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**Report to: Inner South Community Committee, Beeston & Holbeck, City & Hunslet,
Middleton Park**

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To note

Inner South Community Committee Briefing Strength- Based Social Care (SBSC) Update – September 2018

1. Purpose of report

1.1. This report updates on the progress with Strengths Based Social Care across the city and draws attention to local features of this new approach to service delivery.

2. Strengths Based Social Care (SBSC) Model – An Overview

2.1. The new strengths-based model establishes a way of delivering adult social work practice that is:

- Values driven
- Community focused in achieving outcomes
- Empowering of staff
- A partnership with local people
- Builds on the asset based approach already in place in Leeds

2.2. The new model moves away from the focus on eligibility and assessment towards a strengths-based and person-centred approach.

2.3. With SBSC, the starting point is always to look first at what someone can do rather than what they can't do; a move away from "what's wrong" to "what's strong".

- 2.4. After an initial conversation with a customer to understand their concerns and see what they have tried already we try to get them to the right place to help them.
- 2.5. That 'right place' may be a pre-booked conversation with one of the social work team at a local community venue, but it may be some peer support or a community group.
- 2.6. Social Workers have designed new tools to reduce bureaucracy and enable transparent conversations with customers that focus on the individual and the outcomes they desire.

3. Main issues

3.1. New ways of working

- 3.1.1. During the initial call customers have more clarity around their options and The What's Out There Guide has been designed to enable call handlers to connect customers to beneficial services in their community.
- 3.1.2. A Rapid Response team is now in place to stabilise all crisis situations with a focus on make safe, short term work.
- 3.1.3. Customers can now also book a community appointment with a Social Worker in a Talking Point; the average wait is currently 10 days.
- 3.1.4. Each Neighbourhood Team has a community-based Talking Point where customers can meet Social Workers and see the range of options open to them in their local area.
- 3.1.5. At the Talking Point and in place of home visits and lengthy assessments Social Workers and customers can now have a series of conversations based on what the customer wants.
- 3.1.6. Social Workers have re-designed paperwork to record conversations so it is easier for customers to understand and less bureaucratic to complete.
- 3.1.7. This also empowers Social Workers to spend more time with customers and understanding their local community.
- 3.1.8. Teams now meet to 'peer review' their work before submitting support plans and this increases team knowledge and understanding and introduces creative solutions.
- 3.1.9. New ways of working are being embraced and the approach is being applied across different services within Adults & Health and with our Health partners across the city.

3.2. Local Progress & impact

3.2.1. Customers have told us that it is “nice to just have a conversation” and feedback is being gathered as part of the ongoing evaluation work.

3.2.2. Each NT offers on average 4 TP appointments per week with an average wait time of 10 days.

3.2.3. More people are having their needs met in a way that doesn't require traditional services but enables them to live life the way they choose.

3.2.3.1. **Beeston Neighbourhood Care Management Team**

3.2.3.2. There are now less hand overs; when seen at Talking Point the worker who sees the individual keeps the case if ongoing work required.

3.2.3.3. Social workers and customers are now having a conversation rather than a more formal assessment; this gives customers the opportunity to use their own language and explain what's important to them.

3.2.3.4. There is more emphasis on exploring natural and community resources rather than local authority services to meet identified needs.

3.2.3.5. The team are now connecting people to what's going on in their local areas – therefore potentially reducing the risk of individuals going into crisis (early intervention).

3.2.3.6. There is more focus on an individual's strengths rather than what they are unable to do independently.

3.2.3.7. By using the Support Budget Guide the team are able to give customers the opportunity (and knowledge) to discuss how their 'budget' might be used to meet their individual needs.

3.2.3.8. The ways of working are now more creative and give staff the opportunity to consider direct payments more widely.

3.2.3.9. Formal use of Peer Review has underlined the importance of utilising individual workers knowledge and expertise to the benefit of the whole team and therefore to customers.

3.2.3.10. **Middleton Neighbourhood Care Management Team**

3.2.3.11. The new paperwork allows staff to keep the focus on what the customer finds important and to make sure the conversation is strength-based.

3.2.3.12. It is also clear and more easily understood by the customer.

3.2.3.13. The Talking Point has provided the opportunity for workers to further develop their knowledge of local services in the community and share this with colleagues.

3.2.3.14. The Talking Point has also enabled workers to work autonomously and to be creative when sign posting.

3.2.3.15. More integration with the community has led to increased staff knowledge. Social Workers are now increasingly signposting and using community resources.

4. Conclusion & next steps

4.1.1. Strengths-based Social Care places the customer at the heart of conversations which now involve our community partners.

4.1.2. A quality performance framework is in place to ensure consistency across the city and to monitor the impact from a customer, quality and financial perspective.

4.1.3. The approach is currently being evaluated with the assistance of nationally renowned academic John Bolton and initial findings are due later in the year.

4.1.4. As new ways of working embed the approach is being explored with providers and partners across the city.

5. Recommendations

5.1. That Elected Members note the above update.

5.2. That Elected Members note the desire to return to the Community Committee Chairs Forum with a summary of this round of updates.

5.3. That Elected Members consider how we further build relationships between Adults and Health and local communities and benefit from Members' expert local knowledge.