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Using the outcomes approach

Find information and resources on how using the outcomes approach can be used in practice.

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Find information and resources on how using the outcomes approach can be used in practice.

How to use an outcomes focused approach in case recording

This resource looks at the principles and provides guidance to support personal outcomes-focused case recording based on research, consultation with practitioners, and evidence of what can work. The main focus is on case recording, by which we mean the day-to-day records of interactions between practitioners and people who use care and support, which inform and influence decision-making for and with people.

It also provides different examples of outcome-focused recording and reflective exercises. These will help people, teams and organisations make sure the recording is consistent and meaningful, which will help them build relationships and understanding with people who use care and support.

> Friend not foe
>
> PDF 935KB

Friend not foe videos

Videos to support people that use care and support, practitioners, managers and commissioners.

Make recording 'live' and joined up across the organisation

View transcript

00:00 --> 00:02

Friend not foe

00:02 --> 00:04

Supporting meaningful outcome-focussed recording

00:04 --> 00:09

in social care. Make recording ‘live’ and

joined up across organisations.

00:10 --> 00:14

This resource contains examples

of how recording from different

00:14 --> 00:18

settings can be used to support people

and teams’ reflection and discussions.

00:19 --> 00:25

The purpose of Friend not foe and this video is

to support meaningful outcome-focussed recording.

00:27 --> 00:31

This video covers principles which come

under two different themes – looking at

00:31 --> 00:37

making recording live and joined up, and

secondly, ensuring recording is inclusive.

00:37 --> 00:42

The first theme is to make recording

live and joined up across organisations.

00:43 --> 00:49

One principle is to make recording responsive to

a person’s journey – by capturing their story.

00:50 --> 00:56

In this example, Rhodri’s personal outcome is

to have the confidence to walk outdoors again

00:56 --> 01:01

and be able to spend time with pals after

being seriously injured in a car accident.

01:01 --> 01:07

His story is recorded over time and includes

some ups and downs as his circumstances change.

01:07 --> 01:09

After some initial progress,

01:09 --> 01:13

Rhodri has a setback with his health and

reports feeling down in the dumps again.

01:14 --> 01:20

His progress is restored after seeing

a trusted physiotherapist who supports

01:20 --> 01:22

him in feeling safe enough to step out the door.

01:24 --> 01:29

In Rhodri’s story, different people, including

Rhodri, have contributed to his outcome.

01:31--> 01:35

His journey included some setbacks,

which are a normal part of everyday life.

01:37 --> 01:41

And so we see here how Rhodri’s story and

his outcomes are captured along the way.

01:43 --> 01:48

Next, we want to join up personal

outcomes recording across organisations.

01:49 --> 01:54

This is about understanding what information

different agencies need from the record.

01:55 --> 01:59

A foster carer told us about a

referral form regarding a child

01:59 --> 02:03

who had been living in a children’s

residential home for 18 months.

02:04 --> 02:08

Not a foster carer in the country

would agree to take this boy due

02:08 --> 02:10

to the complexity of his behavioural issues.

02:10 --> 02:13

The referral read like a summary of what was best.

02:15 --> 02:19

The foster carer said they were ready to say

‘no’, until they saw one of his drawings.

02:20 --> 02:23

The picture spoke a thousand words,

02:23 --> 02:27

it showed he wanted to be part of a

family and they said ‘yes’ right away.

02:28 --> 02:33

Understanding what other agencies need to

be able to understand someone’s personal

02:33 --> 02:37

outcomes can make a real difference

to decision making and people’s lives.

02:39 --> 02:43

The second theme covered in this

video is making recording inclusive.

02:45 --> 02:50

Another principle is to make recording personal

for people with communication difficulties.

02:50 --> 02:54

This information was recorded by a

care home for a resident called Hugh,

02:54 --> 02:59

who has dementia, after Hugh's son

Michael shared information with them.

03:00 --> 03:05

The staff noticed that when they

played Radio 3 Hugh was more relaxed.

03:05 --> 03:10

Michael also told staff that his dad had

always been a shy man who was not a 'joiner'.

03:12 --> 03:16

However, when the staff started to

play Radio 3 in the residents' lounge,

03:16 --> 03:21

Hugh started getting up and moving to the

music, as if conducting the music himself.

03:21 --> 03:26

This then led to other residents

connecting with Hugh around the music,

03:26 --> 03:29

which was becoming a regular

feature in the care home.

03:31 --> 03:34

We also want to make recording

personal across the life course.

03:36 --> 03:39

The examples in this guidance are for children and adults.

03:39 --> 03:41

It is important to recognise that a

03:41 --> 03:45

personal outcomes approach is for

everyone – from cradle to grave.

03:46 --> 03:50

This can sometimes be forgotten

towards the end of life – when

03:50 --> 03:52

there are still opportunities

for outcome-focussed practice.

03:54 --> 03:58

There is a separate video which includes

a story of outcomes at the end of life.

Make recording personal and accessible

View transcript

00:00 --> 00:02

Friend not foe.

00:02 --> 00:06

Supporting meaningful outcome-focussed recording

in social care.

00:06 --> 00:09

Make recording personal and accessible.

00:09 --> 00:14

This resource uses examples of how recording

from different settings can be used to support

00:14 --> 00:19

people and teams’ reflection and discussions.

00:19 --> 00:23

The purpose of Friend not Foe and this video

is to support meaningful outcome-focussed

00:23 --> 00:25

recording.

00:25 --> 00:30

This video covers the principles of Friend

not foe which relate to making your recording

00:30 --> 00:34

personal and accessible.

00:34 --> 00:41

Friend not foe is about recording personal,

not standardised or organisational, outcomes.

00:41 --> 00:45

We want to capture what really matters to

the person using their own language where

00:45 --> 00:46

possible.

00:46 --> 00:50

Let’s take an actual example from a support

plan.

00:50 --> 00:55

The written statement, “Archie needs to

comply with his care plan”, is unlikely

00:55 --> 01:00

to reflect what matters most to the individual.

01:00 --> 01:04

This seems more likely to reflect a professional

or organisational goal.

01:04 --> 01:08

A more likely and personal outcome might read

like this:

01:08 --> 01:13

Archie really wants to stay in the children’s

home because he trusts the staff and likes

01:13 --> 01:19

the other children, who are all younger than

him. He understands that he is going to have

01:19 --> 01:24

to stop drinking which will assist him to

manage his anger issues, as stated in his

01:24 --> 01:27

care plan.

01:27 --> 01:32

This ties in with the principle that recording

should be personal, rather than everyone’s

01:32 --> 01:34

outcomes being the same.

01:34 --> 01:38

You can find more examples in the written

resource.

01:38 --> 01:42

Another principle of Friend not foe is to

recognise and record the different types of

01:42 --> 01:45

outcomes that matter to people.

01:45 --> 01:50

Outcomes are not always about changing or

improving everything.

01:50 --> 01:55

Outcomes can also include maintaining quality

of life or process outcomes, which are about

01:55 --> 01:58

how people are supported.

You may consider an outcome which is about

maintaining quality of life.

02:03 --> 02:07

Or we can think about a process outcome, like

the following example.

02:07 --> 02:12

“My support worker makes me feel good about

myself, like I can do stuff.”

02:12 --> 02:17

These short examples can tell us a lot about

what really matters and how people want to

02:17 --> 02:19

be supported.

02:19 --> 02:24

On the same theme of making recording personal

and accessible, another principle is to emphasise

02:24 --> 02:28

people’s strengths, whilst identifying priority

risks.

02:28 --> 02:33

Here we can see a part of a bigger family

focus plan from Friend not foe.

02:33 --> 02:37

The plan includes both risks and strengths.

00:02:37,220 --> 00:02:42

An example of a risk from the plan is, “In

the school, Aled is usually really good. But

02:42 --> 02:47

when he loses his temper, his behaviour can

result in the school phoning his mum and asking

02:47 --> 02:50

her to collect him.”

02:50 --> 02:56

An example of a strength is, “Aled is a

brilliant reader and has read some great books.

02:56 --> 02:59

He wants to keep reading good books.”

02:59 --> 03:04

Having Aled’s strengths recorded helps us

recognise what he is capable of and how he

03:04 --> 03:08

can best be supported.

03:08 --> 03:12

Continuing the theme of keeping recording

personal and accessible, we also want to make

03:12 --> 03:16

recording clear and concise.

03:16 --> 03:22

Sometimes fewer words can say more, especially

when they are written by the person themselves.

03:22 --> 03:28

Over-recording can be driven by anxiety about

records being scrutinised for legal or compliance

03:28 --> 03:30

purposes.

03:30 --> 03:33

This means that important information gets

lost.

03:33 --> 03:39

It can be very useful to work with your team

to support each other to be concise with recording.

Recording stories one: Fran's story

View transcript

00:00 --> 00:05

Friend not foe Recording stories one

Supporting meaningful outcome-focussed recording

00:05 --> 00:10

in social care

Recording stories one Fran’s Story

00:10 --> 00:15

It was gold, it really was

This is one of two personal story videos in

00:15 --> 00:19

our series to support the written resource,

Friend not foe.

00:19 --> 00:24

The resource was produced to support meaningful

outcome-focussed recording.

00:24 --> 00:28

This is Fran’s story, titled “It was gold,

it really was.”

00:28 --> 00:35

Fran’s story supports the principle of outcome-focussed

recording from cradle to grave.

00:35 --> 00:41

Fran tells us about accessing his records

as an adult from his adoption as an infant.

00:41 --> 00:47

Fran never met his birth parents.

He lived in a Barnardo’s children’s home

00:47 --> 00:53

for the first few years of his life.

He still has difficult memories of that time.

00:53 --> 00:58

Fran ended up being fostered by a couple who

then adopted him at the age of sixteen.

00:58 --> 01:02

He didn’t look for his birth parents as

he didn’t want to upset his new family.

01:02 --> 01:09

Later, Fran left home, got married and had

children of his own.

01:09 --> 01:13

When he was in his thirties, he decided to

look up his birth records.

01:13 --> 01:18

So he made an appointment with Barnardo’s

to go and read his file.

01:18 --> 01:22

Fran told us that reading his file was an

amazing experience.

01:22 --> 01:28

Three things stood out for Fran. Firstly,

he found out that his mum knew everything

01:28 --> 01:33

that had happened to him as it had been recorded

by the social worker right through. Lots of

01:33 --> 01:36

things had happened to him.

He’d been in trouble with the police and

01:36 --> 01:41

at one point had been stabbed.

It meant a lot to Fran that his mum knew about

01:41 --> 01:45

his life.

Fran describes himself as quite a respectable

01:45 --> 01:50

artist.

He does painting with Formula One teams.

01:50 --> 01:54

The second thing that stood out for Fran from

his record was that his mum was a brilliant

01:54 --> 01:57

artist.

He was very excited by that discovery because

01:57 --> 02:02

of the connection he felt to his mum.

The third thing that stood out for Fran was

02:02 --> 02:06

that for the first time in his life, he saw

a picture of himself as a baby.

02:06 --> 02:11

It reminded him of his son as a baby, with

a Mohican haircut.

02:11 --> 02:15

Fran was grateful to the social worker who

took the time to record that information.

02:15 --> 02:20

It filled a gap for him and he told us, “It

was gold, it really was.”

Recording stories two: Helen and the heron

View transcript

0:00 --> 0:06

Friend not foe Recording stories two

Supporting meaningful outcome-focussed recording

0:06 --> 0:10

in social care

Recording stories two Helen and the Heron

0:10 --> 0:16

Recording outcomes at the end of life

This is the second of two personal story videos

0:16 --> 0:20

in a series to support the written resource

Friend not foe.

0:20 --> 0:25

The resource was produced to support meaningful

outcome-focussed recording.

0:25 --> 0:30

This is Helen’s story, titled “Helen and

the Heron”.

0:30 --> 0:34

Like Fran’s story in our other video, Helen’s

story supports the principle of outcome-focussed

0:34 --> 0:40

recording from cradle to grave.

While Fran’s story is about accessing his

0:40 --> 0:47

records from birth, Helen’s story is about

recording outcomes at the end of life.

0:47 --> 0:52

The Hospice Movement teaches us about what

matters at the end of life, as summed up by

0:52 --> 0:58

Cecily Saunders, the founder of the movement:

“You matter because you are you, and you

0:58 --> 1:06

matter to the end of your life. We will do

all we can not only to help you die peacefully,

1:06 --> 1:12

but also to live until you die.”

Hope can still be a part of the end of life

1:12 --> 1:17

and people often want to keep doing things

for themselves and set goals to maintain their

1:17 --> 1:21

quality of life.

Listening to and recording what people want

1:21 --> 1:26

to achieve and what will make life meaningful

is as important as ever.

1:26 --> 1:31

Helen, who is in her seventies, has had cancer

for three years.

1:31 --> 1:37

She knew it was incurable at the time of diagnosis,

and her main outcome has been to remain living

1:37 --> 1:42

at home as long as possible and to have her

husband and daughter around.

1:42 --> 1:47

This is what was recorded about Helen’s

wishes, which has been agreed with her family

1:47 --> 1:51

and which the professionals who are supporting

her understand as important too.

1:51 --> 1:57

“Despite her advancing cancer, Helen wants

to continue to walk to the river every day

1:57 --> 2:03

with her partner and her daughter Rhian, as

long as this is possible. She always looks

2:03 --> 2:08

out for the heron which she sees as a good

omen for her family.”

2:08 --> 2:13

The background to what is recorded is that

Helen is finding walking more tiring due

2:13 --> 2:18

to her cancer and she knows that walking will

not be possible for much longer.

2:18 --> 2:23

She has found meaning in these walks and her

family plans to take her to the river in the

2:23 --> 2:29

car when walking is no longer an option.

They have also found a photograph of the heron

2:29 --> 2:35

for when Helen can’t get to the river.

This helps the family support Helen and accept

2:35 --> 2:38

her condition.

We might think about outcomes for the family

2:38 --> 2:42

members who are caring for Helen at the end

of her life.

2:42 --> 2:47

We know that Helen’s daughter wanted to

spend time being close to her mum until the

2:47 --> 2:52

end of her life and that finding shared meaning

and hope through watching the heron was comforting

2:52 --> 2:59

to her as well as to her mum.

Having a shared record helps everyone involved

2:59 --> 3:02

to understand priorities at every stage of

life.

3:02 --> 3:06

It doesn’t need to be lengthy to tell us

a lot about what matters.

How to run a good supervision using strengths-based practice

How to run a good supervision using strengths-based practice: introduction

View transcript

00:00:00:15 - 00:00:01:20

Hi Rhoda.

00:00:01:20 - 00:00:03:22

Hi Jay.

00:00:03:24 - 00:00:06:24

We just wanted to talk today

about reflective supervision

00:00:07:03 - 00:00:11:04

and the importance of embedding it

in our everyday practice.

00:00:11:06 - 00:00:12:00

It’s so important,

00:00:12:00 - 00:00:16:00

and it's the cornerstone

of creating a culture where we have

00:00:16:00 - 00:00:19:24

time to think, and we have time to talk

and reflect on our insights,

00:00:19:24 - 00:00:23:20

and what we've discovered

in terms of the work that we're doing,

00:00:23:22 - 00:00:28:24

and that we have those protected times

where we can talk to one another.

00:00:29:01 - 00:00:30:13

Yeah, it's really useful.

00:00:30:13 - 00:00:32:18

So what's this resource

that we're making today?

00:00:32:18 - 00:00:36:11

Today we're looking at reflective

one to one supervision.

00:00:36:13 - 00:00:40:11

So we're thinking about how we get to

the heart of the matter in a conversation

00:00:40:11 - 00:00:43:18

between practitioner and supervisor,

00:00:43:20 - 00:00:47:11

enabling the practitioner to think

00:00:47:11 - 00:00:51:03

and talk in a gentler, more open way.

00:00:51:05 - 00:00:54:14

Creating a space

for those really important conversations.

00:00:54:16 - 00:00:55:10

Very important.

00:00:55:10 - 00:00:59:20

And we have a formula for thinking

about the heart of the matter.

00:00:59:22 - 00:01:04:03

So we're not gathering lots

of information, we're gathering insights.

00:01:04:03 - 00:01:08:06

And as we're doing that,

we create clarity in next

00:01:08:06 - 00:01:11:12

steps, actions, ideas.

00:01:11:12 - 00:01:14:13

What are you best hopes that

people will take away from this resource?

00:01:14:13 - 00:01:17:11

It is something that people have asked about.

00:01:17:11 - 00:01:21:09

Supervision policies get written

all the time, so it's about trying to just

00:01:21:09 - 00:01:26:23

get to the spirit of the conversation,

the heart of the conversation, and

00:01:27:00 - 00:01:30:09

lots of people have said it'd be nice

to have something to watch.

00:01:30:09 - 00:01:33:16

So we're going to do some demonstrations

of supervision sessions

> 00:01:33:16 - 00:01:37:07
>
> that people can take away and use
>
> when they like.
>
> 00:01:37:09 - 00:01:37:24
>
> Exactly.
>
> 00:01:37:24 - 00:01:41:23
>
> And we're demonstrating
>
> the spirit of it,
>
> 00:01:42:00 - 00:01:45:24
>
> rather than instructing people on
>
> how to do it.
>
> 00:01:46:01 - 00:01:46:17
>
> Yeah.
>
> 00:01:46:17 - 00:01:47:19
>
> Thank you.

Jay and Rhoda discuss how strengths-based practice can be useful in supervisions.

How to run a good supervision using strengths-based practice: children's social care

View transcript

00:00:00:09 - 00:00:01:03

Hi, Rhoda.

00:00:01:03 - 00:00:02:18

Hi, Jay. How are things?

00:00:02:18 - 00:00:03:15

Yeah, good. Thank you.

00:00:03:15 - 00:00:07:21

Busy week, but looking forward

to having a conversation now.

00:00:07:23 - 00:00:09:11

So we're going to have about 10 minutes

00:00:09:11 - 00:00:13:07

to talk a little more in depth

about just one case.

00:00:13:08 - 00:00:17:16

And I know it's a case

of being extremely hard on,

00:00:17:17 - 00:00:20:23

but a chance to really reflect on

00:00:21:01 - 00:00:23:23

everything you've learned, your insights

and where the family are now.

00:00:23:23 - 00:00:24:09

Yeah.

00:00:24:09 - 00:00:28:00

So do you want to start by

just saying if there's a sense

00:00:28:00 - 00:00:31:19

of an outcome for this family

and describe the family to me?

00:00:31:21 - 00:00:33:11

Yeah.

00:00:34:02 - 00:00:38:07

Gosh, it's one

that's really progressed

00:00:38:09 - 00:00:40:22

very well and very,

00:00:40:22 - 00:00:41:13

not very quickly,

00:00:41:13 - 00:00:45:09

but, you know, they’ve gone

in the right direction. So the referral

00:00:45:09 - 00:00:51:03

originally came in because of concerns

about Mom's alcohol use,

00:00:51:05 - 00:00:57:01

and when she was drinking, drinking

just to oblivion really, and self-harming,

00:00:57:03 - 00:01:00:08

and she lives alone with her son

00:01:00:08 - 00:01:04:09

who's eight years old,

and just real concerns

00:01:04:09 - 00:01:11:06

that he’s seeing his mum in these states

of distress, seeing her self-harming and

00:01:11:08 - 00:01:15:20

just desperately sad,

00:01:15:20 - 00:01:20:14

just to see them in this

in this situation.

00:01:21:07 - 00:01:23:03

So the referral came in

00:01:23:03 - 00:01:26:03

when we were at that stage.

00:01:26:09 - 00:01:29:09

I think Mum was really saying

00:01:29:09 - 00:01:32:13

she wanted help, but didn’t know how to ask for it.

00:01:32:15 - 00:01:36:10

Feeling quite isolated as a single mother

and didn't really feel at the time

00:01:36:10 - 00:01:40:03

that she could ask

for help from her own mum because

00:01:40:05 - 00:01:43:03

there have been a few incidents

over the years where

00:01:43:03 - 00:01:46:07

children's services have had to step in

00:01:46:09 - 00:01:49:06

and where she's ended up

caring for him for a short,

00:01:49:06 - 00:01:54:13

the grandmother now, has ended up

caring for him for periods of time.

00:01:55:18 - 00:02:00:19

Gran has resented that a little thinking

that these unplanned things,

00:02:00:20 - 00:02:03:11

I think she's scared, really,

that she's going to have to do it

00:02:03:11 - 00:02:04:08

for the long term.

00:02:04:08 - 00:02:08:08

So it it's just create some tensions

between mother and daughter

00:02:08:08 - 00:02:09:09

in that situation.

00:02:09:09 - 00:02:12:13

So she's being a safety net,

but it's made her feel quite cross

00:02:12:13 - 00:02:14:00

with her daughter about that.

00:02:14:00 - 00:02:15:01

Yeah.

00:02:15:01 - 00:02:20:17

So, and then resentful towards each other

which has been difficult for them all.

00:02:20:19 - 00:02:22:20

But, I mean what we have seen

00:02:22:20 - 00:02:26:12

is that she's stepped in and that there's

a lot of love there. She wants her to do well,

00:02:26:12 - 00:02:30:11

and it's almost like we need you

to stand on your own two feet now.

00:02:30:13 - 00:02:34:05

So you've noticed the love in the family,

love between mum and daughter,

00:02:34:05 - 00:02:39:06

but a difficult situation has arisen over

00:02:39:06 - 00:02:42:05

Gran being the protector kind of thing.

00:02:42:07 - 00:02:45:15

And it's difficult for them

to see sometimes, in that relationship,

00:02:45:17 - 00:02:50:05

that love is there. Sometimes comes across as

00:02:50:07 - 00:02:52:00

anger and frustration, I think.

00:02:52:00 - 00:02:55:11

So how would you describe

the strengths in the family?

00:02:55:13 - 00:02:58:07

Well, Mum's engaged really well,

00:02:58:07 - 00:03:02:17

so she wants a different type

of relationship

00:03:02:19 - 00:03:10:00

with her own family, with her son

and with herself, I think.

00:03:10:06 - 00:03:12:14

She's got two older children

who don't live with her.

00:03:12:14 - 00:03:15:14

One's in university

and one is older again,

00:03:15:14 - 00:03:19:04

and he works away now.

00:03:19:12 - 00:03:22:11

So, she's done some really good stuff.

00:03:22:11 - 00:03:25:13

Successfully raised two children.

00:03:25:13 - 00:03:27:11

who are doing well.

00:03:28:06 - 00:03:32:02

She doesn’t see as much of them as

she'd like to do, but she's got an idea now

00:03:32:02 - 00:03:36:00

that she would like to be a bit closer

to both of them as well.

00:03:36:02 - 00:03:38:16

So she knows how to parent.

00:03:38:16 - 00:03:41:12

She's she's brought those children up well.

00:03:41:12 - 00:03:45:01

She was working in a local shop,

00:03:45:03 - 00:03:46:00

and she was doing that,

00:03:46:00 - 00:03:49:22

she was working

three evenings a week.

00:03:50:06 - 00:03:54:20

But that stopped then when her drinking

became really problematic and then

00:03:54:22 - 00:03:58:00

she wasn't able to work for a while.

00:03:58:00 - 00:03:59:21

She’s gone back to that now,

which is good.

00:03:59:21 - 00:04:04:09

Her employers have allowed her to go back.

00:04:04:11 - 00:04:08:01

What was she saying about where the

alcohol fitted in for her?

00:04:10:05 - 00:04:11:17

I think the main thing for her

00:04:11:17 - 00:04:15:13

was that she felt lonely.

00:04:15:15 - 00:04:18:21

Although she enjoys being a mum, I think

00:04:18:21 - 00:04:23:00

she was feeling that she didn't

have the space and the freedom to go out and,

00:04:23:13 - 00:04:25:16

you know, as a single mother now,

00:04:25:16 - 00:04:28:20

I think she wanted to go out

and meet people and to have friends,

00:04:29:02 - 00:04:32:13

and I think that she felt herself

being quite isolated.

00:04:32:15 - 00:04:35:18

And so when she felt isolated,

she turned to drinking

00:04:35:18 - 00:04:38:18

more than she should do in her own words.

00:04:38:20 - 00:04:41:21

So she’s described that she

has insight into the fact

00:04:41:21 - 00:04:45:04

that she was feeling trapped.

00:04:45:06 - 00:04:48:12

Desperately sad and worried.

00:04:48:12 - 00:04:50:03

There’s shame in there for her

00:04:50:03 - 00:04:53:13

because her mum had to constantly rescue her little boy.

00:04:53:15 - 00:04:56:10

So all of that,

the alcohol was helping with.

00:04:56:10 - 00:05:02:03

It sounds like she's come through some of

that into thinking there is another way.

00:05:02:05 - 00:05:03:06

Yeah, definitely.

00:05:03:06 - 00:05:06:16

I think...

00:05:06:16 - 00:05:11:20

I don’t know if wake up calls always work,

I don't know how that goes, but for her

00:05:11:22 - 00:05:16:21

it did feel like that.

So there was an incident where she,

00:05:16:23 - 00:05:22:03

we did a safety plan

quite early into the work and

00:05:22:03 - 00:05:26:21

she phoned me when she was drunk.

00:05:26:23 - 00:05:29:11

That was the point at which those things,

00:05:29:11 - 00:05:33:21

from what the family told me, deteriorated

quite rapidly in that situation.

00:05:33:23 - 00:05:36:23

But we were able

to work with Gran for him to go,

00:05:36:23 - 00:05:40:15

for the son to go

and stay with Gran for a few nights

00:05:40:17 - 00:05:45:15

while we reassessed the situation.

00:05:45:17 - 00:05:47:08

It was a real opportunity then

00:05:47:08 - 00:05:50:08

for us to spend some time together

00:05:50:10 - 00:05:52:23

considering is this

is this really the future that she wants?

00:05:52:23 - 00:05:56:08

How would she like it to be different?

00:05:56:09 - 00:05:59:07

So you had some real deep and

00:05:59:07 - 00:06:01:00

meaningful conversations at that time,

00:06:01:00 - 00:06:03:03

even when there was just the two of you

having that.

00:06:03:03 - 00:06:04:09

Yeah.

00:06:04:09 - 00:06:07:09

It created a space

that I don't think we would have had

00:06:07:09 - 00:06:10:18

because to be honest with you,

those first few times I went to see her,

00:06:10:20 - 00:06:15:00

I was a bit taken aback

because the house was immaculate.

00:06:15:02 - 00:06:18:11

So I was thinking there's a disconnect

here between how

00:06:18:13 - 00:06:22:10

the original referral came in saying

she's heavily drinking.

00:06:22:11 - 00:06:24:07

There didn't seem any sign of that.

00:06:24:07 - 00:06:26:01

And how was she with her boy?

00:06:26:01 - 00:06:28:22

What did you notice about them?

00:06:28:22 - 00:06:29:16

Just lovely.

00:06:29:16 - 00:06:33:08

I mean, I think...

00:06:33:10 - 00:06:35:09

there was obviously an element of her

00:06:35:09 - 00:06:39:18

trying to protect him

from overhearing the conversations.

00:06:39:20 - 00:06:42:20

So there were times when

00:06:42:21 - 00:06:44:09

she would want him

00:06:44:09 - 00:06:47:12

to go and spend some time in his room

on his computer to give us a conversation.

00:06:47:12 - 00:06:51:11

But when he came down,

she got lots of books.

00:06:51:13 - 00:06:52:17

She likes to read with him.

00:06:52:17 - 00:06:57:14

She even volunteers at the school to help

00:06:57:14 - 00:06:58:22

with one of the afterschool clubs.

00:06:59:02 - 00:07:03:20

So she's, you know, she's invested

and she's an active, engaged parent...

00:07:03:20 - 00:07:07:12

who needs some space and has found it

through drinking in the past.

00:07:07:14 - 00:07:08:18

Yeah.

00:07:08:18 - 00:07:11:23

So thinking about all of those strengths,

00:07:12:00 - 00:07:15:12

what should

the family say is the priority risk?

00:07:15:12 - 00:07:19:12

What are they trying to avoid happening?

Including the little boy.

00:07:19:12 - 00:07:22:19

What are they trying to avoid?

00:07:22:21 - 00:07:26:18

Trying to avoid Mum's

00:07:26:20 - 00:07:28:14

mental health deteriorating,

00:07:28:14 - 00:07:32:14

or her sense of self deterioration

to a point where she drinks to oblivion.

00:07:32:16 - 00:07:34:18

And so

00:07:34:18 - 00:07:37:08

they're just very certain that they,

00:07:37:08 - 00:07:40:13

they don't want to see that.

She’s certain that she just want to see that.

00:07:40:15 - 00:07:45:07

But she's also certain equally that she wants

to be able to have a life as well.

00:07:45:09 - 00:07:49:03

And I think this has been

where that tension has existed.

00:07:49:05 - 00:07:52:02

Can she...

00:07:52:02 - 00:07:54:00

can she give herself permission?

00:07:54:00 - 00:07:57:15

Can the family give her permission

to be able to say for a night out,

00:07:57:16 - 00:08:00:16

can she have a night out where he goes

and stays with his Gran?

00:08:00:18 - 00:08:04:01

And then she can go out with friends, or date,

00:08:04:01 - 00:08:09:01

or whatever it is she wants to do, knowing

that she can go, knowing that he's safe

00:08:09:04 - 00:08:14:02

and then come the next day and continue

with her parenting as she she wants to do.

00:08:14:04 - 00:08:17:10

And I think that's been

the biggest shift, has been working towards

00:08:17:10 - 00:08:22:00

that conversation for each other

to give each other permission to do that.

00:08:22:06 - 00:08:25:18

Sounds like what you were focusing on

was empathy in the family,

00:08:25:20 - 00:08:29:05

to understand all of those things

from the same perspective.

00:08:29:05 - 00:08:34:16

Does that feel like that's calmed the situation

down and allowed them to plan together?

00:08:34:18 - 00:08:35:22

I think so.

00:08:35:22 - 00:08:39:00

I think we spent quite a bit of time

00:08:39:02 - 00:08:39:20

doing some of the card

00:08:39:20 - 00:08:44:05

exercises and as a family

just trying to come together.

00:08:44:05 - 00:08:47:16

Grandad was obviously involved

in those conversations as well.

00:08:47:17 - 00:08:52:09

But he's a bit...

he's the designated driver

00:08:52:11 - 00:08:55:12

and will do the practical things,

which is absolutely fantastic.

00:08:55:12 - 00:08:59:17

That really helps.

And then the emotions in there,

00:08:59:19 - 00:09:03:19

very much coming from mother and daughter...

00:09:04:11 - 00:09:07:19

mother and the grandmother for the boy.

00:09:07:21 - 00:09:11:20

Coming together and just finding a way through that.

00:09:11:20 - 00:09:14:19

But those conversations

and hearing each other

00:09:14:19 - 00:09:19:04

appreciating each other's frustration,

I think has been a real big one.

00:09:19:04 - 00:09:21:11

And, you know,

you can feel the work in that

00:09:21:11 - 00:09:24:18

that you've done bringing that family

together who potentially

00:09:24:20 - 00:09:28:14

there were lots of adversarial feelings.

But you brought them together,

00:09:28:14 - 00:09:33:08

you've helped them think about their shared outcome and how they're going to manage

00:09:33:10 - 00:09:34:13

the situation going forward

00:09:34:13 - 00:09:39:19

to allow predictability and love

for that little boy to be the main focus.

00:09:39:19 - 00:09:41:12

Yeah, I think so.

00:09:41:12 - 00:09:44:13

And I think the thing

that helped, surprisingly,

00:09:44:13 - 00:09:47:20

was the lapse of the drinking that she had.

00:09:47:20 - 00:09:49:10

That was a trigger for everything.

00:09:49:10 - 00:09:53:02

Because everyone had a predestined idea,

00:09:53:02 - 00:09:57:06

or predetermined idea,

of where that would go, which be

00:09:57:08 - 00:10:02:07

a longer separation

and longer time of responsibility.

00:10:02:08 - 00:10:04:10

And it didn’t shift.

00:10:04:10 - 00:10:07:03

That was a major shift.

You’ve come a long way with them all.

00:10:07:03 - 00:10:10:19

What still needs to happen

do you think? They've come a long way.

00:10:10:21 - 00:10:12:17

They've come a long way.

00:10:12:17 - 00:10:15:13

I think it's confidence now

moving forward.

00:10:15:13 - 00:10:18:06

Confidence that she can maintain her job,

00:10:18:06 - 00:10:19:16

confidence that...

00:10:19:16 - 00:10:21:08

confidence that she can ask for help when she needs.

00:10:21:08 - 00:10:23:17

I think that's the biggest thing.

00:10:23:19 - 00:10:25:09

Not just

00:10:25:09 - 00:10:27:14

after having a drink, but before.

00:10:27:14 - 00:10:32:11

Recognising when there are times

when just negotiating with the family

00:10:32:13 - 00:10:37:02

what safe enough feels like and

looks like to everybody, not just to mum.

00:10:37:04 - 00:10:42:08

That shows such courage for her,

but also for her mum

00:10:42:10 - 00:10:47:04

because she's got to engage

in that conversation and try and keep

00:10:47:04 - 00:10:51:19

her heart open to it and see it as part of

keeping things stable for the little boy.

00:10:51:20 - 00:10:52:21

Yeah, definitely.

00:10:52:21 - 00:10:56:16

It's been

a really difficult journey for her because

00:10:56:18 - 00:10:58:00

that's her baby, isn't it?

00:10:58:00 - 00:11:02:10

And, you know, so she's worried

about her daughter for a long time.

00:11:02:12 - 00:11:03:18

She's wanted her to do alright.

00:11:03:18 - 00:11:06:00

And so immediately if something happens

00:11:06:00 - 00:11:10:00

she'll go into a panic mode

of some description.

00:11:10:00 - 00:11:18:18

So to begin to breathe and trust.

00:11:18:18 - 00:11:22:13

We’re not there yet. It's not 100 per cent,

it’s nowhere near.

00:11:22:13 - 00:11:25:02

Yeah, but that's the phase, it's

where we're building that confidence.

00:11:25:02 - 00:11:30:03

And how would you describe when you are

at the point that they've achieved that?

00:11:30:07 - 00:11:34:02

What would that look like?

What would they all be doing and feeling?

00:11:34:04 - 00:11:37:03

I think that it will come to a point where it

00:11:37:03 - 00:11:40:15

so naturally flows in communication

between them.

00:11:40:16 - 00:11:42:07

I think at the moment there's

00:11:42:07 - 00:11:45:06

still a bit of clunkiness

in those conversations.

00:11:45:09 - 00:11:46:11

“Is it okay?”

00:11:46:11 - 00:11:48:09

You know, I think

00:11:48:09 - 00:11:49:20

checking in with each other.

00:11:49:20 - 00:11:53:18

So I think when we get to that place

00:11:53:19 - 00:11:57:19

where we all feel confident, I think

00:11:57:21 - 00:12:00:05

they would just more naturally go

00:12:00:05 - 00:12:04:06

in and out of each other's houses,

in more in a more natural way.

00:12:04:06 - 00:12:07:09

What would you see in that little boy

when you get to that outcome?

00:12:07:09 - 00:12:13:08

What would he look like and

how would he be behaving and feeling?

00:12:13:11 - 00:12:17:07

I think he's just not going to

00:12:17:07 - 00:12:19:08

feel like he needs to keep secrets.

00:12:19:08 - 00:12:22:16

I think there's a potential there

where he's

00:12:22:16 - 00:12:26:07

probably felt loyalty to his mum

and wants her to be okay.

00:12:26:07 - 00:12:30:03

So, I think it's that confidence

that he can say to Gran whatever he wants,

00:12:30:03 - 00:12:33:21

and he can say to Mum whatever he wants,

and we just see in that

00:12:33:23 - 00:12:38:11

watchfulness that we've seen in him disappear

00:12:38:11 - 00:12:40:12

so that he can just

00:12:40:13 - 00:12:42:23

crack on with being a child again,

00:12:42:23 - 00:12:44:14

being an eight year old, yeah.

00:12:44:14 - 00:12:45:12

That's lovely.

00:12:45:12 - 00:12:48:03

Thank you, Jay, for bringing that

00:12:48:03 - 00:12:50:10

case and bringing that family to life.

00:12:50:10 - 00:12:53:09

There's work to be done, but it's in...

00:12:53:09 - 00:12:54:13

it's in a really good place.

00:12:54:13 - 00:12:57:20

You know so much about the family

you've worked through as they have some

00:12:57:20 - 00:12:59:08

really tricky moments.

00:12:59:08 - 00:13:01:00

Thank you, Rhoda.

Rhoda and Jay act out a scenario between a manager and a practitioner in a child protection setting. Rhoda uses a strengths-based approach to reflect on the work, and to build confidence that the plan is achieving what matters and keeping the child safe.

How to run a good supervision using strengths-based practice: adult social care

View transcript

00:00:00:21 - 00:00:01:13

Hi Rhoda.

00:00:01:13 - 00:00:02:18

Hi Jay, how are you doing?

00:00:02:18 - 00:00:03:22

Yeah, I'm good, thank you.

00:00:03:22 - 00:00:09:15

So we've got a chance now to have 10 minutes

or so thinking about your specific case,

00:00:09:15 - 00:00:13:21

and thinking about it

through the heart of the matter.

00:00:13:23 - 00:00:16:18

what you've discovered

and what you're hoping for.

00:00:16:18 - 00:00:17:20

Yeah.

00:00:17:20 - 00:00:18:03

Yeah.

00:00:18:03 - 00:00:21:13

I'm looking forward to speaking with you

about Mrs Davies,

00:00:21:13 - 00:00:25:22

and her family, and her desire right now to go home.

00:00:25:23 - 00:00:27:07

She's in hospital.

00:00:27:07 - 00:00:28:06

Right, okay.

00:00:28:06 - 00:00:31:21

Is there a sense of an outcome that

you have with her and her family?

00:00:31:23 - 00:00:33:16

Yeah. So...

00:00:33:18 - 00:00:35:13

she came into hospital

00:00:35:13 - 00:00:40:05

about six weeks ago

having had a stroke.

00:00:40:07 - 00:00:45:00

She's a kind of carer

for her husband, Mr Davies,

00:00:45:00 - 00:00:47:01

and he's registered blind.

00:00:47:01 - 00:00:49:16

He can see partially so he can move around

and things like that.

00:00:49:16 - 00:00:51:18

But she had a stroke

00:00:51:18 - 00:00:55:02

and she's been in hospital,

as I said, for about six weeks.

00:00:55:02 - 00:00:58:02

She's now medically fit to be discharged.

00:00:58:02 - 00:01:02:13

But there's an issue now around

how do we help her achieve

00:01:02:14 - 00:01:05:00

the desire to go home?

00:01:05:00 - 00:01:05:12

Right.

00:01:05:12 - 00:01:07:16

And she's looking to go home?

00:01:07:16 - 00:01:12:01

She looking to go home

as soon as possible now.

00:01:12:01 - 00:01:14:22

She has a close family around her.

00:01:14:22 - 00:01:16:21

And they're all chipping in.

00:01:16:21 - 00:01:19:06

So she has three sons who live...

00:01:19:06 - 00:01:23:01

one lives very close by

and he pops in all the time,

00:01:23:01 - 00:01:26:13

and she’s got another one

who visits once a week.

00:01:26:14 - 00:01:28:19

But together as a family, they've been

00:01:28:19 - 00:01:32:09

they've been contemplating this

part of their life for a long time.

00:01:32:09 - 00:01:36:06

So she's just turned 80

00:01:36:06 - 00:01:38:14

and they've just made

a lot of changes to the family home,

00:01:38:15 - 00:01:42:23

the structure of the home

in order to be able to

00:01:43:01 - 00:01:45:01

adjust, make adjustments so that

00:01:45:01 - 00:01:49:09

she can live there as her age and

as her physical health deteriorates.

00:01:49:14 - 00:01:52:23

This has just come slightly quicker than

they were expecting through the stroke.

00:01:53:04 - 00:01:57:02

It sounds like they all have

a shared ambition that she stay at home

00:01:57:04 - 00:01:59:13

with her husband as long as she can.

00:01:59:13 - 00:02:04:01

Yes, fiercely independent

and very focussed on her family

00:02:04:01 - 00:02:08:15

and wants to spend time with them and

wants to be back home with her husband.

00:02:09:12 - 00:02:12:08

So... you know they,

they're coming back and forth.

00:02:12:08 - 00:02:16:02

We've had some good conversations

with the family,

00:02:16:04 - 00:02:18:05

and her desire is to be home.

00:02:18:05 - 00:02:22:13

Her husband, Mr Davies, he really wants

her to be back home.

00:02:22:13 - 00:02:25:07

He's been looking after himself,

00:02:25:07 - 00:02:28:00

and he's managed.

00:02:28:00 - 00:02:30:18

But as I say, he's partially sighted,

he's been doing the cooking

00:02:30:18 - 00:02:34:11

and he's doing things, but I think she

wants to be back home and to supervise.

00:02:34:13 - 00:02:35:12

She's in charge.

00:02:35:12 - 00:02:37:11

She’s in charge. Yeah, definately.

00:02:37:11 - 00:02:41:01

And that's an important role for her

is to look after him as well.

00:02:41:01 - 00:02:42:11

Yes, absolutely.

00:02:42:11 - 00:02:44:13

For her to look after him,

but for her,

00:02:44:13 - 00:02:47:15

also I think this is a real adjustment

for her now to be starting to think

00:02:47:15 - 00:02:51:22

about her own physical health

and how she can...

00:02:52:00 - 00:02:54:06

how she can manage day to day

00:02:54:06 - 00:02:56:10

with the support around her

that she's got.

00:02:56:10 - 00:03:00:06

So she's got her granddaughter

who's training to be nurse, actually,

00:03:00:08 - 00:03:05:04

and she's in the mid twenties, and she

she goes around quite a lot and helps out.

00:03:05:06 - 00:03:08:06

So she's doing ironing and some cleaning,

00:03:08:09 - 00:03:12:23

but she's a real positive resource

and she’s got really close relationship

00:03:12:23 - 00:03:13:21

with Mrs Davies

00:03:13:21 - 00:03:18:08

Lovely, and I get a real picture

of the family from your description.

00:03:18:08 - 00:03:21:11

How would you expand on

what you think about their strengths?

00:03:21:11 - 00:03:24:23

What have you noticed about each of them

and how they function together?

00:03:25:01 - 00:03:28:23

Yeah,

it's amazing because they've got a real

00:03:29:01 - 00:03:31:02

mix of skills in there.

00:03:31:02 - 00:03:33:12

So one of her sons is a builder.

00:03:33:12 - 00:03:37:19

So he's been doing the physical

changing the fabric of the house

00:03:37:21 - 00:03:42:01

to make it possible for her to get around.

00:03:42:01 - 00:03:45:01

So for example

they fitted a walk in shower.

00:03:45:02 - 00:03:48:10

They now have a ramp

that goes down to the house.

00:03:48:12 - 00:03:50:00

They've done all that themselves?

00:03:50:00 - 00:03:53:00

They've done that themselves,

predicting that at some point

00:03:53:05 - 00:03:57:13

that their health will deteriorate

and they want to be at home.

00:03:57:13 - 00:03:59:08

So that's...

you know, they've made those changes

00:03:59:08 - 00:04:02:08

because they're absolutely certain

they want to be at home.

00:04:02:09 - 00:04:04:12

They’re close to each other

so they see each other,

00:04:04:12 - 00:04:07:12

like I said,

she sees her granddaughter every day

00:04:07:12 - 00:04:10:14

and one of her sons every day.

00:04:10:14 - 00:04:12:19

And they just want to be together.

00:04:12:21 - 00:04:13:16

Yeah, that's lovely.

00:04:13:16 - 00:04:17:02

And it's a real solid family anticipating

00:04:17:04 - 00:04:18:11

the potential

00:04:18:11 - 00:04:21:17

deterioration in people's physical health.

00:04:21:21 - 00:04:24:23

But they thought all that through

and done as much as they can.

00:04:24:23 - 00:04:27:10

So it seems clear that

that's their outcome,

00:04:27:10 - 00:04:30:09

all of them, they want to be together

00:04:30:11 - 00:04:33:11

and there's loads of strengths

you've described.

00:04:33:14 - 00:04:35:13

Yeah, lots of strengths.

00:04:35:13 - 00:04:37:22

I think

00:04:37:22 - 00:04:40:20

one of the challenges though is that

00:04:40:20 - 00:04:45:06

although she's got some strengths,

I think there's still some worries about her...

00:04:45:06 - 00:04:47:12

you know,

how mobile she's getting around the house.

00:04:47:18 - 00:04:49:09

Right.

00:04:50:15 - 00:04:55:10

And so there are some fears

that she could fall.

00:04:55:10 - 00:05:00:04

But they've done, you know, again,

they put a riser on the toilet seat,

00:05:00:04 - 00:05:01:18

they've changed the shower.

00:05:01:18 - 00:05:05:16

She was talking to me

about what will happen if she falls over,

00:05:05:18 - 00:05:07:14

almost creating her own safety plan.

00:05:07:14 - 00:05:08:15

Right.

00:05:08:15 - 00:05:10:14

Thinking about

00:05:10:16 - 00:05:11:09

duvets on

00:05:11:09 - 00:05:16:08

the floor is one of the things

that she'd heard from a friend.

00:05:16:08 - 00:05:18:09

But I don't think they're yet.

00:05:18:11 - 00:05:23:09

Her husband, obviously, he's

physically quite strong.

00:05:23:09 - 00:05:25:09

So between them,

I think they've got the skills

00:05:25:09 - 00:05:27:02

to be able to look after each other.

00:05:27:02 - 00:05:30:05

And if they need some extra help,

the ability

00:05:30:05 - 00:05:33:10

to phone and ask that with people

coming in back and forth.

00:05:33:12 - 00:05:38:17

So in terms of the priority risks,

is that the risk everybody identifies?

00:05:38:17 - 00:05:43:13

All the other professionals

and the family, that the priority risk is

00:05:43:15 - 00:05:48:15

that she may fall or be less

physically safe in the house.

00:05:48:15 - 00:05:53:17

So there are two main things really.

One is the potential to fall,

00:05:53:19 - 00:05:58:13

and the other is just those transitions

at the beginning and the end of the day.

00:05:58:15 - 00:06:01:18

So, whether she can get...

getting herself

00:06:01:18 - 00:06:06:04

out of bed at the beginning of the day,

washing herself, dressing herself.

00:06:06:05 - 00:06:09:11

And then the same

when it comes to going to bed at night.

00:06:09:11 - 00:06:15:09

So what are the family saying about

those key moments that could potentially...

00:06:15:11 - 00:06:18:04

you’re saying that we don't know yet,

00:06:18:04 - 00:06:21:13

but we might discover that

those are difficult moments for us.

00:06:21:15 - 00:06:25:06

Yeah, we don't know yet, but that's

the way the family are describing it.

00:06:25:08 - 00:06:31:08

And she wants to be at home

and really wants to be able to test out,

00:06:31:08 - 00:06:36:13

the family say want to say “we want her home

and we need to try this”.

00:06:36:13 - 00:06:38:07

And, luckily,

00:06:38:07 - 00:06:41:10

like we said, her granddaughter

00:06:41:10 - 00:06:45:18

will be comfortable, if push comes to shove

and is needed in the short term,

00:06:45:20 - 00:06:49:20

to be able to come along and help

her grandmother with those things.

00:06:49:20 - 00:06:52:02

Right, so that's not a permanent solution,

00:06:52:02 - 00:06:58:03

but temporarily,

if there are issues, morning and evening,

00:06:58:05 - 00:07:00:04

granddaughter would step up.

00:07:00:04 - 00:07:01:03

And I suppose that gives you

00:07:01:03 - 00:07:04:12

the opportunity to see how things unfold

when she goes home.

00:07:04:15 - 00:07:07:21

Yeah, to test that out for them

and to get a sense of

00:07:07:22 - 00:07:12:11

how manageable

is this on a daily basis.

00:07:12:13 - 00:07:15:04

Beacuse sometimes we can worry,

they worry about

00:07:15:04 - 00:07:18:04

whether it's going to go wrong is greater

than the reality of the situation.

00:07:18:04 - 00:07:22:00

And I think they feel confident

they can do this.

00:07:22:00 - 00:07:24:11

Yes, and they've talked to you

openly about that.

00:07:24:11 - 00:07:27:22

It sounds like there's a lot of trust

between them and you at the moment.

00:07:27:23 - 00:07:33:08

Yeah, I've just spent time just listening,

00:07:33:10 - 00:07:36:02

and they’re determined as a family.

00:07:36:02 - 00:07:38:12

Even the...

00:07:38:12 - 00:07:40:08

one of the brothers

who lives in South Africa,

00:07:40:08 - 00:07:43:08

he's still managed

to join in on the calls as well

00:07:43:08 - 00:07:46:20

just to give his, you know,

to get a sense of perspective about what

00:07:46:21 - 00:07:50:18

everybody's

hopes and expectations are around this.

00:07:50:20 - 00:07:52:17

I'm struck by how much

00:07:52:17 - 00:07:55:17

you know about each person

and a real sense of the family.

00:07:55:17 - 00:07:59:17

I can almost see them and I can imagine

her in the kitchen with her husband.

00:07:59:17 - 00:08:03:14

It's been a trauma and a fright

for all of them, but there's a real sense

00:08:03:14 - 00:08:06:03

that they can pull together

into this next phase now.

00:08:06:03 - 00:08:06:22

Yeah.

00:08:06:22 - 00:08:10:17

So is that agreement around? That

that she should go home

00:08:10:17 - 00:08:12:14

now under those circumstances?

00:08:12:14 - 00:08:16:16

Absolutley, and I think what you asked about

one of the priority risks,

00:08:16:16 - 00:08:20:09

is it's not a risk but it’s a fear

that she stays stuck in hospital.

00:08:20:11 - 00:08:23:02

And that's absolutely

what she doesn't want to be.

00:08:23:02 - 00:08:27:04

So I think she's medically fit

to be discharged now.

00:08:27:04 - 00:08:32:20

And so the question for us now

is, are we okay to support her to go back?

00:08:32:20 - 00:08:37:02

And based on the information that I've

got, the conversations and the visits,

00:08:37:04 - 00:08:40:08

I think that I want to support

that as soon as possible.

00:08:40:10 - 00:08:45:19

And who is most confident about that?

That this is the moment for her to go home?

00:08:45:21 - 00:08:46:20

She is.

00:08:46:20 - 00:08:48:03

So she's the most confident?

00:08:48:03 - 00:08:49:03

She's the most confident.

00:08:49:03 - 00:08:51:08

Who else would be?

00:08:51:10 - 00:08:54:07

Mr Davies wants her to be back.

00:08:54:07 - 00:08:57:04

I think the main one then

is the granddaughter,

00:08:57:04 - 00:09:00:14

she's very confident,

and the sons as well.

00:09:00:14 - 00:09:03:08

So, you know, between them, I think

00:09:03:08 - 00:09:07:04

there's not really

any dissenting voices in that.

00:09:07:06 - 00:09:10:03

And the staff who've been caring for her on the ward,

how are they feeling?

00:09:10:03 - 00:09:14:00

Yeah I think it’s the staff in the ward

who are a little bit worried.

00:09:14:02 - 00:09:17:02

But they don't get the opportunity

to see her at home

00:09:17:02 - 00:09:20:02

and see the family

and the home set up that we do.

00:09:20:03 - 00:09:23:12

So they can just see her in the,

in the actual hospital environment.

00:09:23:14 - 00:09:27:11

Yeah, they may be a bit more nervous

about what she could achieve at home.

00:09:27:15 - 00:09:28:23

Yeah.

00:09:28:23 - 00:09:32:17

So what are your...

who needs to be involved from here?

00:09:32:17 - 00:09:34:18

What are your next...

00:09:34:20 - 00:09:36:14

what needs to happen?

00:09:36:14 - 00:09:41:20

Yeah, I think,

I think we would like to get some support

00:09:41:20 - 00:09:46:05

in for some of those transitions

at the beginning, and the end of the day.

00:09:46:07 - 00:09:48:18

So whether she can

00:09:48:18 - 00:09:53:09

go there in there, she can go home

with the support of the family,

00:09:53:11 - 00:09:57:19

with the long term plan to assess

and to see if she can manage,

00:09:57:21 - 00:10:01:07

then bring in some additional support

if that's needed.

00:10:01:09 - 00:10:02:19

Can I... sorry to interrupt.

00:10:02:19 - 00:10:03:19

Just thinking about

00:10:03:19 - 00:10:08:07

would she be open to that next step

if extra help was needed in the future?

00:10:08:09 - 00:10:09:09

Yeah, I think so.

00:10:09:09 - 00:10:14:11

It's a realistic conversation

that we've had.

00:10:14:13 - 00:10:16:01

We just don't know.

00:10:16:01 - 00:10:19:17

We know enough to go

people are around and they want her home,

00:10:19:17 - 00:10:21:11

and they say they can help

her and they feel confident.

00:10:21:11 - 00:10:24:17

And she feels confident in that.

00:10:24:17 - 00:10:28:20

But she's open to the possibility that

there may need to be care in the future.

00:10:28:22 - 00:10:30:12

Absolutely, yeah, that's it.

00:10:30:12 - 00:10:31:17

And that's a big shift for her.

00:10:31:17 - 00:10:33:10

I don't think she'd really contemplated

00:10:33:10 - 00:10:37:08

that until this event being in hospital

and the distress of being there.

00:10:37:10 - 00:10:40:18

So where does your conversational focus

need to be?

00:10:40:18 - 00:10:43:21

Is it in the hospital with the staff there,

is it at home with the family?

00:10:43:21 - 00:10:45:23

Where do you need to be next?

00:10:45:23 - 00:10:51:07

I think it's with both together,

coming together and just

00:10:51:09 - 00:10:52:03

facilitating a

00:10:52:03 - 00:10:55:11

conversation where we can just share

any additional information

00:10:55:11 - 00:10:58:11

that we might need, making sure

she got the right medications

00:10:58:14 - 00:11:02:19

and that people know around her

what they need to do

00:11:02:19 - 00:11:07:04

and I suppose reassure the staff in a way,

just because that would be a good...

00:11:07:04 - 00:11:08:21

Because everybody's

naturally fearful, aren't they?

00:11:08:21 - 00:11:12:03

And they built a relationship with her

and they want to make sure she's okay.

00:11:12:05 - 00:11:14:04

Absolutely. Yeah.

00:11:14:04 - 00:11:16:09

So it feels very clear.

00:11:16:09 - 00:11:19:20

When you talk about this,

what would you say

00:11:19:20 - 00:11:24:09

about how far you've come?

You and the family.

00:11:24:11 - 00:11:26:06

Yeah, it's...

00:11:26:06 - 00:11:28:18

it's quite a long way in a short time.

00:11:28:18 - 00:11:32:04

I think the first concern

they had was just about

00:11:32:04 - 00:11:33:05

is she going to be okay?

00:11:33:05 - 00:11:36:15

Is she going to be alive, really,

00:11:36:15 - 00:11:37:13

having had a stroke?

00:11:37:13 - 00:11:42:03

It's been scary for them all.

00:11:42:05 - 00:11:43:15

But obviously, as her health

00:11:43:15 - 00:11:46:20

has progressed,

00:11:46:20 - 00:11:48:20

so too have they.

00:11:48:20 - 00:11:53:08

And as her confidence has improved

and her physical wellbeing has improved,

00:11:53:08 - 00:11:56:01

so too has their energy

to make that happen.

00:11:56:01 - 00:12:00:04

So it’s not come out of nowhere,

00:12:00:06 - 00:12:01:22

it's taken a bit of time.

00:12:01:22 - 00:12:05:23

And you've invested in solid listening,

understanding their fears

00:12:05:23 - 00:12:08:12

and getting to this point.

00:12:08:12 - 00:12:11:01

So where is the outcome?

00:12:11:01 - 00:12:15:01

What does that look like?

00:12:15:20 - 00:12:19:06

Its for her to return home.

00:12:19:14 - 00:12:21:18

For us to be open

00:12:21:18 - 00:12:26:06

minded about the possibility

of some additional support,

00:12:26:06 - 00:12:31:15

if that's required,

and for us to double check that we've

00:12:31:17 - 00:12:35:02

we know confidently what they need to do

00:12:35:03 - 00:12:38:10

they know how to contact

the different family members.

00:12:38:12 - 00:12:41:08

For example, if she were to fall

00:12:41:08 - 00:12:45:16

or if an incident was to happen.

00:12:45:18 - 00:12:47:15

And that really

00:12:47:15 - 00:12:51:06

we just allow that and

support that to happen, but confident

00:12:51:06 - 00:12:55:17

that that family support around them

is there and can step in any point.

00:12:55:22 - 00:12:59:10

So continuing that open

holistic conversation

00:12:59:12 - 00:13:04:08

with all the family at each step

and see that the trust is there,

00:13:04:08 - 00:13:06:06

that they will call on people

if they're worried.

00:13:06:06 - 00:13:06:14

Yeah.

00:13:06:14 - 00:13:10:05

And I think my role there is that

reassurance that I'm there listening.

00:13:10:05 - 00:13:13:16

So touching base at different stages going

00:13:13:16 - 00:13:19:03

“How is this going and do they need

anything more from me at that point?”

00:13:19:03 - 00:13:21:14

But trusting that they've got it

within their gift.

00:13:21:14 - 00:13:26:13

That’s lovely. And where would you say

your energy levels are in this case?

00:13:26:15 - 00:13:27:20

Yeah. Good.

00:13:27:20 - 00:13:31:11

You know, like with everything

a little bit apprehensive, you always are.

00:13:31:16 - 00:13:33:16

And I think that's realistic,

00:13:33:16 - 00:13:35:17

but confident

that we're going in the right direction

00:13:35:17 - 00:13:37:04

and this is the right decision.

00:13:37:04 - 00:13:41:10

Yeah.

And enabling them to take independent

00:13:41:12 - 00:13:43:22

steps, manage their own risk,

00:13:43:22 - 00:13:47:01

being clear about when they

may need to ask for help.

00:13:47:06 - 00:13:50:06

Feels like they're as is in charge

as they could be.

00:13:50:11 - 00:13:52:02

As in charge as they could be.

00:13:52:02 - 00:13:53:00

But with,

00:13:53:00 - 00:13:57:10

you know, the phone number on speed dial,

if they need anything else.

00:13:57:12 - 00:13:58:18

Lovely.

00:13:58:18 - 00:13:59:12

Thanks Jay.

00:13:59:12 - 00:14:01:02

Thank you.

Jay and Rhoda act out a scenario between a manager and a practitioner who's working in an adult social care setting.

Rhoda uses a strengths-based approach to reflect on the work, and to build confidence that the plan is achieving what matters to the person Jay's supporting.

This is an example of a short, compassionate, reflective supervision session. It shows the spirit of a strengths-based supervision session to give you an idea of how they could be run.

How to use an outcomes approach in Information, Advice and Assistance (IAA) services

The principles of the Social Services and Well-being (Wales) Act 2014 include:

- an emphasis on promoting well-being
- a preventative approach
- greater voice and control for the individual
- working co-productively with individuals and their families and friends.

The IAA service makes an important contribution to meeting these principles. In particular, the ‘what matters’ conversation sets the scene for establishing positive relationships with people which are based on co-production.

Conversations in the IAA services will focus on helping people to think about their circumstances identify their strengths and those of their family and community and consider how well-being can be supported.

We’ve developed a training pack for people working in IAA Services to help them have better conversations:

> Skills based resource pack - outcome focused 'what matters conversations' in IAA
>
> DOCX 1MB

> Skills based resource pack - PowerPoint slides
>
> PPTX 1MB

> Resource pack for managers - Outcome focused 'what matters conversations' in IAA
>
> DOCX 875KB

> Resource pack for managers - PowerPoint slides
>
> PPTX 408KB

Using an outcomes approach in domiciliary care

Here you will find training resources to help domiciliary care managers and workers take an outcomes-focused approach to their practice.

Resource for managers

This resource brings together information, ideas and practical tools for domiciliary care managers and people who lead and influence practice.

It covers topics managers need to know about such as culture change and conversations with partners, including commissioners and inspectors. It also includes ways to support staff teams through recruitment, supervision, learning and reflection.

> Understanding and using an outcomes approach: One-stop-shop for people who lead and influence practice in domiciliary care
>
> PDF 638KB

Resources for workers

These resources can be used in any order and might be useful for:

- supervision
- team meetings
- training
- peer support.

The resource can also be used to support staff who are completing the All Wales Induction Framework for Health and Social Care (AWIF). We've noted where they align with the AWIF in the guide.

> Domiciliary care learning resource: brief overview (bilingual document)
>
> PDF 258KB

> Delivering outcomes - Chapter 1.1 – Understanding Outcomes
>
> PPTX 471KB

> Delivering outcomes - Chapter 1.2 – Recording and monitoring outcomes

PPTX 479KB

Delivering outcomes - Chapter 1.3 – Linking up with the National outcomes framework

PPTX 690KB

Having a good conversation - Chapter 2 – What matters conversation

PPTX 507KB

Positive risk and shared decision making

PDF 383KB

Personal stories about balancing rights, risk and responsibilities

PDF 136KB

View transcript

My name is Mr David Stanbury Britton, and this is my story.

In my younger days, I was a local councillor. I did this for over forty years. People look at me now and just see this (Mr Britton nodded his head towards his contorted hands) – but I'm a lot more than that.

I was devastated when I found out I had Parkinson's disease. It was even harder when my son was diagnosed. Life isn't fair sometimes. You've just got to make the most of it. When my wife died, I was on my own. My son's illness was worse than mine, and I was in the dark. Cassie was my wife's two eyes. That little cat is a symbol of hope; she's more than just an animal.

After her passing, people tried to help me – but they kept saying “David, you need to think of your health and get rid of the cat”. But why couldn’t they understand, Cassie isn’t an animal, she’s my only friend. She’s my daily reminder of my wife. I wanted to make new friends, and do more things, but there’s no way I was moving out of that bungalow, if Cassie couldn’t come too. No one ‘got’ that. I was in and out of hospital all the time, and I was worried who would look after Cassie when I wasn’t there. The worry made me more unwell, and no one could understand why I didn’t want treatment. Truth is - I just wanted to be with my cat. But why was that so difficult? “You need to go to hospital, David.” “That bloody cat is making a mess everywhere, why don’t you get it re-homed?” “David you’ll be much safer in a care home, wouldn’t you feel better with more people around?” Isn’t it funny that people think they can tell you what you need.

Things are so much better now. I go to coffee mornings three times a week, and film nights every Thursday. I don’t just have friends, I have a best friend. I go to his flat every week for a ‘tot’ of whiskey. When I go to hospital, the carers still come to feed Cassie. One of them even plays with her so she doesn’t get bored. This means I can get better, without worrying.

I’m even part of the committee in the complex. My background of being a local councillor means that I know the area really well, and I’m good at organising things. I’ve got my voice back, and it’s a good feeling.

View transcript

When I was younger I trained at Llandough Hospital to be a nurse but I left to have children. I went back there for 13 years or so as an auxiliary working nights cause that way I was there for the kids in the day.

00.31 I’ve done 20 odd years I worked with different charities but all around mental health, I’ve been a trustee and Vice Chair and Chair of a couple, and I absolutely loved it. And then about five six years ago, I mean I was walking with a stick by then anyway, but about five six years ago, seven, suddenly everything just crashed and I couldn’t…partly my back, I couldn’t stand up.

01.00 And it was catastrophic. I was in Llandough for roughly two months and most of the time sort of on the bed, on bed rest, and as the ulcers healed so my foot twisted. So it wouldn’t go on the floor at all. It was, it started to get for me almost a game, because the doctors tried very, very hard to discharge me, they kept telling me medically I was fit “You can go home” but I think I’d become one of those social cases where the doctors would say “Go home” and the nurses would say “No she can't til she’s got a package of care.”

01.46 I accept now I couldn’t manage without my package of care. There’s a lot I cannot do for myself but it was horrendous. I didn’t feel as though I was in control of my home anymore, I didn’t feel as though I was in control of me.

02.02 A couple of I went on to what they call Your Choice and it does give me a lot more control. I seem to go in phases say for hospital appointments and I can go to two or three a week for a couple of months, and whereas before I just had to cancel all the meal breaks that it covered well now I can bank them so they’re allocated to me in a separate area and I can take them back and use them for whatever I want which is a huge difference from the actual package of care.

02.38 Before Your Choice was introduced to me if I didn’t use that time which could have been I had a hospital appointment or whatever, those hours were lost.

02.51 I used to be involved with five or six charities all around mental health and because of my health I've had to give most of them up. I'm still involved with two. One of them is an Advocacy service, which is really, really brilliant. And when I go to a meeting it used to be I'd have to say cancel lunch and tea calls and I just lose the time and for years I've just lots the time. But now I bank those times so my lunch and tea call will give me an hour back which yes, you're in discussion with the office about when they can send somebody out, but I enjoy doing the meetings but it also means I'm gaining in terms of getting stuff done here that I want.

03.45 I want to get a lot of my crafting stuff down because I want to start doing crafting again but literally this room has been full because everything I've needed for the past six years has been in this one room. And what I'm doing with the banked hours under Your Choice, people come in and they'll help me pack stuff up, they'll take it upstairs and bring down what I want down here.

04.10 And one of my carers she helped – she's the one that helps with the showers in the week, she does my shopping call, and she thinks it's great. She enjoys doing it, and so do the others that have been here. They say they can see a difference in me and they want to get something down that I'm going to do and enjoy doing rather than just – basically I watch telly 20 hours a day.

04.43 And so yes, I've been to Barry Island on a train this summer, and actually got off the train, had a bag of chips and came back again.

04.54 But what – the one thing that – it's been me holding back a bit because Tory the carer's more than happy to do it, I want to try getting on a bus. Now I know the busses take wheelchairs, but my wheelchair like me is slightly bigger than the norm, and the thought of trying to get it onto a bus is scary.

05.20 But before the winter sets in we’re going to do that. And yes, I mean if I can manage to accrue the banked hours again and maybe tag it onto the two hours social call, which is what I call it, I don’t know what it's supposed to be called, then maybe we will go somewhere on the bus because that's what – that's my next big hurdle, is trying a bus.

05.44 And since I’m getting the extra time with a carer that is – I don’t like the word ‘dictating’ but in a sense that's what I’m doing, I’m saying “This is what I want, this is what will make a difference to my life and my existence.”

06.01 And it's happening. So I suppose I am feeling – I’m feeling more confident I think, or better about myself when I’m actually – when the carer’s here.

06.16 When the carer isn’t here if I’m having a bad day I’ll go back into the ‘can't do anything for myself’ but that's wrong because I do get a lot of support now, and this Your Choice has been really amazing for that.

View transcript

00:00

I used to look after a customer who

00:02

lived in the tor vine area she was quite

00:05

a poorly lady she suffered with COPD

00:09

which are quite bad she her husband was

00:11

also quite an ill gentleman and she had

00:14

family but they were full-time and her

00:16

daughter were two women they come home

00:18

on a Friday and it was around the

00:21

Christmas sort of time when she was

00:23

wanted me to take her out into the

00:26

community to do some Christmas shopping

00:27

she hadn't been out for a long long time

00:29

and she wants to go and buy her

00:32

grandchildren Christmas presents but

00:35

they it had to be for me personally so I

00:38

arranged for her mobility scooter to be

00:41

put on charge and made sure it was all

00:43

up and running and because she was on

00:45

oxygen 24/7 how to arrange for somebody

00:47

to bring a small canister of oxygen so

00:51

that we were able to take it out with

00:52

her while she was out in the community

00:54

so I picked her up of any evening and we

00:57

went to come brown shopping with all the

01:00

Christmas lights and she done lots of

01:02

shopping for her grandchildren they were

01:03

you know 16 17 but it was irrelevant to

01:06

her it was the fact that she was able to

01:08

get out and do and buy personal items

01:11

for those children and we don't quite a

01:14

bit of shopping we had a whale of a time

01:16

it was really emotional but it was fun

01:18

as well went to Starbucks that she does

01:20

something where she's never been before

01:22

I had coffee and we had cake just

01:25

general chitchat about anything and

01:27

everything and it was it was just a Me's

01:30

and it was lovely to see her have a

01:32

smile on her face which is not very

01:34

often but it was very emotional for me

01:37

as well it was lovely to see and think

01:39

that I've given somebody a wish that

01:42

they wanted to do but you know that they

01:44

couldn't achieve that without some sort

01:46

of help

01:48

she sadly passed away a couple of months

01:50

after that so I think for me and it was

01:55

something that I will always look back

01:57

on every time I Drive past her home I

01:59

think about it is very fresh in my mind

02:02

although it was several years ago and it

02:05

has been sadly passed away but I think

02:07

for her she probably knew it was her

02:09

last Christmas and it was something that

02:11

she act to achieve to be able again

02:13

and about in the community so yeah

02:16

beautiful

02:17

- lovely lady

02:26

you

Using an outcomes approach with carers

There are at least 370,000 carers in Wales. At 12 per cent of the population, Wales has the highest proportion of carers in the UK, and many of them provide more than 50 hours of care a week. The 2011 Census tells us there are over 30,000 carers under 25 in Wales, and 7,500 of these are under 16.

According to the Social Services and Well-being (Wales) Act 2014 all carers with a support need themselves have a right to an assessment. The assessment must consider the outcomes the carer wants to achieve, which is why you need to have a ‘what matters’ conversation right at the start of your interaction with them.

Assessing Carers’ Support Needs resources

We have developed resources to help practitioners to assess the support needs of carers. The resources will help practitioners make quality assessments of carers and guide practitioners in working with carers and families to find out what really matters to them and to enable them to achieve their outcomes.

The toolkit of resources includes a:

- training manual giving information and guidance to trainers running formal sessions for practitioners
- slide pack to help trainers develop training sessions
- reflective workbook for practitioners who have not had a formal training session
- practitioner toolkit which brings together a number of practice tools in one place.

Please note: If you can’t view PowerPoint presentations in Internet Explorer, try 'saving' the document to your desktop to view.

> Assessing Carers' Support Needs - Resource A – Training Manual
>
> DOCX 872KB

> Assessing Carers Support Needs - Resource B – Training Slides
>
> PPTX 1MB

> Assessing Carers' Support Needs - Resource C – Practitioner Self-Training Workbook
>
> DOCX 569KB

> Assessing Carers' Support Needs - Resource D – Practitioner Toolkit
>
> DOCX 288KB

Leading quality as a Responsible Individual: embedding strengths-based practice

This video resource explains how people in registered settings can improve quality using strengths-based practice.

It's suitable for anyone who works in a registered setting, including:

- Responsible Individuals
- registered managers
- supervisors.

It's a recorded presentation, where the trainer talks you through practical ways to improve experiences for the people you support.

It includes exercises and examples for you to use in your setting. You can follow the presentation and do the exercises as individuals or in a group.

The resource has two parts.

Part 1

Part 1 covers:

- the legal context
- how to define quality through the individual's experience
- how to work with people in a strengths-based way.

> Leading quality as a Responsible Individual: embedding strengths-based practice (part 1)
>
> PPTX 884KB

> View transcript
>
> 0:01
>
> This is a video to capture a training programme. It can be used in a number of different ways by organisations geared at leading
>
> 0:12
>
> quality in regulated settings so it can be used by Responsible Individuals, appointed managers, team managers.
>
> 0:20

It's also a session that is really relevant for staff to work their way through as well.

0:27

It has been developed so that you can use this resource in a number of different ways to suit the needs of the organisation.

0:35

The focus is on quality in regulated settings with a strong emphasis on embedding strengths-based practice.

0:41

But the emphasis really when we're talking about quality is really through the lens of the individual who's receiving the support.

0:49

Quality is a small word that has a very big meaning in terms of the aspects that

0:55

it covers from the quantitative elements of checks, balances,

1:01

processes, procedures that need to be in place. But there is also the qualitative element of quality in settings which is about what's the

1:10

person's daily lived experience and how are we making sure that regardless of the

1:16

service they're receiving, regardless of why they're receiving that service, as much as possible we're promoting that positive lived experience for the individual.

1:29

The sessions are split into a number of different parts. The first part of the session really is around getting into the legislative context,

1:38

starting to think about what's required in terms of person-centred practice and

1:45

weaving its way through all of this will be the focus on strengths-based practice.

1:51

In terms of the legislative context, we're concentrating primarily on the Social Services and Well-being Act and the Regulation and Inspection of Social Care Wales Act

2:00

which I'll refer to as RISCA from now on. It is important to note that as a regulated setting, you will be working to the requirements

2:09

of RISCA but it's really helpful and important to understand the context of the Social Services and Well-being Act and the way that underpins the requirements of RISCA.

2:19

So this session will be drawing out an insight into both of those pieces of legislation and where they cross over and where they both complement each other.

2:32

The structure of the session is around setting the legislative context, understanding what our roles and responsibilities are

2:39

but really putting the focus on defining quality through the lens of the individual

2:45

linking it back to the legislative context but always thinking about where the individual is

2:51

in the middle of all of the activity that we are taking forward.

2:56

Some of this focus will be on how we will be working with people in a strengths-based way.

3:04

If the resource is being used in a group environment, then the following pointers on

3:09

the slide in terms of creating that learning environment could be really useful for you.

3:16

In terms of confidentiality, the more you can draw on your experiences of working with

3:24

individuals within regulated settings, the more the training comes to life.

3:31

But it's really important that if you're facilitating this session in a group environment that you do not share any personal information about the individuals that you're talking to.

3:41

Drawing on those real lived experiences that staff and managers and leaders will have is really helpful.

3:50

In terms of the legislative context, the journey began with the Social Services and Well-being Act,

3:57

it was legislated in 2014 and came into practice in 2016 and the Social Services and Well-being

4:04

Act was heralded really as the transformation of the delivery of social care and the way in which

4:11

partner agencies come together to promote the well-being of the citizens of Wales.

4:17

There are a number of core elements of the Social Services and Well-being Act, the main

4:23

ones being those on the screen now that draw real relevance across to roles and responsibilities

4:29

and the emphasis for regulated providers. So the Act, as you can see in the title, brings a strong

4:36

emphasis on our role in improving well-being and we'll come on to talk about that a bit later.

4:43

Linked to what you see around promoting and improving well-being is a strong emphasis on early intervention and prevention and we can think of early intervention and prevention in a

4:52

number of ways. There's the element of we want to support people in their own homes, in their

4:58

own communities as much as, and for as long as possible. We want to prevent the escalation of

5:05

care and support needs, prevent the escalation of any risk associated with that individual.

5:11

But there will be occasions where individuals might need temporary care and support. So it

5:17

could be that they have a period of time in a foster placement, in a residential care placement. They might need some care at home through domiciliary support services for a short

5:27

period of time while they rehabilitate, while they get better, while they work on aspects of their well-being and care and support needs, risks that have been identified for the individual.

5:38

But if it isn't, if the intention is that this is a temporary arrangement, then we should always be focusing on how are we building the independence,

5:45

how will we build the resilience of the individual to return to their own home if that's what the desired outcome is? But at the same time, we will also have individuals who,

5:55

because of their needs, because of any risks that are identified, because of their outcomes and what matters to them they may require care and support for a longer period of time, if not indefinitely.

6:07

With the Act came the new requirements in relation to information, advice and assistance. This has been described in some places as a service, and that's often translated into

6:18

things like a single points of access or first gateway contact gateways, for example. In other

6:24

areas they very much see information, advice and assistance as an approach rather than a service.

6:30

But it links very heavily to the previous points around improving well-being and strengthening early intervention and prevention. How are

6:38

we equipping individuals to be able to self-resource, self-manage, self-access

6:45

to support what's available in communities or change their own situation themselves?

6:51

With the Act came a new approach to assessment, a new approach to eligibility and a new approach

6:57

to how we meet the care and support needs of individuals and we will come on to explore the approaches to assessment and care and support planning a bit later. But this is

7:07

the bit where the two pieces of legislation really do come together because the majority

7:12

of providers will be receiving referrals from social care and as a result of that

7:18

will be inheriting the care and support plan that has been developed for the individual. So from a provider perspective, the care and support plan that's developed by social care

7:28

provides the information you then need to be able to go on and develop the personal plan that is required by RISCA in terms of how you will then meet the care and support

7:38

needs of the individual. And it is important to remember that if an individual is receiving

7:44

support from a provider because they've been commissioned by the local authority to do that, the local authority does still retain the responsibility for

7:53

making sure the care and support needs of the individual are being met appropriately.

7:58

There is a strong focus on safeguarding within the Act and the Wales safeguarding procedures

8:04

have been issued under the Social Services and Well-being Act, and it is really important

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that providers are making sure that they are fully aware of the content of the procedures,

8:17

the roles and responsibilities and the duties associated with those procedures, but also that there is an element of understanding the ethos and the

8:25

culture that sits underneath the way in which those safeguarding procedures are delivered.

8:32

Advocacy is a strong and core element of the Act. It is referred to in a particular

8:39

part within the Act, but it also gets referenced across a number of other

8:44

parts of the Social Services and Well-being Act and advocacy has a number of different aspects.

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It can be delivered in a number of different ways from self-advocacy,

8:55

friends and family through to independent professional advocacy services. The bit that's really important to remember is the principle for

9:03

why we would be looking to provide advocacy support to individuals, and that's to make sure that the individual fully understands the process, fully understands the

9:13

information that is being shared with them and that they're able to retain the information for

9:18

long enough to be able to understand what's associated with receiving that information,

9:24

the discussions that are taking place, the decisions that may be being made. It is also important that we recognise that the individual we're supporting is able to

9:33

weigh up the information that's being provided in order to make an informed choice and decision

9:39

Where we identify that the individual is unable to overcome any of those barriers that's where we

9:45

need to be considering if there is a need to provide advocacy support for the individual.

9:51

And finally, there's a strong emphasis on cooperation and partnership that sits at both an operational and a strategic level. As providers, we need to be thinking about who are

10:01

the different agencies that we're working with in order to meet the care and support needs of the individual at a strategic and operational level. The local authority and its partner agencies

10:10

are continuously reviewing what well-being looks like for the individuals across Wales and across

10:16

the footprints of the health boards, and then considering how well the well-being of individuals have been met and will be making decisions in terms of service availability, services that need

10:27

to be commissioned, developed, decommissioned but constantly making sure that we're in a position to be able to meet the well-being and care and support needs of individuals in Wales.

10:38

The Regulation and Inspection of Social Care Wales Act (RISCA) came in the year after the

10:45

Social Services and Well-being Act, and that too has a very strong emphasis on improving

10:50

the well-being of individuals through the statutory guidance and regulations. You'll

10:55

see reference to the role of providers in promoting and improving well-being.

11:01

The definition of well-being for individuals actually sits within the Social Services and Well-being Act, and this is where we start to see some of

11:09

the read across really early on and we'll go on to explore the definition of well-being.

11:17

RISCA places a stronger emphasis on giving individuals a stronger voice in the discussions

11:23

that are taking place in relation to their situation, decisions that need to be made,

11:28

the development and the review of the plans that are being developed with the individual that isn't

11:34

simply that we've had a conversation with the individual, but the principle of co-production is really strong in terms of the assessments of individuals, the development of any personal

11:44

plans should be done with the individual as opposed to being written on their behalf.

11:49

There is a strong emphasis on strengthening the protection of individuals, not just from

11:54

the safeguarding agenda, but how do we making sure that we're considering all aspects of an

12:00

individual's well-being, making sure that we're responding to the companies that are identified to

12:06

and for the individual, and considering how we're managing any identified risks. But those risks

12:12

are being managed in a positive way as opposed to encouraging an ongoing risk-averse culture.

12:20

There is also a strong emphasis on increasing accountability, for example the introduction

12:26

of the role of the responsible individual. In terms of increasing accountability, it doesn't just include the emphasis on the role of the responsible individual, but it's also thinking

12:36

about how providers are ensuring that the quality of what they're providing is to the standard

12:41

that's required and we're going to explore aspects of that as we go through the session. When it comes to well-being, there are two definitions within the Social Services and

12:51

Well-being Act, which as mentioned earlier, read across to RISCA. There's a definition of well-being for adults and there's a definition of well-being for children. And

12:59

on the screen at the moment you'll see the definition of well-being for adults. The code of practice that sits under the Social Services and Well-being Act draws out the duty to promote

13:13

well-being and it is important to recognise that promoting well-being does not always mean

13:18

we have to provide a service and intervention or an allocated practitioner or professional.

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A conversation with somebody about how their day has been for some people will promote their

13:28

well-being. But the spectrum of need and the spectrum of what promoting the well-being of individuals means can go from the conversation about how the day's been, how they are feeling,

13:38

is there any support they feel they require through to an assessment being undertaken by social care, through to the referral to the provider to provide support and

13:48

services through to having to complete an adult risk report because we have concerns

13:53

that the individual is experiencing or is at risk of abuse and neglect. It is really important to recognise that

13:59

well-being means different things to different people at different times. And whilst we should be making sure that we're taking a holistic approach to the

14:08

well-being of adults, we shouldn't be insisting that we're making a point of trying to fill in all of the circles and gather information about all of the

14:16

circles because they won't always be relevant or meaningful or purposeful for the individual.

14:22

So the definitions of well-being of adults is on the screen. The definition of well-being for children is very similar.

14:30

It works its way from physical and mental health and emotional well-being and goes clockwise to suitability of living accommodation

14:38

and it's the last two circles that are different. In children's well-being, we still have a duty

14:44

to promote the welfare and development of children under the Children Act 1989.

14:49

One of the things we need to consider is the need to try to remove generic terminology

14:58

when we talk about individuals in discussions or assessments. We tend to fall into the trap of using generic jargon or a catchall phrase that we all use.

15:12

But the question is, if we're really taking a person-centred approach in relation to the child or the adult do we then delve a bit deeper to understand what that

15:20

generic terminology that we use actually means for the individual? One of the key questions in practice everybody can use is the question, so what?

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It allows me to delve a bit deeper into what well-being means to an individual.

15:39

So for example we will often hear what's really important for Mrs Jones is that her independence is promoted or her independence is maintained. We will all have a different

15:49

view of what we think independence means for Mrs Jones and what happens when a generic term

15:55

like that is used is we can often fall into the trap of making assumptions if we think we know what that means without asking the ‘so what’ question that delves a bit

16:03

deeper means we ask so what does independence mean to Mrs. Jones? What does independence look like for her?

16:09

How will she feel if the aspects of her independence she identifies are being promoted?

16:15

We'll see blanket phrases like ‘Mr Smith needs support with his personal care’. But what is personal care? Personal care can mean something to every

single individual.

16:24

We've got to ask the ‘So what’ question to know for that individual what are the personal care needs that are important to him? Personal care needs will be identified by the

16:33

practitioner and family members but are they the same as what the individual would describe. The more I go deeper, the more I can tailor the support around the individual.

16:42

We'll hear phrases like ‘for the individual to be kept safe, for the child to be happy’.

16:47

What makes children happy differs across the board. So ask the so what question that says.

16:53

So what makes this particular child happy? How do they feel when those things are happening?

16:58

So an activity that you could do by yourself or in a group is to take your work hats off

17:05

and think about what well-being means to you as an individual. First off, think about the words

17:11

that you would use to describe well-being. Maybe jot them down, get somebody else to jot them down.

17:16

Then take a step back from that list and ask yourself or ask each other what does it really mean when the generic jargon is stripped away? Have you used words that

17:23

we use generically in our practice, or have you really described what's important to you? So if you're in a group activity doing this, for example, somebody says what's

17:34

really important to me, what well-being means to me is, is “good physical health”. The rest of the group are encouraged to ask the “So what” questions - “So what

17:42

does physical health mean to you? What does it look like? How does it make you feel?”

17:59

Challenge yourself or challenge each other using the “so what” question to be able to delve a little bit deeper and think about what does it really mean? It's almost that

18:08

you're getting into what makes you unique, what makes you individual, what makes you tick, what makes you smile compared to what makes everybody else smile.

18:21

So we've given consideration to what well-being looks like and what it means, but it is also

18:33

important that we give consideration to the principles of the two pieces of legislation that

18:38

essentially underpin the practice and the approach we should be taking to support individuals.

18:44

What you can see on the screen are the core principles, but I probably prefer to refer to them as the foundations for practice.

18:51

We have to be mindful that these can sometimes become boxes on forms. It is terminology that is being constantly used, but when we take a step back,

18:57

do we actually take the chance to describe what this actually means in

19:03

practice? Do we describe what it means through the lens of the individual? Do we describe what it means through the lens of the staff member, for example?

19:11

What's really important is that we're able to take each of these principles and translate what they mean in practice. So if you are responsible for leading quality

19:20

within your organisation, for example, you might want to give consideration to these being some of the measures of quality not in a bureaucratic

19:28

sense but more in terms of these being aspects of quality in the way that we support individuals. So if we were to take each one in terms of what they mean, let’s say choice and

19:37

control first, I want to hear what the individual's thoughts, views, wishes, experiences are as much as possible. We want to be able to promote choice and control. It is not

19:47

always possible, but that's not to suggest we shouldn't be striving to achieve it. There will be instances where individuals can't verbally share their voice. And I think

19:56

just changing our emphasis on why this is important is key because what we're wanting

20:01

to do in terms of promoting voice choice and control is really get an understanding of what life is like for the individual. How do they feel? how do they want to be?

20:11

If the person's able to verbally articulate it, great. But there might be occasions where we're reliant on other people to be able to share those insights such as siblings, parents, grandparents,

20:22

carers, neighbours, friends, potentially other practitioners. But what's important is when we're drawing on our observations of an individual, when we're drawing on the input of

20:32

other individuals that we're making sure it comes back to the individual as opposed to what we're

20:42

hearing other people saying about how they feel themselves (maybe it's their guilt about not being able to support an individual as much; maybe it's what they think the individual needs to receive).

20:52

So where we are drawing on observations in behaviour, terminology, language, body language,

20:59

for example, those observations are just as important as the words that somebody articulates

21:05

to us when we're then drawing on other people's input. And that insight into the individual,

21:10

we've really got to make sure that they're talking about the individual themselves. When it comes to co-production, that often gets described as “we work in partnership with

21:19

people” but co-production really is focused on trying to reduce the power imbalance that we sometimes have between practitioners and individuals. And if you think about

21:28

what our role is, our role is to understand what life is like for the individual in order to identify if they have any care and support needs, what are their outcomes,

21:37

what matters to them, and what risks are being identified for that individual? Our professional judgement and anybody working in a regulated setting regardless

21:45

of their role is a professional and a practitioner in their own right. Their input is important but is just as is important as the input of the individual or their carer

21:54

or their representative. So try to think of co-production as a way to get the view of

22:00

the individual through the individual's lens and through everybody else's lens. Co-production in terms of practice then is if I'm writing an assessment,

22:10

I should see evidence throughout that assessment of essentially a two-way conversation. The development of the personal plans should be done with the individual or their representative. It's

22:20

not “a we've had a lovely conversation with you so we will now go and write up the plan”. The plan is about how that person's going to be supported in their day-to-day life

22:28

so that individual should be enabled to contribute to what that plan looks like as much as possible.

22:33

Strengths-based approaches we're going to talk about as we go through the session. This isn't simply a case of writing down the good things or the nice things about an individual. There is a

22:43

difference between there is a box on a form that allows us to capture strengths versus we are adopting a strengths-based approach. When we're identifying the strengths of

22:52

an individual child or adult, it's really important that this contact gets to that,

22:57

that there's meaning and purpose. It's pointless writing in a box somewhere on a form that is headed strengths that Betty is still able to drive at 87 if when I

23:08

have a conversation with Betty and ask, When did you last drive Betty? She says,

23:13

not for a couple of years as I've completely lost my confidence and I doubt I'll drive again. We've noted that she can still drive but the

23:19

context isn't relevant in terms of where Betty is at the moment. I don't just identify the things that are working well for the individual, but I'm

23:28

thinking about how we are using those to develop the plan for the individual. A strengths-based

23:33

approach would mean I'm seeing personal plans that reinforce the strengths of the individual,

23:38

the things they can do themselves, the things other people can help with. Our plan shouldn't just be based on the things the person can't do or they need help with.

23:46

A good strengths-based approach means I've got a plan that reinforces, builds on the strengths of the individual.

23:53

In terms of being outcome focused what we're essentially talking about is what matters to the individual. What is it that makes them smile? What is it that makes them

24:01

feel content? What is it that gives them purpose, makes them feel unique? There is a difference in terms of this is what's really important to me versus this

24:11

is my preference about how my needs are to be met. So when somebody says I prefer to have a shower over a bath, that’s the precedence over how the personal care

24:20

needs to be met. That's very different to them saying, I want to be able to sit out

24:25

in my garden and look at the tree that my husband planted when we first got married,

24:31

because that is something that's really special to me, that's unique to the individual. Positive risk taking probably happens more than we give ourselves credit for. The question is,

24:41

are we actually explicitly describing that we are supporting positive risk taking?

24:47

Everybody's life has an element of risk associated with it. And what we need to be thinking about is the context of all of the other principles you can see on the screen,

24:56

because you can't really do one of those in isolation. But when we're thinking about positive risk taking, we're giving consideration to what

25:04

the person is telling us about the lived experience on a day-to-day basis they would be wanting to have. Where we identified that there are strengths for this individual are

25:13

there things they can do for themselves or other people who can help them. Are we doing too much for people? Are we giving too much service or are we micromanaging aspects of their

25:23

day to day lives that we don't really need to be thinking about? The key is how we then articulate,

25:29

become confident and share with each other that we are essentially promoting risk taking in

25:36

order to provide the individual child or adult with the most fulfilled life that is possible.

25:42

The key with positive risk taking is that we all collectively understand the risks, that we collectively understand the likelihood of that risk, the impact of the risk that we share,

25:53

the management of that risk in terms of planning, and that we are collectively reviewing that and measuring the impact on the person's experience in terms of being proportionate. This

26:04

is where we really need to think about how much do we end up doing for the child or for the adult.

26:09

When it comes to being proportionate I see plans that are hugely detailed in terms of almost every

26:15

movement of the individual on a day to day basis. What we have to remember is that children and

26:21

adults are in receipt of care and support services from providers because they have specific needs

26:26

that have been identified, there are risks that have been identified for the individual, the individual is telling us what matters to them. And what we should be doing is planning

26:35

an approach that responds to those three areas. We need to leave flexibility for individual to

26:42

exercise their choice, to change their mind, to do something different day to day where

26:47

it's possible. So there is something about how much do we end up doing for the person

26:52

rather than with the person, or even leaving the person to do some of that for themselves.

27:02

An activity you can do as a group or individual reflection is to think about how well we

27:09

see these principles playing out in our organisation and our setting. Think about how you can use some of these to share your descriptions and understanding of quality.

27:21

Just take a moment to reflect on what this means, how you'd describe it.

27:26

How would you know that everybody knows that this is how we work in practice? These could be features that you use to describe in a statement of purpose or in the

27:35

information guide for individuals. If you're a Responsible Individual who's measuring the

27:41

quality of assessments and plans, you might want to be looking for evidence that these principles are playing out in the practice that's being delivered by the organisation.

28:03

We’ll move on now and bring some of the things we learned about the legislative

28:08

context. We want to see how the principles for practice pull through and underpin

28:17

all the practices and processes we've got in our organisation.

28:23

We're now going to give some thought to working with people in a strengths-based way. But it is important to recognise that it is about the person-centred approach here. It's about

28:34

making sure that we're really understanding the individual in the middle of all of the activity. It's the point that was raised before around the well-being activity of delve deeper,

28:44

ask the ‘so what’ questions and really get a sense of what this means for the individual.

28:50

When considering the RISCA statutory guidance and regulations, it's really interesting when

28:57

we map out the stages of the individual's journey from the point that the referral

29:02

is received by a provider through to closing down any intervention or provision. And again,

29:09

that will vary based on an individual's circumstances. It could be that the provision was put in place for a temporary period. It could be that the needs of the individual have

29:19

escalated such that they need a different type of support or it could be that the individual

29:24

has sadly passed away and the service is no longer required for that individual.

29:30

But what we need to be thinking about is how do we actually make sure everybody understands each of the steps of the journey, getting the understanding of what does quality look like

29:41

at each of these stages and understanding of why are we promoting a person-centred strengths-based

29:47

approach throughout each of these steps of the individual's journey coming into the service.

29:54

Starting with the referral that's received (which could be a self-referral, It could be from health, it could be from social care) what's really important is through that referral as a provider,

30:05

you're gathering as much information as possible to gain an understanding of the individual.

30:19

It's important to remember that at the point the referral comes in and the point in which the provider starts to undertake their suitability assessment as required in

30:27

the regulations that we have a read across to the statement of purpose. So the referral that comes in from the person commissioning the service should

30:36

be accompanied by a care and support plan, potentially an assessment.

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But the more information that you can gather at that stage about the individual allows you to do that suitability assessment, it allows you to check across to

30:50

the statement of purpose that what's been asked for is in line with what you've stated you provide as a provider. It's also your opportunity to think about

30:58

matching. So it might be a case of matching a member of staff to support the individual,

31:03

it could be matching the individual to other people who are receiving the service already.

31:14

If it's determined that as a provider you're able to provide support to the individual,

31:20

you're required to provide the Service Information Handbook. The regulations and the statutory

31:25

guidance are clear about what content needs to be included in the Service Information Handbook but

31:31

what's really important is as a provider you take a step back and really think about who is this

31:37

handbook for? Go back into that handbook and have a look for the jargon, the generic terminology,

31:45

go back into that handbook and read it as if you're the child or the adult coming into the setting or receiving the service for the first time. What difference are we making to the life of

31:53

the individual? Do you understand what's in that handbook? Does it tell you what you really want to know? So some of the best handbooks I've seen develop will be those that have been developed

32:03

with the individuals who receive the support from the organisation in children's residential homes.

32:10

I've seen children and staff produce DVDs as their version of the Service Information Handbook.

32:16

You get the staff perspective of what it's like in the home, but the children and young people are also contributing to what life is like in that home. I've seen examples where providers have

32:28

asked staff to all walk out of the building and stand at the front gates, looking back at the home, describing what they see. Describe how they feel walking down the

32:37

path. What does that look like? What does it feel like going through the front door? What do you see? What you smell, what you hear? So there's information handbooks. They do

32:45

need to satisfy the requirements of the legislation. It's also important that

32:51

we're thinking about does this provide the individual with the information that they really want to know? Ask people who were in your services already, ask people who

33:00

have left whether they received the information that was really important them from that we may through service agreements and then you will develop the personal plan for the individual.

33:10

Now, the personal plan needs to be in place before day one of the individual coming into the setting and be heavily based on the information provided by social care. But it is really important that

33:21

we are starting to give consideration to the principles of the Social Services and Well-being Act, not just the principles that underpin RISCA in terms of the development

33:29

of the plans. So am I seeing evidence of the individual's voice choice and control? Where it's appropriate? Where it's possible? Is the plan co-produced with the individual? Is it

33:39

strengths-based? Is it outcome focused? Does it promote positive risk taking? Maybe it's a bit

33:45

too early at this point to hugely delve into that area, but this is why you see the next steps in the process. Is it proportionate? We don't know the individual particularly well at

33:55

this point because they haven't even come into your setting or started to receive the service.

34:00

The individual then comes in to your service. You as a provider are required to undertake your provider assessment. Again, same set of principles apply as the individual settles into receiving

34:10

the service or settles into the new setting in which they're now living. Staff in the setting

34:16

will be developing relationships, rapport, trust will be building with the individuals, getting more comfortable potentially with their situation and living arrangements.

34:26

That's why it's really important that that personal plan is then reviewed after the first seven days using the principles we've just described. But really doing that alongside the

34:36

child or the adult who's now got a better sense of what of what's happening around them ongoing,

34:41

that will be daily, weekly records, them being kept, supervision will be taking place with staff.

34:47

And again, one of the key things to think about when we're in the ongoing delivery phase or the

34:52

review of personal plans is it can be very easy to fall into the habit of monitoring

34:57

and measuring the activity that is being delivered. They're receiving the care that they need, they're accessing the service they need, they are having the opportunities to do what's

35:06

important to them but one of the questions that rarely gets asked is, So what's the impact we're

35:12

having on the day to day life of the individual? So in those weekly or daily records, in the

35:17

supervision sessions, in the reviews of plans when they're happening, as well as making sure

35:22

that we're complying with what we should be doing in line with legislation we are making sure that we're delivering what we say will deliver in the plan and that consideration is being

35:29

given to impact and what difference are we making to the life of the individual?

35:34

To set the context of the relationship between Social Services and Well-being Act and RISCA – the Social Services and Well-being Act brought with it an assessment model that

35:43

you can see on the screen now which are the five circles on the left-hand side, a lot of assessments within social care being referred to as what matters conversations

35:52

or what matters assessments. If you've heard reference to what matters, it is essentially the assessment of the individual that's being described. And what should be happening is through

36:02

the assessment process, I'm establishing what the personal circumstances of the individual are,

36:07

the outcomes of the individual: what are they saying matters to them? But I don't want to then capture the rest of the model in separate boxes I want to make the linkages across to them.

36:18

So when an individual says these are the things that are really important to me, these are what matters to me, this is how I want to be. This is how I want to

36:24

feel my what matters conversation in my assessment approach then explores okay,

36:29

so what's stopping that from happening currently? why aren't you able to do the things that you're describing (barriers). Consideration is then given to how much of that you are able to do

36:37

for yourself? who else can help you? what can you access in the community? We then move on to exploring what the risks are if the individual is not able to do those

36:46

things that matters to them, if they're not able to feel the way they’re wanting to feel. That's what I want to be exploring and that's what I want to capture through the

36:53

care and support assessment. I equally need to be identifying what the care and support needs

36:59

of the individual are. The Social Services and Well-being Act brought with it an eligibility criteria that is now based on individual care and support needs. So through that assessment,

37:08

not only am I identifying what the outcomes of the individual are, I'm wanting to identify what

37:14

the care and support needs of the individual are equally. And I can use the same approach - these

37:19

are the circumstances which we've established and instead of personal outcomes, I change it to care and support needs. I then explore with the individual and those around and what's stopping

37:28

that need from being met. How much can they meet the needs themselves? Who can help them? What can they access in the community to meet the need? What's the risk if the need isn't being met.

37:37

All of this information collectively informs the decisions around eligibility. If it's

37:42

identified that an individual has an eligible care and support need that is then translated into the care and support plan for the

37:49

individual. The box on the right-hand slide of the is a high level description of what the care and support plan needs to capture. This is what then gets

passed through to providers.

38:00

The assessment model I've just described - whilst that is one that is put onto social care in terms of their care and support assessments - as providers,

38:09

you equally need to assess the individual's needs as we've just see.

38:14

The approach that's just been described around, identify the outcomes, identify the care and

38:20

support needs, explore with the individual and those around them, what's stopping them, what's helping them, what's the risk if it's not achieved is an approach that providers

38:30

can equally use when they're undertaking their assessments and formulating plans.

38:36

Once a provider receives the care and support plan, this is where the duties

38:45

under RISCA kick in in terms of undertaking your assessments and developing the personal plan. RISCA is clear that the personal plan needs to

include the individual's personal outcomes,

38:57

an understanding of their care and support needs, what their personal preferences are about how they want their needs to be met and their outcomes achieved? What are

39:06

the risks or the challenges identified for the individual and is there a need to consider specialist assessments that have been undertaken or need to be undertaken?

39:16

Think of it as the care and support plan essentially describes to you What

39:27

needs to happen and why while the personal plan is taking that a step further in terms of now getting into the detail of how we are going to be able to do that.

39:37

What you can see in the grey box is a summary of what then gets put into the personal plan for the individual. Remembering the principles we described earlier should

39:48

be underpinning the approach by which the plans are developed.

39:55

Whilst this slide looks quite busy what it is doing is focusing in on is what do

40:00

we need to be capturing through the assessment and the planning process. Now the words we often hear used in practice will be the words ‘wants and ‘needs’ spoken by

40:10

everybody around the individual, and sometimes the individual might be using those words, for example What I want you to do for me is this / What I need you to give me is/ What you need to do for my mum

40:21

is/ What we want you to do is call in four times a day to provide care/ What we want you to do is

40:27

stop the child from being exposed to risk/ What we need you to give the child is a stable placement.

40:33

Quite often the words ‘wants’ and ‘needs’ have been used to describe services, activities, interventions, things that are done ‘to’ the individual. But what we need

40:45

to be understanding and describing is what the actual care and support needs of the individual

40:50

are and not the service requirement or the intervention that's required.

40:57

This is where some of the generic jargon terminology starts to come in . For example: the care and support need will be described as ‘the person has needs in relation to their personal

41:06

care’ or ‘the person needs help with their medication’ or ‘the person needs support to be able to socialise’ – we fall into that habit of describing what it is we think we need to provide.

41:18

Whereas really describing care and support needs through the lens of why do they need something in

41:23

the first place is far more helpful. So when describing care and support needs, don't think what is it they need instead think about Why do they need it? For example if

41:32

we’re writing that someone needs help with personal care, what's the personal care they need and why do they need it? Is it because they're prone to UTI so we need to make sure

41:42

that they're clean and they're kept clean. Is it because they're prone to pressure sores so we need to keep them clean. Is it the care and support need is in relation to managing their emotional

41:51

needs, managing some of that self-regulation due to trauma that they've experienced previously.

41:57

Is their need for support around medication because their dexterity in their fingers doesn't help them to be able to pop tablets out of blister packs or is it because they

42:06

forget to take it because they've got memory challenges? So care and support these needs describe the reason why somebody needs the support as opposed to what it is they need.

42:15

And I have to combine that with what matters to the person, what are the outcomes they're saying are important to them and what are the risks that are being identified for the individual?

42:24

Remembering the principle of positive risk taking. So my assessments and plans need to encompass what's within this blue line. And the more

42:33

we're able to describe it through this lens, the better chance we've got of moving from

42:38

being fixers to facilitators of people's well-being on their lived experiences.

42:44

So again, we can see where the principles for practice lend themselves nicely and need to underpin the approaches,

42:52

the practice, the steps, the parts of the process that we should be following.

42:58

Take some time to reflect on the input that has been shared in discussions either by yourself or in groups, considering the principles of practice that you can see on the screen,

43:08

share with each other those experiences of where you have seen those principles

43:14

in practice. What do you hear when services and support is being provided that gives you

43:19

the reassurance that that is the practice and the culture of your organisation? Maybe

43:26

it's a case of what you see recorded or written down in the paperwork that needs to be produced

43:33

Do some reflection on how well you are delivering on the principles – trying

43:39

to take a strengths-based approach. Start the conversation or reflection with identifying the bits you know we do well, the things we're confident with, and this is how we know we do

43:48

them well. This is how we know we do them well is the most important part of the conversation.

43:54

And then it might be that you move on to think about maybe we need to concentrate on some of

43:59

these other ones a little bit more. Maybe there is scope for us to do things a bit differently.

44:04

So take about 15-20 minutes in your groups to really unpick what this looks like, what it sounds

44:12

like within your organisations. Share the examples of where it's working well, Share the examples of

44:18

where you're reflecting, where are there areas a bit more or something different could be done.

44:24

To summarise the element of person-centred practice, making the links across to what

44:29

we're required to have in place, and again thinking about the lens of quality,

44:35

some of the key areas in which we can really focus in on are we getting person-centred practice right? Do you describe it in your statement of purpose? Is that approach described in the

44:45

information guides in a way that the individual can understand, almost start to feel what their

44:51

experiences will be, are we thinking about the care and support needs, the outcomes, the risks?

44:57

Are we delving deeper and asking the so what question of what the terminology means when we're

45:03

considering our suitability assessments? When we're developing and producing our assessments

45:08

and personal plans and undertaking the reviews are we describing our standards of care and support,

45:16

are we recognising that actually those standards of care and support read right across to the definition of well-being in the Social Services and Well-being Act

45:24

And when it comes to being inspected by Care Inspectorate Wales, they will be focusing in on those well-being outcomes. They will be looking for the evidence of person-centred

45:34

and strengths-based practice across all of the aspects of what we're required to provide.

Part 2

Part 2 covers how to use strengths-based practice and compassionate leadership together to improve quality of care.

View transcript

0:01

This is part two of the training session in relation to leading quality in a regulated

0:09

setting. In terms of part two. So in terms of part two, the aims and objectives would be to reflect on the learning from session one and how practice has been

0:18

shaped. That's not always an expectation that things have fundamentally changed, but that there's some thinking happening with some reflection and there's some

0:27

insights into practice that maybe you hadn't had before that you've got now. That's what you think individually or as an organisation.

0:36

We're going to focus more on the strengths-based approach in practice in part two and introduce the

0:44

principles of compassionate leadership to build on the strengths-based approach and to lead us into

0:50

how we can shape quality standards and how these inform our quality of care reviews as providers.

0:58

When it comes to quality, one of the key things to do is to be clear about what is our definition

1:10

of quality as an organisation? What does it look like? What does it mean? How would it

1:15

feel for people? How is that promoted across the organisation so that everybody understands it?

1:22

How is it measured in terms of how do we know we're doing it? And then how is it monitored n in terms of what's the impact we're having on the lives of the individuals that we're supporting?

1:33

That's the thread that's running through the part two session. So picking up in

1:39

terms of our approaches to working with people in a strengths-based way, working in a strengths way where it's something that gets talked about a lot.

1:47

As we discussed in part one, it isn't simply a case of we need to pull out the strengths,

1:52

we need to identify what works and we need to think about what the person is able to do. We need to see it as an approach, an approach that then

2:00

goes to support independence, resilience, choice for people and improves well-being.

2:06

We've got to think about a strengths-based approach in a number of contexts. It could be that we are wanting to improve an individual situation and we'll

2:18

use those strengths to be able to do that. It could be that maintaining the current situation for the individual is what we're aspiring to do and we can. We

2:27

need to think about how we adopt the strengths-based approach to do that. But it might also be a case of the person’s situation

2:35

is likely to be, and is deteriorating how we still maintain as much independence

2:40

and resilience and choice despite that decline in somebody's circumstances.

2:46

A strengths-based approach has to be collaborative. It can't simply be a case of the practitioner tells the individual what they're good at. If we're going to play to

2:55

people's strengths and use them, the individual has to have an element of self-belief and insight

3:01

into that being the strengths in terms of what they're capable and able to do for themselves.

3:06

We need to understand if they can trust other people and feel comfortable having other people to help them, or if it is that they feel able to go and access support in their communities.

3:17

The approach needs to be proportionate and flexible and appropriate to the individual’s circumstances. But like the example we used earlier about Betty being able to

3:25

drive – when you actually speak to her she says she hasn’t driven for two years as she has lost her confidence and is unlikely to drive again.

3:33

In terms of children, we'll hear references to the strengths for a particular child

3:38

is that they're attending school. But without the “so what” question there’s no

3:43

context about what this means for the child and why that's a strength for them. Is it

3:50

the fact that they're going to school and the strength associated with that is because the

3:55

time they're in school, they're not home exposed to domestic abuse between parents at home? Is it

4:00

that when they're in school and they're on the playground, it's the only chance they have to develop their social skills and spend time with peers? Is it because the school meal

4:10

they get is the only nutritious, hot cooked meal they get that day? Or that the cook or

4:15

the cleaner of the school is the trusted adult that the child knows they can go and speak to?

4:21

So again, it's not the high-level generic statements that we're looking for. It’s the detail of the context for the individual, what does it mean to them?

4:31

The strengths-based approach will be aligned to positive risk taking. If we're able to recognise the strengths of the individual, we can use those. We can

play to those strengths

4:41

to help to mitigate against any risks that are being identified for the individual.

4:48

Ultimately a strengths-based approach has a focus on what matters to the individual, and it isn't just about identifying what they can do for themselves,

4:54

but who and what else is around them to help. For example, maybe some of our activities as a practitioner is connecting individuals up to members of their community.

5:04

For example, we know that there are two or three individuals living on the same housing estate who don't get out and about, who are feeling isolated and as

5:13

a result it's having an impact on their well-being, which means they could then need some form of care or support to be able to address the consequences of the impact of

5:22

the isolation. Can we think about how we can connect those individuals up together?

5:28

What's really interesting when we think about the strengths-based approach is about being something collaborative, but also recognising how the individual sees themselves.

5:39

For a lot of individuals that we work they we will at some point have heard conversations happening

5:45

around them that describes the things that they can't do and that they're not able to do,

5:51

things we can't allow them to do because there is a risk associated or it will have a detrimental impact on the individual. So we have to think about how we adopt the strengths-based approach

6:00

when the tone and the nature of any discussion or involvement with the individual has been about identifying the support they need as they can’t do things and there are risks associated.

6:10

Knowing how the individual sees themselves and their situation, sees their own world, is really important.

6:17

When we listen to family members, when we listen to other practitioners, when we listen to neighbours, carers, friends, who is it that

6:26

they're actually describing? I had an example shared recently of a lady who was a midwife for many years and the staff had

6:34

noticed that she would continuously go up to the members of staff holding their arms

6:39

checking that they were okay, genuinely attentive to how the staff were. And it was only when they

6:45

were trying to unpick why that behaviour was happening as the lady has dementia and wasn't able to verbalise or articulate why she was doing it, they started to unpick the story

6:56

of the lady and how she used to be a midwife. So what they did was on eBay, they bought one of the old blood pressure monitors that she would have

used when she was practising

7:04

as a midwife and bought it for her. She now goes round taking the blood pressure of the members of

7:10

staff on a regular basis because that's her way of being able to show that she cares for people.

7:18

I've seen an example of an individual who used to be a head teacher and once a week the staff would come to him with their exercise books and their pens and they would sit down at

7:27

the table with the gentleman and he would teach a lesson as if he was back in school.

7:35

Another example was of a gentleman who every day knocks on the office door in the residential home where he lives to collect his wages (which is only paper money). This gentleman used to be

7:43

a coal miner and this how he would collect his money – what was important to him them was his role as the person that brought the money home to the

family and the one who put the

7:50

food on the table and looked after his family. He hasn't lost that element of identity and purpose.

7:56

So really think about first off, who do you see? Who do you describe? Do we spend

8:04

enough time trying to understand the person they see in the mirror? Do we ask the individual who they see when they look in the mirror? Because that

8:11

opens up conversations about really finding out who the individual is.

8:17

If I'm working with children and young people I ask them who they see? Do they see themselves as a superhero, as somebody who's strong and confident,

8:26

or do they see themselves in a different light because they’ve maybe been described negatively by other people? Do I ask them if they could be a superhero or have a superpower?

8:35

What would it be? Are there elements of that they've already got in themselves?

8:42

There's really something about how we see, and everybody else, sees the individual and

8:47

how they actually see themselves. So when we're thinking about our strengths-based approach, an

8:54

exercise that you can have a go at either through individual reflection or in a group is to really

9:01

start to think about how as an organisation, do you work in a strengths-based way?

9:07

It isn't a case of we tell people they've done a good job we might follow it up with a personalised email, buy cakes one day, give people half an hour extra for lunch.

9:16

Really give thought to how do you work in a strengths-based way in your organisation,

9:28

either as an individual leader or manager, or in terms of what you see leaders and managers

9:33

doing? What are their behaviours, their traits, their activities in terms of the way they lead.

9:42

If you're a leader and a manager and you've seen your staff work and interact and engage with individuals. Think about what you see them doing and/or what you hear them saying. Does this

9:51

tell or show you, and give you the confidence, that staff are working in a strengths-based way?

9:57

If you're a member of staff, what do you do to promote a strengths-based approach to working with the individuals that you're working with and supporting?

10:13

Really think about what difference you make - it's the “so what” question again - So

10:18

what impact does this approach have on the way individual needs are met and outcomes achieved? So it isn't just we describe how we work and or lead but about the

10:31

impact it has and the difference it makes So to recap. Taking a strengths-based approach means we're exploring in a collaborative way

10:42

the individual strengths, abilities, their circumstances, the people, the things around them.

10:48

It is a shift away from making the deficit the problem, the risk, the challenge, the focus of the intervention.

10:53

It is important to remember the strengths-based approach is not just about arranging services. We have to think about if we took those services away,

11:02

how resilient, how independent would the individual be?

11:09

The next few slides are suggestions in terms of resources or tools that you could look to adopt or could try within your organisations. This is a set of questions that could be used. It's not the suggestion that this becomes another

11:14

page in a form, another document that's filled in and that we work our way through a scripted set of

11:21

questions. They are more suggestions in terms of conversation starters with individuals and we can

11:27

use them in lots of different contexts. It could be just a general chat with somebody. It could be part of the assessment that formulates the personal plan. It could be that when I'm reviewing

11:37

the personal plan every few months, that these are some of the questions that are considered.

11:44

It could be a set of questions that leaders and managers could you use in conversations with staff

11:50

with a bit of tweaking to the wording of some of these questions. For example, what are the things

11:57

you used to do in your job that you used to enjoy doing but you're not able to do anymore? what level of autonomy did you have but you don't feel like you have anymore? What impact is that having?

12:07

What level of autonomy would you like to be able to have when you're supporting individuals? What

12:13

have you been able to do in your role that you didn't think you would be able to do? You can phrase these questions in terms of interactions, conversations, relationships

12:23

with individuals who are receiving support, but also think about those you manage and maybe use the questions in terms of supporting staff and adopting a strengths-based approach with them.

12:35

Another helpful exercise here is to really focus on the individuals because we can talk generically about what we mean by a strengths-based approach but

it really comes

12:45

to life when we start to identify individuals we're supporting. So in groups or by yourself

12:55

locate an individual in your mind. think of an individual you're working with who's being supported within your organisation. Then work through the questions on the screen.

13:12

When you think of that individual what have they been able to do that either they or the people around them didn't think they could? What have they been

13:21

able to do themselves? Who has helped them? What support have they accessed

13:31

to be able to do this? How does impact on the support they need going forward?

13:43

As part of our reviews of supporting individuals we always have to be thinking about a strengths-based way of promoting independence, well-

being, choice and control. The more we

13:53

can start to recognise and help individuals to recognise their strengths the better. Part of my

13:59

review process should be around do we need to keep supporting you in the way we have been supporting you. Because if the individual starts to share that they've got more confidence

14:07

now and can prove to themselves that they're able to do tasks, they don't need that extra support

14:14

any more. Or they might actually feel more confident to try other things by themselves or

14:24

their family and friends may be willing to help them and they don't feel they need the service. So reflect on an individual, by yourself or in groups, and work through the questions.

14:42

They're good questions to use in supervision, team meetings or peer reflection sessions.

14:48

So to summarise the key features of a strengths-based approach. We need to think about how it values capacity. That doesn't

14:57

necessarily mean mental capacity it is about the individual's capacity to be able to support themselves using their skills, knowledge and connections.

15:04

Focusing in on strengths does not mean we ignore the challenges or spin the struggles into strengths. It is about how we get the balance right in terms

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of making sure we're proportionate in how we support individuals. We have to work in collaboration either with

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the individual themselves or with other people around them.

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We might find ourselves in a position where we're having to challenge other individuals.

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For example, a lot of the reasons why referrals come into social care or come in to providers will

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be because there is a perception an individual needs help with something as they're unable to do something. It is important to have a conversation with the referrer to say,

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Why do you think the person can’t do this thing? When has it happened that they can’t? Give me some examples of why you think that's a risk or why you think they're not able to do something.

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Because quite often when we're talking about risks and the absence of strength, it's not always about

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the risk to the individual. It could be that this is professional anxiety, family guilt

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or worry. That means our sense and perception of the situation isn't always quite accurate.

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Ask the questions of the individual themselves. For example, I'm hearing a lot from other people about what they think you can't do, but what can you do? What have you

16:16

been able to do yourself or with help from others? What's the one thing you want to be able to do but

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no one else thinks you're able to do it? Why do you think they don't think you're able to do it? Explore the conversation. And if we start to adopt this approach and embed it a lot more

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individuals become co-producers of the support rather than passive consumers of that support

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So for this final part of the session, we're going to move into pulling together what

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we've done in part one, pulling together what we've done in the first section of part two to start thinking about how we start to shape what quality looks like.

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Leadership is a key aspect of driving quality forward in an organisation and in terms of

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shaping what quality looks like. Knowing and measuring whether we're delivering the quality we should be providing is often seen as a leadership task. It predominantly is,

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but it's also thinking about everybody who works in an organisation having a responsibility to lead quality in one way or another.

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But for those of you in leadership roles, it is important that you give consideration to

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how well you lead in the organisation. The way in which you lead the organisation will,

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by default, lead to delivering a good quality service, or not

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In Wales we now have Health and Social Care principles of Compassionate

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Leadership developed by Social Care Wales and Health Education Improvement Wales and

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it's really interesting when you start to read the narrative around the principles,

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because for most of what you can see on the screen, we've already talked about it throughout part one of the training and the first part of this part two.

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When considering the principles what we don’t want to do is have lots of generic and technical words that people can't relate to. So one thing to think about as a leader and manager is how you translate

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the principles into language and terminology that people can buy into and recognise. One

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approach to using these principles is to think about is what they are telling us about what we need to do and why we need to do it. But what leaders need to also be able to do is describe

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the how. For example, as a leader you don't want to just stand in front of a group of staff and say

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“I will make sure I strengthen respect, voice, influence and choice”, because the majority of

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the workforce are going to turn and say, What does that mean? What you need to be able to

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say is “This is what I want to do. This is how I will strive to be. This is how I will do it,

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and this is how I would want you to feel if I was leading in this way”. So we need to

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be able to translate the principles into what the experience will be for the people we are leading.

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What are the traits or behaviours of the leader if they're working in this way? How

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does that translate into how staff will then feel if they're being led compassionately?

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Ultimately, if staff feel that they're being led compassionately then that will

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play out in the way staff will go on to support individuals. So if you're a leader, we want to be thinking about what your behaviours, traits and how

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staff will feel. If you're a staff member, think about the same thing. What would you want

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to see in leaders and managers in terms of their behaviours and traits and activities? How do you

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want to feel or how will you feel if your manager is leading in the way described on the screen?

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It can be useful to think about how to translate these into practice. Because the leadership within the organisation, leading compassionately,

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it aligns with the duty of candour that we all have the responsibility

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to work towards. The RI has a responsibility to make sure that the culture of the organisation

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is in line with the duty of candour that we're required to follow. And the two go hand-in-hand.

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So either by yourself in reflection as a leader, or if you're a member of staff think

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about how you sit and look at leaders and managers around you. If you're in a group,

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have a think about how compassionate leadership plays out, or would play out, or should play out.

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So it's thinking about what the behaviours, traits and competencies should be. How should

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managers and leaders be doing this? Is this demonstrated by the managers and leaders

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you see? If you're a manager or leader, do some of that honest self-reflection about whether you think you do that. Quite often as managers and leaders we believe

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for the right reasons that we're leading in the right way. But actually, do we ever test that out? Do we ever check with staff that that's the experience they're getting from us?

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Also think about either for the staff you lead or manage or if you're that member of staff how do staff then feel if they're being led in this way?

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For this final part of the session we're going to think about how we start to shape, describe and define the aspects of quality that are really important. Earlier on,

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I talked about the key stages of setting and managing quality. The first one is to define what quality looks like and should feel like. Second is how it's

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promoted within the organisation. Third is how is measured and fourth is how it's monitored in terms of the impact it's having on the individual's

experiences.

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Before we get into the legislative context and policy context of quality it is helpful

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for us to just stop and think about where you are as an organisation at the moment. So either individually or in groups, take ten minutes to think about what

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the key elements of quality are within your organisation and give some thought to how

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it is defined and how it is promoted. But also how is the impact measured in

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terms of making a difference to the individual's daily lived experience?

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As you do this activity, the temptation will be to define processes and activities linked

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to quality. Quarterly reviews, quarterly visits, quality of care review reports,

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checking paperwork. These aren't definitions of quality, they're ways to measure quality.

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What we want to think about is what is it that we're actually measuring? For example, we'll all do reviews of policies and procedures, managers will be reviewing what's in assessments, personal

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plans, review documents. We know we've got to do the task. The question is, what is it that we're

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looking for? So if we came back to the principles of practice from earlier on, if I was, for

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example, reviewing personal plans and the reviews of those personal plans, would I be wanting to see

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evidence of them being completed or would I also be looking for evidence of the individual's voice choice and control, that the plan has been co-produced,

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is outcome-focused and strengths-based, has an element of positive risk-taking and is proportionate. So think about how you define quality before you think about measurement tools.

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So either alone or in a group, we really have to think about what are the key elements or the key descriptions of quality, how are they promoted and how do we know

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whether they're having an impact on the daily lived experience of the individual? A lot of the discussion around quality and the activities that take place will

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be based on the quality of care that is being provided to the individual.

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It's helpful to make sure that when we're talking about quality that we're talking about all aspects of quality. There's an element of person-centred care but we also need to

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think about what else is covered in regulations and statutory guidance and safe and effective

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practice. My health and safety arrangements and my incident management, my medication management,

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my safeguarding arrangements. They're equally important in terms of what quality looks like.

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The leadership, management and culture aspect which we just covered, where I talked about compassionate leadership and the need to define, promote, measure and monitor,

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set the culture of the organisation. That all has an influence and impact on quality,

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as does our recruitment processes. Making sure we're following induction processes,

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registering our staff with Social Care Wales, covering the workforce elements in regulations and

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guidance. And then there'll be the auditing and review processes that we're required to follow,

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equality care reviews, visits, adequacy of resources reports, and so on.

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This is just a reminder that quality comes from a number of different areas that impact on the experiences the individual is having.

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So providers and RIs are required to undertake quality of care reviews.

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CIW in their guidance are very clear that an effective quality of care review seeks

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to determine the extent to which people have their needs met, their rights promoted and that they can achieve their personal outcomes through the service that's being provided.

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We also have to make sure we're focusing on meeting the individual's care and support needs.

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As part of the process of undertaking reviews and the activities that come with that,

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the RI then prepares that assessment of the standard of care and support being provided and will make recommendations for the improvement of the service.

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What we need to be thinking about again is what is being measured. So it's very clear

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that quality is a core strand of the legislation. We've got responsible individuals with a key role

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and purpose to promote quality. But how well are we defining quality? Because if you were to go back into the regulations and the statutory guidance, the features of quality are

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scattered through all of the documents they are not succinct and in one place. Some of that was illustrated in the previous slide with the circles,

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in terms of quality is about person-centred care, safe and effective practice, leadership and culture, and audit and review processes.

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We really need to think about what it is we're actually measuring when we talk about quality.

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A lot of quality of care reviews will list and describe a lot of activity, there will

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be some element of individual experience, but it tends to be quite quantitative. So what we

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need to be thinking about is what do we say as an organisation a our standards of quality? What

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is it we're striving towards? How will we measure it and how will we know we are achieving it?

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And those quality standards need to be clear jargon free, something everybody can relate to.

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As you can see on the slides, the regulations and the guidance are clear about what a quality standard is. It needs to be measurable in terms of knowing what

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we need to do to achieve the quality standard that we've stated. It needs to be measurable in terms of what the impact will be for the individual and their daily lived experience.

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The quality standards should run through the statement of purpose. They may well

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be referenced in your information guide. They need to be the focus of the RIâ€™s

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quarterly visits. They need to be evident in the way personal plans

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are produced and reviewed. They need to be evident in the way staff are working on a day-to-day basis

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supporting an individual, for example the way they are helping with personal care needs, supporting them with getting out and about in the community, going to school, whatever that might be.

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So we really need to think about how are we defining quality. Drawing on the exercise that you've previously done thinking about what it is that we're

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actually defining as quality becomes really important. This becomes even more important

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now because in the annual return that is required by CIW to be completed in line with the regulations in the statutory guidance of RISCA providers need to

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include a statement of compliance against the four areas that you can see on the screen.

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It isn't simply a statement that says people feel their voices are heard or they have

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choice about their care and support and they have opportunities made available to them. We need to be able to demonstrate how that happens. So what's the process? What's

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the activity by which we enable people to have their voices heard? How do we know that that's

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happening and what's the impact that's having having in terms of individuals experiences?

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Same for the second, third and fourth statement. The process becomes a lot easier

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if you've got a set of quality standards that are clearly understood, that are measured. So when considering quality everyone is thinking in terms of what they are seeing, reading, hearing.

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The same thing goes when sending satisfaction questionnaires out, to staff, to individuals in receipt of support, to family members, stakeholders - you need

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to be gathering evidence and intelligence about whether these four things are happening. One of the things you need to be very mindful of in terms of the processes around understanding and

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measuring quality is the person-centred element as well. It's a tricky one because there a lot

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of activities to fulfill. My encouragement to all providers is to just stop and think

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about all the processes we've got in place such as the questionnaires, the surveys, the

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residents meetings. Are they giving individuals the opportunities to really tell you what their

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experience is? The residents meetings that you have - step back and think are they really for

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the residents or are they for the organisation in terms of providing the service. The questions

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that go into questionnaires and surveys as part of quality of care reviews, are you asking questions on the basis of what you think you need to know or on the basis of what people want to

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tell you. Always be thinking about developing a co-produced approach to quality of care?

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If it was me and I was the responsible individual that was having to think about how I conducted my quality of care review, I would probably be sitting down with staff,

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with individuals receiving care and support, with their families, friends and sharing with them what my role is to review and monitor and measure quality. It's part of why I have to undertake

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regular visits. I need to engage with all of you in terms of your experiences. What would you want

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to be able to tell me at those regular intervals and how would you want to be able to tell me?

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Because if you were being really honest, how many people would want to fill in a questionnaire versus can we have a sit down of a cup of tea and cake. A child in a children's residential home is

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more likely to tell you about their experiences kicking a ball around in a football field or having an ice cream down at the beach. So you really need to be thinking about your arrangements

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for gathering information about what you can see on the screen, making sure you're person-centred

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and thinking about the quantitative and qualitative measures that you're putting in place. For example, if you have a question in the questionnaire that asks are you happy

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receiving the service? are you happy living in this home? and people are given the option of yes or no when it comes to writing the quality of care review report it will probably say 98 per cent of

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people in this residential home say they're happy or 89 per cent of the people in this residential home say they feel safe. It's still not clear what that means in terms

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of quality so think about how you expand the question and ask What makes you happy?

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When was the last time you felt happy? What's happening around you that makes you feel safe?

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You know, we all want to make sure that people feel as independent as possible so we will ask the question do you feel independent? Is your independence promoted 92 per cent say

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yes, But how do in know what independence looks and feels like for individuals and how do I know about how we are supporting this and the impact it is having on someone's quality of life. support and information that says an independent looks like this for people and this is how they're being supported achieve it. That's a much fuller picture of quality.

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As an exercise, reflecting on the quality standards you've already written and remember the strengths-based approach

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if you feel you've got quality standards that are hitting the mark, talk about them, promote them, be proud of them.

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If you're not sure how you define it, remember that we know what we're looking for,

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we know what we mean but it may be that you haven't articulated it that clearly.

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The other thing is that when you're looking at those quality standards, really think about through whose lens they're written. So do you have a quality standard that

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says "we want all staff in our organisation to feel valued"? A question on a questionnaire that

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says "do you feel valued? yes or no?" doesn't tell you if staff feel valued. But if I go out to staff and say "what makes you feel valued to work in this organisation?" and

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they can tell me what makes them feel valued, my measurement of quality is going out and finding

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that that is their experience. Do I write a quality standard that says "we actively promote the outcomes of individuals"? Or do I write a quality standard through the lens

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of the individual that says "I'm able to do the things that make happy", "I'm able to do the things I enjoy", "I'm able to sleep well at night knowing I'm safe in my own home",

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"I'm able to spend time with the people who are important to me". Because when I

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go to measure these, I'll include a question on those in my survey and look for that in

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the paperwork and I'll ask people to share their experiences with me when I visit them.

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So have a go at deciding what quality looks like, by yourself or in a group, and have a go at

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writing a couple of quality standards that would sit under each of these statements of compliance.

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As we come back from the previous exercise around developing quality standards,

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this could be a helpful model to come back to and reflect on as its thinking about what

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do we say are our quality standards? Are they clear? Are they understood and are they defined?

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It's thinking about what we measure and how we get the evidence that we're meeting the quality standards or not.

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And then it's about how do we use that information to determine quality impact? It's really important

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that we make a judgment of some sort and I don't mean that in a bureaucratic way, but we have to be able, at the end of the quality of care review processes,

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be in a position to say collectively this is what quality looks like in our organisation and this is how we know we're doing that and this is how we know the impact we are having.

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It's about remembering that a lot of the quality of care review reports, can become a bit of a description and a list of things under a series of headings. But actually what you want

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to be able to do is conduct the analysis, and conclude or summarise what quality looks like.

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Another helpful model to do that which aligns with this one in terms of bringing the information together is the "What? So What? Now what?" model of reflection

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and analysis. For example when writing and concluding a quality of care review report. How do I bring this together into something condensed, tangible that I understand?

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The model explores three key questions. WHAT information have I gathered? SO WHAT - so what are we proud of? So what is working well? So what

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difference are we making to people? So what do we know? So what do we need to work on? So what are the areas that are causing concern?

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So you take that information to feed the 'now what?', which essentially becomes the action plan.

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NOW WHAT do we need to do in response? In terms of the action plan that comes out of quality of care reviews, it's taking the

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strengths based approach. It should be okay to have a quality of care review action plan that

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says we recognise that this works really well in our organisation and we're proud of it and part of our plan is to keep that going, to keep the emphasis, to keep the energy invested

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into the things that are working really well, and that we're explicit about that in our plan.

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The second half of the plan will be the areas we know we need to work on and address and this is how we're going to do it.

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The other thing to think about is what happens with the information when the quality of care

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review report is finished. I see a real mix across providers where it's completed and

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shared only with the service provider, it goes to the commissioner and it's shared with CIW.

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Sometimes staff are just given a copy of the report. I see other examples

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where leaders and managers sit down and they talk through the report with individuals receiving the service or with staff.

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It is really important to think about the ethos of being person-centred, co-productive,

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strengths-based, promoting voice, choice and control (all those principles we've talked about throughout the training) and making sure those people who've been part of the

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quality of care review process are provided with information about what's come from the review.

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To give somebody a full copy of the report is probably too much, but a nice visual summary

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shared with staff, family members, individuals, commissioners that says this is what our quality

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of care review processes concluded for this period can be more accessible. And again, the What? So what? Now what? Model is a really nice framework in which you can say this is what

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we're proud of, this is what we do well, this is what we know we need to work on, these are the things we're going to keep investing our energies in,

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and this is how we're going to work on the areas we know we need to develop. The quality of care review process shouldn't just be an inclusive process

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when people are feeding into it, but actually hearing what's coming out of that review and sharing it openly and honestly with people in keeping with the

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principles of compassionate leadership, duty of candour, and so on, is important.

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So to summarise the key messages coming out of the session: There is a very strong close relationship between the Social Services and well-being Act and RISCA.

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The two complement each other really nicely. A lot of the concepts, the principles, the terminology

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and language of RISCA is heavily informed by the detail that sits within the Social Services and

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Well-being Act, which is why it's really key for us to understand how the two connect together.

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We've explored the importance of defining understanding and measuring quality through the lens of the individual primarily,

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but to strip out the jargon, the generic statements become meaningless if we don't ask the so what questions and get into the detail of what this means for individuals.

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Throughout the sessions, we've explored strengths-based approaches. Remember the strengths-based approach is not just writing down things that are working well. It's what

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underpins and embeds our approach to practice and aligns the principles for practice. It

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aligns very nicely with how we drive and deliver quality within our organisations.

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And finally, compassionate leadership is a really nice tool by which we can drive the

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strengths-based approach. It aligns nicely with the principles for practice. It sits

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as a key feature of how we deliver quality within our organisations.

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So if we bring all of these aspects together, that's when we are in that area of being able

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to drive quality within regulated settings through the lens of the individual.

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So before we conclude the session. It is really helpful when you've had so much information to reflect.

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Some of you will have picked up on key bits in part one that were more pertinent and others will have picked up more things in part two.

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You can go back and watch the video again, but it's so important that you take But it is really important that you take some time to condense all of that

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information you have received throughout the training and the reflections you have made into something that's meaningful for you as an individual as a team and/or as an organisation that you can take away from the session.

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One of the ways that you can think about doing that is to reflect on the materials, reflect on the learning and all the discussions that have happened and make a commitment in terms

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of one thing that you will stop doing as a result of the sessions, one thing you will start doing as

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a result of the learning and the reflections and one thing that you will continue doing.

42:06

Keep these alive, come back to these and review them. Don't just review them in terms of I can say I did it but review it with the so what

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> question. Say to yourself I've been able to do it. So what difference does it make?
>
> 42:22
>
> So that brings us to the end of the session. Thank you very much for engaging,
>
> 42:27
>
> for listening and for all of your individual reflections and group discussions.

> Leading quality as a Responsible Individual: embedding strengths-based practice (part 2)
>
> PPTX 1MB

Strengths based practice: values

Explains the values people need to work in a strengths-based way.