Yorkshire & Humber
Strength Based Social Care Conference 2018

#SBSC18
CATH ROFF
Director of Adults and Health
Leeds City Council

Chair Yorkshire and Humber ADASS
WELCOME

EVENT OUTCOMES

> Share good practice through presentations, workshops and networking

> Receive feedback from regional work

> Launch the Strengths Based Social Work Regional Charter

> Identify areas to develop Strengths Based Social Care regionally
Presentation

SIMON WILLIAMS
Director of Sector Led Improvement
Local Government Association
Strengths based practice

Simon Williams
Director, Care and Health Improvement Programme

October 2018
Strengths based approach

“A strengths-based approach to care, support and inclusion says let’s look first at what people can do with their skills and their resources and what can the people around them do in their relationships and their communities. People need to be seen as more than just their care needs – they need to be experts and in charge of their own lives”.

Alex Fox, chief executive of the charity Shared Lives
Guiding principles

• Belief that every person has potential
• Belief that people want to make a contribution
• A focus on strengths becomes ones reality and language contributes to this
• A persons perspective of reality is primary
• Positive change depends on authentic relationships
• People are confident to start with what they know
• Psychological as well as physical state
• Applies across range of care needs, but different applications
• It’s about carers as well as customers
• Capacity building is a dynamic process
• Collaboration is key
Progress in developing strengths based practice

- Not new but formalised in the Care Act 2014
- Austerity driven the pace of change
- Paradigm shift underway, new civic relationships developing
- Not prescriptive, no one size fits all
- Not always looking at whole customer journey
- More to do, rhetoric not always evidenced in practice, still relatively risk averse
Implementing a strengths based approach

- Based on customer journey (next slide)
- Understand and where necessary commission effective informal solutions and networks
- Implement effective navigation systems
- Workforce development
- Empowerment by leaders….  
- …but able to measure what’s happening
Support through crisis
Safeguarding
Psychological event
Carer/customer illhealth

Review
Purposeful
Timely
Assumption of decreased need for service

Support package
% that had re-ablement first?
Ratios of home care, care homes, supported housing, direct payments?
Levels of low level home care?

First contact
Simple solutions
Dynamic information
Make self service easy
Terms of any council help

Immediate service?
E.g. Re-ablement, equipment
Avoid pulling into formal system

Full assessment
How well did first 2 steps work?
90% conversion to needing support?
Lessons

- Develop a consistent narrative
- Keep reinforcing behaviours
- Develop effective performance management systems
- Ensure councillors, voluntary sector, partners and providers are on board
- Be persistent and tenacious!
Impact of a strengths based approach:

Evaluation limited but early indications are:

- Customer satisfaction is maintained or improved
- Social care staff feel less encumbered by bureaucracy
- More effective use of council and community resources.
For more information:

Simon Williams
Director,
Care and Health Improvement Programme
E: simon.Williams@local.gov.uk

Amanda Whittaker-Brown
Programme Manager
Care and Health Improvement Programme
M: 07879 640814
E: amanda.whittaker-brown@local.gov.uk
Presentation

CATH ROFF
Director of Adults and Health
Leeds City Council

Chair Yorkshire and Humber ADASS
A strengths-based approach to social care – our journey

Cath Roff
Director of Adults and Health
April 2015 started in Leeds as Director of Adult Social Care

Coincided with Care Act 2014 coming into being

What did a strengths-based approach in social care mean especially for social work?

What was it like to be a social worker in Leeds?
What did I find?

- A strong city history of asset-based approaches
- A council with an ambition to be “a compassionate city with a strong economy”
- Social workers frustrated by “bureaucracy”
- Onerous processes for accessing direct payments
- An organisation structure that wasn’t working
- Ever increasing squeeze on budgets
Two choices

• Manage the pressure on budgets by ever increasing tightening of the interpretation of eligibility criteria
• Social workers become the “border patrol”
• Turns citizens into the “haves” or “have nots”

• Do something fundamentally different!
A leap of faith

• Made a commitment to “liberate” social work
• Told my social workers I trusted them and their professional practice
• I trusted them to apply common sense in making the changes we needed
• This was going to be a transformation led by them
The “Rule of Three”

• Don’t break the law
• Don’t blow the budget
• Do no harm

....Otherwise go for it!
Better Conversations

- Strengths-based approach to social care
- Starting with social work
- Changing the conversation throughout the customer journey
- Starting point is “a cup half full”: from “What is the matter with you?” to “What matters to you?”
- Building on individual, family and community strengths
- Roll out of *Talking Points*
- Create capacity to focus on people with more complex needs
- Reducing bureaucracy wherever possible
So what did we do?

• Made fundamental changes in the language we used to talk to citizens
• Changed how we operated our front door
• Trialled a new “Rapid Response” team concept
• Set up an innovation pilot in our Armley Neighbourhood Team
• Developed a community presence: “Talking Points”
• Changed our paperwork
Front door

- Customer Services Officers based in Communities Directorate
- Re-trained in strengths-based language
- Put the issue of eligibility to one side

How can I connect you to the things that will help you to get on with your life, based on your assets, strengths and those of your family, friends and community? What do you want to do? What can I connect you to?

- Can book an appointment at a Talking Point
Rapid response

If you are at risk, if your life is in meltdown – what needs to change to make you safe and help you regain control? How can I help make that happen? Furthermore, what offers do I have at my disposal, including small amounts of money and using my knowledge of the community, to support you? How can I put these things together into an “emergency plan” and stay by your side to make sure it works?
Armley Innovator site

- One of 13 Integrated Neighbourhood Teams
- Customer focus: older people, physical disability, low level mental health
- Set up a “Talking Point” in New Wortley Community Centre
- Social workers tasked with finding out about local community and its assets
- Referrals from 2 GP surgeries and now all 8
- Joined multi-agency Community Well-being Leadership group
• May have conversations based on previous examples but also:

How can I make sure you feel in control and are empowered to be so? What is a fair personal budget and where do the sources of funding come from? How can I help you to use your resources to live your chosen life? What do you want to do? What matters to you? What makes your life worth living?
Local Care Partnerships

Aim is empowered front line and is made up of:

- Adult Social Care
- Primary Care: GP and Practice manager
- Community Health: Community Matron, CMHT and psychiatrist
- Third Sector: Barca
- Other Council services: Manager of One Stop Shop, Housing and Public Health
Reducing bureaucracy

- Reduced the 27 page “Guided Self Assessment” form to the 2–page “Conversation Record”
- Supported by new practice guidance
- Revised review form
- Revised transfer form
- 6 minute peer review process
- All designed by front line
- All Care Act compliant
What were the outcomes?

- More efficient and effective front door
- Eliminated waiting lists once introduced Rapid Response
- Customers like the new approach
- Social workers rediscovered their community
- Made better use of community resources to support people’s aspirations
- Reduced average spend per care package
- Positive impact on GP workloads
- Better inter-agency and inter-disciplinary working
- Liberated social workers proud of their practice
Proliferation

- It happened spontaneously
- Word-of-mouth
- Peer-to-peer seminars
- Rolled out two more Rapid Response teams
- 17 Talking Points across the city
- Learning disabilities – Phase one programme for people going through transition
- Embraced by the Hospital Social Work team
- Have started with Adult Mental Health
Customer & Carer feedback

I walked away feeling that a weight had been lifted.

The package lets me get on with my life knowing that my daughter’s needs are met well. Never thought I would have this level of freedom.

Because of the conversations that were had, everything went really smoothly with the emergency move.

They really listened to me.

The Rapid response service has been excellent.

We don’t know what we would have done without you.
Staff feedback

As we look at the strength-based model, being encouraged to be creative with service provision as really brought a fresh feel to the social work role.

People don’t have to wait more than a few days for an appointment so we can offer a far more responsive service & manage crises better.

Engaging with the local community centre has opened a lot of doors to the team...being able to put faces to names and network in the local area.

We can see positive results for the service users and it adds to us feeling valued as workers: what could be better!

Utilising the Conversation Record allowed a very open & candid conversation with Mr C and his family.
Next steps

How do we apply a strengths-based approach to the commissioning and provision of services?
“If you are working on something exciting that you really care about, you don't have to be pushed. The vision pulls you.”
Thank you for listening!

Any questions?
Workshop:
Progress of strength-based practice in assessment and support planning in Rotherham

ROtherham Council
And
Pete Lenehan
Progress of strength based practice in assessment and support planning
Rotherham Adult Social Care - June 2018

Workshop programme

• National policy and practice drivers
• Local drivers & desired outcomes
• Cohort & audit tool
• What we learned
• Developments in other organisations (Workshop discussion)
• Implications for practitioners
• Working towards resilience
• Top tips

Sally Morris-Shaw; Principle Social Worker, Rotherham
Pete Lenehan; Social Work Consultant, Limes Solutions Ltd
The Care Act Standards and Principles

- Promote health & wellbeing
- Prevent the need for care and support where possible
- Focus on improving lives (outcomes)
- Support families & carers
- Quality of care and support services
- Adult social care, health and housing services work together
- Consistency across boundaries
Further policy, law & regulation driving practice development:

• Human Rights Act 1998
• Mental Capacity Act 2005
• Equality Act 2010
• Localism Act 2011
• Public Services (Social Value Act) 2013

• Making Safeguarding Personal 2013
• Strengths-based social work practice with adults; Dept. of Health 2017
• Think Local, Act Personal (Leadership organisation for personalisation); ‘Making it Real’ 2007 (Revised & re-launched 2018)

The Health and Care Professions Council (HCPC) published revised standards of proficiency for social workers in England in 2017. (Standards of Proficiency, Social Workers in England; HCPC 2017). There is clear correlation between many of these standards and the principals and requirements of the Care Act 2014, with the standards requiring a strengths based approach to practice in line with the law relating to social work.
Strength based approach. Care Act 2014 - YouTube
Background to the Rotherham file audit

- The Rotherham context
- Reason for the independent case file audit?
- Timescales
The Case File Audit Sample

- The scale of the audit
- How a representative case sample was identified
- The process
- The governance
Rotherham Case File Audit Tool Domains

**Eligibility:** Evidence of eligibility discussion & decision making process. How is eligibility recorded?

**Wellbeing:** Adherence to Care Act principles/Consultation/ Empowerment /Personal choice / Participation / Advocacy / Equality & diversity/ Whole family approach/ Person centred & Outcome focused

**Keeping Safe:** Risk Assessment and management / Mental capacity clearly recorded / MCA, DOLs, Best Interests/Positive and informed approach to risk/ Safeguarding concerns / Risk to others/ MSP principles followed

**Proportionality:** Response / Level of intervention / Professional judgement/ Timeliness/Solutions

**Partnership:** Information sharing with others, inc. providers/ Consultation / Joint working/ Collaboration / Support to develop and find solutions
Accountability: Correct documentation completed (inc. CHC documents, MCA, BIA) / Appropriate escalation / Action and timings / Fact and opinion recorded clearly / Feedback to referrer as appropriate / Aspirations recorded

Prevention: Adherence to Care Act principles / Sign posting to other relevant services / Review / Information, advice & guidance / Safeguarding from future harm / ‘Future proofing’

Carer: Appropriately identified / Clearly recorded outcomes of conversations / Assessment offered (if refused reason recorded) / Clear support plan / Appropriate & proportional carer outcomes to promote wellbeing.

Support Planning: Reference to assessment, desired outcomes & aspirations / Maximising independence / Enablement / Other support noted (Equipment / Physio / OT / Falls Clinic etc.) / Informal support / Sustainability
Rotherham Audit – lessons learned

• The importance of having the right assessment completed by the most appropriate person at the right time in the right place - working towards proportionality of assessment;

• Giving time to have conversations leading to an inclusive assessment and support plan evidenced through records and documentation;

• The importance of capturing and supporting informal support through carer conversations and inclusive assessment;

• The value of information, advice and guidance;

• The value of using independent advocates;

• The importance of review;
Rotherham Audit – lessons learned

• The importance of whole family approaches to assessment;

• Ensuring safeguarding and MCA requirements;

• Recognising and respecting carer contributions;

• The promotion of future proofing and resilience.

• The importance of ensuring audit processes throughout the organisation, reporting to senior levels.

• Ongoing training and development for practitioners and their managers to promote legal literacy and the evolution of practice;
Group Exercise
“Telling our story and sharing our thoughts”

• How have things changed in your organisation since Care Act implementation?

• How has your practice and that of your colleagues developed and changed over the past three years?

*Note three positive developments experienced by group members.*

• What has helped/would help you and other practitioners in your organisation to continue to develop practice to become more strength based?  *Top three tips*
As professionals delivering, leading or managing services, working in ways to promote wellbeing can be summarised in personal & professional terms as follows:

- It is important to me to afford people dignity, respect and compassion, without judging them.

- I am interested in and want to understand people’s perspective, their preferences and what’s important to them and their carers.

- I see people as individuals beyond just their presenting (health, care or wellbeing) needs, in the context of their lives and communities.

- I understand that my role is more than simply fixing the issues raised - supporting and enabling people to live meaningful lives is as important, whether or not cure or resolution is possible.

- It is important to me to develop rapport and relationship, achieving a shared sense of understanding, purpose and partnership.

- It is important to me develop mutual trust in all my interactions with people, their carers and communities.
Developing strength based practice. Top tips for practitioners

- Remember – your starting point in any assessment is with what the person can do.

- Adapt your approach to individuals to fit in with their needs.

- Listen to understand rather than listen to hear.

- When you are with an individual, focus on them and what they have to say and not on a form or the process you need to complete.

- Take a ‘glass half full’ approach into your conversations with individuals and their families and carers.

- Mind your language! Do not use professional jargon/anachronisms when in conversation with individuals, families and carers. Ensure this is reflected in your recording.

- When considering outcomes, reflect on individuals’ own strengths.

- Try not to professionalise the personal outcomes that individuals say they want to achieve. Ensure that individuals have both time and space to express their aspirations and thoughts.
Developing strength based practice. Top tips for practitioners

• Remember – the individual may well be the expert in what is available to them in their community and their networks. Ask them.

• In assessment and case file documents, use direct quotes to record what individuals tell you.

• Actively listen to the individuals you work with and ensure that what you have heard is reflected in the outcomes and in your recording.

• Be empathetic but always remain impartial when in conversation with individuals, families and carers.

• Although family and carer input can be vital, try not to be unduly influenced to the detriment of the wishes and desired outcomes of the individual.

• Be a strong advocate for advocacy to ensure the voice of all individuals is heard.

• Try to think differently. What’s right for the individual may well challenge traditional processes and support.
Developing strength based practice. Top tips for practitioners

• Be a willing partner and share information where required with health and other colleagues.

• Support your health and social care colleagues and remember the most important person in your day to day work is the individual needing support.

• Keep your word. Build trust with individuals and colleagues.

• Maintain the ethics and values of your professional body.

• Be prepared to keep your professional knowledge up to date by using on line and other resources and apply your knowledge to practice.

• Share your skills and knowledge with colleagues and allow them to share theirs with you. Work as a member of a team.

• Try not to impose types of process and support that you would not value for yourself or for the people you are close to.

• Look after yourself by improving and maintaining your resilience.
Supporting strength based practice - Top tips for managers

- Listen to your staff and understand their practice.
- Seek first to understand rather than focus on being understood.
- Encourage understanding and integration with other professionals and disciplines.
- Be seen and communicate effectively.
- Promote a culture of reflective practice.
- Ensure supervision time and time for reflection is always protected.
- Ensure feedback you give about individual practice is given constructively, honestly and face to face.
- Get to know your staff and help them to manage their well-being at work.
- Ensure all staff have equal opportunities for support and to develop their professional practice.
- Support and encourage individual strengths and view them as valuable to the team.
Supporting strength based practice - Top tips for managers

- Be open and honest with team members and help to prepare them for change.
- Anticipate and plan for events and issues that are on the horizon and involve staff early in the plans.
- Allow staff time to consolidate plans and to ‘bed in’ new ideas/processes/systems.
- Directly observe practice; such as through live supervision, mentoring, shadowing etc. Give time for reflective conversations that result.
- Be patient. Recognise that it may take longer in the short term to realise a long term benefit.
- Create an innovative culture in the team by being open to new ways of working.
- Work in partnership with your colleague managers to promote a consistent view about what good practice looks like. Aim with your colleagues to ‘sing off the same sheet’.
Supporting strength based practice - Top tips for managers

- Challenge process that acts as a barrier to strength based practice.
- Ensure that practitioners have access to training and research opportunities to develop and maintain their strength based practice.
- Use staff feedback to help you develop as a leader and manager.
- Represent staff feedback on plans and developments to your managers.
- Read case files and documents carefully before signing off and be honest if there are things you feel you cannot agree to. Explain your reasons and work with staff to find ways forward.
- Remember to give yourself time to develop and reflect on your practice both as a professional and as a manager.
- Be positive in your approach to all that is in your control and promote a culture of positivity in the team. Understand that you are able to choose your attitude at work.
ADASS Yorkshire and Humberside - Developing strength based practice - useful resources.

- http://www.hcpc-uk.org
- https://www.thinklocalactpersonal.org.uk/makingitreal/
ADASS Yorkshire and Humberside - Developing strength based practice - useful resources.

- **Asset-based places: A model for development**” - Social Care Institute for Excellence (SCIE) 2017
- “**Principles of Strength-Based Practice**” - Dr. Wayne Hammond, Resiliency Initiatives 2010
- “**Developing a well-being and strength-based approach to social work practice**” TLAP 2015
- “**Personalised care & support planning**” - TLAP 2016
- “**Strength based approaches to care and support**” - SCIE 2015
- “**Putting People First - A shared vision and commitment to the transformation of Adult Social Care**” - LGA, ADASS, DH; 2007
- “**Making it Real**” – TLAP 2018
- “**Person-Centred Approaches: Empowering people in their lives and communities to enable an upgrade in prevention, wellbeing, health, care and support. - A core skills education and training framework**” - Health Education England, Skills for Health, Skills for Care; 2017
- “**Strengths-based social work practice with adults**” - Department of Health; 21 July 2017
- “**It’s Still Personal**” – ADASS; June 2017
- “**Social Work: Essential to Integration**” – ADASS, PSW Network, DH; March 2017
- “**Personal Outcomes Evaluation Tool (POET) for adults in receipt of social care & support 2017 Report**” - Think Local Act Personal, Lancaster University
- A memorandum submitted to the House of Commons Health Committee Enquiry, Health and Social Care, advocating person centered approaches to support - Professor Pat Thane, University of London 2009

- NHS Choices website - Care and Support
- Local Government Association website – Care and Health Improvement
- Think Local Act Personal (TLAP) website
Workshop:
Optimising strengths-based prevention work

FIONA LOVE-ROBERTS
AND
ANDY JONES
Rochdale Council
Optimising strength based prevention work

Andy Jones

Fiona Love-Roberts

Rochdale Council
Research project – “are we getting it right at the front door?”

Examined re-referral rates of adults who were signposted to community services / low level equipment (prevention)

Optimised our person and community centered approach - prevention in the community – daily huddles

Strengthened the screening tool to deflect from a “duty” response

Supported by the University of Manchester (Greater Manchester Social Work Academy)
Description of initial work

Strengthened our initial telephone screening to determine the most efficient and effective response and level of urgency of referrals

Evaluated the impact on subsequent re-referral rates

Identified market opportunities for new and innovative service delivery – linked in with Public Health to develop a universal referral tool

Linked with broader council and health objectives – BARDOC – out of hours GP service
Unintended / unexpected consequences

Prompted the need to look at the duties of posts overall and raised questions about whether some posts could be brought together.

Level of complexity and duplication in the customer journey more fully understood - ‘like peeling an onion’. Looked at how other parts of the service worked together from a service user perspective.

Drew attention to some particular aspects that may have been overlooked, for example, the learning and development needs and career pathway for members of staff offering front of house services and non-qualified practitioners.
Re-referrals

1 month: No
2 months: No
3 months: No
4 months: No
5 months: No
6 months: No
11 month review

11 month review showed no further re-referrals

Signposted to community services
Falls Prevention Team
Link4Life information - health related activities are available in the community
Carer’s hub
Careline
Taxi voucher scheme

Low level equipment (prevention)
Grab rails
Shower stool, bath chair
WC drop down rails
Handrails to front & rear doors
Stair rail
Daily huddles

Neighbourhood based multi-agency discussions to determine the most appropriate response to referrals / reviews:

• Adult care
• District nursing service
• Carer’s service
• Link 4 Life - active, creative and healthy lifestyles
• DWP
• Physiotherapy service
• Veterans in Communities (VIC)
New and innovative service delivery

8 FTE Community Connector posts established - part of a wider multi-disciplinary prevention team providing 1:1 support to access information, advice and signposting to health, social care or wellbeing services.

Using SPSS software able to gather precise social and economic demographics that affect health and wellbeing.

Four EASY (Early Access to Support for You) Hubs in the Borough.

ROCHDALE BOROUGH COUNCIL
Community Connectors

THE BIG 6:

1. Employment – 1b) Volunteering – 1c) Training
2. Housing
3. Money Management – 3a) Benefits
4. Lifestyle – 4a) Mental Health including 5ways2wellbeing
5. Access to Preventative Services - screening, flu jab
6. Getting involved in ‘Our Communities’
Prevention System Hierarchy of Needs

Meeting the higher level needs on the pyramid depends on having the lower level needs near the bottom of the pyramid already met.

**Transcendence**
- help others thrive
  - 1b Volunteering 5.4%

**Self actualisation**
- personal growth, self-fulfilment, achieve full potential
  - 1c Training 6.2%

**Cognitive needs**
- knowledge and understanding, self-awareness
  - 4a lifestyle 44.6%

**Esteem needs**
- self-esteem and confidence, respect of others and self-respect
  - 6 Getting involved in our communities 11%

**Belonging needs**
- friends, family, relationships, connection with others to avoid loneliness and separation
  - 4b Mental Health including 5ways2wellbeing 21.7%

**Safety needs**
- need to feel safe, secure and stable, job security, protection from the elements and physical illness
  - 1a Employment 6%
  - 3a Money Management 16.1%
  - 3b Benefits 13.6%
  - 5 Access to preventative services 14.5%

**Biological and Physiological needs**
- food, drink, shelter, warmth, sleep
  - 2 Housing 22.3%

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The Community Connectors have seen 484 (100%) residents April to end of August 2018. Most residents accessed the service for more than one area of need based around ‘The BIG 6’. 

As needs are met, especially the higher needs, more attention may be paid to social goals such as health promotion, self-care behaviour, and perhaps healthier lifestyles. Gayle J. Acton and Pamela Malatham, 2000

Basic needs must be satisfied first

Psychological needs

Self-fulfilment needs

Deficiency needs

Behaviour in this case is not driven or motivated by deficiencies but rather one’s desire for personal growth and the need to become all the things that a person is capable of becoming.
New and innovative service delivery

Partnership with Public Health:

On line Wellbeing Planner / Directory of Services

**Our Rochdale**

The Wellbeing Checker still in development
Linking with broader council and health objectives

Working with BARDOC (provider of GP Out of Hours services) aiming to de-escalate acute care presentations.

Local patient telephone triage to assess needs

Integrated Virtual Community (Clinical) Hub - online booking for Community Connector appointments, access to all EASY hubs to monitor capacity also.
Rochdale Integrated Virtual Clinical Health and Social Hub

NHS 111
NHS 999
GP Practice

Care Planning and Shared Information

Easy HUB Connectors

ROCHDALE
BOROUGH COUNCIL
Night Support Service

Aim – deflect presentations to A+E and admissions to hospital / residential care

3 weeks operational, embryonic stage

Scheme run by Adult Care and district nurses and care provider who can provide direct assistance at night, at short notice:

• Pop in
• Personal care
• Night sitting

Access to the service via EDT or daytime Adult Care and district nursing services.

UTI - support with meds, continence care and general at home
Discussion groups

Three groups:

1. Can you identify where a similar project is needed in your area and how it would work?
2. What elements/learning can you take from our projects to benefit work in your area?
3. Are there partners you would like to work closer with and how can you go about doing this?

Feedback to large group
Any Questions?
Thanks

Thanks for inviting us to come and talk about some of the work we are involved in.

If you want any further information:

Andy.Jones@rochdale.gov.uk

Fiona.Love-Roberts@rochdale.gov.uk
Workshop:
Learning from Community Led Support

JULIE BOOTLE
Community Led Support
Programme Consultant, NDTi
Yorkshire & Humberside Regional Strengths Based Social Care Event
Learning from Community Led Support
22nd October 2018 - Leeds

Julie Bootle
Community Led Support Programme Consultant (NDTi)
Head of Community Social Work (Leeds City Council)
“It's time we face reality, my friends. ... We're not exactly rocket scientists.”
If you always do what you've always done, then you will always get what you've always got.

No thanks!

We are too busy
CLS Principles

- Co-production brings people and organisations together around a shared vision
- There is a focus on communities and each will be different
- People can get support and advice when they need it so that crises are prevented
- The culture becomes based on trust and empowerment
- People are treated as equals, their strengths and gifts built on
- Bureaucracy is the absolute minimum it has to be
- The system is responsive, proportionate and delivers good outcomes
Community Hub

Follow up/ review

Customer Services

Resolve - Signpost

Plan support

Enquiry-referral

Home visit
Key components of Community Led Support

- Streamlined processes and quick decision making
- Feedback from people following contact
- Recording to support good Conversations
- Range of people skilled in good Conversations
- People can see someone soon after first contact
- Good conversation at first contact
- A culture of trust and autonomy within teams
- Community and voluntary sector involvement
What’s the evidence and learning?

- Evaluation of 9 areas
- Improved experience and outcomes for people
- Easier access and greater efficiency
  - Reduced waiting times
  - Quicker decision making
  - Fewer handoffs
- Engaged staff and improved morale
- Potential for savings
At its best, the CLS change process:

- Is flexible and emergent – underpinned by a clear vision
- Is informed by a collective understanding of important contextual characteristics of the local area
- Is inclusive, values and trusts the contribution of front-line staff, partners and communities
- Relies on peer to peer learning
- Showcases and celebrates excellent practice, providing a good news story in an otherwise bleak environment
- Avoids process heavy project management approaches – retaining flexibility and responsiveness
- Is shaped by leaders who are confident enough to relax control
Additional learning....

- Across all sites there is increasingly a recognition that
  
  - Leadership development is key
    - Leaders at all levels not just management!

  - Cultural change needs to be embedded
    - Change at all levels!
In small groups discuss:

• How your organisation can develop leadership to support the development and sustainability of the SBSC/CLS agenda?
  • What is your role within this?
  • What is your pledge to take away with you?

• How can your organisation create the climate for cultural change?
  • How do you support staff and front line managers to flex and change?
Workshop:
Strengths-based work in North East Lincolnshire

CHRISTINE JACKSON
Principal Social Worker
North East Lincolnshire
A strengths-based approach to social care in North East Lincolnshire

Christine Jackson
Principal Social Worker
OUTLINE

- Context
- The Approach
- The Change
- The Effect
- Case Study
- Next Steps
- Exercise
- Conclusion
THE APPROACH

• Development of Single Point of Access (SPA)
• Ending of Care Management
• Connect Programme
THE CHANGE

- Demand Management
- Long Term and Short Term (increased number of qualified social workers)
- Conversations
- Community
THE EFFECT

- Reduction in numbers receiving residential care
- Reduction in numbers receiving domiciliary care
- Increase in number of reviews
- Budget efficiencies
- Staff satisfaction – return to social work
- Individual’s with greater independence
CASE STUDY

Mrs K:

- Referral to SPA by concerned neighbour
- Contact made, visit undertaken
- Previous history of non-engagement
- Conversation held:
  - Benefits check
  - Referral to British Red Cross
  - Improved well-being
  - Improved independence
NEXT STEPS

• Development of a strength based support plan
• Adult Services Review
• Further integration with health and social care
• Integrated Care Partnership
EXERCISE

• Conversations
• Being aware of language
• Use of tools
CONCLUSION

• Use of language all important
• Concentrate on the can do
• Use tools to get the best outcomes
• Enjoy those conversations
Workshop:
Co-ordinating care and conversational assessment

SALLY GRETTON
AND
JEANETTE COOKSON
Skills for Care
Co-ordinating care and conversational assessment

Sally Gretton Head of Area YHNE & Jeanette Cookson Locality Manager
A guide to co-ordinating care
Purpose of co-ordinating care

The purpose of coordinating care is to work in partnership with people who access care and support, their carers and family, to advise and share with them how they might best meet their wellbeing need, so they have more choice and control over their life.
Definition of coordinating care

Coordinating care involves a single, named person who acts as a primary point of contact for people who access social care and/or health support.

The activity works in partnership with people who access care and support, their carers and relatives. It should share information and advice to support them to have choice and control over their life and how they might best meet their wellbeing needs. It supports person-centred outcomes that are based on their expressed wishes and preferences.
Guide explains **what coordinating care is** and clarifies the **functions** of coordinating care.

“I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me.”

*TLAP / National Voices, 2013: A narrative for Person Centred Coordinated Care 6*
Functions of co-ordinating care

- Job description / adverts / interviewing
- Functions for a local service
- Learning and development needs based on the functions
Our new guide

- What is conversational assessment?
- The benefits
- The principles
What is conversational assessment?

This approach puts conversations between equals, at the heart of finding out about people to help you assess and plan their care and support.

You can find out:

- what’s important to them
- their strengths and talents
- what’s working well and what they want to change
- what they’d like to achieve
- how they’d like to be supported.

When you’re doing a conversational assessment you should have conversations that are led by the person, rather than by following a form.
The benefits of this approach

- It ensures people access care and support that reflects their wishes and needs, which makes it more likely to improve their health and wellbeing.

- You can find out what matters most to people and how they want to be supported, so you can target your resources where they’ll have the most impact.

- Find out what services people want and need, which can inform commissioning strategies.
Principles of conversational assessment

- It’s about people’s lives, not just their needs
- It recognizes that people are experts in their own lives
- It starts with a blank sheet
- It takes place in the context of the person’s whole life
- It needs sufficient time and resources
- It’s founded on trust, honesty and openness
After a conversational assessment

- Decide what actions or interventions you’re going to take as result of the conversation.
- Get everyone’s agreement.
- If the person needs more formal care and support, discuss their options and share eligibility criteria.

Conversational assessment is just the first step in supporting people according to their wishes and needs.
Looking to the future…

Over the next year, Skills for Care will:

- promote the guide and find opportunities to work with employers to show how they can use it in practice.

- develop learning routes that employers can use with their teams to implement conversational assessment.
The principles can help you use conversational assessment in practice.

If you’re a commissioner, it can inform your commissioning of local services that people want and need.

www.skillsforcare.org.uk/conversationalassessment
Contact details Yorkshire and the Humber and the North East

Bradford and Calderdale
Rachael Ross (part-time)
raeha.ross@skillsforcare.org.uk
T: 07815 429170

North Lincs & North East Lincs
Fiona Macmillan (part time)
fiona.macmillan@skillsforcare.org.uk
T: 07967 247220

City of York and North Yorkshire
Angela Thompson
angela.thompson@skillsforcare.org.uk
T: 07813 031257

Durham, Gateshead, Hull and East Riding of Yorkshire
Peter Northrop
peter.northrop@skillsforcare.org.uk
T: 07817760387

South Yorkshire
Zoe Thomas
zoe.thomas@skillsforcare.org.uk
T: 07792 425219

South Tyneside, North Tyneside, Newcastle, Sunderland and Northumberland.
Wendy Adams
wendy.adams@skillsforcare.org.uk
T: 07823444136

Tees Valley
Karen Winspear
karen.winspear@skillsforcare.org.uk
T: 07811393012

Kirklees, Leeds and Wakefield
Jeanette Cookson
jeanette.cookson@skillsforcare.org.uk
T: 07969 762864

Sally Gretton – Head of Area
sally.gretton@skillsforcare.org.uk
T: 07792 907588
For more information visit: www.skillsforcare.org.uk

@sfc_yorkhumbne

Subscribe to our bi-weekly e-news by emailing: info@skillsforcare.org.uk
Thank you
Presentation

PETE LENEHAN
Limes Solutions
petelenehan@gmail.com
ADASS Yorkshire and Humber Strength Based Practice Development Programme

• Rationale
• Changing focus; developing practice
• Aims, objectives
• Desired outcomes for practitioners
• Participants – adding value to the Practice Charter
• (Top Tips)
• (Useful Resources)

Pete Lenehan, Limes Solutions; petelenehan@gmail.com
Under the requirements of the Care Act 2014, “councils must promote well-being when carrying out any of their care and support functions.”

This means addressing:

• personal dignity (including treating individuals with respect);
• physical and mental health and emotional wellbeing;
• protection from abuse and neglect;
• control by the individual over their day-to-day life (including any care and support and the way it is provided);
• participation in work, education, training or recreation;
• social and economic wellbeing;
• suitability of accommodation;
• the individual’s contribution to society.
• domestic, family and personal relationships;
Further policy, law & regulation driving practice development:

- Human Rights Act 1998
- Mental Capacity Act 2005
- Equality Act 2010
- Localism Act 2011
- Public Services (Social Value Act) 2013
- Making Safeguarding Personal 2013
- Strengths-based social work practice with adults; Dept. of Health 2017
- Think Local, Act Personal (Leadership organisation for personalisation); ‘Making it Real’ 2007 (Revised & re-launched 2018)

The Health and Care Professions Council (HCPC) published revised standards of proficiency for social workers in England in 2017. (Standards of Proficiency, Social Workers in England; HCPC 2017). There is clear correlation between many of these standards and the principals and requirements of the Care Act 2014, with the standards requiring a strength based approach to practice in line with the law relating to social work.
Critical to success is a change in culture not just in social services or local authorities, but across health and social care systems and in society as a whole. Shifting from a paternalistic care management viewpoint rooted in a deficit model to a focus on what the organisations and citizens of an area can do, their assets and potential informed by a deep understanding of what’s happening on the ground in local communities. Choice, control, citizenship and connectedness (sic) are common themes underpinning all strengths-based work. A strengths-based mind set draws extensively on personalisation and co-production, working in partnership to develop co-designed solutions which prevent harm and abuse, reduce obstacles and discrimination, and restore and support family relationships. A strengths-based approach starts with a different conversation.

**Strengths-based social work practice with adults**  
*Department of Health*  
21 July 2017
## Deficits v Strengths

<table>
<thead>
<tr>
<th>Deficit approach</th>
<th>Strength based approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starts with deficiencies and needs</td>
<td>Starts with personal &amp; community assets</td>
</tr>
<tr>
<td>Responds to problems</td>
<td>Identifies opportunities and strengths</td>
</tr>
<tr>
<td>Provides services to users</td>
<td>Invests in people as citizens</td>
</tr>
<tr>
<td>Emphasises the role of agencies</td>
<td>Emphasises the role of civil society</td>
</tr>
<tr>
<td>Focuses on individuals</td>
<td>Focuses on communities and neighbourhoods</td>
</tr>
<tr>
<td>Sees people as clients/people using services</td>
<td>Sees people as citizens and co-producers with something to offer</td>
</tr>
<tr>
<td>Treats people as passive and ‘done to’</td>
<td>Helps people to take control of their lives</td>
</tr>
<tr>
<td>‘Fixes people’</td>
<td>Supports people to develop their potential</td>
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*(SCIE 2017)*
DEVELOPMENT PROGRAMME: STRENGTH BASED PRACTICE IN ASSESSMENT AND SUPPORT PLANNING

Yorkshire & Humber ADASS Development Programme

Aims

• To enable participants to develop their own models of working that encapsulates strength based approaches to their practice.

• To enable participants to gain confidence in their practice utilising the principles and values that underpin personalisation and the Care Act 2014.

• To enable peer support through shared learning and shared aims and objectives leading to improved practice.

• To publish a Yorkshire and Humber ‘Practice Charter’ for health and social care practitioners.
Objectives

• Reinforcing recent legislation and policy that underpins required developments to practice.

• Peer to peer enquiry to ascertain changes to practice and process in last two years, highlighting successes and challenges.

• Peer presentations highlighting good practice and challenges in each council area following peer to peer enquiry session.

• Identifying challenges and opportunities for practitioners in shifting the culture; grasping the opportunities and mitigating the challenges.

• Case studies to highlight opportunities for individuals in different ways of working to promote health and well-being.

• Use of material from NHS, DH, ‘TLAP’, ADASS, LGA, Chief Social Worker for Adults, SCIE etc. to highlight and validate different approaches to practice to promote improved outcomes for individuals.

• *Develop a Yorkshire & Humber ‘Practice Charter’ in collaboration with participant practitioners, to set out what good looks like in terms of strength based practice.*
Desired outcomes

• Participants clearly understand the legislative and policy rationale behind the requirement to develop their practice.

• Participants recognise the value of strength and asset based approaches for the individuals they work with, for themselves and for the organisation in which they work.

• Participants have a comprehensive knowledge of their role in promoting health, well-being, self-determination and independence of the people they work with.

• Participants are able to make appreciative enquiry with each other that they can model in their day to day practice.

• Participants know how to access a range of tools to help them in their practice.

• Participants understand the improved outcomes and efficiencies that can be delivered through improved practice.

• Participants gain confidence in their practice and act as champions for change in their organisational settings.
ADASS Y&H Development Programme - Participating Organisations

- North Yorkshire County Council
- East Riding of Yorkshire Council
- North East Lincolnshire Council – Navigo, Care Plus & Focus
- City of York Council
- Kirklees Council
- City of Leeds Council
- Wakefield Metropolitan District Council
- Rotherham Metropolitan Borough Council
- Sheffield City Council
- Doncaster Council
- Mid – Yorkshire NHS Trust
- Locala Community Partnerships
- North Kirklees CCG
- Rotherham, Doncaster and South Yorkshire NHS Trust

55 health and social care professionals working with adults in a range of settings across 14 organisations in the Yorkshire and Humber region designed and approved the Practice Charter through the work they completed on the programme.
Presentation

PRINCIPAL SOCIAL WORKER NETWORK
Yorkshire and Humber
Development of the Yorkshire & Humber strengths-based social care charter

Yorkshire & Humber
Principal Social Worker Network
SESSION OUTLINE

The development of the Charter

Regional audit tool

The Charter

Table discussion
Regional audits

Themes taken from audits explored through the workshops

Experience of what good would look like in terms of strengths-based practice

Charter
Yorkshire and Humber ADASS group have a commitment to the Strengths Based approach to Social Care

Aspire for this approach to be adopted in ASC across all levels

Requirement for peer to peer workshops to take place

The Charter was a product developed from these workshops
Yorkshire and Humber ADASS asked the regional Principal Social Worker network to:

*Develop a Strengths Based audit tool to see how far the approach had been embedded in the region and support Strengths Based practice*
THE TOOL

Benchmarking of the principals:

- Wellbeing
- Keeping safe
- Proportionality
- Partnership
- Accountability
- Prevention
- Carer
- Support planning

Case file information check

Feedback and comments from the auditor

5 grades with clear descriptors and a rationale provided
THE APPROACH

The peer audits highlighted that not all LAs were using their assessment tools in a Strengths Based way or couldn’t, there was a lack of consistency.

Identified a need for the conversation record to be used as a tool for supporting a Strengths Based narrative to ‘see the whole person’ and that person’s meaningful relationships.
THE OUTPUTS

The PSW network created and used a regional audit assessment tool to see how far the strengths-based approach has gone, through the regional work this resulted in:

1. Themes for the regional workshops and consequently the development of:
   - The Charter
   - Top Tips for Practitioners and Managers
   - Key Messages from Practitioners to Managers

2. Peer auditing continuing between LAs

3. Audit tool used internally e.g. peer supervision and case audits
THE RESULTS

The philosophy of the Strengths Based approach is embedded further; training is just the start!

Staff are receiving more support through peer supervisions

There is a collective approach from the region

LAs are changing their respective assessments to be Strengths Based
The individual has a better outcome, enabling them to live their life as fully as possible

‘She feels that the social worker works in partnership with her and takes a very empowering approach to supporting her’

‘It’s great for someone to just have a conversation with me.’
DOWNLOAD YOUR COPY
Strengths based social care
A charter for Yorkshire and Humberside

Here we outline our commitment to strength based practice in adult social care. We work in a way that focuses on the strengths and capabilities of individuals by recognising the importance of:

Our practice culture - How we communicate - How we work -
Our valued partnerships - Our own well-being

We will develop our practice culture by:

- Ensuring an organisational, service, team and individual commitment to strength based working; holding practitioners and managers to account for the work they do.
- Implementing effective care navigation systems with a clear focus on prevention and early intervention.
- Helping people in need of our assistance to support themselves.
- Keeping our word and building trust with individuals and colleagues.
- Not imposing types of process and support on individuals that we would not value for ourselves or for the people we are close to.
- Always maintaining the ethics, principles and values of our professional bodies.
- Being positive in our approach to all that is in our control; promoting a culture of positivity in our teams.

We will communicate with individuals and their families by:

- Seeking first to understand rather than focussing on being understood.
- Listening in an attempt to understand rather than just listening to hear.
- Minding our language! We will not use professional jargon/acronym when in conversation with individuals, families and carers. This will also be reflected in our case file recording.
- Trying to get to know information about local care and support services that is available to individuals, families and practitioners and sharing the information with them.
Through our work we will:

- Remember that our starting point in any assessment is with what the person can do.
- Ensure that individuals have both time and space to express their aspirations and thoughts and that these are recorded.
- Ensure that when we are with individuals, we focus on them and what they have to say and not on a form or the process we need to complete.
- Talk to other professionals as appropriate, working towards common assessments by acknowledging their views.
- Be a strong advocate for advocacy to ensure the voices of all individuals are heard.
- Reflect on individuals’ own strengths when considering assessment outcomes.
- Challenge processes that act as barriers to strength based practice.

We will promote strong partnership working by:

- Encouraging a locally joined up vision for strength based practice.
- Developing positive approaches to partnerships and the work of colleagues from other organisations; ensuring this positivity flows through the teams, from managers to practitioners and back again.
- Recognising the diversity of professionals in the service and ensuring that we effectively communicate to all.
- Working with all colleagues to promote a consistent view about what good practice looks like.
- Sharing our skills and knowledge with colleagues and enabling them to share theirs with us; working as members of the wider health and social care team.

In looking after our own well-being, we will be ‘fit for practice’ by:

- Promoting a culture of reflective practice, coaching and active learning across teams and services.
- Ensuring feedback we give about individual practice is given constructively, honestly and face to face.
- Celebrating success in assessment, support planning and casework.
- Ensuring all members of teams have equal opportunities for support in developing their professional practice.
- Remembering to give ourselves time to develop and reflect on our practice.
- Looking after ourselves by improving and maintaining our resilience.
DISCUSSION

Three sections:
Where you are now?
Where you want to be in the future?
How can we adapt the Charter so that it is about the wider social care workforce?

Jot down key points and commitments

Group feedback after each section
DISCUSSION 1

Looking at charter, how are you doing? Give examples

Think about: What are you doing already?

An area that is good and an area to develop.

Are you promoting the charter to other services?
DISCUSSION 2

Where do you hope to be in a years time?

Think about: Where do you need to focus your effort?
            How will you know if you have improved?

How can we adapt the Charter so that it is about the wider social care workforce?

Think about: What changes are needed?
            How can you support this?
Thank you