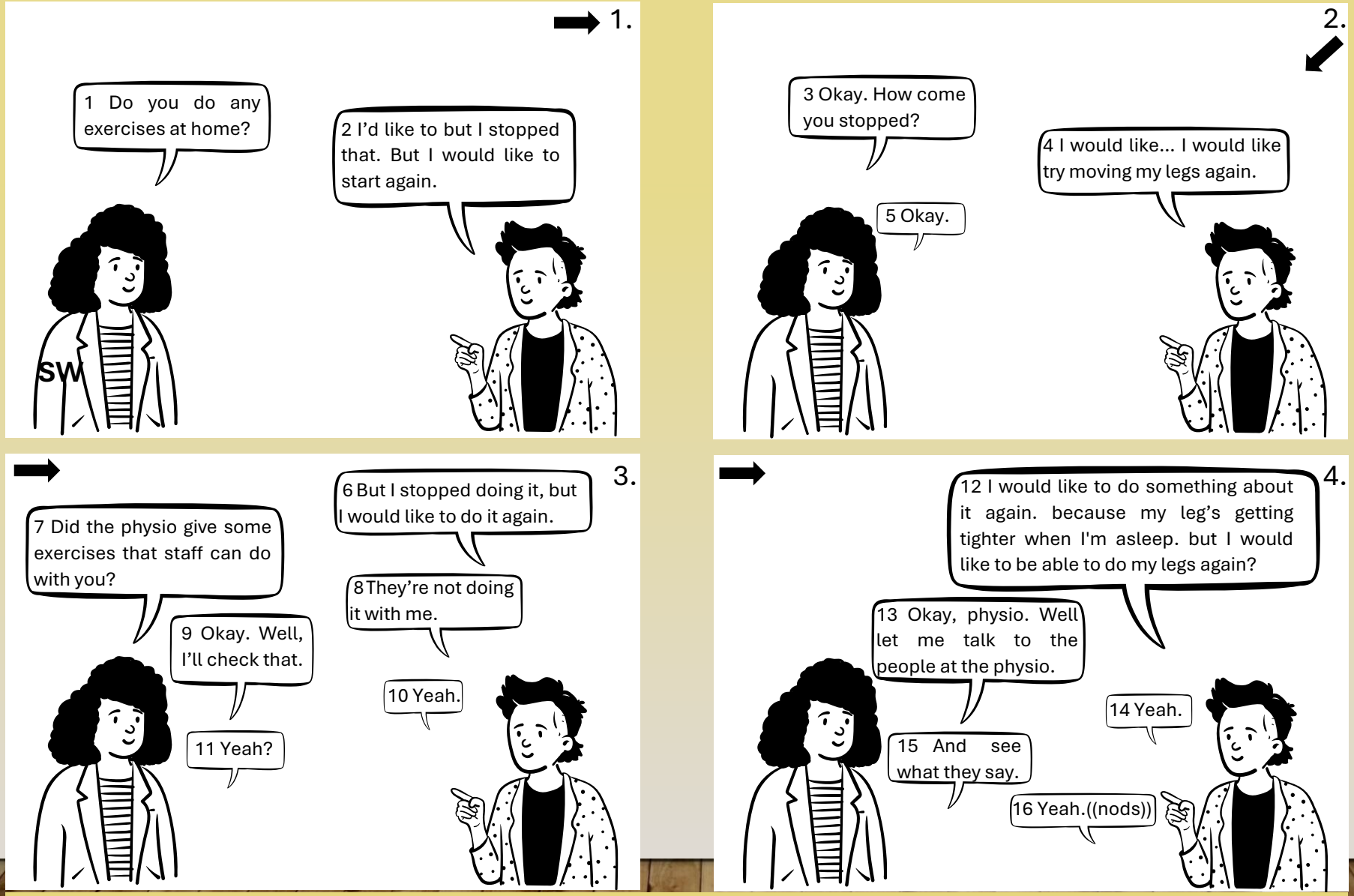




CONTEXT: Some context about the scene is provided here since these are real interactions happening in specific situations.

ACCEPT AND ALLOW REPETITION

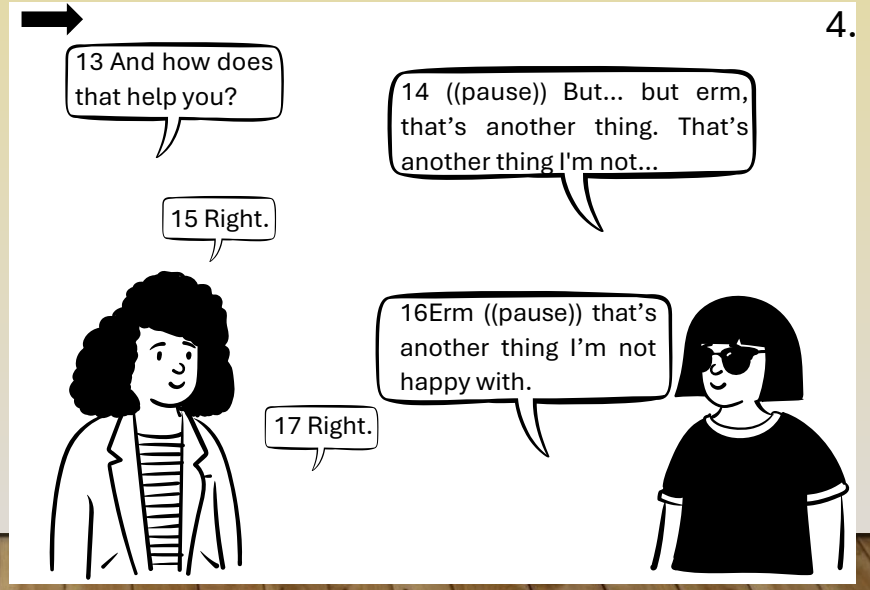
It's okay if you or the other people repeat points — this helps get to the important message of this topic, before gently moving towards new topics being respectful of people's pace.



CONTEXT: The person accessing care in this interaction has a learning disability. They live in a supported living. The social worker is doing a routine check on them after they have been in bed for a long time for some illness and they are finding it difficult to move. They are not happy about how the staff interacts with them in certain occasions.

ASK IF YOU CAN GO DEEPER ON A SUBJECT

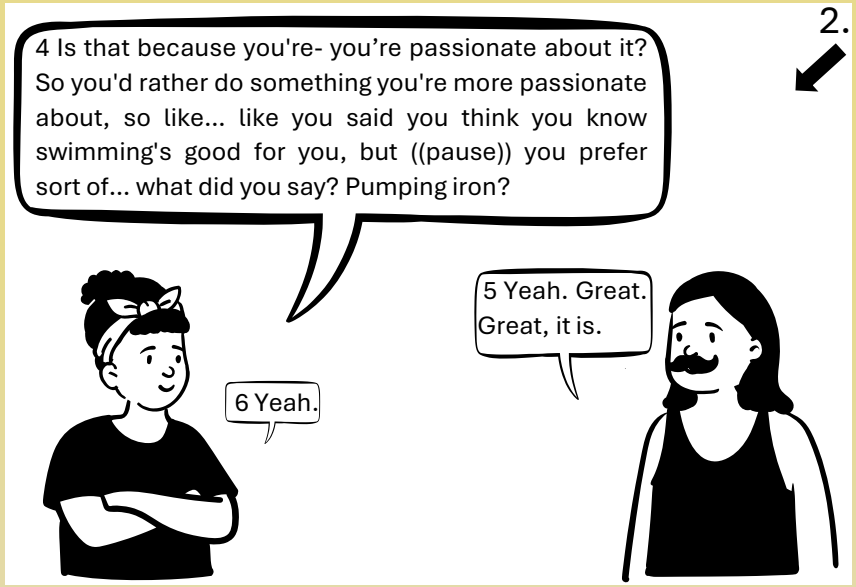
Preface delicately some parts of the conversation, asking consent about whether it is okay to ask more. This helps respect boundaries, foster trust, and open up potentially sensitive topics.

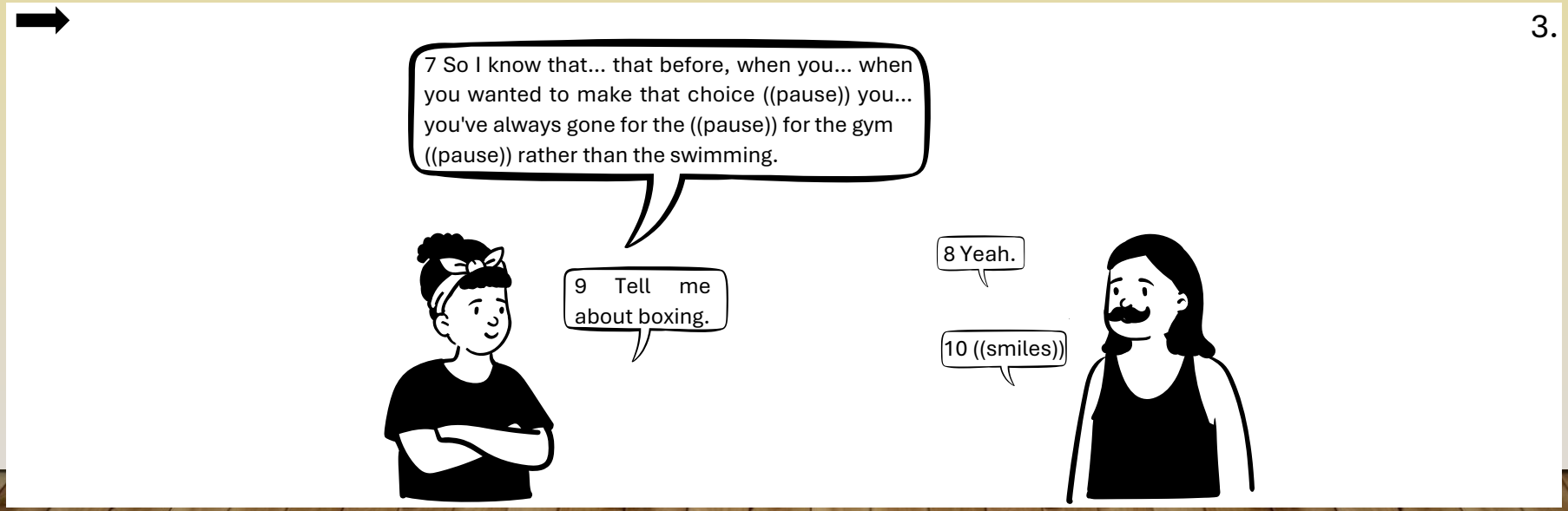


CONTEXT: The person accessing care in this interaction has ASD, a mild learning disability and is a wheelchair user. They live in a nursing home. The social worker is exploring possibilities to move that can be suited for this person from whom moving is difficult.

ASK QUESTIONS ABOUT PLEASURE AND PREFERENCE

Ask what people like doing, prefer doing, and would love to do more. Focus on pleasure and pleasurable activities and ask questions about this in the decision-making process.

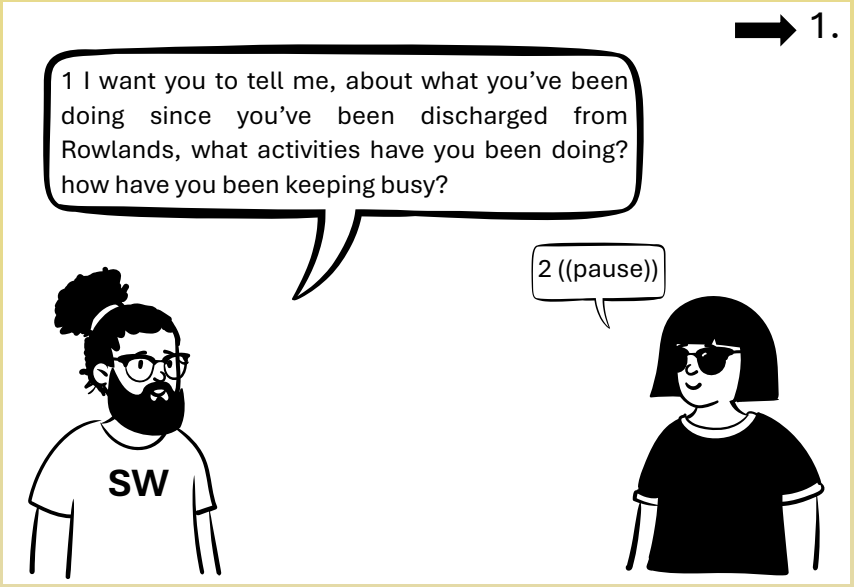


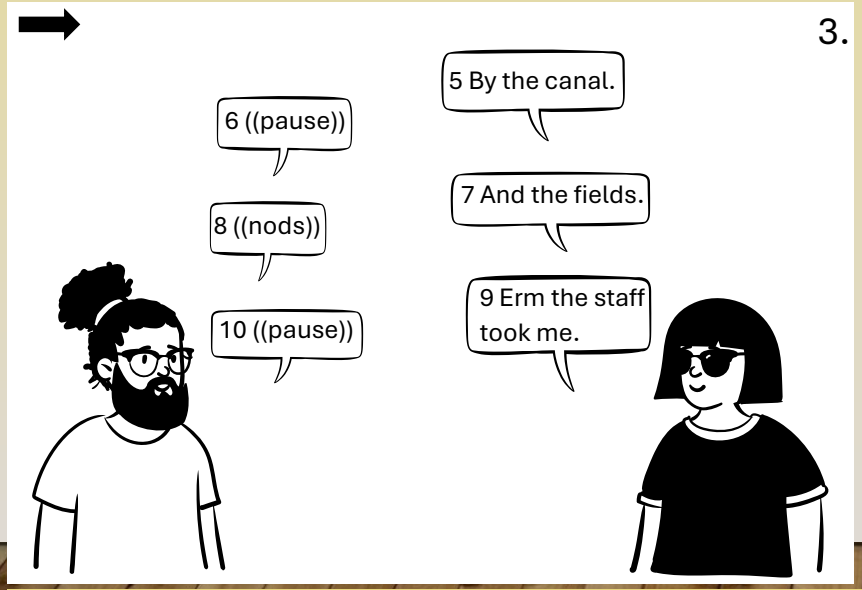


CONTEXT: The person accessing care in this interaction has Down's Syndrome. They live in a care home and are already active. The social worker is asking, during a routine check-in conversation, follow up questions about the person's levels of physical activity.

BE COMFORTABLE WITH SILENCE ((PAUSES))

After you ask a question, allow gaps in the conversation — people often need time to think and find their words. When people start answering, allow them to continue without interruptions.

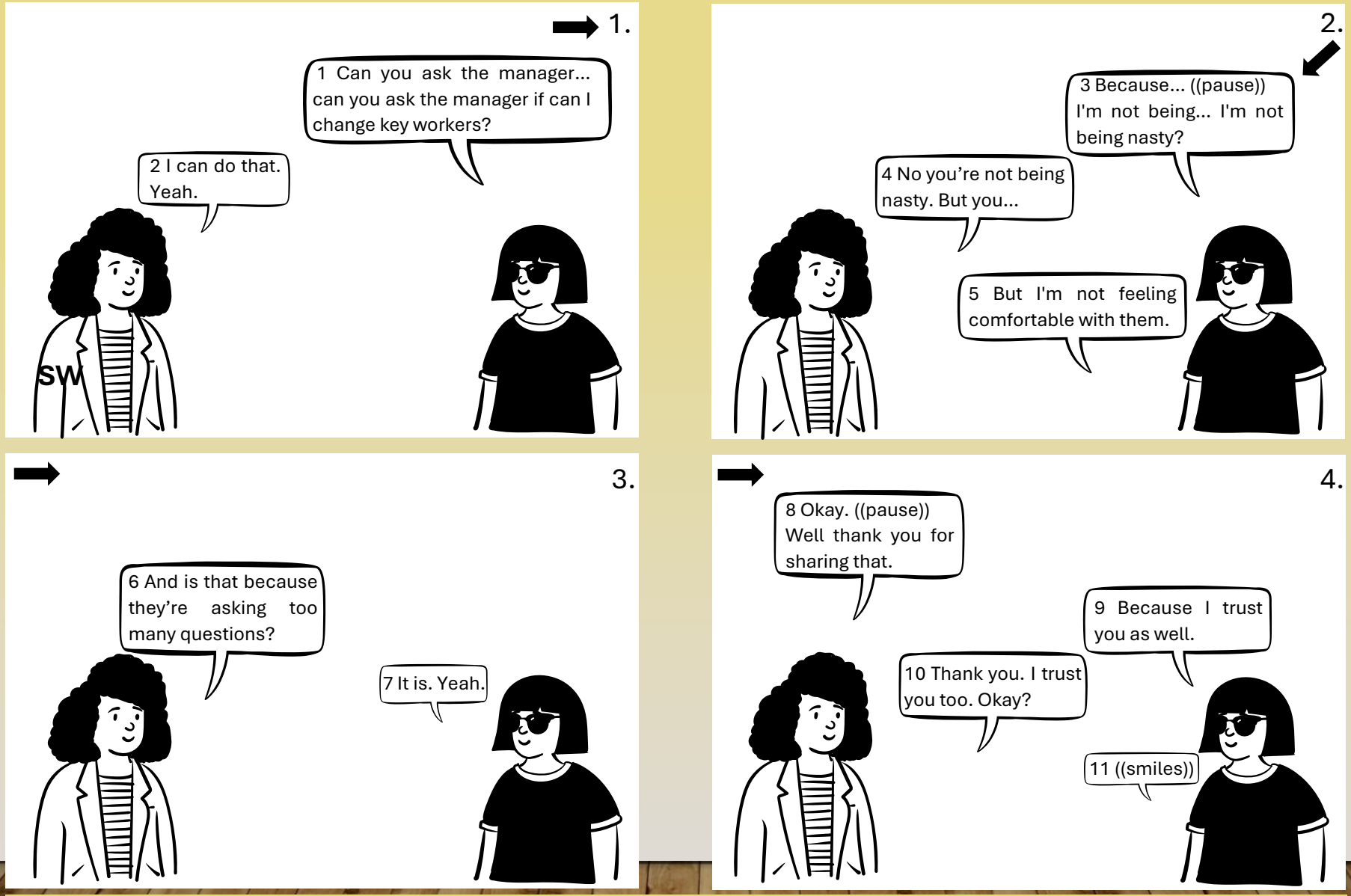




CONTEXT: The person accessing care in this interaction has a mild learning disability. They live in a residential home, and the social worker is checking-in after they have been discharged from a period in the hospital. The person is independent and often leaves the care home to go walking around or go to town.

BUILD TRUST AND EXPRESS GRATITUDE

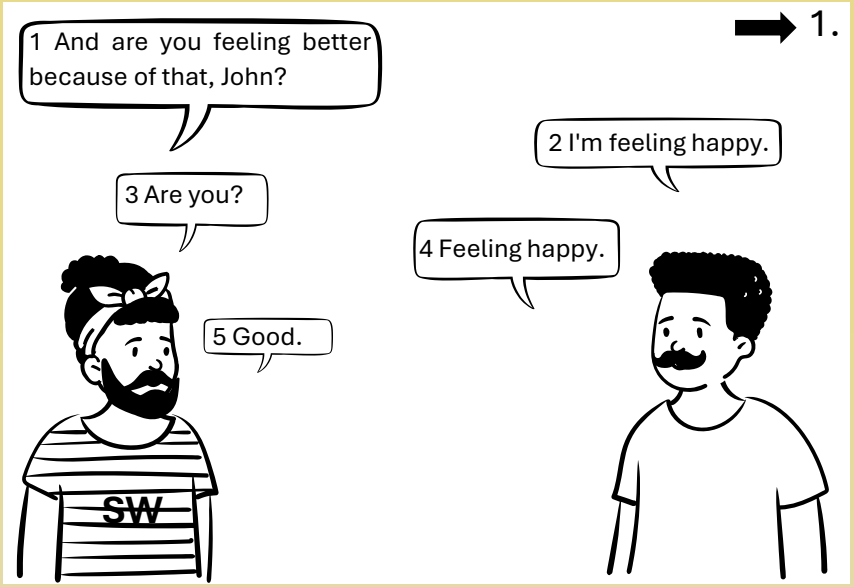
Acknowledge openness by saying “I really appreciate you sharing that” or “Thank you for your trust.” Trust grows through gratitude - mutual trust strengthens relationships.

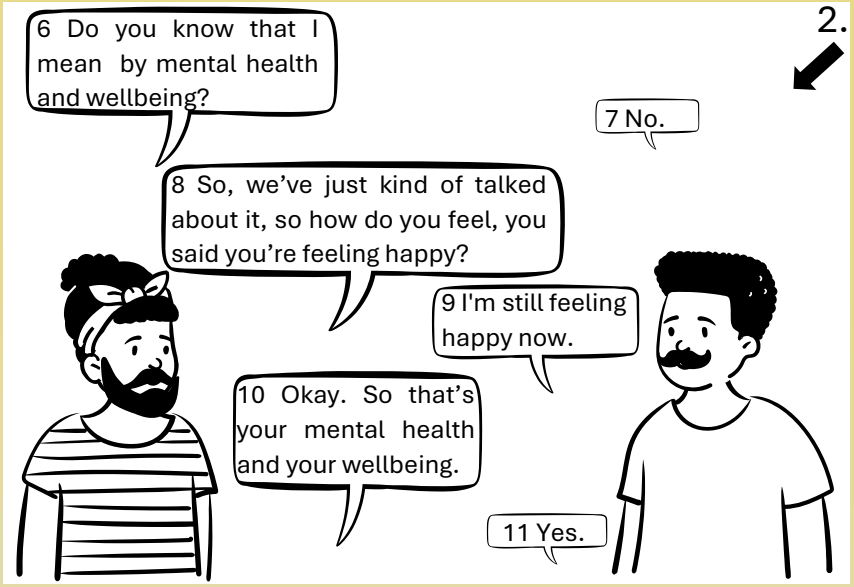


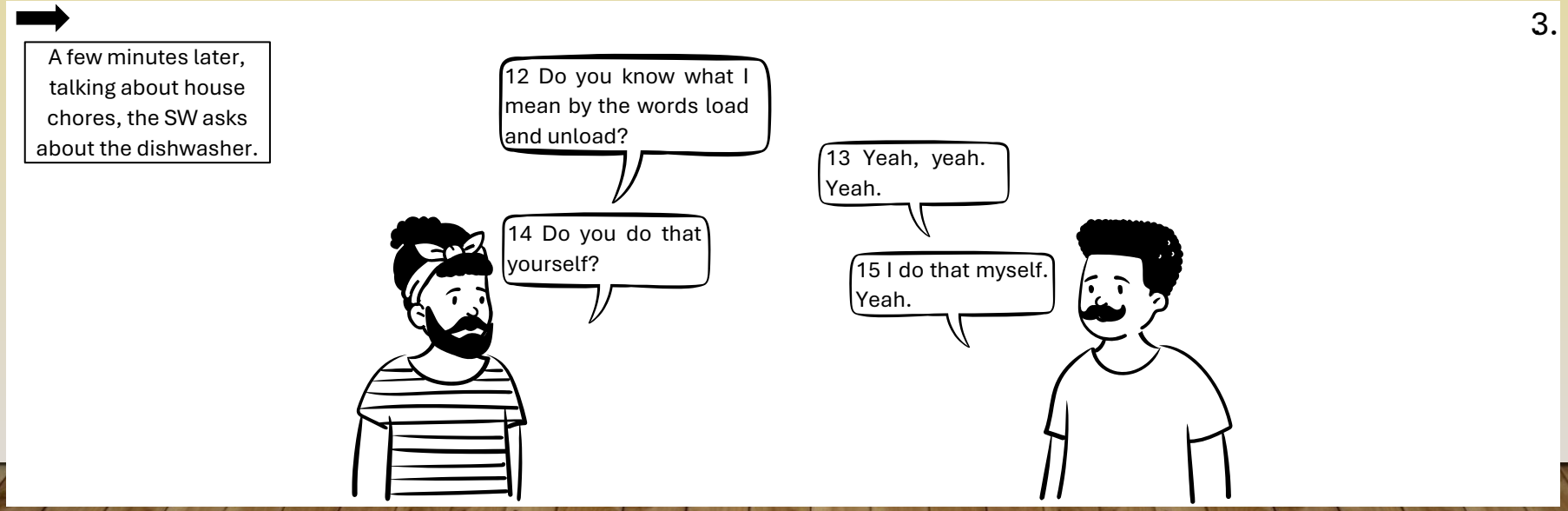
CONTEXT: The person accessing care in this interaction with ASD and a mild learning disability. They are in a care home. The social worker is doing a routine check on them. They just talked about the role of staff, especially key workers, in helping to get this person to walk more and go outside. But this person is not happy about the support received from the key workers.

CHECK FOR UNDERSTANDING

Ask “Does that make sense?” or “Do you know what that means?” to make sure you are on the same page and the person is on board with the words and concepts you are discussing.



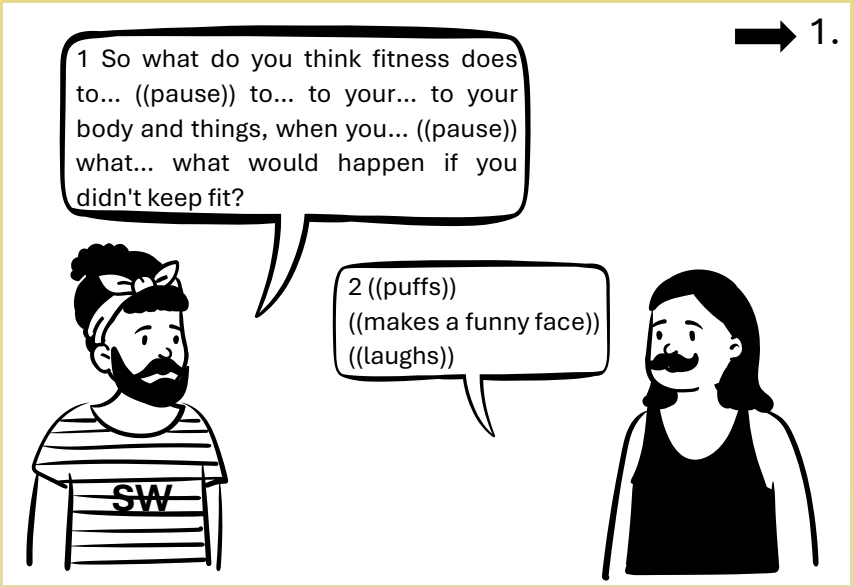


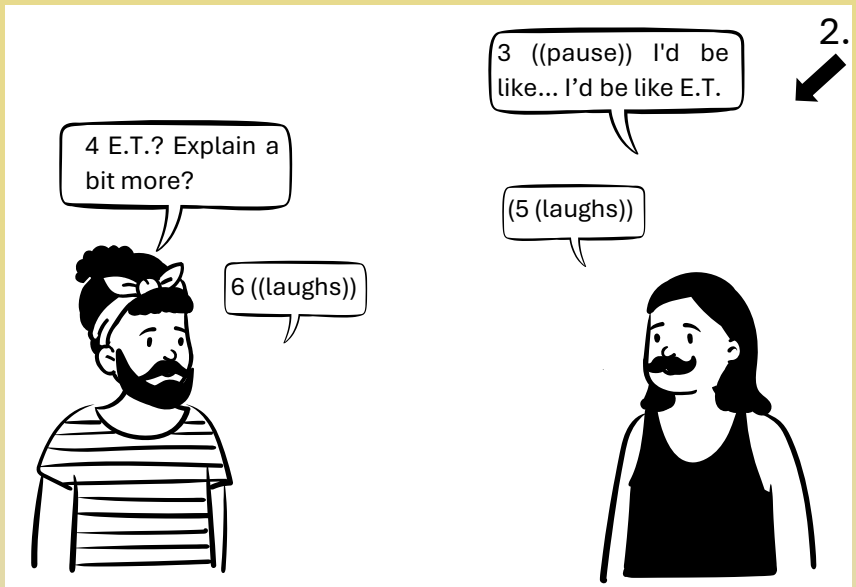


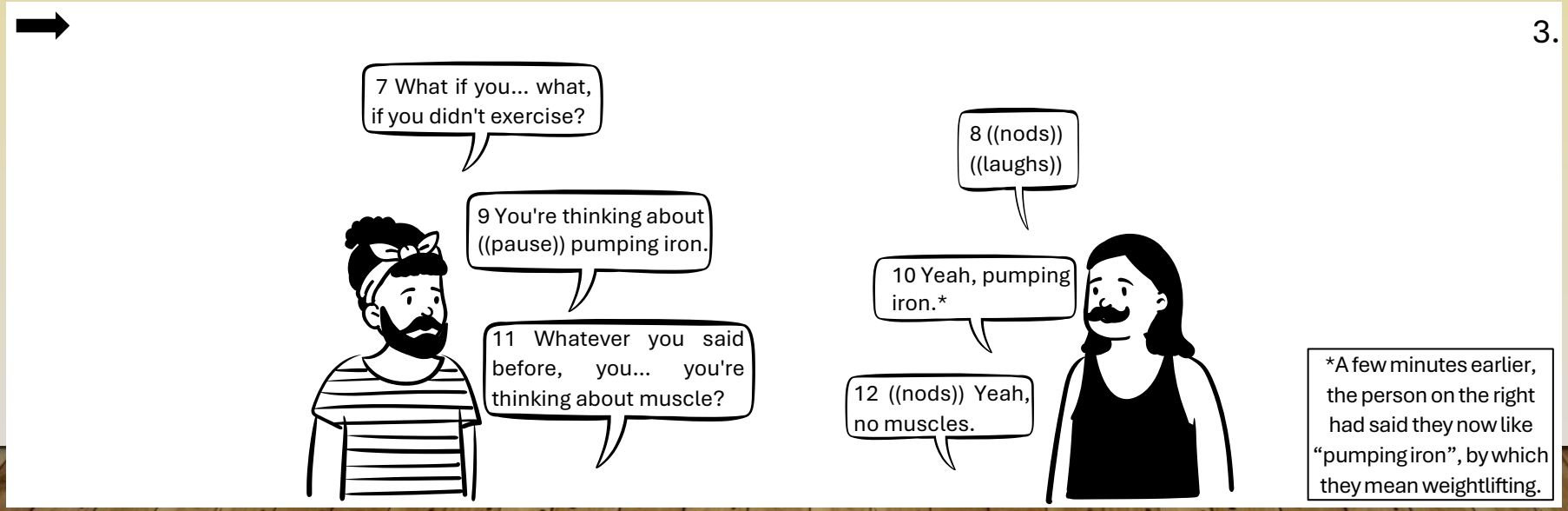
CONTEXT: The person accessing care in this interaction has a learning disability and microcephalism. This person uses a walking frame, lives with their parents and goes to a daycare centre 5 days a week. The social worker is doing an assessment.

INVITE PERSONAL PERSPECTIVES

Encourage reflection and opinion with questions like “Do you agree?” “What do you think?”: this opens up from closed questions to more new perspectives and fosters participation. You can also propose or suggest a few activities to get the person's opinion.



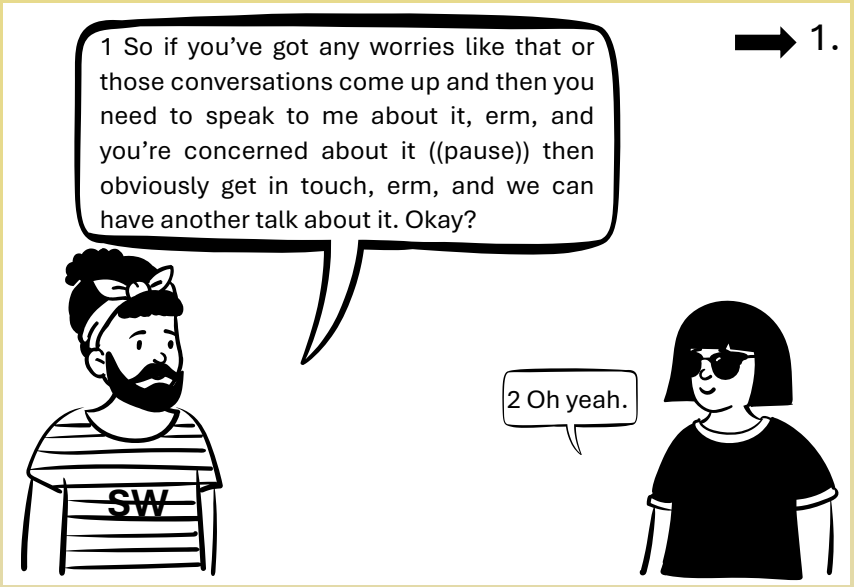


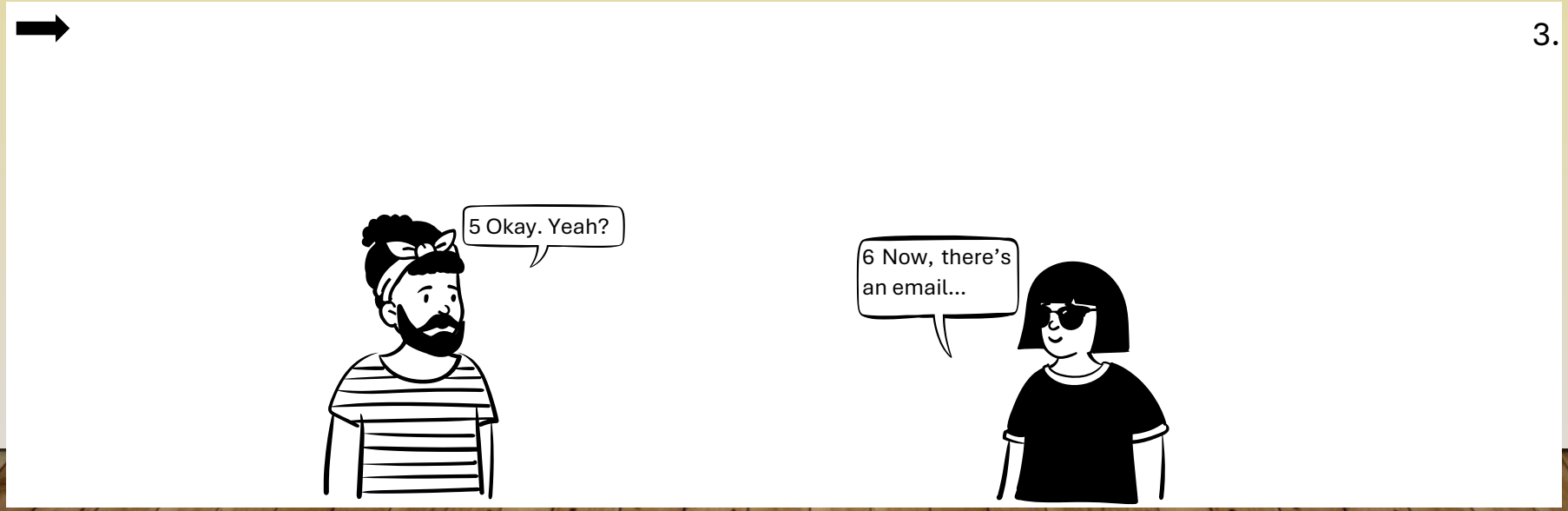


CONTEXT: The person accessing care in this interaction has Down's Syndrome. They live in a care home and are already active. The social worker is asking, during a routine check-in conversation, follow up questions about the person’s levels of physical activity.

MAKE TIME TO ASK: “DO YOU HAVE QUESTIONS FOR ME?”

Invite the person to ask questions at the end of your conversations, while still being in the interaction, not while leaving the room. Make time for yourself to answer and for them to hear your answer. Take seriously the importance of asking this question and people’s time/need to think about what they want to know.

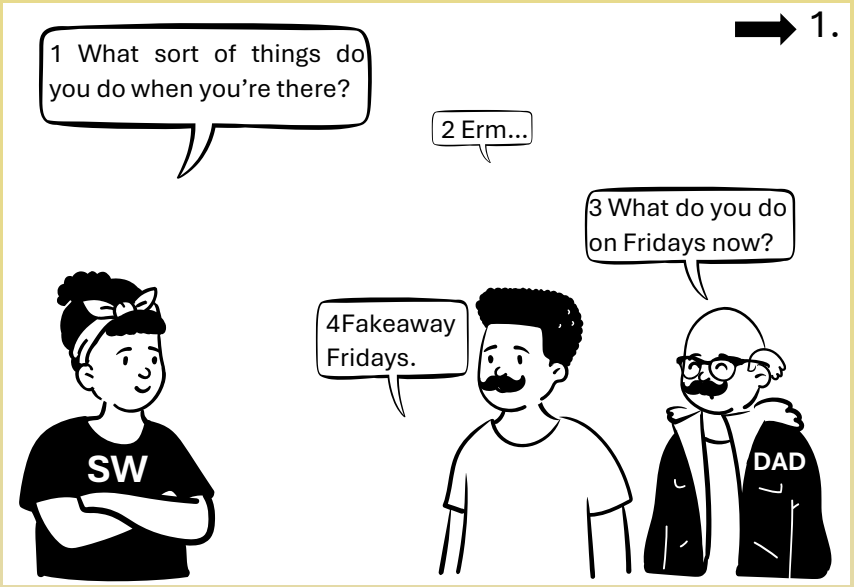


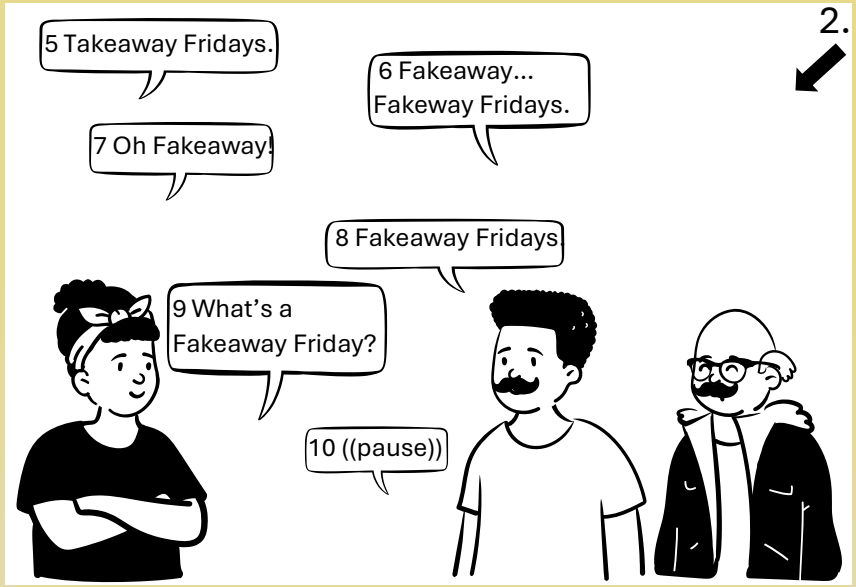


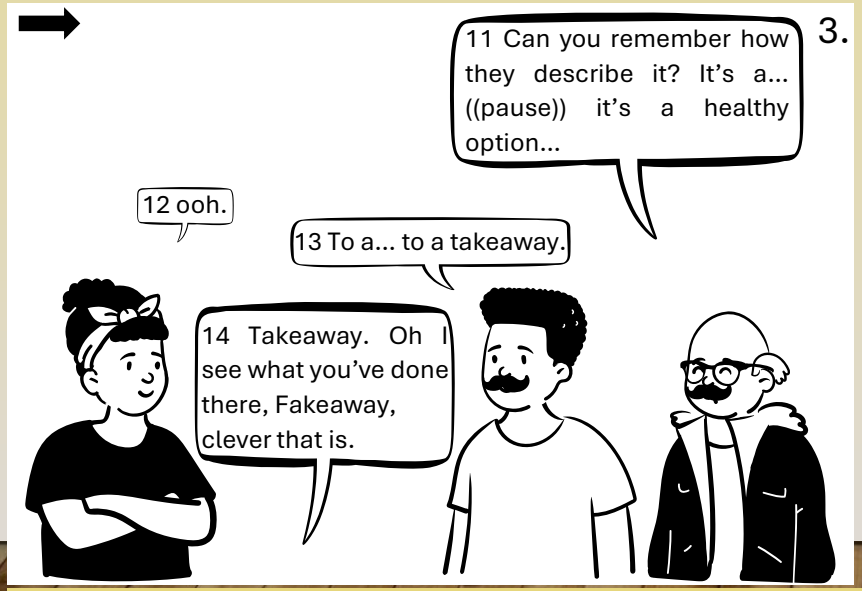
CONTEXT: The person accessing care in this interaction has Down's Syndrome. They live in a supported living accommodation and are an active dancer. The social worker has gone to visit them to discuss some matters concerning the house they live in and upcoming changes.

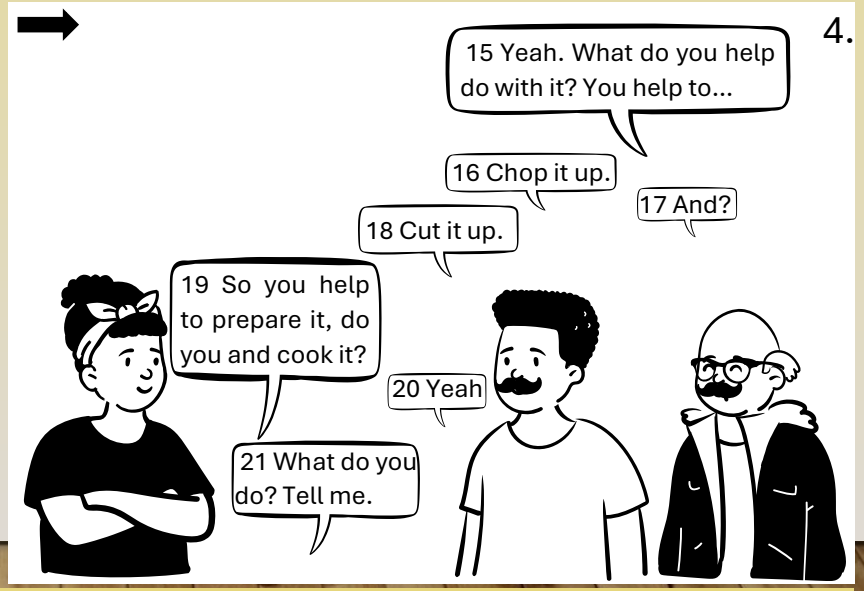
RE-CENTRE THE PERSON WHEN MORE PEOPLE ARE PRESENT

When carers or others (support workers, parents, etc.) are present, gently bring focus back to the individual as much as possible — "What do you think?", "What do you do?" ,"How does this feel for you?"





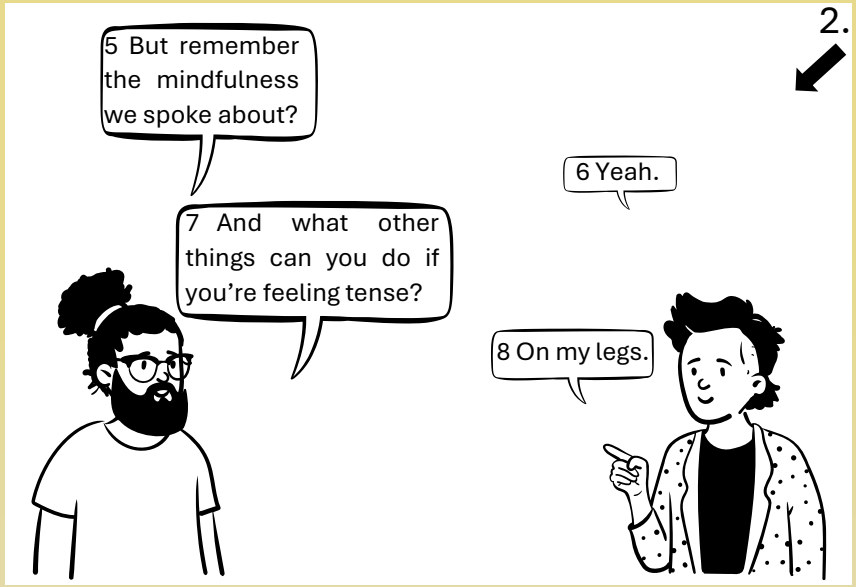


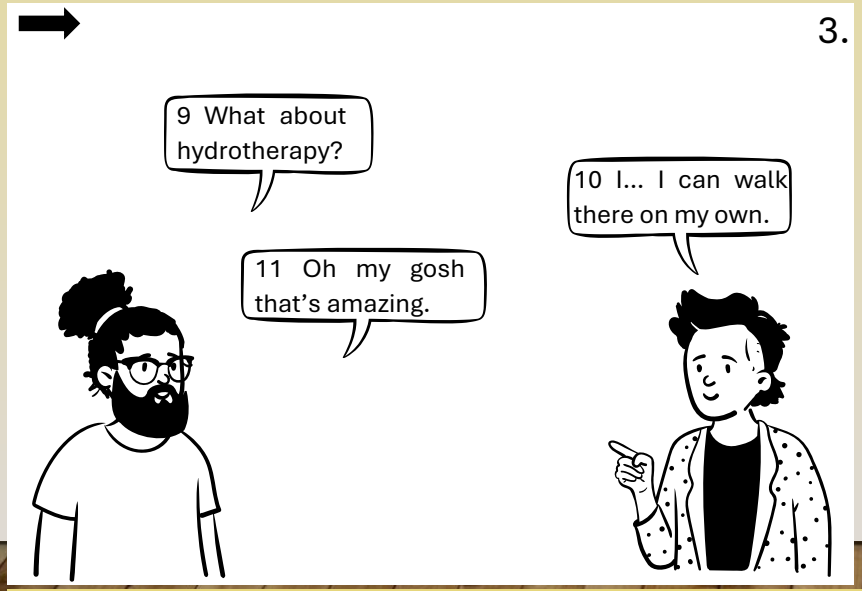


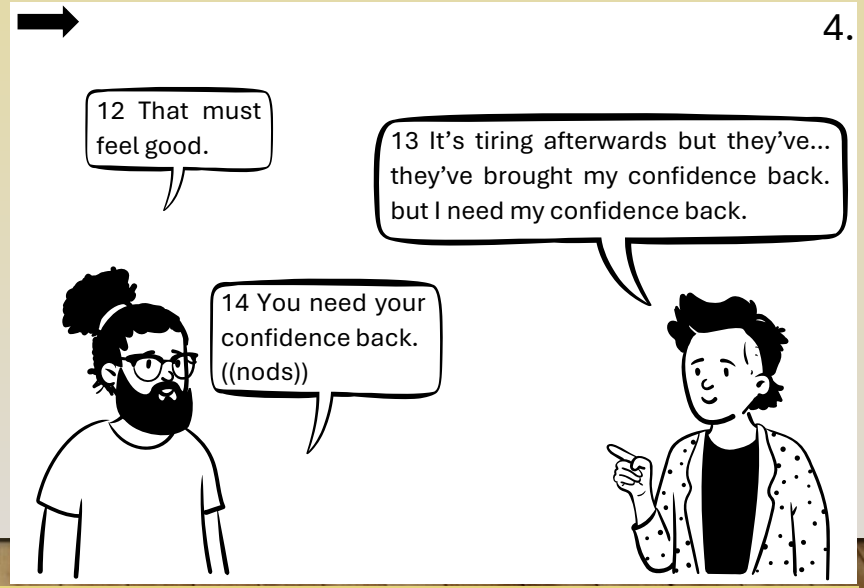
CONTEXT: The person accessing care in this interaction has a learning disability and microcephalism. This person uses a walking frame, lives with their parents and goes to a daycare centre 5 days a week. In the daycare centre they do wellbeing activities, including moving more and eating healthy. The social worker is capturing these activities in their assessment.

SHOW EMPATHY TO CREATE CONNECTION

Use positive phrases like “I know you have a lot going on” and ”that must feel good” that show understanding and support, create a sense of connection and invite more talk.







CONTEXT: The person accessing care in this interaction has a mild learning disability, Cerebral Palsy and uses a wheelchair. They live in a care home. The social worker is exploring alternative possibilities to move that can be suited for this person from whom walking is difficult. Hydrotherapy is helping with walking.

We want to acknowledge everyone who contributed to this resource. It was developed through collaboration, discussion, shared learning… kindness and generosity.

Thanks to the **Moving Social Work Co-Production Group** for their time, ideas, and valuable input.

Thanks to **people with learning and intellectual disabilities** whose lived experiences shaped this.

Thanks to **Social Care Staff** for sharing their precious time, knowledge and reflections.

Thanks to the **MSW Team,** the **Sport and Exercise Sciences Department (Durham University),** and all **researchers** and **practitioners** who informed the resource with their work and expertise.

Thanks to **you**, the user – we hope this resource helps generate more awareness and, ultimately, produce **thoughtful, inclusive, shared conversations about movement.**

This resource was made thanks to the collaborative work between **Disability Rights UK** and **Moving Social Work (Durham University).** The program is funded by **Sport England.** It was produced by The Narrative Lab and The Moving Bodies Lab in the Discovery Research Platform for Medical Humanities, which is supported by **Wellcome** through funding awarded to the **Institute for Medical Humanities** at Durham University (Grant ref: WT 226798/Z/22/Z).

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