

**Report of: Shona McFarlane, Deputy Director, Social Work and Social Care Services,
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**Report to: Inner North East Community Committee, Chapel Allerton, Moortown,
Roundhay**

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Date: 3rd September 2018 **To note**

Inner North East 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. **Meanwood Neighbourhood Care Management Team**

3.2.3.2. The new paperwork has provided staff with the opportunity to have creative rather than “checklist” conversations which are proportionate and led by the customer.

3.2.3.3. As a result of Talking Points the team is working with customers and carers at a much earlier stage providing them with solid advice about what is available in the community and what is possible to overcome their difficulties.

3.2.3.4. Peer Review within the team is improving practice, expanding team and individual knowledge and providing the benefit of different viewpoints.

3.2.3.5. There is a champion in the team who is linked with Extra-care and Mae-care and the Integrated Monthly meetings provide an opportunity for group discussion about individual cases and possible solutions.

3.2.3.6. **Chapelton Neighbourhood Care Management Team**

3.2.3.7. The new paperwork has allowed for staff to focus on “what's important” for customers rather than having to go through a full assessment often having to ask questions that are not relevant to the customer

3.2.3.8. Customers are remaining with the same social worker from their “Adult Social Care” journey from their first conversation onwards, enhancing the relationship and ensuring continuity and consistency.

3.2.3.9. We encourage customers to meet in a neutral setting for the conversation. The Talking Point sessions allows the team to see up to five customers in one day.

3.2.3.10. There has been an increase knowledge and understanding of fostering of relationships with services in our local community which has facilitated an increase in signposting customers to meet outcomes personalised to them. We have held team meetings at organisations in the community so workers have a chance to visit these services and meet the staff.

3.2.3.11. Through peer review we look to explore all options and utilise the whole team's knowledge of suggestions as how to meet outcomes prior to implementing formal support plans.

3.2.3.12. There has been a change of language used by social workers. Much more focus of positive language, rephrasing questions, looking to empower customers highlight what they can do, rather than creating dependency

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.