Building Strengths for Better Lives – Practice Framework for Adult Social Care

Related documents:

- Building Strengths for Better Lives Implementation Plan
- Strengths Based Practice Toolkit
- FACE forms guidance for working with service users and carers

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Summary of document:

This document sets out a clear commitment for all residents in Islington, that they will be empowered to have as much choice and independence as possible. All support and interventions will be made on the basis of what is important to the person and building on their abilities, knowledge, skills, experience and social networks, and connecting them to their local community.

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The National Context

The Care Act requires local authorities to have a strengths-based approach throughout an individual's journey and at the heart of all interactions and interventions with them.

This approach is a collaborative process that identifies and supports an individual's strengths and resources along with those within their community. It also gives people as much choice and control in living the life they want.

It applies to all people with care and support needs including situations where there is a need to consider safeguarding concerns and positive risk enablement.

SCIE guidance on Strengths Based Approach in the Care Act

The Local Context

Building Strengths for Better Lives is how a strengths-based approach is implemented in Islington Adult Care Services for people who need care and support.

It is set within the context of the Council-wide principles of CARE - Collaborate, Ambitious, Resourceful, Efficient, as well as being utterly committed to Fairness.

Islington Council Fairer Together

A commitment to equality is at the heart of strengths-based practice in Islington. We will stand up to challenge inequality, racism and injustice wherever we see it, whether that be in the community or at work.

By starting with their strengths, aspirations and contributions people will be empowered to build and sustain their own abilities and be connected with their local networks, which will build their resilience and protect their independence.

People in Islington will be empowered to have as much choice and independence as possible. All support and interventions will be made on the basis of what is important to the person and building on their abilities, knowledge, skills, experience and social networks.

People will be supported to help themselves, learn new skills and abilities so that they can be as independent as possible, be connected with their own and wider community networks, and formal services and support will be stopped when they are no longer needed.

When people first come to the Council and Adult Social Care Services, other solutions will be considered first such as the voluntary sector, friends and family. If people come out of hospital, a reablement approach will be taken and people will be supported to regain their independence. Less intrusive forms of support will be considered initially, such as technology and equipment, to enable people to live the best lives they can, as independently as they can, avoiding the need for a care home placement.

Where there are risks and/or safeguarding concerns, a Making Safeguarding Personal approach will be taken; we will collaborate with the person to find out what outcome they seek, what is most important to them and how risks can be managed and reduced. No decisions will be made without involving the person, and/or their representatives if they do not have mental capacity regarding the specific decisions to be made.

ADASS Information on Making Safeguarding Personal

Strengths

Strengths come in many forms such as our own support networks, knowledge, abilities and motivation that helps us deal with the different challenges that life presents, including times when we feel vulnerable because of risk to our safety and wellbeing.

A Strengths-Based Approach assumes an optimistic view; a belief that all individuals have unique value and that there are things that they can do to support themselves and also the community around them. In this way not only can individuals become more resilient and able to find their own solutions, but community capacity and support is also strengthened.

Aims

The aims of the Building Strengths for Better Lives Framework are as follows:

- To **collaborate** with people and their community by building relationships, encouraging choice and control, promoting well-being, and nurturing community connections
- Be **ambitious** and believe that people can learn new skills, regain old skills, and make a contribution to their own life and the life of the community
- Be **resourceful** so that people can use their own strengths and resources as well as those of the community where they live
- To **empower** people by building on strengths, being person-centred, and making the most of informal support and resources
- To ensure **fair** use of resources by providing the right level of support to the right people at the right time, regardless of their race, age, disability, sexuality and any other protected characteristic.

Outcomes

The expected outcomes of this framework are as follows:

- People use their own strengths and find solutions in their own lives with support where needed
- People regain as much independence as possible if they have a crisis/illness
- Family members support their own family members, with help where needed
- Communities and neighbourhoods support their vulnerable members
- The Council supports people when needed and in a way that prevents and reduces needs, promoting independence
- Simple and practical solutions are found, making the most of people's strengths (individual/family/community) before considering council resources
- Increased use of less intrusive types of support such as information and advice, technology and equipment

Principles

- People can lead fulfilling lives and are much more than the sum of their difficulties, and have lived lives with achievements, wishes, priorities and strengths and the ‘whole person’ must be considered
- People can be resilient (helping people to find own solutions and groups to manage their own networks)
- People can be connected (helping people keep in touch with the local community and people who matter to them)
- People can make a contribution (whether this is financial, volunteering or giving time to others)
- People can make positive use of advice, information and introductions to community organisations encourages resilience
- People can regain skills or learn new skills by the use of technology, equipment and provision of immediate, short term, reablement support to help people regain independence. No assumptions should be made about longer term support
- People can change and so can their needs, therefore there should be regular review of support to make sure that people get the right support at the right time and that dependency is not created
- People can benefit from support that is provided on a person-centred, needs led basis, not on a service-led or financial-led basis
- People can have hope and optimism about their aspirations and their capacity to learn, change and have meaningful lives
- People are entitled to live fulfilled lives where they can thrive and succeed, free from discrimination, oppression and abuse regardless of ethnic background, sexual orientation, gender, age and disability

The Practice Framework

The overarching way in which all social care practitioners will be expected to work is broken down into stages as follows:

Step 1 – Gather information

Develop a rapport and relationship with the individual to understand their history, current situation, what is currently working well, what are their current challenges, what are their interests, what do they enjoy in life, what is important to them.

Asking open questions and with professional interest and curiosity, understand what strengths and resources they have in their lives to support solutions to the current situation; family, friends, housing, transport, finance, skills, knowledge, goals and aspirations, determination and motivation. Check what their priorities are and what is important to them. What outcome they would want.

At this step and any other step, advice, information and signposting to a community organisation may be all that the person requires to enable them to carry on living the life they want independently. If this is the case, the conversations can cease and the person can get on with their life.

Mental Capacity is also a key consideration. If there is any indication that the person may not have mental capacity to make an informed decision regarding the current circumstance and needs, the principles and processes of the Mental Capacity Act must be followed.

Step 2 – Develop ideas

Introduce your own knowledge of local community organisations as possible ways of finding a solution to the person's situation, combining their own individual strengths with other community-based opportunities, including opportunities to learn new skills or adapt existing ones. Consider what their past experiences have been, what have they tried, what went well, what didn't, what are their likes and dislikes, hobbies and interests.

Depending on the circumstances and complexity of need, it is important to liaise with other professionals and informal carers or relatives to gain more insight into the situation, needs and possible solutions. The person's wishes and priorities will still remain paramount, but it is important to collaborate with others to achieve the best possible outcome.

Step 3 – Support planning

Collaborate and negotiate with the individual to co-produce a Support Plan that assists them in remaining as independent as possible and prevents or delays their needs increasing.

Initially draft a Care and Support Plan based on making best use of the individual's own strengths and resources. If there are still needs that require support from the council or partner agencies, council funded support should be provided on a short-term basis with a view to it ceasing when the person is more independent again.

No assumptions should be made about the need for longer-term support.

Step 4 - Review

Review the support being provided to understand whether it can be stopped or is required to continue (perhaps with changes) on a longer-term basis.

Continue to regularly review so that if the person's needs change the support provided can be adapted to provide appropriate support or stopped if no longer required so that creating dependence can be avoided.

Application of the Framework

It is understood and recognised that social care practitioners work in different teams with varying pressures and priorities. The framework is therefore intended to be flexible. Steps can be shortened, lengthened, carried out face-to face, on the telephone, in a person's own home, within an acute hospital and in many other ways and in different settings.

The Care Act encourages proportionate assessment and involvement with people rather than a one-size fits all approach. Assessments can be adapted depending on the person's strengths, their circumstances, needs and risks.

To promote an appropriate and proportionate assessment you should be:

- person-centred
- strengths-based
- collaborative
- clear and transparent
- flexible

In all situations the overarching philosophy should be the same; consideration of the whole person, their history, current situation, interests, priorities, individual and community strengths, co-production of a way of providing support alongside the individual with regular review to ensure that the level and type of support continues to promote their independence and the life they want to lead.

Crisis

There are times when unexpected things happen and a person's situation changes suddenly. This can be for a whole range of reasons such as illness, accidents within the home, serious damage to the home environment etc. In these times support should be provided on a short term 'holding' basis to ensure essential needs can be met whilst the Strengths Based Step by Step process can be gone through to promote the individuals' independence and wellbeing.

Risk

Risks will be present in many of the situations people find themselves. Risk is part of everyday life, cannot entirely be removed and should be approached positively and openly. People should always be supported to achieve a balance between the risk they face and the way they want to live their life.

Practitioners must always work within the principles of the Mental Capacity Act 2005. This includes assuming capacity unless it is indicated otherwise, respecting people's rights to make capacitated decisions and the right to be in control of their lives. Where people lack capacity to make a specific decision, a formal mental capacity assessment should be completed and appropriately recorded. Where people lack capacity to make a specific decision, the best interest checklist should be used when making decisions on their behalf. This includes encouraging the person who lacks capacity to take part in the decision-making process and trying to ascertain their past and present wishes and feelings as well as consulting others.

Safeguarding

Safeguarding practice must follow Making Safeguarding Personal principles which mirror the key principles of Strengths Based Practice which are being person-led and outcomes focussed.

People should be consulted and involved with the process in a way that promotes involvement, choice and control, recognises strengths and abilities, as well as improving quality of life, wellbeing and safety.

Advocacy

Consideration must always be given to whether people will find it difficult to engage with assessment and support planning processes. If this is the case, access to advocacy must be arranged.

When a safeguarding enquiry takes place, the person at risk must be referred for Independent Advocacy if they do not have anyone appropriate to represent them and have substantial difficulty in one or more of the following:

- understanding relevant information,
- using or weighing that information,
- communicating their views, wishes and feelings.

If it is assessed that a person lacks capacity to make important decisions in their lives such as changes of accommodation, how to have their care needs met, then an Independent Mental Capacity Advocate (IMCA) should be appointed.

Islington Advocacy Services - Rethink

A Strengths Based Practice Toolkit

There are a number of different tools that can be used by social care practitioners. Below are details of a few of these:

Person Centred Planning

Planning that takes as its primary focus a person - as opposed to a disability or a service or some other particular issue. It is ‘whole person’ oriented as opposed to disability-management focused. It is about citizenship, inclusion in family, community and the mainstream of life and self-determination and can, therefore, require some very fundamental changes in thinking and the established balances of power.

Strengths Mapping

A focused discussion with the person about their strengths can lead to new opportunities to develop and share skills and make new connections. This nis sometimes referred to as a ‘strengths-mapping exercise’. This method of assessment builds a picture of the individual’s strengths and of the community around them.

Open Questions

A method of finding out about a person’s abilities and strengths without making assumptions and jumping ahead to solutions by asking open questions - What strengths (knowledge, experience or expertise) does the individual already have and how could these be enhanced? What other skills, knowledge, experience or expertise do people directly or indirectly involved in the person’s life already have or need to acquire?

Appreciative Enquiry

A process for engaging people in building the kind of life they want to have. It starts from people’s strengths and positive experiences and co-creates a future scenario based on collaboration and open discussion.

Relationship Based Social Work

This approach focuses on the quality and nature of the relationship and interaction between an individual and a social care practitioner, believing that this relationship can motivate, inspire and bring about change in its own right.

Family Group Conferencing

A structured decision-making meeting made up of people from an individual's informal support network. This group of people are given 'private' time to reach a plan to facilitate the support of an individual. It is an empowering model and enables family members with differing views to come together and negotiate solutions acceptable to all so that informal support of the adult can continue. Statistically families are more likely to stick to a plan made by themselves than a plan that has been made for them.

Using these approaches

The approach used will depend on the individual and their circumstances, as well as the confidence and experience of the social care practitioner. The approaches form a 'toolkit' which will enable staff to adopt and utilise a strengths-based approach when engaging with people who need support. This toolkit can be added to over time as different techniques and evidence of beneficial ways of working emerge. Each practitioner will find and develop a way of focussing on a person's strengths that suits them. More important than using a particular model or approach is a way of thinking and set of values that keeps the individual and what matters to them (rather than what is the matter with them) at the heart of conversations.

Enablers

Valuing People

A focus on strengths, and a belief in change and the unique contribution that all individuals can make must be the lens through which everything and everyone is approached within Islington Adult Social Care.

Social Care Practitioners

Staff members must engage with people believing that they can bring their own solutions into their situation, and that everyone has strengths and value. They must pay attention to the 'whole person' their lives, achievements, wishes and priorities, not just focus on the current difficulties they are facing.

Commissioning

This area must ensure that contracts and service agreements have the expectation that support provided will aim to improve independence and prevent and delay need, and ensure that community and voluntary organisations understand and participate in the development of individual and community strengths.

Providers

This group must put people in control of their lives, train and re-able people to be able to do more for themselves with a view to reducing support when possible.

Managers

They must support, guide and encourage staff focussing on positives, successes and strengths. Supervision should start by considering what is going well before considering areas of further development. Good practice and successes should be celebrated and staff should have opportunities for reflective discussion about the cases they are working on and what type of approach has worked better than others. This in turn will widen knowledge and understanding of Strengths Based Practice.

Identify and build on Strengths Based Practice

Look at what is already happening across Islington Adult Social Care rather than starting from scratch. This will motivate and encourage the staff who are already working in this way and encourage others to progress with this way of working.

Processes and bureaucracy must be streamlined

They should be only to what is necessary and adds value. Social care practitioners need to be freed up to spend more time with people who need support.

Technology must be embraced positively

This will reduce administration time and office time for staff, and also promote the independence of people who need support.

Recording Tools

We now have strengths-based forms on LAS for assessments, care and support planning and reviews.

Ongoing audit and evaluation

Our Quality Assurance Framework for Adult Social Care ensures that we maintain a clear focus on practice. This includes auditing case files and supervision notes and we have Practice Fortnight twice a year.

Integrated Quality Assurance Meeting (IQAM)

The IQAM was introduced to support increased focus on enabling people to be assessed and supported in their own home for as long as possible and generally promoting their independence. This meeting supports staff to enable residents to 'Live the life they want to live'. The four priorities are:

- To prevent need, by early intervention, enablement, and supporting people at home
- To promote independence by building on strengths, use of reablement, equipment, voluntary sector partners and assistive technology
- To improve people's lives by valuing relationships, working together with partners, and regular review
- To ensure financial oversight enabling us to manage our resources appropriately, so that our service is sustainable

Putting this framework into practice

Adult Social Care Learning Plans

Specific strengths-based training for staff and managers will take place regularly and all ASC training is developed and delivered through a strengths-based lens.

Practitioner Networks

These take place on a quarterly basis both on a team specific basis as well as across the service for both Making Safeguarding Personal and the Strengths Based Approach and give staff the opportunity to reflect on their experience of working in this way and share the challenges as well as the successes to spread enthusiasm and good practice.

Staff Supervision and Support

Staff receive good quality supervision which is monitored and audited. The supervision policy has been updated and all managers have received specific supervision training based on the Post Qualifying Standards for Practice Supervisors. The foundation of supervision is an empowering and strengths-based approach with an emphasis on celebrating positive outcomes and always striving for ongoing learning and continuous improvement.

Working with Partner Organisations

The Principal Social Worker will continue to operate on a strategic level to attend key meetings and link with key people from different organisations such as the Mental Health Trust, Integrated Network, the Community Education Partnership Network, the North London Teaching Partnership, the Safeguarding Adults Board, and also voluntary organisations in the community. This relationship building and awareness raising will also be carried out by all staff working within integrated settings. There are an increasing number of joint working policies and protocols and these will have the approach of Making Safeguarding Personal and the Strengths Based Approach as their foundation.

Working collaboratively with voluntary sector and community organisations is vital to the success of the ‘Building Strengths for Better Lives’ strategy and much work is and will continue to be done in this area across Adult Social Care and the Council.

Build on current practice

It is acknowledged that this way of working is not completely new and there are staff and teams working in a person centred and strengths-based way already. Therefore, this practice will be built on and shared across the service in future workshops and training.

Quality Assurance

A revised Adult Social Care QA Framework has been launched and case file audits are carried out to evidence the nature and quality of current practice, the results of which are recorded, evaluated and shared in the spirit of learning and improving outcomes for people with care and support needs. ASC Practice Fortnights take place twice per year, performance data has been strengthened and quality checks for spot providers have taken place. These activities and others will continue and drive culture change and service/practice improvement.

Process and recording

We now use FACE v8 forms on LAS which are all designed to be strengths-based. There is guidance for staff on how to complete the forms as well as examples of completed forms for best practice.

Adult Social Care Transformation

This has now been completed for the operational teams in ASC. The Assistive Technology service has been updated and is delivering a more responsive and flexible service; we are developing a more outcomes-based care at home provision; Islington's Information and Advice offer has been strengthened with the introduction of the Central Point of Access.

Evaluation

The implementation of this way of working will be regularly evaluated using evidence from feedback from staff, people who need care and support, case file audits, outcomes and use of resources.