



Responding to Covid-19: Improving Support to People with a Learning Disability and Building a Better Future – Learning from the response to the COVID-19 Pandemic

Appreciative Inquiry Report

For: Yorkshire and Humberside Association of Directors of Adult Social Services

By: Alder Advice

Date: 31st January 2022

Introduction

The Yorkshire and Humberside Association of Directors of Adult Social Services (Y&H ADASS) are aware that:

- People with a Learning Disability have been disproportionately affected by the current pandemic, all have faced challenges, and some have had a very tough time.
- Despite the challenges faced, there have been many examples of individuals and organisations finding new, or different, ways of working.
- Some of these new practices could be more widely adopted and/or provide lessons that could shape future practice as society adapts to living with COVID-19, or may help it plan to be better prepared for future emergency situations.

Y&H ADASS also recognise there is a risk that, with everyone so busy responding to the demands arising from COVID-19, many of recent innovations/successes might not be fully recognised, nor celebrated. Consequently, opportunities to:

- Recognise great work by staff and partners could be missed.
- Learn from these innovations and successes could be also be missed.

Note: It is important to acknowledge that this research is not representative. It focuses on strengths and success stories because we believe these stories highlight learning that otherwise could go unnoticed. However, we are acutely aware that for some people COVID and the related impacts on support available and quality of life were very difficult and by choosing to focus on the positives their story is not told in this report.



Aims

To mitigate the risk that great work or learning by staff and partners could be missed Y&HADASS commissioned Alder Advice to undertake an appreciative inquiry on its behalf.

The brief was to facilitate a safe space for Adult Social Care (ASC) staff, people with lived experience (PWLE), carers and other stakeholders to join together to identify, record, celebrate and share innovation and learning that has (and is) taking place during the COVID-19 Pandemic.

The specific agreed aims were to ensure that:

- The efforts of staff and partners, to date, are recognised and are “appreciated”
- Progress, innovation, and new learning from the response COVID are understood and are built on
- ASC in the Y&H ADASS region becomes better and stronger than before the COVID-19
- Recognition about the importance/value of ASC in the area continues to rise
- Conditions for an ongoing appreciative and co-productive improvement process are created.



Approach



Summary of 1 to 1 AI Interview findings (see Annex 1)



Q1 What motivates staff? The majority of the 16 staff interviewed are motivated to support people with learning disabilities live their lives as they choose and to support each person to be as independent as is possible. They also want to improve inclusion, reduce inequalities and to intervene as early as possible so the need for long-term support is minimised.

Q6 Future improvements? Interviewees want to continue to use virtual social work approaches (9/16) and "Smart" working approaches (8/16). Improvement opportunities to build on include:

- New personalised and risk-based approaches to enable early interventions
- New virtual day activities offer in addition to the traditional options
- Improved relationships with partners e.g. providers and the NHS
- Improved relationships within Council e.g. other departments


Q5 examples of positive changes in how people with LD have been supported since COVID began? Many examples showed ICT enabled innovative approaches e.g. virtual approaches to day opps/virtual A&CM approaches. It is hoped that a long-term benefit is that staff are now far more open to new ICT enabled work approaches than before. There was also some evidence that COVID disruption of existing services was for some, a trigger to learn new skills that will help with their longer-term "*Progression*" to being more independent.

Q4 Reflect on your example(s) at Q3 - What do they tell you about your own and your organisations values/strengths? Examples given demonstrated a flexible and "can do" approach by staff across the whole care and support system AND a strong commitment to person centred and enablement focused approaches. Staff also said how much more managers trusted them and allowed them to use judgement and autonomy to "*just get the job done*". They felt much more appreciated than before.


Q2 When the 1st COVID lockdown was announced? Most interviewees acknowledged how difficult the loss of office space and physical buildings for support to take place was initially. However, they noted that substitute ICT solutions were quickly put in place and most providers innovated to adapt their services to the new restrictions very well. Where authorities adopted a risk-based approach in the early stages that approach enabled very tailored solutions to be developed for each individual person in need of support.

Q3 Describe a positive experience at work during the response to COVID? Each interviewee had a least one positive experience. Half told of people becoming better connected during COVID via ICT. Several (5/16) noted how in-house provider services quickly/flexibly adapted how they supported people at the start of COVID. Four reported using risk-based approaches to better target the deployment of scarce resources incl. the innovative use of ICT. 4/16 described how better relationships with providers and the NHS developed.


A bit more detail: Examples of success stories reported at 1 to 1 interviews




Staff at 3 councils described how the COVID responsibility for vulnerable people led to ASC contacting a larger number of people and using a risk based approach to plan targeted early interventions. These helped reduce crisis interventions during COVID



Staff described how the COVID restrictions led to commissioners and providers arranging more regular (2 weekly) provider forums at some councils. These enabled shared learning and enhanced commissioner/provider relations



All staff described how ICT helped keep key work on track e.g. They described successful suicide counselling, supporting someone to move accommodation and one council reported bringing 5 people back “in area” from “out of area” assessment and treatment units.



All staff described flexible approaches to adapt to COVID e.g. community support providers delivering activities e.g. bulbs/seeds for people to plant and keeping in contact by telephone. Library staff telephoning people at risk of loneliness



Individual case study – Sally’s Story

Context and strengths: Sally is a woman in her early 30s previously living in a residential care home and now in her own accommodation within a supported living project. Staff provide housing related support and assistance with tasks necessary for daily living. She is highly motivated to earn money and build a relationship with her 2-year-old child who is cared for by Sally’s mother.

Positive things during COVID: The lockdown that occurred during the pandemic reduced the risks that she had been previously exposed to. She used the opportunity to stabilise her life and to engage effectively with her social worker and support workers. They were able to work with her aspirations, and strong motivation, enabling her to build on, and develop, her independence skills.

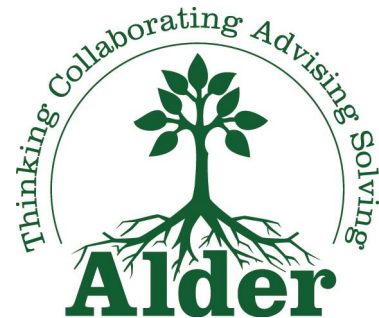
Sally was helped to use ICT to search for jobs. She successfully applied for and was appointed to a paid job as a cleaner. This requires her to use a smart phone to receive work opportunities.

Lasting benefits: Sally’s job has given her greater financial independence and a sense of achievement. She is better able to form effective relationships with staff who can help her build on her strengths. She is being supported to have safer and better personal relationships and manage behaviours that previously created risk for her.

Learning: Disruptive change (in this case the COVID pandemic) can, if reframed as an opportunity, create the circumstances that enable personal transformation and learning. Despite a history of personal challenges, and complex needs, a strengths-based approach focusing on helping Sally to meet her aspirations has led to positive outcomes.



Summary feedback from people with lived experience workshops



Q1. What things are most important in your life and how did COVID affect these?

The responses highlighted (1) how tough COVID was at first for people with learning disabilities (LD) as COVID challenged many of the things that interviewees valued the most (2) a positive outlook helped many PWLE cope (3) high levels of concern by PWLE for others and their appreciation of the support received from care and support staff and from friends and family.

Q6. What else would help you/other people live life even better?

Interviewees suggested 5 key areas: (1) Making communities more accessible/ more understanding of people with LD, (2) Support people with LD into work, (3) Support that is *enabling* rather than doing things *for* or *to* people with LD, (4) Improving communications to people with LD about changes in care and support arrangements, and (5) The need for more services (incl. health) to have staff specially trained to support people with LD or Autistic Spectrum Disorder.

Q5. What advice would you give a new support worker or social worker about how to best support you?

There was a risk that the COVID response could be *service led* not *person centred* on the basis of safety first and efficient use of scarce resources. The success stories told by our interviewees show **the best results come from:** (1) Understanding individual **aspirations**, (2) Recognising and building on individual **strengths**, and (3) Seeking **opportunities** from changed circumstances rather than giving into new barriers.

Q4. What three things that are going well for you now and what/who has helped?

COVID was undoubtedly challenging for many, particularly at the start. However, some interviewees have also found that some changes made as a response to COVID are having long-term benefits that they expect to improve their quality of life going forwards. **Examples include:** Health benefits, paid work, a wider range of social contacts and being able to make more of a contribution to society.

Q2. How did you overcome the challenges from COVID and who help you?

The interviewees showed high levels of resilience and adaptability to changed circumstances. ICT was a great enabler as was:

- Strengths-based (enabling) support, and
- The positive reframing of the challenges caused by COVID as opportunities to do new things/ learn new skills.

Q3. Tell a story about a time when you felt well supported or learned something new during COVID?

Some used the time available from regular activities cancelled due to COVID as an opportunity to do/learn new things or skills bringing long-term benefits e.g. more friends /more activities. A few found paid employment/more purposeful activities. **A possible learning point** is for more people with LD to have “*enablement/skills development*” focused day activities, not just leisure day activities, to promote “*Progression*”.

Individual case study – Blake's story

Context and strengths: Blake moved out of his family home 3 years ago and has lived with Angie his shared lives carer ever since. Blake loves to socialise, be in touch with friends/family and go out and about. This all stopped with lockdown so it was hard at first. However, one of Blake's strengths include being ICT savvy, being creative, and being determined. This enabled him to find ICT enabled solutions, enabling him to see his friends virtually and do on-line activities. Some of Blake's friends needed support with their ICT and Blake helped them. He even supported Angie to use ICT to stay connected with her friends and support staff at Shared Lives.

Positive things during COVID: Because his normal activities were suspended during the COVID lock-downs Blake had the time to learn new things, and with support from Angie (who encouraged and coached him), his daily living skills improved so much he is now at the early stages of planning to move out into his own accommodation. During COVID he learned to:

- Use existing the gardening skills he had learned at day activities at home.
- Cook, including recipe planning/shopping.
- Do own washing, tidy his room etc.

Lasting benefits: During COVID Blake started:

- Seeing his family more often and his relationship with them is now better and continues to develop.
- Doing more things for himself so his daily living skills really developed and they continue to develop.
- To develop much more self-confidence and now aspires to have his own home and he has begun early-stage planning to manage his transition from shared lives into his own tenancy.

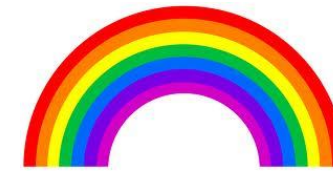
Learning: Blake's success story shows how ICT was a positive enabler during COVID and how services and PWLE were very flexible and adaptive during COVID.

It also shows the effectiveness of strengths-based approaches to support as Angie took the time to understand Blake's aspirations and then set about enabling him to gain skills aligned with those aspirations and building on his existing strengths.

Blake's story is an example of how disruptive and unwanted change (in this case the pandemic) can present opportunities if the situation is *reframed* as an opportunity rather than as a barrier or risk.



Individual case study – Catherine’s story



Context and strengths: Catherine lives with elder sister, brother-in-law, and their children. The most important things for Catherine are relationships e.g. with her family, and her boyfriend, promoting learning disabilities rights and helping people with learning disabilities be “heard” and to stay safe during the pandemic. Catherine’s strengths include having a strong value set, a desire to help others, good communications skills - including being able to produce easy read documents, and a very supportive family who want to support her to live her life and maximise her contribution to the local community. Before COVID Catherine worked as a volunteer ward patient experience officer at a hospital where she helped people with dementia.

Positive things during COVID: Initially COVID stopped Catherine seeing her boyfriend. When it was allowed, she started to see him outdoors and the relationship has strengthened during the pandemic. During lockdown she also had to stop her work as a hospital volunteer due to pandemic restrictions. She missed this stimulating work a lot. Undeterred, Catherine used the free time available to her during lockdown to:

- Apply for a job advertised on social media, be interviewed on-line and get a new job. She now works for the Operational Delivery Network to help people with LD “be heard”. Amongst other things she works on easy read documents and support people to attend meetings etc.
- Wrote her “life story” as she wanted people to know her Mum and Dad inspires her.

Lasting benefits: During COVID Catherine:

- Got a paid job as Person with Lived Experience of LD for the Yorkshire & Humber Operational Delivery Network and continues to work there and develop new skills and gain new experiences.
- Became Co-Chair of a Self-help Group where she is using her experience to inspire others and organise practical support for others.
- Used the extra spare time she had as an opportunity to develop her arts and crafts skills and interests.

Learning: Catherine’s success story shows how support that sets out to be enabling rather than to do things for the supported person can lead to excellent improvements in the individual’s quality of life if the support given seeks to:

- Understand the individuals aspirations and what motivates them.
- Recognise and build on the natural assets (community and family) around the individual.
- Build individual strengths through support that is enabling.
- Reframe changes in circumstances as a positive opportunity to do or learn something different, rather than giving into new barriers or risks that emerge from the changes in circumstances.



The stories at workshop 1 highlighted



Development of dreams from Workshop 1 into aspirations at Workshop 2

We will learn from cases where adapting to changes imposed by COVID led to more *“Progressive”* approaches to support where individuals learned new skills and developed new aspirations



We will be more person centred and we want to move towards a 7 day a week service. This will mean extended service hours to meet individual needs



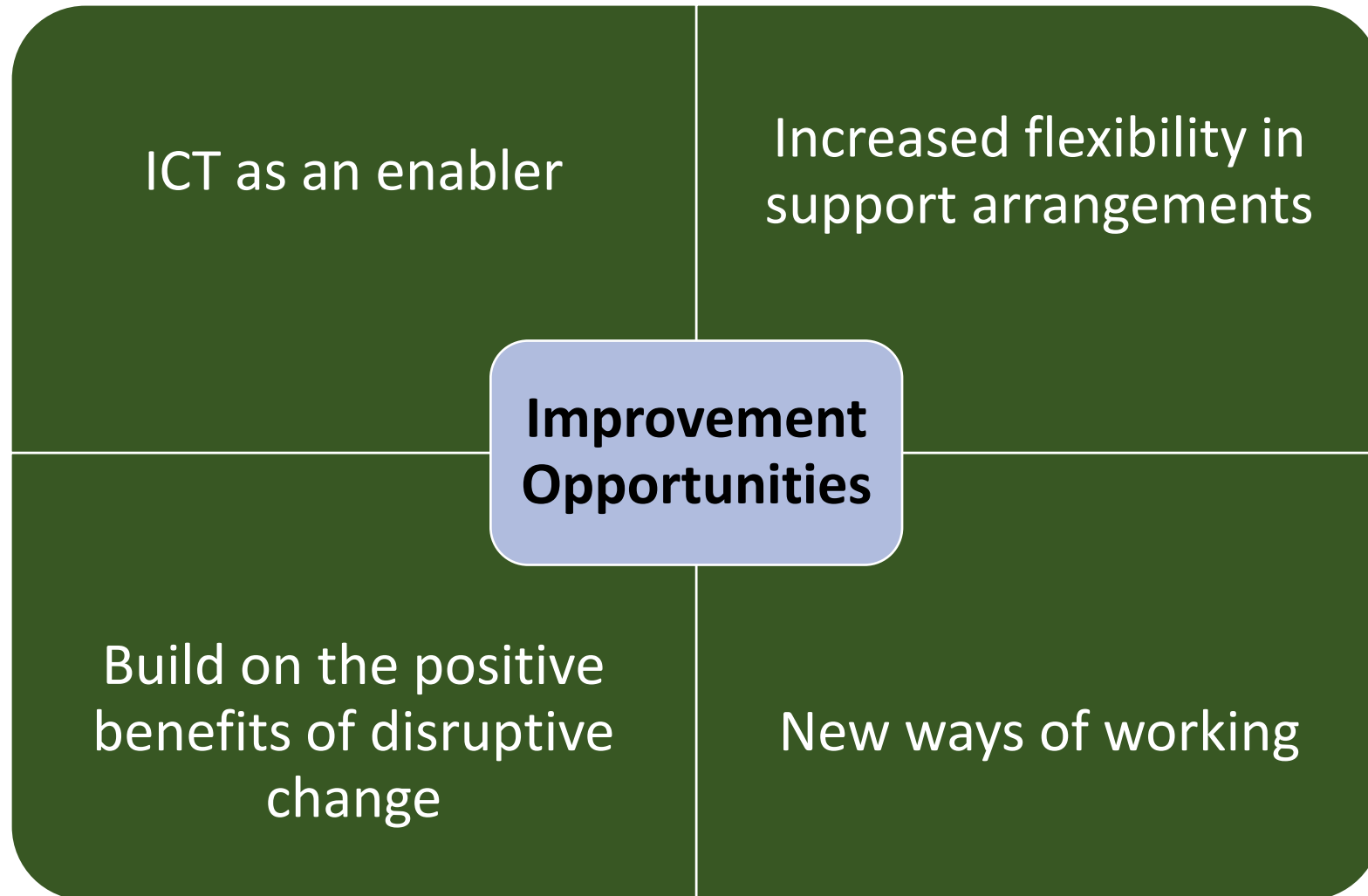
We will embrace new ways of working that emerged during COVID and enabled staff to be more efficient and effective and to achieve better health and wellbeing



We will ensure that our ICT is up to date and use it as an enabler to support people more flexibly and to tailor support around how each person wants to live their life



Improvement themes at Workshop 2: The stories highlighted four main areas where learning during COVID could lead to lasting improvements in how adults with learning disabilities are supported



Workshop 2 - ICT as an enabler

The main improvements that ICT could enable identified by delegates at workshop 2 were:

- **Communication** e.g. ICT enabled:
 - Assessment/care management tasks to continue despite social distancing. In some cases it enabled social workers to be in more regular contact with PWLE and carers
 - PWLE to retain existing social/family networks *virtually*, during COVID and to extend their social networks
- **Facilitation** e.g. ICT enabled PWLE to:
 - Participate in things previously hard for them to access because for example of their anxiety e.g. health checks, court proceedings etc.
 - Find alternative “*virtual*” ways of doing existing things that could not be done face to face due to COVID e.g. on-line day activities
- **Enablement** e.g. PWLE learned new ICT skills and were able to do new things as a result including:
 - Getting access to paid work
 - Accessing new activities and joining new social groups
 - Strengthening relationships with family who perhaps did not live locally



Workshop 2 - Increased flexibility in support

Attendees at workshop 2 thought some of the increased flexibility in how support was delivered that emerged during COVID could be retained and would improve how people with learning disabilities are supported across the region. Specific examples given were:

- Hours of operation:

- Enable support to be available 7 days a week. Often crisis events occur at weekends or after 8pm when no one is available to support. Need response services available 365/24/7
- Ensure people can be supported to work normal work hours and socialise in the evenings. The world does not stop at 3.30 pm when support workers finish their afternoon shift
- Require home care to be available different hours e.g. earlier starts, later finishes

- Adjusted service models better suited to people with LD. Delegates told us about the use of video conferencing to support people with ASD participate situations they may otherwise feel anxious such as:

- Giving evidence in court proceedings, safeguarding cases etc,
- Health checks
- Annual review of care and support arrangements



Workshop 2 - New ways of working

Attendees at workshop 2 thought some of the new ways of working that emerged during COVID could be retained. If they were they felt it could improve the cost effectiveness of how people with learning disabilities are supported across the region. Specific examples were:

- **Enhanced team working** – The importance of support from peers and teams was recognised during COVID when people were physically separated the existing mechanisms were not possible. New virtual solutions and new variations on flexible working (e.g. staff all going into the office the same day once a fortnight) were found to enable team working - Staff want this recognition to continue and these new approaches to continue and to be further developed.
- **New problem solving approaches** – COVID created new challenges that required creative thinking and flexibility to overcome. This has helped shift the culture so it is more accepting of ideas that challenge existing norms and mindsets if the proposal achieves the outcomes required e.g. some authorities relaxed rules on paying family members to be PA's during COVID as the exceptional circumstances justified this - Staff want this to retain and further develop this culture.
- **SMART working** – Home based working, along with a new culture accepting new approaches to solve the problems created by COVID enabled staff to work varied hours, work from best location, use technology creatively and in some cases rules were applied flexibly – Staff value how this enabled them to balance home life and work and feel it has helped them to be more productive.
- **Staff were granted more autonomy to use professional judgement more** e.g. in many authorities increased delegated spending limits for social workers to spend on support for clients without seeking approval than before COVID - Staff believe this helped speed up support responses, they felt more trusted and felt their professionalism was more highly valued than before COVID.
- **Staff felt more appreciated by their managers and by the people they support.** The benefits of the additional support, a more “can do” culture, SMART working and professional autonomy/recognition combined to enhance staff feelings of self worth - Staff say this was a powerful motivator.



Workshop 2 - Build on positive benefits of disruptive change

Delegates at workshop 2 thought some of the positive benefits of disruptive change that occurred during COVID challenged some traditional support models and could be used as evidence to:



- Support a shift in the balance of types of support commissioned. For example some PWLE:
 - Discovered new interests and activities (incl. work) when traditional face to face day activities could not be provided. So while some people will want to return to the same models as before COVID many want to retain the more varied support options that developed during COVID
 - Learned new skills during COVID and now have the potential and the aspiration to live more independently. This means there is an opportunity to support a few people to step down from their current support model to a more dynamic and flexible community based support model
- Reform some key aspects of professional practice so that care assessments, support planning and review processes focus more on “outcomes” such as enabling new skills and on building up levels of independence in line with the each person’s aspirations.



Conclusions and recommendations (SOAR Analysis)

The **appreciative process** has identified:

A range of **strengths** highlighted by the response to COVID. These can be built on to help deliver better support for and better lives for people with learning disabilities in the Y&HADASS region.

Several specific **opportunities** the emerged from the response to COVID. These build on the strengths identified.

A set of shared **aspirations** about how the lives of people with learning disabilities who live in the Y&HADASS region that appear to have guided the response to COVID.

Key **results** that could be monitored to see if the opportunities identified deliver better support and improving the quality of life of people with learning disabilities in the Y&HADASS region.



Strengths highlighted by the response to COVID

- **Staff working in social care have a “can do” attitude and a strong shared core values.** For example; to be “person centred”, “enable” independence, reduce inequalities and to work flexibly to achieve outcomes
- **Senior managers have learned to let go and allow them more professional autonomy,** developed lighter touch supervision approaches and trust that the strong core values will normally guide staff towards doing the right thing in most situations.
- **Councils have shown they can implement ICT solutions far quicker than they ever did before COVID.** Staff, families and PWLE have all learned new ICT skills and where there was a fear of using technology that has often reduced.
- **For many PWLE having to do new activities (often ICT enabled) during COVID** means they now have a wider network of friends/ contacts than before COVID
- **PWLE and carers (and staff) have all shown levels of resilience and adaptability that were not acknowledged before COVID.** This has meant that the challenges thrown up by COVID have often been “reframed” into new opportunities.
- **Relationships between councils and care and support providers have strengthened during COVID.** Providers (in-house and private) have showed they can innovate and adapt service models at pace when needed so support can now be tailored for individuals more easily than before COVID
- **Relationships between departments within councils have improved during COVID** and councils have learned to have more connected and holistic approaches to better support different aspects of the lives of people with learning disabilities
- **Relationships between councils and external partners (NHS, Police etc.) have improved during COVID.** This means that more joined up and congruent approaches to improving the lives of people with learning disabilities are now feasible



Opportunities that emerged from the response to COVID

- **Retain and build on the best aspects of the increased autonomy allowed for social workers during COVID** so they can use their professional skills and judgement more to benefit the people they are supporting
- **Retain and build on the best aspects of the SMART working practices developed during COVID** to improve the efficiency and effectiveness of social care staff and improve their experience or work and allow them a better work life balance
- **Learn from the more personal risk based approaches introduced for all vulnerable people when COVID began** to improve the planning of prevention and early intervention approaches particularly before key life transition events
- **Build on the improved relationships during COVID e.g. between council departments, with partners and with providers** to offer more responsive, joined up, and holistic support for people with learning disabilities including:
 - Offering support at different times of the day e.g. earlier, later and at week-ends
 - Training none specialist staff about learning disabilities/ASD so communities and universal services are more accessible
- **Build on learning by PWLE about how to self-organise support during COVID** by using direct payments (DP) and by being more flexible (in exceptional circumstances) about how DP's can be used
- **Continue to build on and develop how ICT has been used during COVID to enable PWLE** to access a wider range of day opportunities (incl. work), to stay more connected with friends and family, and to overcome barriers to access to some services and opportunities such as health checks, court proceedings etc.
- **Continue to develop how ICT is used in assessment and care management** to enable more frequent and more effective strengths based and outcomes focused assessment and care management activities including proportionate reviews of ongoing care and support arrangements
- **Build on learning where COVID was a barrier to people accessing their normal support, but was sometimes reframed as an opportunity** to do new activities and learn new skills. This has provided a bank of case studies on strengths based, co-productive, and "*Progressive*" practice that provides a basis to plan future improved approaches to professional practice



Aspirations that guided the response to COVID

Staff aspirations are to work for an organisation that allows them autonomy and flexibility in order to:

- Provide personalised support that can be varied at short notice as each person's needs, aspirations or preferences change
- Work efficiently and effectively
- Achieve a better work/life balance
- Enable them to support the human rights of the people they support

People with Lived Experience aspired to wanting support to live life as they choose and to:

- Have a home of their own
- Find and retain work
- Participate in (be involved in and contribute to) their local community
- Maintain existing relationships (family and friends) and make new friendships

Overlap: It was striking how both sets of aspirations were complementary in terms of being grounded by supporting/enabling people with learning disabilities to “*thrive*” rather than just “*survive*” – This underpinning ethos appeared to be an overlapping or unifying element.



Results that could potentially improve if the learning from COVID is actioned (1)



Opportunity	Possible Results
Learn from the more personal risk based approaches introduced for all vulnerable people when COVID began	<ul style="list-style-type: none">• Greater use of time limited early intervention approaches and fewer crisis events that require unplanned urgent responses.• PWLE and carers report better experiences of support by ASC
Retain and build on the best aspects of the SMART working practices developed during COVID and allow staff appropriate professional autonomy	<ul style="list-style-type: none">• Increased productivity• Improved staff satisfaction leading to better retention/ less absence• Improved staff recruitment
Build on the improved relationships (within council, with partners and with providers) to offer more responsive, joined up, and holistic support	<ul style="list-style-type: none">• Better use of resources - more PWLE in own homes, less in residential care• PWLE use universal services more and fewer segregated specialist services• Better health outcomes for PWLE, longer life expectancy• PWLE have better experience of criminal justice system and there is a lower incidence of hate crime against people with learning disabilities
Build on learning by PWLE about how to self-organise support during COVID and use direct payments more to facilitate more flexibility in support and more choice and control for PWLE	<ul style="list-style-type: none">• A higher rate of direct payments usage• A wider variety of day opportunities accessed by PWLE• PWLE use universal services more and fewer segregated specialist services• PWLE and carers report better experiences of support by ASC

Results that could potentially improve if the learning from COVID is actioned (2)



Opportunity	Possible Results
Build on and develop how ICT has been used during COVID to enable support to continue during COVID and on occasion to enhance support	<ul style="list-style-type: none">• PWLE to access a wider range of day activities (including . work)• PWLE stay more connected with friends and family, and use more universal services and fewer segregated specialist services• Better health outcomes for PWLE - longer life expectancy• PWLE have better experience of criminal justice system
Build on and develop how ICT is used in assessment and care management (A&CM)	<ul style="list-style-type: none">• Improved efficiency and effectiveness of A&CM• Underpin effective strengths based and outcomes focused A&CM• Enable proportionate reviews of ongoing care and support arrangements• Improved staff satisfaction leading to better retention/ less absence• Higher percentage of people who are supported access all annual health checks
Build on learning where COVID was a barrier to people accessing their normal support, but was on sometimes reframed as an opportunity to do new activities and learn new skills	<ul style="list-style-type: none">• More PWLE in work• More PWLE Planning next life transition in line with improved skills• Better use of resources - more PWLE in own homes, less in residential care• Bank of case studies on strengths based, co-productive, and “Progressive” practice to support practice development training

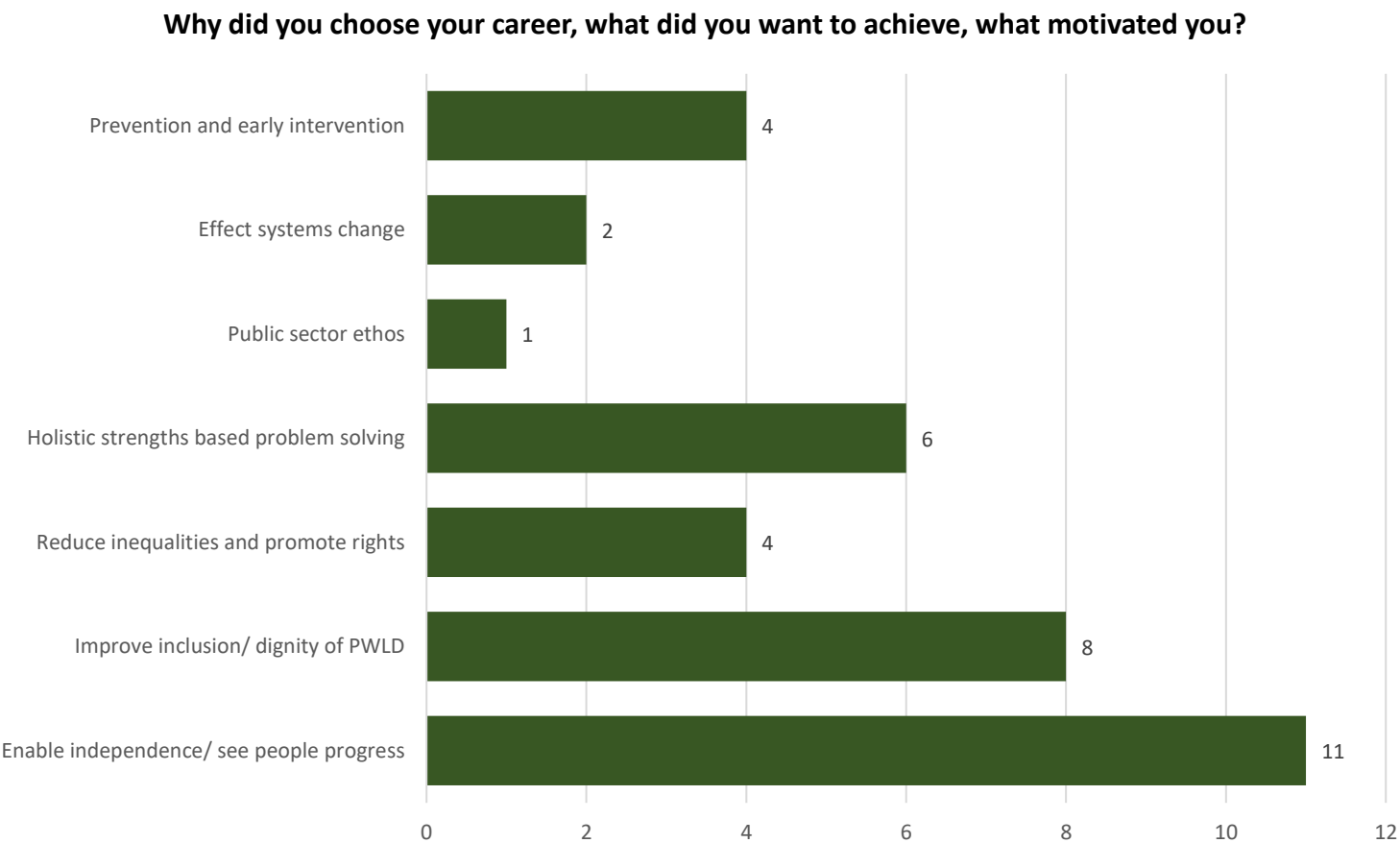
Annex 1

Summary of feedback at the sixteen one to one interviews

Q1: Think back to the start of you career. Why did you choose this career, what did you want to achieve, what motivated you?

Most of the staff interviewed are motivated by a desire to support people with learning disabilities live their lives as they choose.

Their was also a strong desire to support each person to be as independent as is possible along with a deep commitment to improve inclusion, reduce inequalities and to intervene as early as possible so the need for long-term specialist and or segregated support is minimised.

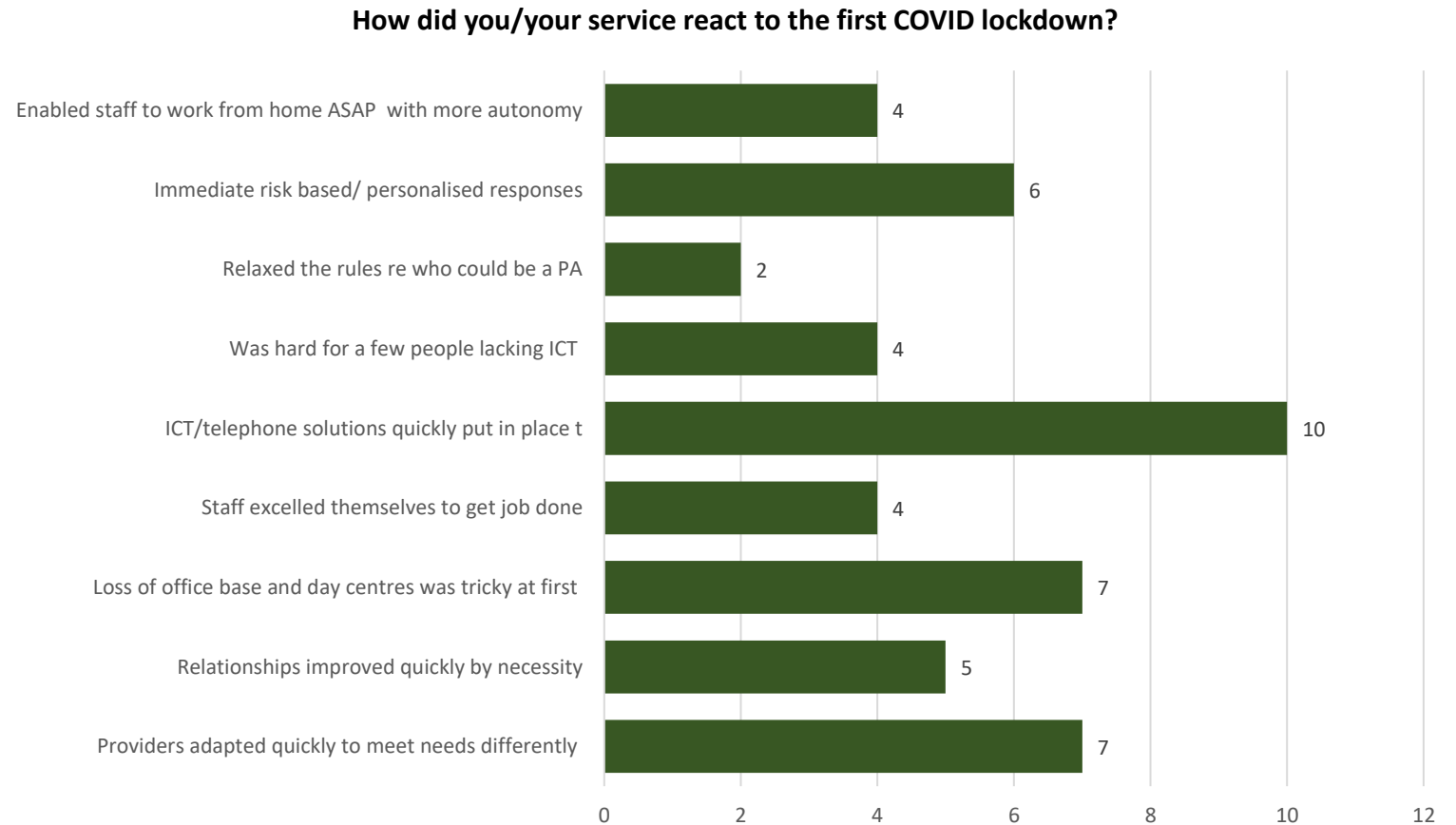


Q2: When the 1st COVID lockdown was announced - How did you/your service react?

Most interviewees acknowledged how difficult the loss of office space and physical buildings for support to take place was initially.

However, they noted that substitute ICT solutions were quickly put in place and most providers innovated to adapt their services to the new restrictions very well.

Where authorities adopted a risk-based approach in the early stages that approach enabled very tailored solutions for each individual person with support.



Q3: Describe at least one positive experience of work during the response to COVID?

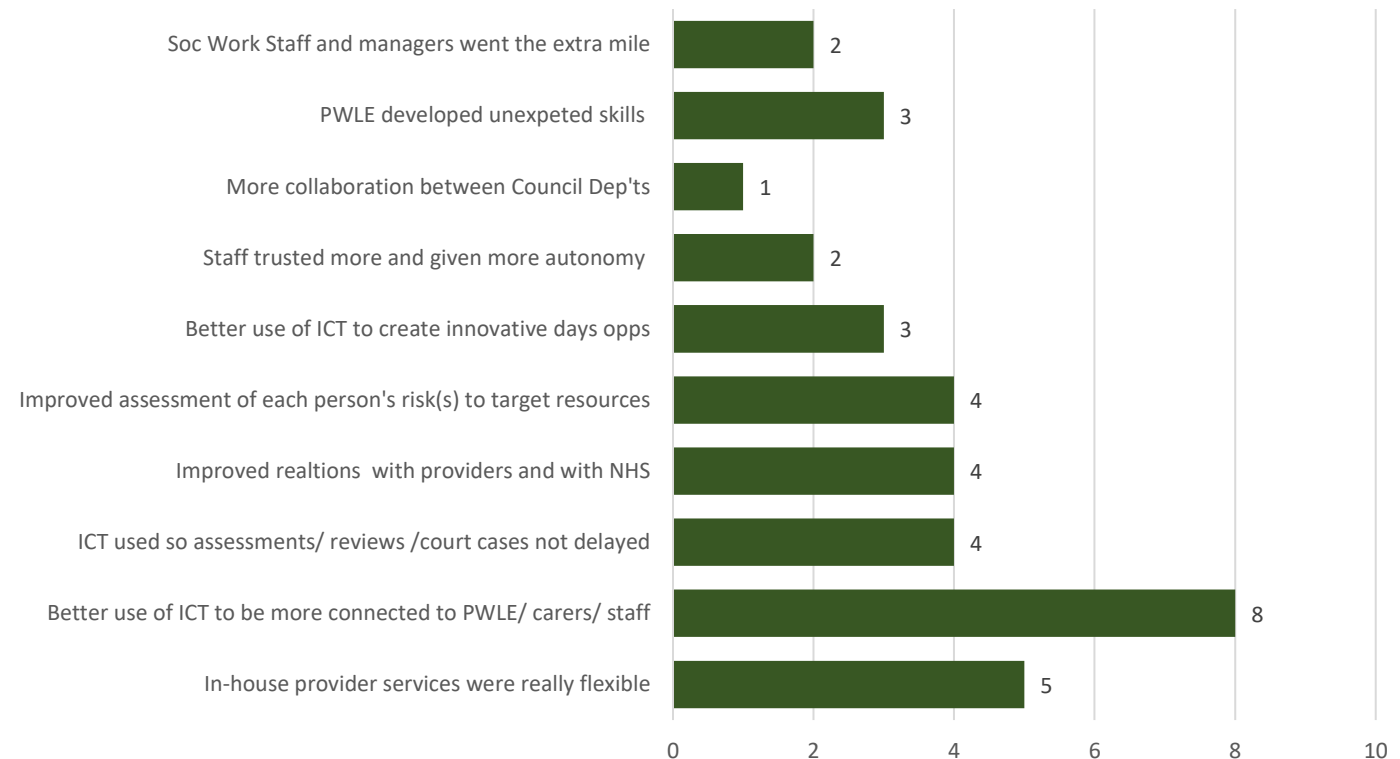
Every interviewee described a least one positive experience during COVID. Half of the stories were about how people who could easily become isolated had been better connected to others during COVID via ICT.

Several (5/16) interviewees noted how valuable in-house provider services were when the COVID crisis started as they quickly/flexibly adapted services to meet their client's support needs safely at a difficult time.

Several (4/16) interviewees described:

- Using new risk-based approaches to better target the deployment of scarce resources.
- Innovative use of ICT so assessments, reviews etc. carried on the overcome the challenges presented by social distancing rules.
- How better relationships had developed with providers and with NHS colleagues due to a recognition that joint approaches were needed to meet the needs of their “shared” clients.

Describe at least one really positive experience of work during the response to COVID?

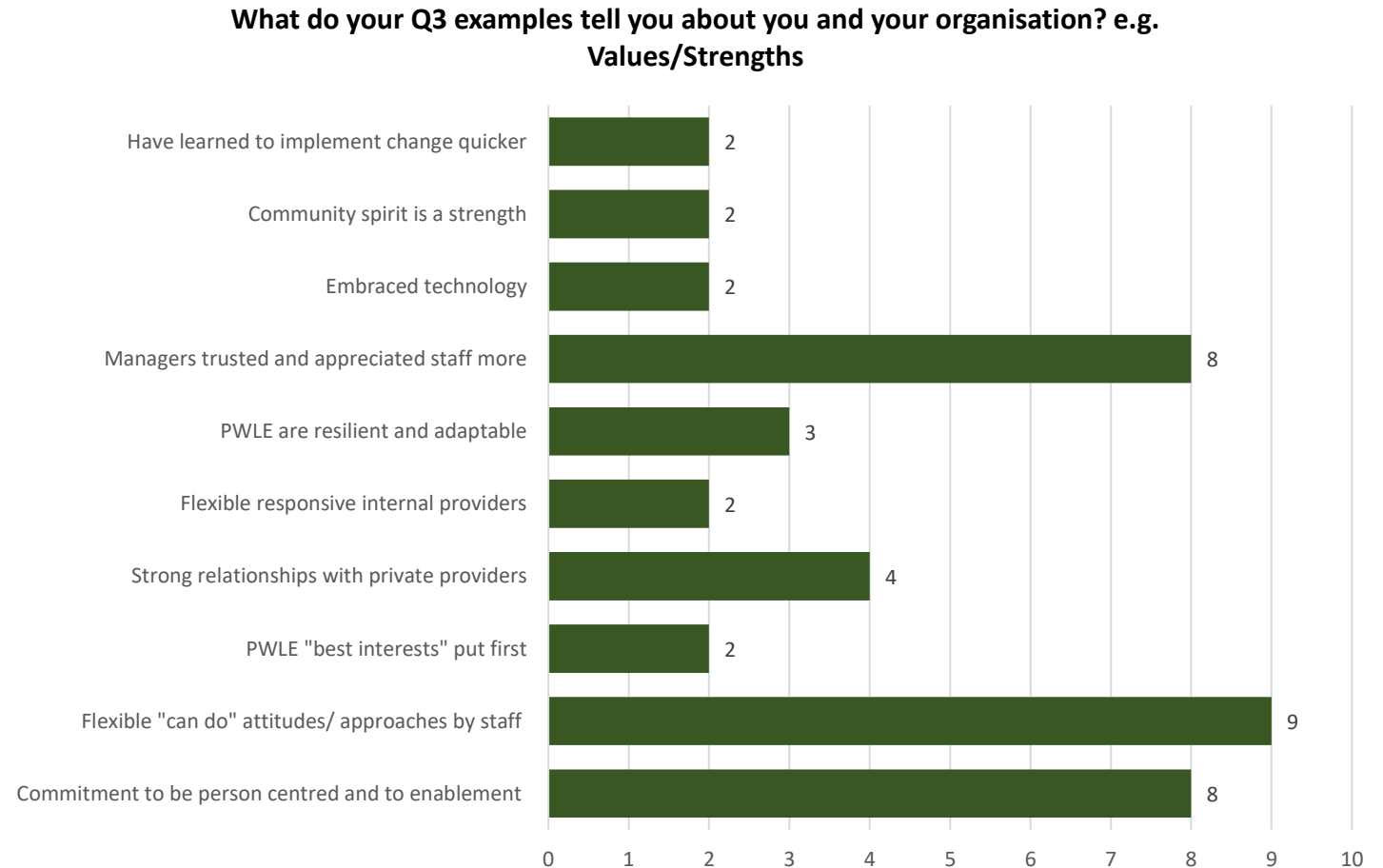


Q4: Reflect on your example(s) at Q3 - What do they tell you about yourself/your organisation? e.g. values/strengths

The examples given demonstrated a flexible and “can do” approach by staff across the whole care and support system as well as a strong commitment to:

- Person centred approaches
- Enablement approaches.

Staff also noted how much more managers trusted them and allowed them to use judgement and autonomy to *“just get the job done”*. They said they felt much more appreciated than before COVID.



Q5: Give examples of positive changes in how people with LD have been supported since COVID began

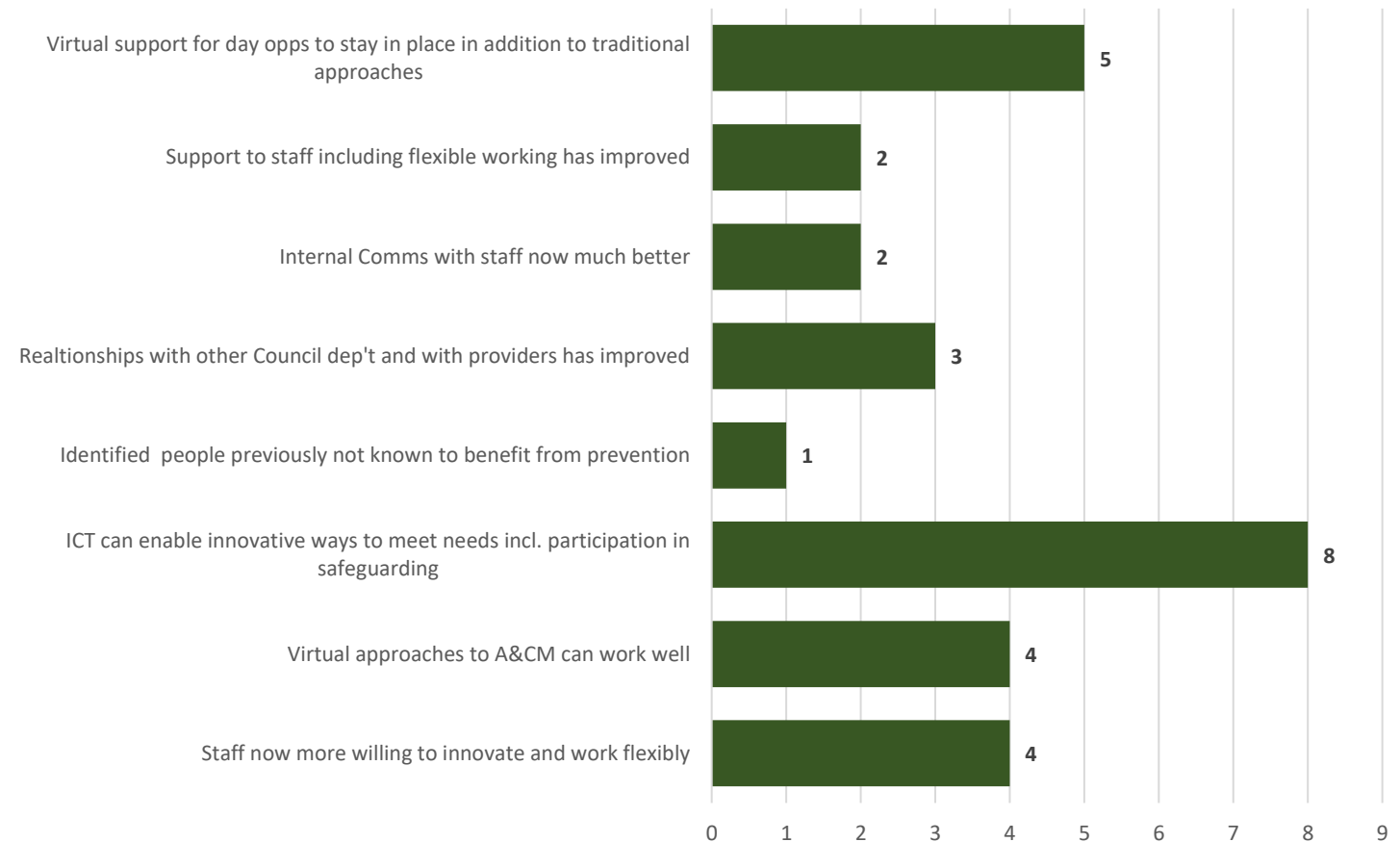
Many of the examples given showed how ICT enabled innovative approaches to be developed. For example virtual:

- Approaches to day opportunities
- A&CM approaches.

There were also some heart warming examples where COVID disruption of existing services was (for some) a trigger to learn new skills that will help with their longer term progression to become more independent.

It is hoped that a long-term benefit is that staff are now far more open to new ICT enabled work approaches than before COVID.

Examples of positive changes in how people have been supported since COVID began

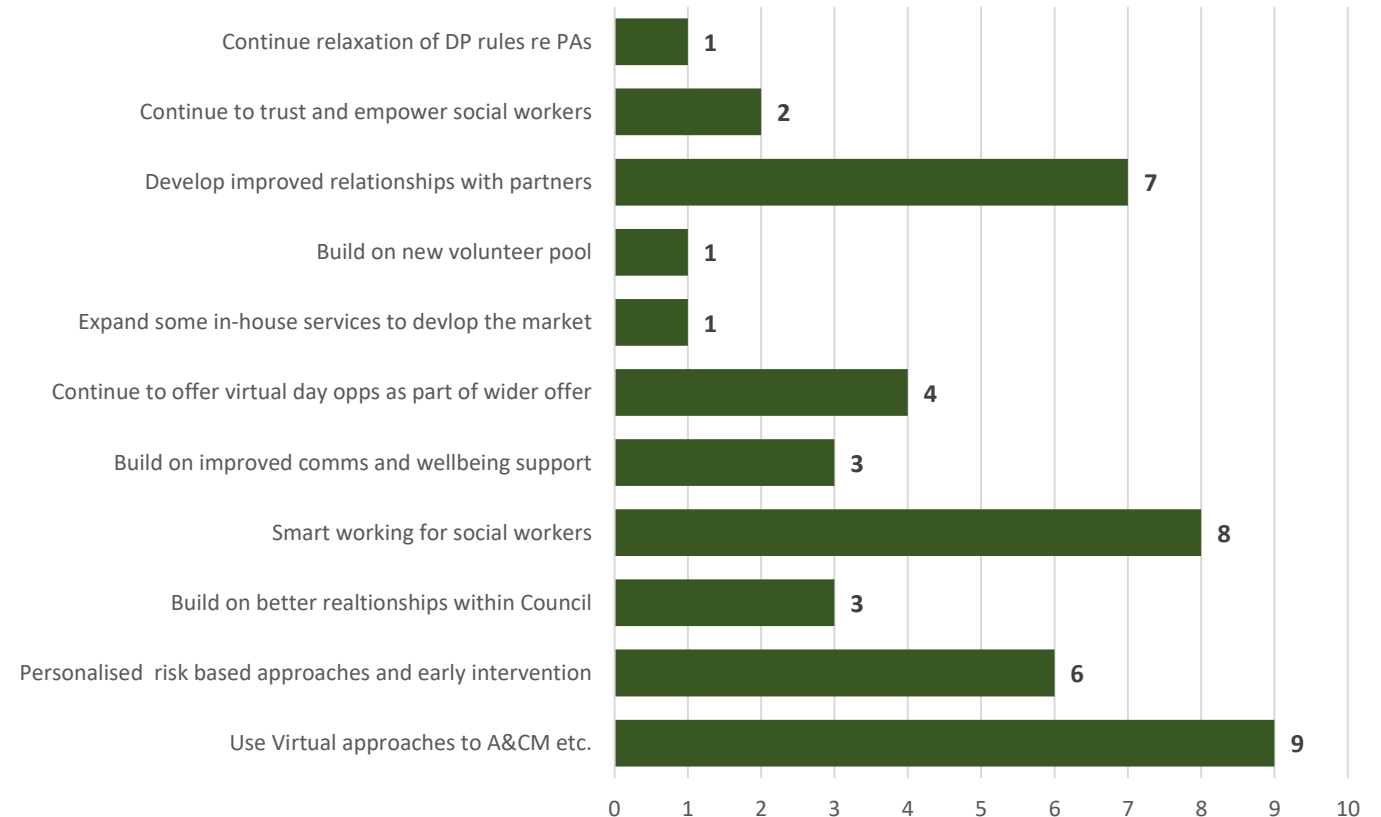


Q6: In future (1) what recent changes should be made permanent, and (2) What new improvement opportunities exist and should be further explored?

The main improvements that interviewees want to continue in the future are the use of virtual approaches to social work (9 interviewees), "Smart" working approaches (8 interviewees) learned while offices were closed. The main improvement opportunities are to build on:

- New personalised and risk-based approaches to enable early interventions
- New virtual day opportunities offer in addition to the traditional options
- Improved relationships with partners e.g. providers and the NHS
- Improved relationships within Council e.g. other departments
- Improved more efficient and more autonomous work arrangements for social workers

What recent changes should be made permanent, and what new improvement opportunities exist?



Annex 2

Feedback from the dream exercise at Workshop 1

Who	Delegates were asked to identify two big changes	Delegates were asked to two small changes
Pair 1	Retain new flexible working approaches so place of work is in the main what suits each worker, but ensure whole team are in the office the same day each week for team meetings, supervision, social contact etc.	Use virtual Video calls rather than telephones when liaising with clients/carers as visual signs are vital as well as what is said.
	Managers to continue to allow workers more freedom/autonomy to use professional skills and act on initiative.	This could be WhatsApp or whatever works for young people and does not always need to be on a laptop, but check whatever is used is safe. Secure, encrypted etc.
Pair 2	Would like to see support 7 days a week and longer hours e.g. support people to go out for evening	Need better outreach to schools and local businesses to improve employment opportunities for young people with LDF
	Home care should be different hours earlier starts, later finishes.	Do more health appointments in small community settings so people with ASD avoid trauma of large hospital visits
Pair 3	Use virtual approach to more face-to-face meeting to get better attendance by partners e.g. from police	More clarity over how to assess COVID safety of different day service venues. Prioritise use by need so if capacity is reduced those who benefit most use it 1st
	Use video evidence in family courts, safeguarding cases etc. so people with ASD better able to participate	
Pair 4	Retain extra DP flexibility (outside national regs) so family members considered “exceptional” service providers more often	More support for people with LD to get/keep work and train social workers better about this.
	Use experience of COVID to prepare better business continuity plans for to use in future scenario’s where normal services are closed down	In COVID we have improved relationships with many partners ... we need to build on these.
All Workers	<p>Several stories showed that before COVID quite a lot of support was supported leisure rather than supported purposeful activity where new skills and resilience could develop. Several people learned new skills because their existing leisure and social activities were no longer feasible so they turned to new activities and learned new skills like ICT, Gardening, Cooking, keeping house tidy AND for some new work opportunities emerged.</p> <p>Several stories highlighted the enabling role that ICT had. Notably ICT helped to: (1) Provide an alternative way of doing existing things that could not be done face to face due to COVID e.g. virtual day activities, assessment and care management tasks, maintaining social contact, (2) Provide new opportunities e.g. PWLE learned new ICT skills and were able to do new things as a result including paid work, and (3) Reduce inequalities e.g. enable PWLE to participate in things previously hard for them to access because for example of ASD related anxiety e.g. health checks, court proceedings etc.</p>	