

# Adult Social Care Principal Social Worker Report 2021-22

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# Introduction

This annual Principal Social Worker (PSW) report is designed to give a strategic overview of activity, achievements, challenges and areas for further development across Adult Social Care.

This report has been compiled with the contribution of many staff and managers:

- Corporate Human Resources – information on staff turnover, sickness, equalities and demographics
- Adult Social Care Practice Development Team – training, ASYE Programme, analysis of staff survey and action plan, practice assurance and improvement
- People Directorate Complaints Team – analysis of complaints and compliments
- Public Health Performance Team – performance and activity data
- Head of Safeguarding and Mental Capacity Lead – performance and activity in relation to safeguarding
- Managers and staff within Adult Social Care – discussion, feedback and completion of healthcheck survey

# The Role and Impact of Social Work

Good social work and social care practice transforms people's lives and protects them from harm. This year again, it is vital to acknowledge and thank social work and social care staff who have worked "tirelessly, creatively and with passion" during the coronavirus pandemic and now as we learn to live with Covid 19 and move forward with uncertainty, reform and change as a new normal is gradually developed.

Not enough is made of the positive relationships and outcomes social workers and social care professionals are part of every day, and it is crucial to protect this focus of our work as we make choices about social work and social care in the challenging years ahead.

The pandemic shone a light onto intolerable conditions, deprivations and inequalities that existed long before Covid. Now more than ever, social workers and social care professionals will champion the needs of the people they work with and advocate for social justice and inclusion.

It is equally important that social care professionals themselves can trust and be assured that they will be treated with dignity, respect and equality of opportunity regardless of their ethnicity, sexuality, age, disability or gender. Our workforce must feel they can bring their whole selves into their profession and feel psychologically safe to raise any concerns of discrimination they may have.

We have all had to adapt to different ways of working with technology being a huge enabler of virtual communication and interaction. As we have moved into a period of recovery, experience has shown that the full spectrum and impact of social work requires the opportunity for i- person interaction; the 'social' needs to be kept in social work. Some of our work is extremely complex and needs in-person intervention.

Complex social work interventions also have a psychological and emotional impact on the professional and it is crucial that our workforce has the opportunity for appropriate support to deal with issues such as secondary trauma and emotional resonance.

Support for staff wellbeing and self-care continues in importance; this, along with kindness and a recognition that we all have unique lived experiences must be integral to how we behave towards others, and how we are treated in the working environment.

The specific role of Principal Social Worker for Adult Social Care is set out in The Care Act. In Islington Adult Social Care (ASC), the PSW leads on ensuring that the right culture, support and practice assurance measures are in place to enable excellent social work.

During 2021/22 the PSW has continued to prioritise the following areas;

- Staff support and well-being

- Continuing with business as usual – ASYE, Student placements, QA, Learning and Development, practice guidance, recruitment
- Leading and influencing Adult Social Care Transformation and response to reform and legal changes
- Championing key priorities such as Resilience building and Challenging Inequalities for staff and residents
- Ensuring that LBI is linked into national and strategic developments
- Ensuring that LBI's profile is prominent and positive regionally and national

# The Adult Social Care Context

In Islington ASC, the priorities in 2021/22 have been:

- Covid Recovery
- Adult Social Care Transformation
- Challenging Inequalities
- Staff Wellbeing
- Practice improvement

The ambition to achieve cultural change has underpinned all of these priorities; not only the need to realise the Be Islington CARE Values of Collaboration, Ambition, Resourcefulness and Empowerment in everything we do, but make continual reflection, openness and two-way communication integral to how we do our day to day business, making Islington Council and Adult Social Care a psychologically safe place to work for everyone.

Our learning from experience during 2021/22 will be incorporated into our continual improvement of services and practice.

## What worked well?

- Use of new technology
- Remote/flexible working
- Focus on staff wellbeing
- Joint working
- An increase in constructive professional challenge
- Perseverance and progress in relation to Challenging Inequalities
- Improvement in quality of practice

## Learning through the Covid-19 recovery phase

- Continue building relationships between Adult Social Care/Providers/NHS/VCS
- Continue work in relation to prevention, early intervention and hospital discharge
- Combine assessing people at home (hospital discharge) with Reablement

- Emphasise people's strengths and independence
- Increasing focus on carer's and voice of residents

## Challenges now and in the future

- Continued high demand and complexity of need
- Learning to live alongside Covid
- Determination to keep on tackling inequalities
- Acute Financial pressures on ASC
- Uncertainty, anxiety and opportunity as a result of sector reform and pressure
- Recruitment and Retention

# Challenging Inequality

Challenging Inequality (CI) is a top priority across the whole Council, with different Directorates having a key responsibility for specific strategic areas.

The People Directorate has the lead role in reducing inequalities as a Service Provider and a People Directorate Equalities Programme Board has been introduced to drive forward progress and actions on this.

## Specifically in Adult Social Care

- We are ensuring that all of our forums reflect the diversity we see in our community. This will allow us to make sure that our services are developed and shaped by the individuals we serve.
- We are working closely with our partners to fully understand the experiences of our residents and how they feel about their safety. We will use this information to address issues and remove any barriers our service users (particularly those with protected characteristics) might face.
- We are working more closely with different teams across the council, in particular the Communities team to develop a better understanding of our community. This knowledge and understanding will be used to inform the way that decisions are made.
- The knowledge and understanding we have gained regarding how Covid 19 has impacted different groups within our community is being used to develop service plans that will provide additional support to those who are most affected.
- A quality assurance framework has been developed in Adult Social Care that will ensure that services are delivered to our highest possible standards. This framework will ensure that all of our services demonstrate the impact they have in driving our commitment to equality, diversity and inclusion.

Senior Leadership Team meetings provide the governance and accountability for CI actions and progress. CI is a 'golden thread' that runs through all the projects and work we do.

# Transformation

At the heart of Transformation has been the continuing implementation of a strength-based approach across all aspects of Adult Social Care. Revised principles for how we work have been co-produced with staff, residents and other stakeholders.

## Principles

- We will listen to you and involve you in what we do and how we do it
- We will work with you to strengthen your sense of safety, wellbeing and belonging
- We will be clear about the choices you have and the support available to you
- We will offer the right support at the right time, based on your strengths and what's most important to you
- We will improve the quality and consistency of services and celebrate success
- We will help our residents to connect with voluntary and community groups and to continue supporting and learning from each other

Service and practice changes have been delivered in 2021/22 including:

- Improved strengths based assessment forms
- Assistive Technology
- Expansion of Reablement and Shared Lives
- Community Catalyst Taster Programme in the Learning Disabilities service
- Information and Advice
- Partnership working with community and voluntary organisations

Looking ahead to 2022/23 the following will also be implemented:

- More personalised approach to Day Opportunities
- Restructured integrated front door approach
- Re-alignment of social work teams

- Integrated Prevention of Admission and Hospital Discharge Service
- Outcomes Based Commissioning
- Expansion of Shared Lives
- Restructure of Brokerage Function

All of this aligns to a wider council context of developing community hubs under the Fairer Together Programme, and more integrated working with health and all other partners.

In 2021 the strengths based approach framework 'Building Strengths for Better Lives' was refreshed along with more specific guidance, adopted across the service, and supported by an implementation plan including being clear about expectations with staff, providing training, good quality supervision, practitioner forums, setting standards for practice and evaluating progress against this. The PSW has focused on building positive relationships with key partners to collaborate on the embedding of a strengths based way of working such as the Head of Safeguarding, Commissioning, the Camden and Islington NHS Foundation Trust (CANDI) and the Islington Clinical Commissioning Group (CCG).

# Business As Usual

All Business As Usual activity ensures that the full spectrum of activity and statutory duties are fulfilled; early intervention and prevention, referrals are acted upon appropriately, assessments, support planning and reviews are all completed. Integral to all of this is carrying out Safeguarding, Mental Capacity Act and Mental Health Act duties, within the context of challenging inequalities and supporting all adult residents in Islington from all community groups.

For the PSW, the following activities have formed part of business as usual during 2021/22:

- Assessed and Supported Year in Employment (ASYE) - quality assuring portfolios, chairing ASYE moderation panels, troubleshooting
- Membership of Strategic Boards such as the Adult Social Care Senior Leadership Team, All Age Mental Health Partnership Board, LD Partnership Board and Safeguarding Adults Board and applicable sub-groups
- Leading role for Adult Social Care Quality Assurance, including establishment of Practice Week for ASC, with the ASC QA Practice Development Lead
- Leading on embedding cultural change, anti discriminatory practice and strengths based practice as part of the ASC Transformation Programme
- Ensuring delivery of training for staff, including practitioner networks, with the Learning and Development (L&D) Practice Development Lead
- Membership of the North Central London Teaching Partnership Steering Group and Programme Board
- Chair of the National Adults PSW network, and member of the London Adults Social Work Network
- Liaison with the Head of Safeguarding, Head of Mental Health Social Work and Children's PSW in Islington
- Supporting Operational and Strategic Teams by contributing to DOLS work, the Integrated Quality Assurance Meeting, Safeguarding Closure Panel and Surgery, being part of the Senior Management On Call Rota and Silver Command group
- Producing and disseminating responsive guidance to new and emerging challenges in practice
- Ensuring that Social Workers maintain appropriate registration and CPD

- Cascading important information to social work staff in relation to developments within the profession such as Knowledge and Skills Statements, research opportunities, and upcoming changes to registration requirements
- Analyse and act on the Annual Social Work Health Check results
- Support Islington Council's and the Chief Social Worker's priorities
- Line Management of 3 Direct Reports

# Key Issues Faced in 2021/22

## In Islington:

- Continuing to making Strengths Based Practice a reality
- Continual practice improvement wherever the need is identified
- Safeguarding Improvement Programme
- Workforce challenges, including recruitment of permanent staff, reduction of agency reliance, ensuring the workforce is diverse and that opportunities for career progression are open and transparent for all
- Meeting ongoing budgetary challenges whilst meeting statutory duties in a preventative and strengths based way
- ASC Transformation Programme – wide reaching, multi-layered, ongoing cultural change
- Corporate Strategies – Fairer Together, Challenging Inequalities, organisational restructures, new senior leadership
- Continued heightened demand on services and support

## Nationally

- Preparation for a variety of reforms; Liberty Protection Safeguards, Charging Reform, Inspection, integration
- Development of the Workforce Race Equality Standards for Adult Social Care
- Embedding of Social Work Degree Apprenticeships
- Changes to Mental Health Act
- Impact of the Covid pandemic and recovery/renewal
- Changing nature of Safeguarding e.g Human Trafficking, Coercion and Control, County Lines, Radicalisation
- Newly acknowledged value and importance of social care to citizens and communities
- Newly acknowledged importance of well-being support for the workforce
- Workforce challenges – recruitment and retention

# Strengths-Based Practice

All staff working within Adult Social Care in Islington are expected to work in a strengths based way, promoting maximum independence at all times. This is set out in the Building Strengths for Better Lives Policy adopted in June 2018 and updated in April 2021.

Good progress has been made in embedding this way of working across Adult Social Care, and the Transformation Programme has supported this.

## Enablers

- Strength based reviews
- Revised assessment process
- Commissioning of Strengths Based Provision
- Development of a comprehensive information offer accessible to staff and residents
- Resilience Training for the ASC Workforce, as well as ongoing workforce development
- An ASC Quality Assurance Framework
- Daily Integrated Quality Assurance Meetings
- Other Transformation Projects – Assistive Technology, In House Provision, Partnership Work, new Reablement Service, Single Point of Access for the VCS, expansion of Shared Lives
- A range of comms work with staff, providers, partners, residents

## Impact

- Frontline practice is changing; more person centred and strengths based
- Strengths Based Reviews and IQAM are having a tangible impact on residents and outcomes
- Increased importance put on voice of the individual and mental capacity
- Increased joint working across different Adult Social Care Teams
- Improved uptake of learning and well-being opportunities when held virtually
- Some financial savings and a shift in use of resources

## Barriers

- A need to implement reviewed frontline staffing and skills mix, waiting lists, agency staff turnover
- A need to increase the strengths based approach at the ASC Front Door
- A need to focus on support planning as a way of delivering strengths based outcomes
- Not enough understanding and knowledge of what is available in the community
- A very small Practice Development Team

## Next steps

- All ASC training to be designed and delivered through a Strengths Based Lens
- Quarterly Induction Workshops for new staff featuring Islington's approach to Strengths Based Practice
- All Strengths Based Policy and Guidance to be easily accessible to staff via Tri-X
- Daily IQAM and Case Discussion Meetings to continue to promote a culture of 'What matters to you', not 'What is the matter with you'
- Continue to raise awareness and use of strengths based services e.g AT, Reablement, Community Catalysts/Navigators, Services Directory, VCS
- Specific L&D events; Strengths Based Practice with people with Learning Disabilities; Strengths Based Practice in Home Care; Strengths Based Support Planning; Regular Strengths Based Training Refresher Training
- Service restructures to go ahead and facilitate increased early intervention, prevention and strengths based working

# Policy

Ensuring that our policies and procedures are robust and legally compliant is an ongoing area of work. This is done with appropriate partners and the ASC Policy Officer. The following policies and procedures have been developed and/or reviewed over the past year:

- Workload allocation
- Reviews
- Supervision
- Updating and improving LAS Assessment forms and guidance
- Embedding of Risk Assessment in Strengths and Needs Assessment (SANA)

Over the next 6 months the following areas will be prioritised:

- Working with Carers
- Processes to support the transformation programme
- Career Progression Framework
- No Reply
- Direct Payments
- Use of Social Media
- Positive Risk Policy

## Tri.x system

We have now started to use the Tri.x system for our policies, procedures, guidance and resources. The national Tri.x team ensure that the latest information is available meaning that we will always have access to up to date policies and procedures which have been developed by them in response to the national legislation. The Local Resources section on this site replaces our A to Z on the intranet.

As this is a web-based system, all staff (in health and social care) can easily access the documents they need. We have held a number of Tri.x information sessions for staff and will continue to hold these on a monthly basis until the end of 2022. In the new year we will encourage managers to use the system in team meetings and supervisions and to allocate reading to their staff which is then recorded and can be used for CPD.

# Continuing Professional Development (CPD)

Social Work England is now the registration body for Social Work and Social Workers have to re-register annually and submit a minimum of two pieces of CPD per year. All Islington Social workers successfully uploaded CPD and re-registered with Social Work England by the end of November 2021.

Learning can take place in a variety of ways such as reading, reflective discussion, attending training courses and conducting e-learning.

The training programme for 2021-22 continues to be delivered virtually. Training courses have been mostly booked to capacity although non-attendance has been an issue at times. One day courses continue to be split into two half day sessions to ensure staff did not get 'Zoom fatigue'.

Staff have been asked to complete a quarterly Professional Development Plan (PDP) with their managers. We will be auditing if these are being completed and using a sample of these to support the Learning and Development Plan for 2023-24.

## ASC Training Programme 2022-23

### Skill development courses

Training courses have continued to be delivered online.

The following courses were available for staff from April to July 2022:

- OCD and Hoarding
- Bias Training for Managers
- Legal Literacy
- Care Act Compliant Carers Assessment
- Assistive Technology
- ASC Induction
- Supervision Skills
- Risk Assessment
- Risk Management
- Equality and Diversity

- Professional Curiosity in Practice
- Working with Difficult to Engage Clients
- Autism Intermediate

The following will be held between Sept to Jan 2022/3:

- Prevention and Wellbeing
- Complex Case Management
- Supervision Skills
- ASC Induction
- Strengths Based Practice in Learning Disabilities
- Professional Curiosity in Practice
- Care Act Compliant Carers Assessment
- Report Writing and Record Keeping
- Working with Difficult to Engage Clients
- Trauma Informed Practice

Specific training for Safeguarding and The Mental Capacity Act was also provided during the year.

## Lunch and Learns

These have taken place from 12 to 1pm via MS Teams between April and July 2022:

- Liberty Protection Safeguards
- Music in Dementia
- Ethical Use of Power and Authority
- Moral Injury: What Adult Social Care staff need to know
- Tri.x Information session

The following have been arranged to take place in Sept and Oct:

- Exploring professional curiosity to support social care practice
- Strengths Based Practice in Homecare
- CQC's new regulatory approach
- Resilience skills
- Draft Mental Health Bill
- Workload management system
- Supporting residents during the Cost of Living Crisis

Below are ideas for Nov to March:

- Working with carers
- Social Workers supporting better mental health
- Resilience skills
- Loss and bereavement
- Holistic approach to social work
- Islington's ASC Directory
- Preparation for Social Care Reform

## Specific workshops for NQSWs, SW students and SW apprentices

These half day online sessions have taken place between April to July:

- Time Management
- Assertiveness
- Ethical Use of Power and Authority in Social Work
- OCD and Hoarding

The following will take place between Aug to Jan:

- Influencing and Negotiating Skills
- Effective Communication Skills

- Working with Difficult to Engage Clients
- Chairing Multi-Agency Meetings
- Managing Stress and Increasing Resilience
- Drug and Alcohol Awareness

Where there are spaces these workshops are offered to the North Central London Teaching Partnership.

## Wellbeing

In Jan, Feb and Mar 2022 we offered activities for Wellbeing Wednesdays on the last Wednesday of the month. These included Pilates, Nutrition, Dealing with Exhaustion, Tai Chi, Anxiety and Worry Management, Mindfulness, Massage Stretch and Shake, Stress and Resilience.

Specific Adult Social Care Wellbeing Wednesdays have now ceased. Staff are able to access this support by accessing the corporate ones that are ongoing and weekly as well as sessions offered by the NCL Wellbeing Hub.

## Additional developmental opportunities

- Social Care Practitioner Network
- Managers' Forum
- CPD and Registration sessions
- Career Development workshops
- Best Interests Assessor training and professional forums
- Safeguarding Forum - this is open to all staff as safeguarding is everyone's business and this function is devolved across all teams.
- Supervision of ASYE candidates, Social Work students on placements (including those from Children's and Mental Health requiring contrasting learning experiences)
- Practice Education courses
- North Central London workshops for ASYE assessors and Practice Educators
- Making Research Count resources and webinars
- North London Teaching Partnership webinars and resources

- ASYE Consolidation module
- AMHP Forums
- Team Development Meetings
- Resilience Training for all ASC Staff

## Challenges

The main challenge we have faced this year is the need for learning and development in a wide number of areas with only a very small budget (£10K). The learning plan covers the following groups of staff:

- Social Workers in ASC and MH Trust
- Case managers / Officers in ASC
- Occupational Therapists

We also continue to have problems with non-attendance at training courses. We generally offer 20 places for each online course and while they are mostly fully booked, we usually have at least 4 to 6 people who do not attend on the day or who cancel at the last minute. This is followed up after the course with the staff member and their manager.

## Priorities for 2022-23

- Islington ASC will continue to support 4 staff members to undertake a Social Work Apprenticeship which commenced in September 2021. We will also be preparing to provide an opportunity for 1 to 2 staff to start this in Sept 2023.
- Development of Occupational Therapy Apprenticeship opportunities
- We will be mapping the required training to meet the skills outlined in the new job descriptions for all staff in ASC as well as from completed PDPs. This will support the teams post-transformation.
- Providing internal and external training in preparation for social care reforms such as the Charging Cap and Inspection.
- We will develop a specific programme of training for managers which will start in Nov 2022. This will include providing an effective induction and supporting staff wellbeing. We are also developing a Manager's Handbook.
- Working with people and families at the end of life, and supporting people experiencing bereavement and loss

- The rolling programme of continuing to train staff as BIAs will continue in preparation for the introduction of LPS in April 2023
- Mandatory training in Safeguarding and MCA will also continue to be commissioned by the Safeguarding Adults Team
- We will look at training courses being delivered either face to face or in a hybrid way from Jan 2023.
- We will develop a Supervision forum for staff who have completed the Supervision Skills training. This will include social workers who are supervising case managers following the transformation.
- We will have the Dignity in Care Awards in October and a Practitioner Celebration event in December.

# Staff Wellbeing

We have continued to promote this area over the past year as it has been vital to ensure there is a culture of continual learning, support, caring and kindness amongst colleagues, especially during the pandemic.

A variety of mechanisms are in place within Adult Social Care and more widely across the council to promote the health and well-being of staff:

- Regular training and supervision
- Access to corporate and North Central London wellbeing activities
- Staff Engagement Events
- Practitioner Forums and Complex Case Meetings
- Employee Assistance Programme (round the clock support)
- Regular access to massage, discounts on sports memberships
- Visible and accessible Principal Social Worker
- Resilience Training for all ASC Staff

As well as the above, flexible working practices are now in place and all Covid restrictions were lifted in June 2022. There is a blended approach to working now with staff being able to work from home during the week and rotas for offices etc. We need to continue to ensure that staff feel fully supported to work in this way and that an individual approach to peoples' circumstances is taken by managers.

We are also looking at providing psychological support for staff to help them deal with the emotional aspects of the work and arranging some social events for them.

# The Workforce

As part of Transformation, a restructure of operational social work teams is planned to go live in October 2022. This will provide an Integrated Health and Social Care Front Door Service and Integrated Prevention of Admission and Hospital Discharge Service (including Reablement) is formed. There will also be a Complex Team and Response Team.

The following teams are based within Adult Social Care (Ops) and offer strategic oversight, case advice, learning and development and practice assurance:

- Social Work Practice Development Team
- Safeguarding Adults Team
- Mental Capacity Act and DOLS Team

Mental Health Social Work and Social Care responsibilities are delegated into the Camden and Islington Mental Health Trust, with staff on a secondment arrangement and funding transferred via a Section 75 agreement. Currently a huge amount of work is being undertaken to ensure arrangements and practice are fit for purpose and at an optimum level. This is being called a 'Tree of Change'.

The Emergency Duty Team is available for out of hours emergency requirements, and is line managed within Children's Services.

Adult Social Care is also supported by the wider corporate teams, including a team who manage complaints, compliments and member enquiries.

## ASC Workforce Data

The following information was provided by Human Resources and are correct as of 30/06/22:

- There are 372 employees in Adult Social Care
- 52% of the workforce are from minority ethnic groups
- 77% of the workforce is female
- 59% of staff are over 50 years of age
- There were a total of 40,238 days of sickness absence recorded in the 12 months
- The average days of sickness per employee was 7.10 days
- There were 129 leavers (staff turnover is 5.18% council-wide)
- 23% of social workers are agency staff

# Recruitment

Having a stable and permanent workforce is vital, and also presents one of the biggest challenges to the social care sector. Therefore recruitment as well as retention remains a priority area and the following actions are ongoing:

- Transfer agency staff onto fixed term or permanent contracts where possible (a new Temp to Perm process has been introduced by HR)
- Implementation of Challenging Inequality priorities; internal first approach to recruitment, ensuring that existing staff are retained and enabled to achieve career change and progression where they have the ability and ambition
- Encourage final year social work students completing placements in Islington ASC to join the department permanently
- Development of an external recruitment campaign via a commissioned agency, developing a clear and attractive Islington offer and utilising a variety of communication channels such as social media and video footage.
- Consideration of an overseas recruitment campaign, linking up with a commissioned agency
- Recruitment of newly qualified Social Workers and supporting them through the Assessed and Supported Year in Employment
- Continuation of the Think Ahead Programme in Mental Health
- Continued sponsorship of internal staff onto the Social Work Apprenticeship Degrees which is now recruiting the second cohort
- Retention of agency staff recruited to meet increased and different demands of Covid to support with restructuring teams
- Draft Career Progression Framework in place to support improved recruitment and retention

Other key actions to improve recruitment and retention:

- Islington Adult Social Care teams continue to offer good quality student placements and this is beneficial to all concerned and is a way of attracting people to work in the council.
- The imminent service restructure and recruitment campaign is seen as an opportunity to recruit more Newly Qualified Social Workers, as well as increase the diversity of the workforce within senior positions and in frontline roles.

- Recognising that it is vital to retain staff and reduce turnover, improvements have been made in ensuring good support for staff including strengthening induction, 'Meet the PSW' sessions, CPD Support sessions, regular good quality 1-1 supervision, and access to training and well-being sessions.
- Acknowledging the value of collaborating with different professionals and bringing diverse perspectives into play when working with people, there is increasing consideration of the need for diversity of lived experience and professional background within the workforce.
- Consideration of how roles are recruited to; whether an unqualified worker, social worker, OT, or physio therapist may bring the required skills and experience.
- Ensuring that recruitment processes are open and transparent, challenge and overcome any biases, and result in the diversity required to challenge inequalities and represent the diverse community we serve.
- Composition of interview panels is considered and diversity ensured wherever possible, including people with lived experience, and language used in interview questions is also checked to minimise barriers and cultural biases.

# Performance Management

We are actively working towards the goal that all Adult Social Care colleagues understand and are fully involved with quality assurance activities in their service areas. Evaluating practice is only purposeful if learning is used to identify, plan and deliver service improvements.

## Quality Assurance Framework

Throughout 2021/22 our aim has been to advance our quality assurance framework so it is;

- Dynamic and evolving
- Embeds a cycle of monitoring, continuous reflection and learning
- Based on the principle that there is always room for improvement

We have continued to develop different methods to gather quantitative and qualitative information from a variety of sources to measure and analyse information against our set standards, encompassing service delivery, strategic planning and commissioning to promote a culture of continuous improvement throughout ASC. We have established links between performance management, quality assurance and operations so they are informed by one another, continually monitoring the impact and quality of service delivery to improve outcomes for residents and carers.

Ensuring practice standards within ASC are being consistently delivered to a high level has been key in identifying areas for improvement and training of staff. This is advanced by analysing and acting upon information from external feedback such as customer complaints, results of customer & carer engagement, LGO responses, input from partner agencies, including the Safeguarding Adults Board.

Looking forward, we aim to ensure that there is a systematic approach to addressing areas of improvement, identifying and allocating resources to undertake quality assurance activities to support practice and service development. We will continue to share information, best practice and experience to drive quality improvement, establishing a systematic learning culture across ASC.

## Social Work England registration audit January 2022

In January 2022 we completed an audit on a total of 169 social workers to ensure they were compliant and fully registered with Social Work England. In addition to this we completed a matrix cleanse as several practitioners retired or did not re-register for various reasons. To further aid registration compliance with Social Work England we are holding bi-monthly continuing professional development sessions throughout 2022. These sessions support practitioners with completing the required minimum of two CPD recordings and one peer

reflection recording per year. They also focus on learning, development and career progression whilst also offering broad ranges of opportunities to complete CPD.

## Case file audits

Case file audits have been further developed throughout 2022 by transferring to a Microsoft Forms template which is more interactive and enables data collected to be easily analysed. In June 2022 a new collaborative approach was introduced to the case file audit process as part of Practice Fortnight, involving the practitioner in the audit process. This new approach received positive feedback and provided a forum for reflective practice and meant actions addressed could be completed in real-time compared to an action plan being sent on post audit making the process more effective.

In summary the following observations have been collected:

### Strengths

- Solid evidence of partnership working
- Team Managers ability to identify good examples of case files
- Resident's wellbeing promoted and well recorded
- Clear goals identified with set timeframes to achieve
- Practitioners are well informed and confidently present detailed cases
- Strong evidence of advocacy skills
- Practitioners have in-depth knowledge of resources available throughout the Borough

### Overarching areas for development

- Improvement with consideration and recording of mental capacity assessments and best interest process
- More evidence of management oversight supporting improvement
- Culture change required with carer assessment banding and increase in completing carer assessments
- Further evidence required representing the voice/wishes of the individual
- MCA/BI – IQAM screening is effective, we plan to continue to carry out deep dive analysis with Jo Holloway to drive improvement

- Consent to information sharing – evidence around discussion/views obtained
- Safeguarding practice – ongoing collaborative work on the safeguarding improvement action plan through a multi-disciplinary approach to synchronise audits to evidence development
- Equality and diversity – ethnicity/religion/sexual orientation – gaps in recording
- Voice of the person – their skills, attributes, character. Strong evidence of the carer/family but not the individual which requires improvement
- Management oversight - evidence of reviews, supervision, management comments, entries requires development which will be achieved via the management dashboard
- Feedback to teams – the practice development team meets with teams and practitioners individually on a regular basis to share outcomes and benchmark objectives.

## Annual health check 2021 - 2022

The employment standards were refreshed in 2020 and set out the key components of whole systems approaches so employers can use them along with supervision framework to help develop a working environment where social work practice and social workers can flourish, in turn supporting recruitment and retention. The standards include:

- Strong and clear social work framework
- Effective workforce planning systems
- Safe workloads and case allocation
- Wellbeing
- Supervision
- Continuing personal development (CPD)
- Professional registration
- Strategic partnerships

## Findings from Annual Health Check 2021

Islington's average score for each standard was 100 out of 140 in the National ranking. 70% of respondents belonged to the 45-54 age group, 80% of these respondents were White-British and 95% were female. Reviewing these findings it is clear that these demographics are not fully reflective of our workforce. Considering this we are implementing the action plan (listed below)

to empower a more diverse range of respondents to complete the health check moving forward in line with our challenging inequalities strategy.

## **Action plan**

### **Strong and clear social work framework;**

- Building upon the strengths for better lives framework
- Practice standards currently being revised
- Quality assurance framework development
- Build upon making safeguarding personal/LBI safeguarding framework and standards

### **Effective workforce planning systems;**

- Continue to review and sign off actions from ASC/safeguarding improvement plan
- Roll out newly developed management matrix
- Sign off workforce planning strategy currently in draft
- Expand social work progression framework
- Develop recruitment campaign (commenced in August 22, phase two planned for Oct 22)

### **Safe workloads and case allocation**

- Workload and case allocation policy and matrix has been trialled; launch planned for Oct 22
- New supervision policy and personal development plan launched in May 22
- Quality conversations (twice a year) launched in May 22
- Performance updates from intelligence and insight team provided to SLT monthly

### **Wellbeing**

- Council wide wellbeing Wednesdays will continue throughout the year
- Lunch and learn with focus on wellbeing (detailed in section CPD section of this report)
- Continue engagement with NCL wellbeing hub and staff networks
- Promote employee Assistance Programme

- Roll out of resilience programme training and introduction of resilience champions
- Make effective use of mental health ambassadors
- PSW bulletin promotes wellbeing opportunities
- Roll out mental health and suicide prevention training

### Supervision

- Revised social work supervision policy with new personal development plan and template launched in May 22
- Supervision training roll out commenced in January 22, running until the end of the year
- Ongoing quality conversations occurring and being recorded/monitored by management
- Supervision audits on-going and second survey planned for November 22

### Continuing professional development (CPD)

- Bi monthly CPD sessions will continue throughout 2022, encouraging practitioners to attend to support them with completing the required minimum of two CPD recordings per year.
- PSW bulletin provides monthly CPD opportunities
- On-going collaboration with Social Work England regarding continuing professional developments and relevant updates. Ongoing collaboration with Vicky Hart, Regional Engagement lead.

### Planning for 2022

We plan to take part in the LGA annual health check in 2022 and also create a questionnaire to aid more Islington specific findings to scope feedback from colleagues on what is important to them. This will include all of ASC colleagues, not ringfenced for social workers. We will include challenging inequality questions to continue to learn from our workforce and influence our action plan.

## IQAM analysis

IQAM (Integrated Quality Assurance Meeting) was launched on 11<sup>th</sup> August 2021, we completed an end of the year analysis in December which informed us:

- 447 cases were presented within this timeframe (341 individuals, 106 presented more than once)

- An average of around 4.6 cases are presented per day.
- 390 cases were approved in whole or in part
- 57 cases were not approved
- Report highlighted the important role IQAM plays making recommendations about quality and procedure, over and above its function as a tool to support resource allocation.

In July 2022 the Hospital discharge panel merged with IQAM, following this a review was held and the following recommendations were presented to SLT:

- Request to secure admin support with managing LAS trays and follow up recording
- TM/SP to present high level summary for efficient approval process (on-going review)
- Terms of reference and membership need to be reviewed in light of hospital discharge merging
- Review time slots, ten minutes slots suggested
- Separate panel to be set up focusing on quality assurance/complex cases to evidence reflective practice and multi-disciplinary discussion
- RAG rating system to be introduced to prioritise most complex/high cost cases. Suggested ADs agree green/amber leaving the complex cases for panel discussion.
- Decision to be made around re-introduction of thresholds
- Monthly ASC oversight panel forum to continue to fine tune processes and address concerns raised

We place great emphasis on listening to our colleagues and maximized Practice Fortnight to gather feedback from practitioners on the IQAM review. In summary they fed back:

- Social workers should present their cases as they hold the most relevant and detailed information
- IQAM form duplicates information and obstacles with LAS mean you cannot copy forward care act assessment. This takes up a great deal of admin time
- Strong advocacy for return of thresholds for Team Managers so low hour cases can be approved locally and more efficiently. Weekly reports can be created for scrutiny to provide reassurance
- IQAM takes away autonomy and confidence with decision making however positive feedback from panel is valued

- Continuing Health Care is an ongoing challenge especially with 28 day turn around limit
- Some inconsistencies observed with approvals at panel which should be monitored
- Individual feedback to acknowledge great practice is appreciated and welcomed
- Number of cases asked to return to IQAM creates additional work, suggested collective updates could be sent on rather than returning to panel to save time

This valued feedback will influence formal changes to IQAM as we continue to review and develop the panel and process.

## LAS vs IQAM

Throughout May and August 2022 we completed a collaborative project with the Transformation and Improvement Team to compare the data on LAS vs IQAM records. We took twenty samples of the most expensive cases from LAS each month that did not reflect in IQAM records.

Our findings taught us that:

- 65% came from the hospital discharge panel
- 20% came from the mental health panel
- 15% of cases were approved out of panel (emergency situations)

These findings provided us with reassurance that the systems we have in place are robust and accountable. However we have identified that an improvement is required across the board with recording outcomes from various panels. Moving forward we will continue to analyse this data on a quarterly basis and complete a summary report to monitor and track development.

## IQAM SWOT Analysis

### Strengths

- Critical reflection
- Multi-disciplinary approach and partnership working
- Highlights robust social work practice
- Workforce commitment to achieved best outcomes for residents

### Weaknesses

- MCA/BIA practice

- Low number of carer assessments
- Management oversight
- Ineffective use of IQAM checklist
- Increase with community / voluntary support

### **Opportunities**

- Reviewed supervision policy and introduction of PDP to influence best practice
- Strengths-based approach
- Learn from best practice examples
- Driving quality improvement

### **Threats**

- Lack of practitioner investment / collaboration
- CHC assessment disputes
- COVID finding ending
- Time intensive

## **Supervision audits / survey**

In July and August 2021 supervision audits were held followed by a supervision survey completed in November 2021. The findings summarised:

- Based on a period of 3 months, 58% staff had monthly supervision however 17% had none. This pattern was observed within more senior roles.
- 83% of staff have supervision contracts in place
- 75% of the responses to the quantitative questions were positive

“The quality of my supervision is good and it provides a protected space for me to discuss cases, receive guidance and talk about personal issues affecting me. I would rate my manager 9/10”

### **Ranked areas of discussion in supervision**

- Worries and concerns about my work 92%

- Workload 83%
- Wellbeing issues 75%
- My career aspirations 33%
- Professional standards 25%
- Training needs 0%

## Action Plan

- In-house supervision training commenced in January 22 based on post qualifying standards for social work supervision.
- Ongoing promotion of challenging inequalities and anti-discriminatory practice via focus groups, PSW monthly bulletin, training offers and in-house roadshows throughout 2022
- Social Work and Social Care supervision policy has been updated and shared with the wider ASC, located on Tri.x
- New professional development plan to promote training, development and career progression was launched in May 22
- New caseload allocation policy and caseload weighting matrix trial was completed, complete roll out planned for October 22
- Supervision matrix was launched in May 22 to monitor supervisions on a monthly basis, including PDP's and quality conversations.
- Another supervision survey is arranged for November 22 to scope progression
- Training needs analysis has been completed in August 2022

In May 2022 a qualitative audit was completed on supervision records which measured quality of discussions around:

- Case management/guidance
- Theories/strengths based practice
- Learning and development needs
- Practice/professional development
- Welfare support

- Equality & diversity

We observed anxiety around colleagues sharing supervision records which we overcame through the introduction of the revised supervision template which has two sections. Part A records all private and confidential information which will not be shared to provide colleagues with reassurance. Part B is the section that is audited as it records:

- Grab the Good – what’s gone well, what are you proud of?
- Review of agreed action points from last meeting/matters arising
- Case management: Progress, outcomes, decision-making and management overview (Identify key cases to be discussed)
- Performance overview (quarterly linking with PDP)
- Continued professional development and support
- Team/General issues, including compliments and complaints
- Diversity and equality
- Health and safety concerns
- Any other business and date of next meeting

Findings from qualitative audit resulted in ratings; 10% outstanding, 50% good and 40% required improvement from supervision records ranging across Heads of Service, Team Managers, Senior Practitioners and Social Workers.

## Strengths

- Robust evidence base of detailed case discussion
- ‘Jelly Babies’ reflective model evidencing impact of supervision training
- Strong focus on wellbeing and support offered to those involved in the restructure
- Great example of organisational skills, creating a personalised matrix to manage workload, setting out timescales, updates and actions
- Evidence of staff attending CPD sessions
- Cross-reference of PSW bulletin as an effective resource of crucial updates and learning opportunities
- Strong partnership working with legal and DOLs teams

- Effective use of digital signatures

## Areas for development

- Lack of actions to follow up on concerns raised. Such as evidence of escalating to HOS, signposting wellbeing resources, evidencing emotional support offered and plan of action to address.
- Equality and diversity – majority left this section blank. E&D training date could be recorded, concerns in practice, challenging inequality strategy and information on equality champions could be promoted.
- Gaps in recording training completed
- Discrepancies in levels of detail
- Various supervision templates in use
- Supervisee's not signing supervision records

## Objectives moving forward

- The ambition is to build on the supervision process so audits become part of the supervision arrangement.
- Ensure that line managers and supervisors examine and challenge practitioners to ensure that practice is in line with expectations and standards.
- Ensure practice is routinely monitored so development or training needs are identified.
- Detecting performance issues so they are managed as part of staff performance and personal development plans.

## Practice Fortnight 2022

Practice Fortnight was held across 13<sup>th</sup> – 24<sup>th</sup> June featuring ILDP, Mental Health teams and Hospital Teams. This year we involved broader range of ACS professionals ranging from Director level and including new departments such as contracts and brokerage. We made a conscious decision not to include teams going through the transformation restructure and focused on wellbeing following impact of COVID on teams.

We introduced new focus groups such as international social workers, LGBTQ+ forum, challenging inequalities workshop, resilience sessions and resident engagement session within in-house provider services. In addition to this we trialled a new approach to case file audits via Teams with social workers which provided a forum for reflection and to complete outstanding actions in real-time. The report also features spotlights on safeguarding by HOS Pooja Dhar,

IQAM review by HOS Jan Billington and LPS preparation information from MCA/DoL's Lead Jo Holloway. Professionals involved provided reflections on the process and we highlighted the importance of co-production with mental health services, partner agencies and neighbouring Boroughs.

Moving forward we have planned to hold an additional Practice Fortnight this year in November focusing specifically on 'resident experience' where once again we will take a collaborative approach to meeting and seeking feedback from residents on their views and experiences to inform our actions plans for the year ahead.

## CQC preparation

In light of ASC being inspected by CQC in 2023 we have taken proactive steps by creating a preparation matrix to gather evidence. Following the initial stock take of evidence from business-as-usual practice we will conduct a gap analysis to identify priorities to influence our action plan. Senior responsible owners will meet regularly to monitor progress with their sub-teams across different departments and levels to achieve a more holistic approach. A self-evaluation report is also being developed to enable us to highlight strengths in practice, our awareness of areas of development and planned actions to address across ASC.

## Adult Social Care Performance Indicators

### Contacts

4989 contacts received by Urgent Response per month

Average of 990 phone calls to the Access Team per month

Since the pandemic we have seen an increase in demand at the front door. This has been demonstrated by the number of contacts received and demand has not reverted back to pre-covid levels

### Assessments

Average of 141 full Care Act Assessments completed per month

Average of 48 Carer Assessments per month

The number of assessments completed increased during the pandemic. Rapid assessments were completed to meet the increase in demand and hospital discharges. Since the height of the pandemic, rapid assessments have ended and performance has returned to pre-pandemic levels.

### Reviews

48% of people in long term care for over 12 months had a review in the past year

An average of 12 carer reviews were completed per month

During the pandemic Covid reviews were prioritised. The review team doubled the number of reviews completed to meet demand (from 300 to 600). This indicator monitors annual reviews, meaning these Covid reviews won't be included in the performance.

Since March 2022 Covid reviews have ended, meaning teams can prioritise annual reviews. In response to the 2021/22 performance, a revised allocation and review monitoring plan has been implemented.

Please note there are some data quality issues with carer reviews being recorded on LAS.

## Home, Residential and Nursing Care

The average number of hours for domiciliary care was 17.5.

This may indicate increased efforts to support people to stay at home for as long as possible, and also an increase in the acuity of need of people being supported at home. It also shows a need to encourage staff to consider all options for support such as Assistive Technology, Equipment, community and voluntary services and other types of informal support.

2,126 people accessed long term support for over 12 months.

The number of people accessing long term support has decreased in 2021/22. This figure is impacted by the pandemic (hospitalisations and deaths).

There were 199 new care home admissions.

Initially during the year these numbers were lower, but as the year has gone on they have increased and this may be due to a delayed surge of need, as well as the need to discharge people from hospital quickly and into care homes due to the complexity and acuity of need

## Resident outcomes and independence

29% of service users received services via Direct Payments.

Providing support via a direct payment aims to provide individuals with greater choice and control over their lives. Performance in 2021/22 is the highest it has been in years with over 600 people receiving direct payments.

9.3% of adults in learning disabilities were in paid employment.

We are aware that people with a learning disability face inequalities when entering the workplace. Performance for this indicator has improved over the past 3 years.

# ASC Compliments and Complaints

In the period 1 April 2021 to 31 March 2022, most complaints recorded their primary failure as '**poor quality of service provided**' (24 complaints, or 48% of the total complaints investigated) followed by 10 complaints (20% of total complaints investigated) about a **decision made** - i.e., the outcome of a Care Act Assessment or review, or an Occupational Therapy assessment. **60%** of complaints were either upheld (20%) or partially upheld (40%). **34%** were not upheld.

## Key learning

- Communication/Information Sharing, including when there are changes to a support plan or assessment; Team Managers to remind staff about the importance of keeping service users informed and effective communication skills. This has also been the topic of training throughout the year.
- Provider Safeguarding responsibilities; Our Contracts and Commissioning team will be working with providers to emphasise the importance of reporting any potential safeguarding issues to us, including when there is potential self-neglect
- Adult Social Care Front Door; the service that receives and processes all initial requests for support from professionals and residents; will bring complaints about the front door under the Adult Social Care complaints process, aligning with a change in structure to the front door service.
- Changed the stage one review step of the complaints process. This means the investigator is given a further opportunity to resolve the complaint and can lead to quicker resolution times, as it avoids another manager appraising themselves of the issues. This change will be kept under review.

## Local Government and Social Care Ombudsman

Four complaints were escalated to the Local Government and Social Care Ombudsman (LGSCO) in the reporting period. Of the three with a decision, two were upheld with recommendations made and one was not upheld.

## Compliments

In the reporting period, Adult Social Care received 35 compliments from service users or their families.

Here is a sample of compliments received:

From a service user receiving support from the Community Placement Review team:

“I have really appreciated all your efforts in assisting with sorting out mum’s care package amongst other things. It really means a lot to myself and my family that we have people like yourself in our corner.”

From a service user in the North Locality Community Team:

“I would like to convey my appreciation and thanks to X’s assigned social worker Y who worked tirelessly to ensure that X’s wellbeing and safety were paramount, constantly kept me updated with everything that was going on, always went over and above, even working beyond normal office hours to ensure that X’s needs were adhered to. It has been an absolute pleasure to know Y, they are a big asset to social services.”

From a service user who received support from the Direct Payments Team:

“Three years ago, X had a severe stroke and was in hospital for nearly a year. At the time our children were 3 and 6 years old. Throughout this experience, particularly the process of having X back at home and the caring responsibilities that go with that, as well as two small children, the care and support we have continually received from Islington Council has been exemplary. During this time of the pandemic we decided it was best to get X a personal PA instead of using agency carers. I contacted the council because I didn't even know where to start. I was lucky enough to be looked after by Y and Z who have been so supportive, available and patient, I couldn't have asked for more. They have been truly fantastic. I just wanted to say how grateful we are as a family. “

From a service user who received support from the Sensory Team:

“Everything arrived, thank you. X tells me that all is working well which is great. X particularly likes the headpiece for the TV. Thank you very much for all your help and for arranging all this equipment which will certainly make a big positive difference to X’s wellbeing.”

# Safeguarding

## Achievements

- A new Chair for the SAB has been appointed
- SaPaT is in place
- Annual Report and Annual Plan is being prepared
- Actions have been taken to gain Service User and Carer Representation on the London Safeguarding Adults Board
- An in depth Safeguarding Improvement Plan has achieved significant improvements in practice and resident outcomes
- A new data dashboard has been produced with Performance Colleagues, and is now in use looking at how many safeguarding concerns have come in, how many are open, how many have been closed, how many days each concern has been open for, how many concerns are for people who lack capacity and how many cases have IMCA or Care Act advocates involved.

Additionally a new corporate performance indicator is now in place for Safeguarding. The indicator will be “percentage of service users who have been supported with safeguarding and who are able to comment, report that their desired outcomes were partially or fully achieved”

## Safeguarding 3 Year Comparison Figures

Measure	2019-20	2020-21	2021-22
Safeguarding Concerns	3228	3353	2844
Section 42 Safeguarding Enquiries Started	348	322	399
Other Safeguarding Enquires Started	23	20	25

Measure	2019-20	2020-21	2021-22
Conversion Rate (Number. of Sec 42 Enquiries + No. of Other Enquiries / No. of other concerns)	11%	10%	15%
Proportion of Section 42 Safeguarding Enquiries (Number of Section 42 Enquiries / (Number of Section 42 Enquiries + Number of Other Enquiries))	94%	94%	94%
Concluded Safeguarding Enquiries	389	348	296

### Risk Assessment Outcomes (SC2c) – Section 42 only

Collection Year:	2019-20	2020-21	2021-22
Risk identified and action taken	76%	88%	88%
Risk identified and no action taken	2%	1%	0%
Risk Assessment inconclusive and action taken	3%	4%	3%

Collection Year:	2019-20	2020-21	2021-22
Risk Assessment inconclusive and no action taken	2%	2%	0%
No risk identified and action taken	4%	2%	3%
No risk identified and no action taken	8%	0%	3%
Enquiry ceased at individual's request and no action taken	6%	3%	1%

### Making Safeguarding Personal (SG4a) – Section 42 only

Collection Year:	2019-20	2020-21	2021-22
Yes they were asked and outcomes were expressed	70%	79%	81%
Yes they were asked but no outcomes were expressed	11%	13%	15%
No	7%	6%	3%
Don't know	4%	1%	0%
Not Recorded	9%	1%	1%
Enquiry ceased at individual's request and no action taken	6%	3%	1%

Of the enquiries recorded as Yes in row 1 of the table above (MSP – SG4a), in how many of these cases were the desired outcomes achieved?

Collection Year:	2019-20	2020-21	2021-22
Fully Achieved	74%	67%	56%
Partially Achieved	23%	31%	39%
Not Achieved	2%	2%	6%
Full Achieved and Partially Achieved	97%	98%	95%

## Staff training

Staff training has increased post covid with training and guidance in the following:

- BIA training
- Restart of Leaders in Safeguarding network
- Safeguarding and Mental Capacity Act virtual training
- Countdown to LPS – prep with managers for training and development
- Provider concerns
- Fire Safety
- Self neglect/hoarding/fire fatalities
- Independent review – outcomes and follow up actions

## Upcoming Priorities and Activities

- Preparation for and implementation of Liberty Protection Safeguards
- Ongoing work supporting Safeguarding work in Camden & Islington Mental Health Trust

- Continuation of significant improvements to Safeguarding Practice (supported by a range of actions including the weekly Safeguarding Closure Panel and Surgery, safeguarding audits and training)
- Local, regional and national changes to approaches to Domestic Violence and slavery
- Restructure of teams and pathways to ensure timeliness and appropriateness of response to safeguarding referrals
- Act on strategic learning from SARS
- Introduction of a 'Creative Solutions' Panel for complex cases that need an innovative and multi-agency solution

## Deprivation of Liberty Activity

The Number of referrals in Apr 2021 – Mar 2022 was slightly lower than the previous two years, but overall levelling off in last six years. The majority of DoLS referrals (61%) are from residential care homes.

New Standard Authorisation requests were at similar level to the previous year whereas further Standard requests decreased by 25%. This is because during the pandemic, when we were completing assessments virtually, the supervisory body agreed short authorisations in these cases. As assessments are now being completed face to face, this has allowed longer period of authorisations to be put in place.

Throughout the Covid-19 pandemic Islington DoLS office has continued operating to provide safeguards for Islington residents in residential care homes and hospitals, following best practice guidance from the DHSC.

In 2021, after the relaxing Covid-19 restrictions, we returned to face-to-face assessments to assure best safeguarding practice. Out of 616 Best Interests Assessments completed only 150 were done remotely. Since the start of January 2022, despite periodic care home lockdowns, assessors have consistently assessed face to face rather than virtually. Out of 215 BIA assessments completed, only 2 were carried out virtually.

We also work closely with Islington Legal Department and Children's Social Care in ensuring there is a joined up approach for young people who are approaching 18 years of old who are subject to a court ordered deprivation of liberty and who will need to transition to the DoLS process

Significant planning and preparations for the introduction of Liberty Protection Safeguards in 2023 is underway. There is a multi-agency Local Implementation Network in place being led by the Mental Capacity Act Lead.

## Conclusion

Within Adult Social Care there are a number of very experienced, capable and loyal staff. At frontline level, Senior Practitioner and Team Manager level, the workforce is diverse and therefore is able to reflect the experiences of the local community. However, above the Team Manager level there is a lack of diversity which provides a barrier to ASC conveying a strong message of challenge and opposition to racism and any other form of unfairness, inequality, discrimination and social injustice. Recruitment remains a challenge and some progress is being made on this; reducing use of agency by implementing a Temp to Perm process, embedding a 'grow your own' approach by embedding Professional Apprenticeships for Social Work and Occupational Therapy, and by working towards an external recruitment campaign in Autumn 2022.

Staff are accessing a variety of training, support and career development offers such as ASYE, Post Qualifying courses, specialist and more generic training, Practitioner Forums, Continuing Professional Development and Career Development Support Sessions. The aim is to recruit and retain staff and provide them with the tools and support to do the best job they can for the benefit of residents.

The department and workforce is now learning to live with Covid, take forward all the positive changes and learning from this period, and prepare for the significant changes on the horizon with LPS and other social care reforms. Reflection and challenge is becoming more embedded into daily practice and supervision now that there is an additional Practice Development Lead focusing on this, and there are a number of practitioner forums, complex case meetings, and a focus on learning from experience in the light of legal decisions, complaints and general feedback. The daily Quality Assurance Meeting and a wide range of assurance and improvement activities that continue, is promoting and fostering a culture where we are always asking 'how can we do better'.

ASC performance across most areas of practice is improving with more assessments, reviews, Direct Payments, Safeguarding - even at a time where demand has stayed very high. Usage of domiciliary care has increased and it is unclear at this stage whether this is due to supporting more people to stay in their own homes, or whether this is because need has increased. Equally, usage of care home placements has increased and this may be as a result of quicker hospital discharges and a delayed surge in demand post pandemic. It is very encouraging to see that more Carers Assessments are being carried out, and that there is improved satisfaction in the support that Carer's receive. It will be important to continue working extremely hard to achieve even better outcomes for residents in the coming year, as there will be both challenges and opportunities as a result of reforms, transformation and budget pressures.

The Adult Social Care Transformation Programme presents further opportunities for improvement by having strengths based practice at its heart, and developing infrastructure and resources to support strengths based practice. Significant progress has been made in 2021/22 with the launching of the Assistive technology offer, development of Find My Islington Directory, a Single Point of Contact for the VCS, employment of Community Catalysts and the launch of a new Reablement Service. Other transformative change is being lined up in the starting blocks

such as the restructure of the Front Door and other frontline teams, modernisation of Day Opportunities, expansion of Shared Lives and the launch of the Outcomes Based Home Care Model. This will enable further implementation of the strengths based approach, thinking about how people can help themselves, and also link into the rich community resources available in Islington.

Adult Social Care is part of the People's Directorate and there is good collaboration between the departments in areas such as World Social Work Day, Practice Week models, ASYE, the Social Work Degree Apprenticeship Programme, the Non Recent Childhood Abuse Service, Challenging Inequalities and Progression to Adulthood. These links are well established now and will continue to be very fruitful as we move forward, particularly in areas such as recruitment and retention, practice assurance models, safeguarding and Liberty Protection Safeguards.

# 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 is 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.

