



Department
of Health

Strengths-based social work practice with adults

Roundtable report

Contents

Foreword	3
Introduction	4
Defining a strengths-based approach to social work	6
Legislative and policy context	8
Social work and strengths-based practice	11
Perspectives from experts by experience/people using services	14
The evidence base	15
Workforce and leadership	16
Case study: The Importance of senior leadership in implementing strengths-based approaches	17
Asset-based community development (ABCD)	26
Case study: Leeds Neighbourhood Networks	27
Local Area Coordination (LAC)	28
Restorative Practice (RP) – Greenwich	29
Three Conversations Model	30
Signs of Safety and Wellbeing	32
Making Safeguarding Personal (MSP)	33
Case study: Kirklees Council	34
What is needed to enable and support strength-based social work practice?	36
Next steps	39
Bibliography	40

Foreword

This report is based on a workshop commissioned by the Department of Health and hosted at the Social Care Institute for Excellence in January 2017. The event was chaired by Lyn Romeo, Chief Social Worker for Adults and Tony Hunter, Chief Executive of SCIE.

‘Excellent social work is about emphasising the use of professional engagement and judgement, as opposed to procedural approaches, with a focus on the individual, taking a holistic and co-productive approach to keeping the person at the centre of all decisions, identifying what matters to them and how best outcomes can be achieved. It is about enabling people to find the best solutions for themselves, to support them in making independent decisions about how they live. I whole heartedly believe in taking a strengths and asset based approach to supporting individuals and I hope this guidance note is the first step to building on and pulling together all the different asset based approaches that can help support and empower people to live the lives they want.’

Lyn Romeo

*‘SCIE is pleased to be involved in this important initiative to help identify, explore and disseminate strengths-based approaches to care and support, at both individual and community levels. None of us operate fully independently – we use information, advice and help in all sorts of ways to remove barriers otherwise preventing us using our skills and experience to the full. Strengths-based approaches have that same starting point, i.e. what people **can** rather than **can’t** do. Working with people in that way is so much more positive and liberating, and needs to underpin all good social work practice.’*

Tony Hunter

Introduction

In January 2017 the Chief Social Worker for Adults in collaboration with the Social Care Institute for Excellence hosted a roundtable event at SCIE to explore what strengths-based social work with adults, individuals, families and communities really means for practitioners and people using services. The event brought together professionals, researchers and experts by experience to share examples of good practice and the challenges of working in a strengths-based way. It is clear that the intentions inspiring strengths-based approaches resonate both with social work practitioners and people using services but there are questions and considerations which need to be explored in making these intentions a practical, sustainable reality on the ground.

The aim of the workshop was to develop a common understanding in relation to the shared components of the different but complementary approaches under discussion, and start to build a narrative around their interpretation particularly in relation to:

- how social workers can enable the people they work with to identify their personal assets and local systems of support, and build on these to find sustainable solutions.
- the practitioner skills and organisational models needed to implement and embed strengths-based solutions which meet local needs.

The event featured a series of short guest presentations and case studies profiling current work across England together with two group discussion sessions.

The morning discussion focused on community assets and supporting change within neighbourhoods, identifying the essential elements of a strengths-based approach, and the potential barriers and enablers to working in this way with communities.

In the afternoon, the focus shifted to strengths-based practice with individuals and families with complex needs or living in complex circumstances.

Challenges that emerged from both discussions revolved around how practitioners free themselves from unhelpful institutionalised thinking and restrictive organisational processes and practices, and develop the skills and knowledge to enable effective strengths-based practice which delivers positive change.

This report from the workshop extends the call to action around strengths-based social work practice and captures the key points and comments from the group discussions with summaries of the presentations. The intention is that it will be used to inform work on the development of an overarching practice framework and more detailed implementation/support tools. In the longer term it is hoped that the discussions captured at the workshop will lead to reviewing the current evidence and shaping new research questions around the effectiveness of strengths-based approaches.

Defining a strengths-based approach to social work

'Strengths-based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets. As such, it concerns itself principally with the quality of the relationship that develops between those providing support and those being supported, as well as the elements that the person seeking support brings to the process. Working in a collaborative way promotes the opportunity for individuals to be co-producers of services and support rather than solely consumers of those services.'

(SCIE, 2014) Care Act 2014: Strengths-based approaches. SCIE, 2015
<http://www.scie.org.uk/care-act-2014/assessment-and-eligibility/strengths-based-approach/>

A strengths, or asset-based approach to social work practice aims to put individuals, families and communities at the heart of care and wellbeing, and in doing so strengthen relationships between members of that community and build social capital.

It is responsive to need but focuses on the positive attributes of individual lives and of neighbourhoods, recognising the capacity, skills, knowledge and potential that individuals and communities possess. It is based on the fundamental premise that the social work relationship is one of collaboration, and that people are resourceful and capable of solving their own problems if enabled and supported to do so.

A strengths-based social work approach to working with adults is not yet a fully formed set of ideas and the evidence base for some more recent models is still emerging. However, strengths-based practice is not a new concept and reflects the core principles at the heart of the social work profession. The approach sees everyone including the most vulnerable and those with long-term needs as citizens who also have rights and responsibilities, skills and expertise.

It cannot be prescriptive and there is no one-size fits-all model. Our speakers showed interpretations vary and are shaped according to local circumstances and needs. For this reason, approaches may not lend themselves to being easily replicated and scaled up but do support the better deployment of existing resources by building on assets already present.

Critical to successful implementation is a change in culture not just in social services or local authorities, but across health and social care systems and in society as a whole. Shifting from a paternalistic care management viewpoint rooted in a deficit model to a focus on what the organisations and citizens of an area can do, their assets and potential informed by a deep understanding of what's happening on the ground in local communities. It acknowledges the complexities of the socio-economic political context in which people live and the impact of material disadvantage on particular individuals and communities.

Choice, control, citizenship and connectedness are common themes underpinning all strengths-based work. A strengths-based mind set draws extensively on personalisation and co-production, working in partnership to develop co-designed solutions which prevent harm and abuse, reduce obstacles and discrimination, and restore and support family relationships. A strengths-based approach starts with a different conversation.

Legislative and policy context

'For far too long people's needs assessments have been driven by the service on offer or that can be provided in a particular area... such an approach fails to recognise the richness and complexity of people's lives and fails to support or promote truly person-centred care.'

(CQC) Care Act Factsheet 2: Who is entitled to public care and support (Department of Health, 2016) <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets>

'The Care Act opens the door to liberate existing good practice and to cultivate deeper practices that support what matters to people, and enables them to achieve the lives they want for themselves.'

(Cormac Russell) Community social work: the shift from what's wrong to what's strong (Lyn Romeo blog, DH, April 2016)
<https://lynromeo.blog.gov.uk/2016/04/29/community-social-work-the-shift-from-whats-wrong-to-whats-strong/>

Social workers practice within a framework of legislation and government policy relating to children, families and adults. The principles underpinning a strengths-based approach in social work complement both health, social care policy, and legislative requirements.

The implementation of the Care Act 2014 has been a key policy driver in the development of a new vision for adult social care. The Act sets out a clear legal framework for the way in which local authorities should protect vulnerable adults and puts the broad concept of individual wellbeing at the centre of practice:

'The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life.'

(Care Act 2014) Chapter 1, Care and Support Act Statutory Guidance (DH, 2017)
<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#chapter-1>

'As part of this person-centred, outcomes-focused approach, the Act requires that social workers and care professionals 'consider the person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help' in considering 'what else other or alongside the provision of care and support might assist the person in meeting the outcomes they want to achieve'.

(Care Act 2014) Chapter 1, Care and Support Act Statutory Guidance (DH, 2017)
<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#chapter-1>

Adopting an asset or strengths-based approach to any intervention and particularly to assessment is one of the critical principles underpinning the Care Act, together with co-production, personalisation and the need to work preventatively.

It was recognised by the College of Social Work at the time the new legislation was passed that the implementation of the changes embodied in the Act would demand significant cultural and attitudinal changes.

Meeting needs rather than providing services is integral to the Care Act as is the wellbeing principle. This means promoting individual aspirations, enhancing independence and wellbeing and maximising autonomy – supporting people to live their lives in the way that they choose. The emphasis is on outcomes focused social work practice rather than care management processes.

Human Rights Act (1998)

Social workers help individuals realise their rights every day and are ideally placed to help communities claim their collective rights. Social workers provide empowering, rights-based practice that develops individual and community capacity.

Mental Capacity Act (2005)

Developed to coordinate, bring together and simplify the law about the care and treatment of people who lack capacity. It builds on common law and is designed to protect the rights of individuals and to empower vulnerable people. Social workers working with adults should continually be aware of capacity in relation to specific decisions that vulnerable adults are required to make; particularly where a specific decision may place themselves or others at risk.

Localism Act 2011

Facilitates the devolution of decision making powers from central government to individuals and communities.

Equality Act (2010)

Social workers have a key role to play in embedding the Equality Act 2010 anti-discriminatory objectives in practice by improving information collected about and provided to people who use services.

Public Services (Social Value Act) 2013

Requires people who commission public services to think about how they can also realise wider social, economic and environmental benefits and develop new and innovative solutions to difficult problems.

Social work and strengths-based practice

'Social work practice is nothing if it is not about enabling people to use and develop their strengths and ability.'

(Dr Ruth Allen)

At the workshop Dr Ruth Allen, Chief Executive of the British Association of Social Workers (BASW) reflected on the six 'P's' of social work (practice, professionalism, public and press perception and politics) and the way they define important aspects of strengths-based practice with adults:

- The opportunity strengths-based approaches offer for social work to define its professionalism.
- The development of practice capabilities for authentic strengths-based work.
- The need to continually evaluate practice through co-production with people who use services.
- The opportunity to develop new public perceptions of social work demonstrating the way social workers enable positive change.
- The expression of the empowering political dimension of the social work profession.

Strengths-based approaches have clear historical links with community development social work of the 1970s, another period of austerity and public service cuts. Person-centred approaches which aim to develop citizenship and community capacity reflect traditional social work values in that they are respectful and empowering of the oppressed and vulnerable in society. Social workers act as advocates for people and want the best for them and this collaborative relationship is the cornerstone of the type of outcomes achieved.

In recent decades though there had been a critical shift to a more process driven assessment and case management approach which has been criticised for encouraging dependency and a tick-box approach to the provision of support.

The Knowledge and Skills Statement for social workers in adult services (2014)

acknowledges the importance of the Care Act in signalling a move away from care

management as the overriding approach to working with adults, and highlights the relational approach of the social work role.

'Social workers should enable people to experience personalised, integrated care and support them to maintain their independence and wellbeing, cope with change, attain the outcomes they want and need, understand and manage risk, and participate in the life of their communities. Social work should focus on the links between the individual, their health and wellbeing and their need for relationships and connection with their families, community and wider society.'

As the presentations at this event showed, strengths-based approaches are not new and examples of excellent strengths-based practice can be found in many localities which pre-date the implementation of the Care Act. However, the Act serves to embed strengths-based approaches and underpin the repositioning of social work practice with adults.

The approaches described by the guest speakers draw upon and are informed by an established range of theories, models and ways of working with people. These include narrative approaches, appreciative enquiry, disability rights, systemic family and solution-focused therapies, motivational interviewing, co-production and personalisation. All recognise that people are experts in their own lives, and have the potential to reframe the narrative of their lives in collaboration with professionals who share their knowledge and can help navigate complex support systems. The social work role is a facilitative one, working with people and bringing people, groups and communities together. The power of positive language and personal stories are recognised as very important in this context.

A strengths-based approach:

- is rights based and person-centred
- has a clear ethical and values based position
- works in a place based way
- recognises the limits of institutional work and takes an interdisciplinary, holistic view, seeing people as resourceful and resilient in the face of adversity
- acknowledges that people are a lot more than their care needs, are experts in their own lives and take the lead in their own care
- acknowledges that notions of community are subjective – for some family, others online or local neighbourhood
- reframes the narrative and tells the 'good' stories about what people have done, what they do every day and what they have achieved – *'we are all amazing people'*
- draws upon a person's resources, abilities, skills and connects with their social networks and communities –whether actual or digital
- uses explicit methods to identify strengths and assets – both soft assets (personal interests, skills, relationships) and hard assets (finances, housing, health)

- is goal orientated and outcomes focused
- is collaborative and based on reflective conversation, encouraging the person to make sense of where they are and making meaningful choices
- is respectful – not making assumptions, non-judgemental
- is hope-inducing!

A strengths-based approach is not:

- a return to the old days of family and community social services departments. It acknowledges that aspects of past practice were positive but it looks forward rather than back. *'We need to build on what's good and marry with new approaches'*
- simply about tools or methods – but about different concepts, structures and relationships
- shorthand for there is no or reduced funding for service development so we need to get people and communities to do more for themselves
- about going back to the days when volunteers did everything. When people volunteer it should not be an imposition
- another redesign of a set of forms or way of conducting social work assessment
- driven by the need to save money – although as some approaches show, there may be cost savings to be made over time due to a reduction in demand for statutory services

Perspectives from experts by experience/ people using services

'A life worth living until I die.'

'Make strengths-based commissioning come alive in the place I live.'

Asset-based approaches continue to be a popular topic of ongoing debate in social work, health and care. There are some concerns that the concepts and terminology are in danger of misappropriation at a time of public austerity, and may be misused to justify budget cuts and closure of existing services leaving vulnerable people potentially even more vulnerable. There is also a risk that high profile elements of approaches are picked up on and applied in the hope of a quick return which creates unrealistic expectations, leading to frustration and disappointment. The need for structural support to ensure engagement and overcome challenges around mobility and accessibility is also a concern.

- Listen, don't make assumptions or judge, respect.
- Don't confuse needs with service categories.
- Don't downplay the existence of very real problems people and communities may be facing.
- Allow people to define their own risk.
- Acknowledge that needs can change.
- Know your community, spot where assets and drive exist in the community, having will is an asset, 'people are shafted by systems and hierarchies'.
- Social workers should be advocates and allies.
- The importance of neutral spaces – people don't always want somebody to come to their home.
- Don't leave services out altogether, withdrawal or loss of services and programmes can leave people feeling vulnerable and bereft.
- Work with carers to develop understanding of strengths-based practice as some express fears over losing support for the person they care for.
- Consider what the unintended consequences of strengths-based approaches might be.
- Listen to complaints, feedback and compliments and link these to evaluation.

The evidence base

'No data without a story and no story without data.'

Hard evidence of the impact and effectiveness of strengths-based approaches is still emerging although some models have a longer history and more established evidence base than others, for example ABCD and Local Area Coordination. Lack of an evidence base or access to the right type of evidence with sufficient intellectual rigour was highlighted as a barrier in the group discussions. This was particularly in relation to which type of strengths-based approach or model works best in which scenario and how the impact can be measured effectively.

The published qualitative evidence supporting the adoption of strengths-based approaches in adult social care shows that social networks are improved and wellbeing enhanced but in part evidence can be difficult to synthesise because it relates to a range of different populations and 'problem' areas. The workshop presentations however showed that strengths-based approaches do apply across a range of practice settings, localities, client groups and relationships.

The discussions highlighted that practitioners need to be better at sharing evidence and good practice to ensure that any practice framework developed can demonstrate a strong knowledge base, theoretical depth, methodologies and skills sets required. In terms of access to relevant data the observation was made that local authority data collection can be very variable and not always adequate for evaluation purposes.

It was noted that strengths-based approaches must be interdisciplinary and that social work can draw on and adapt practices from other sectors, particularly health.

Questions raised in the group discussions reflect the challenges:

- Do strengths-based approaches work for everyone including those with the highest/most complex needs?
- How do we know which type of approach works best and what does 'good' look like?
- How do we establish a baseline for the things we want to change?
- How do we evaluate something that is essentially a dynamic approach and ensure that feedback from people using services is included – what tools are available to help with this?
- How do we present a convincing mix of quantitative and qualitative data to evidence impact including data about costs?

Workforce and leadership

What does it mean to lead and manage in a strengths-based way and how does a strengths-based organisation operate?

Skills for Care sees benefits for the workforce when asset-based and community skills development approaches are used. An evaluation of their Skills around the Person (SATP) programme found that the resourcefulness of individuals and their communities is substantial but often unrecognised. The delivery of the programme was characterised by the willingness of practitioners to experiment and be creative in enhancing service users' independence and autonomy. It was noted that the SATP approach improved staff retention and motivation for work whilst also reducing levels of staff sickness.

The point was made in the group discussions that staff cannot be ordered to work in a strengths-based way, the motivation is value-driven and must come from within but that strong leadership is essential in modelling different behaviours and leading organisational change.

- More clarity is needed about the role of the social worker in relation to a strengths-based approaches – guidance would be welcome.
- Practitioners need to re-examine and reflect on the way they work and focus more on the future than the past, solutions not problems. A strengths-based approach needs a workforce with personal resilience.
- Practitioners must feel confident in taking positive risks.
- Workforce continuity is an important factor.
- Practitioners need to be enabled to move from task-focused supervision to reflective practice and strengths-based supervision models.
- What implications does strengths-based work have for social work training and CPD?
- How do practitioners actively work with the community not only to understand its cultures and strengths but also to develop inclusive workforce planning?
- What tools might be needed to support the implementation of strengths-based working and organisational self-assessment?
- When practitioners are working in casework roles under extreme time and financial pressures, how can they be freed up to create the right conditions for bottom-up work and foster social capital?

Case study: The Importance of senior leadership in implementing strengths-based approaches

Cath Roff, Director of Adult Social Care Leeds City Council

'The starting point is the values of the senior management team: they provide the foundation stone on which strategies and services are developed. If you believe in a model of social care that is rights-based and rooted in autonomy and citizenship then you are half way there. The whole senior leadership team is passionate about a strengths-based approach and support and challenge each other in each measure.

When I started my role in Leeds two years ago, I spent a lot of time getting out of the office talking to frontline staff to better understand the reality of their working lives. The message was loud and clear that the social work service felt pressurised, bogged down in paperwork and locked into a process that was not satisfying either for them nor the people we aim to serve. It seemed that they were increasingly becoming the "border patrol", policing an ever tightening interpretation of eligibility criteria in order to manage reducing budgets. None of us came into social care to do that so it was time to come up with an alternative. The aspiration for a strengths-based approach is clearly stated in the Care Act: the challenge was to convert that into practice.

We set out the foundations and principles against which we are developing strengths-based social care in Leeds. They have become rooted in Leeds folklore as the "rule of three":

- Don't break the law
- Don't blow the budget
- Do no harm

Apart from that, I said I trusted social workers to do the right thing, to do well what they were professionally trained to do and they had permission to practice in the right way.

If they thought the forms we currently had were getting in the way, they had permission to tear them up and come up with something better. This is how we got rid of our 27 page tick-box "guided self-assessment form" and now have a two-sided Conversation Record that is Care Act-compliant, has three key questions and can grow in size depending on what the social worker thinks is proportionate to record. This had allowed social workers to challenge the old methodology and bring their practice and the people they serve to the centre of what we are doing in Leeds. They are confident that they will be supported to break through the barriers of bureaucracy and process and they know that I have a personal interest in what they do.

I chair the Strengths-based Social Care Project Board every month which invites social workers and team managers to present on progress in their area. I have to say it is the best morning of my month – the enthusiasm, pragmatism and innovation from the frontline is just breath-taking. There is a real buzz across the whole of the social work service. I promised to liberate social work and they have absolutely grasped the opportunity and run with it.

We have spent time talking about what are the ingredients of a good life and this is embedded in our refreshed “Better Lives” strategy for people with care and support needs. It has helped staff think more creatively about solutions and by embedding peer challenge (in a constructive way) in team practice to come up with plans that are as community-based and support the person to have as good a life as possible from every contact that we have with them without having recourse to funded support plans wherever possible.

I have now done a vlog as a new way of reaching even more people and we are going to use it at the start of any future recruitment for new staff as it says what we are about in four minutes. We hope any social worker would want to come to work in a city which had a Senior Leadership Team who understands and commits to the vision of genuine strengths-based social care.’

A guide to carrying out and recording The Conversation Record



The conversation record has been created to support a different type of conversation/assessment to the one previously recorded following a (SSA) self-supported assessment. Our conversations are now more focused on what people want to tell us and what they want us to know, not just about what we want to ask them, which is why there are no service or needs led questions. However, where there are specific concerns or risks, you will need to explore these and consider information we are required to record on CIS.

The most important point to remember is that this document allows you to be creative. There is no single way of doing it or documenting it; but the outcome should be a positive record of the person whilst also identifying what issues are affecting their lives. The type of conversation and the recording of it may differ dependant on the situation. So be flexible! If the person is in a crisis situation or has an urgent need, the actions may be about putting a plan together that attempts to ease or resolve the main problem, in order to create stability.



The conversation is about listening and connecting people to things that make their life work without us. It should consider, and be a discussion about, all of the resources and support that we can connect the person to, within their community and networks, in order to help them get on with their lives independently.

A conversation you undertake with a new service user is not just about establishing if they meet the eligibility criteria, but about understanding what has happened or changed that caused them to approach Adult Social Care. Similarly, a conversation with an existing service user is about establishing what has occurred that led to the need for a review and not about raising their expectations that their long term package will be increased.



It is useful to consider what type of conversation you are anticipating based on the information available to you prior to meeting with the service user/rep. This will help you to prepare for the discussion.

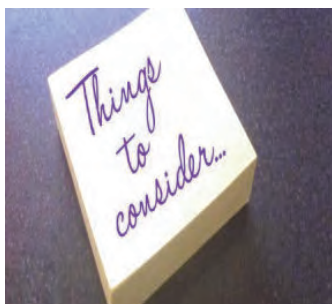
- Is this a conversation about establishing what's going on – and then helping the person to re-establish connections with family, community and their neighbourhood?
- Is this conversation about a short term crisis requiring temporary intervention, hospital discharge or prevention, all with the aim of gaining stability?
- Is this conversation in relation to someone who clearly has long term support needs? ***This type of conversation will only take place following one or both of the initial conversations.***

The conversation

- Do your groundwork. Before starting any conversation it is vital that you have a good awareness of the resources available within the local community
- Learn the background – What's happened?
- What does the person do or what did they enjoy doing?
- What is the person trying to get back to, i.e. what was 'normal' before the crisis, change or deterioration?
- If the service user lacks capacity gather the information from the people who know them best as well as recording the service user's point of view.
- Establish the way forward – what is the one key thing that needs to change? What needs to happen now?
- Who is available to help? What network of support and resources are available to them?
- You don't have to come up with solutions straight away. Advise the service user and family that you will have a look at what options are available and discuss with others in your team.



Things to consider:



- Check CIS before meeting someone to identify if there is any demographic **information missing** (Relationship contacts, GP, LPA, Appointee etc.)
- Consider **capacity** and record your findings
- If there is a need to discuss **financial matters** or **advanced planning arrangements** make sure this is recorded
- Remember to consider and record any immediate **risks or safeguarding issues** including **fire safety**
- Consider whether a routine enquiry about **Domestic Violence and abuse** is appropriate at this point
- Consider whether any **basic equipment** is needed
- Consider **religion, ethnicity, gender and sexuality** where appropriate
- Consider **communication** and **Accessible Information** needs
- Consider **advocacy**
- Consider any **carers needs**

- consider the **impact on informal carers** and their ability to maintain the current level of support
- **If required, a prompt sheet is available with all the main key points!!**



Actions

- Create a plan for the short term, not long term, and stick with the person through it
- What's the plan? What are we looking to achieve?
- Who's involved?
- Who's doing what and when?
- What's the cost?
- When will we know things have improved?

Recording the conversation

- Record the conversation as it happened to give the reader a genuine representation of the discussion
- Record the discussions you had with others such as carers/ family and other professionals
- Make sure that the actions and who is completing them are clearly defined as bullet points
- Consider and analyse the conversation and come to a conclusion



The following information should be updated in CIS

- Relationship contacts/ GP details/ financial rep/ carer
- Health conditions
- Accessible Information Needs
- Ethnicity
- LPA – enhanced decisions



Eligibility

Whilst the initial conversation is not about establishing eligibility it is important that it is still considered and that you can evidence that the person can be supported safely through signposting or a short term plan.

If the person is not eligible – The conversation record should be updated to include detail about the discussion regarding eligibility to ensure that the decision can be justified. It may be useful in these circumstances to refer to the Eligibility Decision Tool for guidance

If it is confirmed that the person has long term support needs and formal support is required, the Eligibility Decision Tool will be used to determine eligibility.

If the person is eligible - The conversation record will not be amended but the detail of the needs and outcomes will be recorded on the support plan.

Checklist of Core Duties

Local Authorities must:



- Carry out an appropriate and proportionate assessment:
- Support the individual to lead the process
- involve an advocate (a family member, friend or independent advocate) to help the individual through the process where the individual has capacity but has substantial difficulty understanding, retaining and using the relevant information
- involve a person who has specific training and expertise where appropriate to carry out a safeguarding enquiry where a person may be at risk of abuse or neglect
- Ensure that the assessment is completed in a suitable time period
- Ensure that the assessment is accurate and complete - reflecting the individual's needs

Frequently Asked Questions



What if I have more than one conversation?

It is likely that once you are allocated a case, you will have several conversations with a service user as their situation changes. Many of these conversations will be recorded as case notes but where there is a significant discussion that leads to a change to the original actions, it should be recorded on a conversation document. Use your discretion to determine if additional information can be added to the original document creating a second version, or completing a new one altogether.

The SSA used to record all the needs domains, where should I record this now?

The conversation you are having is determined by the presenting issues for the service user and they or the person who knows them best will tell you about the most relevant areas of their life that they are struggling with. If we go on to provide support whether it is long or short term, the needs and outcomes and how they can be met will be detailed in the support plan where the main headings are already present.

NOTE: The support plan will eventually change – but for now utilise the current support plan in CIS. Click on this link to see how.

There isn't enough information on the conversation document for a provider service

As mentioned above, the support plan will detail the needs and outcomes. Referrals to reablement can be completed using the Health Referral form.

There is nowhere to record the relationships, financial information, CHC or health conditions

This information can be recorded as free text as part of the conversation record and then added to CIS on your return to the office.



Conversation Record

Customer Details

CIS Number:	[CIS Customer Ref]
Customer Name:	[Person Title] [First Name] [Last Name]
Address:	[Street Address], [City], [County], [Postcode]

What we discussed

What needs to happen now and who will do it?

Information sharing between health and social care professionals	
Please refer to the leaflet 'How we will use the information on this form', before you complete this section and record your decisions below, as it explains how we will use the information on this form.	
I agree that you can share my information (including information about my care needs) between health and social care professionals when you are arranging my care. <i>If you decide not to share your information for these purposes, this will not stop you from receiving care, but may limit how we are able to support you.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Information sharing with Other Organisations	
I agree that my information (including information about my care needs) can be shared with other organisations when you are arranging my care. I realise that this may involve my information being shared with a number of organisations to help decide which organisation is best able to meet my needs.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Changing your decision
Please note that you will be able to withdraw your consent for information sharing at any time, by contacting us on 0113 2224401

To be completed by Social Care or Health Worker	
Has the person read and understood the information sharing leaflet?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If it has not been possible to make the person aware of the information sharing leaflet, or if the person is not able to give consent please specify why below:
 []

My Declaration		
In signing this form I agree that it is an honest view of my current situation		
* Signature:	[]	[]
Print:	[]	[]
Date:	[]	[]
Please indicate if appropriate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
* If the person is unable to sign, please tick here and specify why below: []		

Social Care / Health Worker Recording the Conversation		
Signature:	[]	[]
Print:	[]	[]
Job Designation:	[]	[]
Date:	[]	[]

Asset-based community development (ABCD)

'We serve by walking backwards.'
(Cormac Russell)

Background

There are over a dozen asset-based community-development learning sites in the UK reflecting the growing interest in this type of approach from both a health and social care perspective.

ABCD has its origins in North America in the 1980s and the work of John McKnight and Jody Kretzman. It embodies the principle that strong and vibrant communities grow from the inside out. An asset-based community-development approach seeks to support communities to reduce institutionalisation and increase interdependency in community life. It addresses the problem that disconnected communities and independent living can make people feel lonely and isolated.

It sees the social work role as 'an act of deep humility', helping people to feel accepted and see their strengths, not trying to fix things for them.

Strengths-based social work focuses on development and innovation not relief, and the belief that if development is done well and is community-driven, enduring and proportionate change will follow.

Key principles

- Neighbourhood is the primary agent of change.
- Wellbeing should be at the heart of community life.
- A focus on active citizenship – not passive consumers. Active citizens identify their own problems and possibilities, identify solutions and responses and take personal or collective action.

Links

Nurture Development

Community social work: the shift from what's wrong to what's strong (Lyn Romeo blog, 2016)

Case study: Leeds Neighbourhood Networks

'Social workers in Leeds are loving what they're doing.'

Leeds has a rich history of asset-based community-development work and a vibrant third sector. Neighbourhood Network Schemes are community-based, locally led organisations that enable older people to live independently and proactively participate within their own communities by providing services that:

- reduce social isolation
- provide opportunities for volunteering
- act as a 'gateway' to advice/information/services.

The first Neighbourhood Network Scheme was established in Leeds in 1985. There are now over 40 schemes working throughout the city supporting over 25,000 older people every year. Using an ABCD approach the Neighbourhood Networks focus on identifying the existing gifts and capacities of people and their communities to encourage change and development from within.

The local authority spends considerably less on services for older people because of the success of Neighbourhood Networks. There was a perception that social workers were focusing too much on eligibility, assessment and triage rather than enabling citizens and the development of community capacity. Social workers working as part of neighbourhood teams are also using the Three Conversations Model. The approach involves using Neighbourhood Networks as community builders – trusted organisations which are based at neighbourhood level. They are tasked to identify 'community connectors', people who have a community profile and are able to connect people.

The Council is currently working with the University of Leeds University and Leeds Beckett University to develop the social work curriculum based on approaches adopted in Leeds.

Links

ABC(D)...it's easy as 123(4) ABCD – Asset-based community development Leeds (Better Lives for People in Leeds, 2015)

SCIE Prevention and Wellbeing resource – Neighbourhood Networks

Local Area Coordination (LAC)

Background

A strongly evidence-based approach to supporting people as valued citizens in their communities, LAC like ABCD is rooted in the concept of mutualism.

It offers an integrated approach bringing together adult social care with health, public health and emergency services, housing, children and families' services and is an integral part of system transformation offering a single accessible point of contact through the LAC role.

Local Area Coordinators support individuals and families in their local communities including those already dependent on services, those at risk of crisis and those who may be unknown to or ineligible for services. Local Area Coordinators work alongside people 'doing with, not for' and supporting them to lead and design their own solutions.

Key principles

- A defined geographical area – place based
- No eligibility criteria as long as you live in the area
- A voluntary relationship – an introduction rather than a referral so a different power relationship. *'The professional is not in the driving seat'*
- Starts with a positive conversation about building a good life
- Whole-person, whole-family approach which aims to build family and social connections and relationships making use of a person's own networks
- Recognises strengths and assets in building confidence and resilience
- Support is not time limited but avoids dependency

Links

Local Area Coordination Network

SCIE Prevention resource – service example for Derby

SCIE Prevention resource – service example for Thurrock

Restorative Practice (RP) – Greenwich

Background

Restorative Practice brings people who have been harmed into conversation acknowledging the harm and repairing the relationship. It was originally an approach used in the criminal justice system to bring victims and offenders together but has been developed as a tool to address relationship breakdown and is being used in family and educational settings. It has links with mediation and is a facilitative approach with an emphasis on resilience and interconnectedness.

In 2012, Greenwich was part of a pilot exploring the use of Family Group Conferences and Restorative Meetings to support adults experiencing abuse or harm. Since then, they have continued to deliver RP training to staff within adult social care and are using the approach in a variety of settings in the borough, including breakdowns in care arrangements and with staff managing hospital discharge.

Key principles

- Focuses on responsibility, reintegration and respect
- Reconciling someone to an incident or being harmed acknowledging the impact of behaviour and broken trust on relationships
- Identifying what the hurt person wants – do they want to continue the relationship?
- Seeks to build resilience to help people feel better able to prevent similar situations recurring in future and reducing referrals
- A facilitative and listening approach which can be challenging for some practitioners. *‘Sit back, don’t jump in and rescue’*

Link

What is restorative justice? (Restorative Justice Council)

Three Conversations Model

'You don't change the world by changing the form.'

Background

The requirements of the Care Act with its emphasis on wellbeing, prevention and independence, and the financial pressures on local authorities means the traditional 'social care sorting office approach' to 'assessment for services' with performance measured by processes and forms needs to change.

The Partners for Change Three Conversations Model has a strong personalisation base practised within the context of asset- and community-focused approaches. It has been developed in collaboration with several local authorities and tested in local innovation sites across the country. It has a tried and tested methodology and can demonstrate benefits for people and families, staff and budgets.

Key principles

- People are experts in their own lives
- Practitioners must know and understand the neighbourhoods and communities people live in
- It is a collaborative approach involving other members of the community support system
- Not just a different conversation but also a different language – care package, triage, assessment all 'banned' words

If you get the conversation right in one and two, it reduces the need for three:

1. **Listen and Connect** 'How can I connect you to things that will help you get on with your life, based on assets, strengths and those of your family and neighbourhood? What do you want to do? What can I connect you to?'
2. **Work intensively with people in crisis/at risk** 'What needs to change to make you safe? How do I help to make that happen? What offers do I have at my disposal, including small amounts of money and using my knowledge of community, to support you? How can I pull them together in an emergency plan and stay with you to make sure it works?'

3. **Build a good life** 'What is a fair personal budget and where do the sources of funding come from? What does a good life look like? How can I help you use your resources to support your chosen life? Who do you want to be involved in good support planning?'

Links

Partners 4 Change

Three conversations, multiple benefits (Lyn Romeo blog, 2016)

Signs of Safety and Wellbeing

Background

Signs of Safety started in child and family social work practice in Western Australia in the 1990s as a rigorous, evidenced-based method for child welfare. The Signs of Safety and Wellbeing Practice Framework is a strengths/asset-based, solution-focused approach adapted for use in adult social care with an emphasis on professional judgements about need and wellbeing. It offers an integrated practice framework for adult social care work. Each case is mapped out in the framework and practice tools guide questioning and analysis toward forming a professional judgement.

Key principles

- Focuses on collaborative work and improving wellbeing
- Is person-centred, developing an 'eco-map' of who/what is around the person, their social and professional networks
- An activity-based notion of strengths, not just the positives in people's lives
- Is a three-step framework using an appreciative inquiry approach
 1. What issues need to be addressed?
 2. Who and what is helping?
 3. What needs to happen next?

Links

Signs of Safety

An introduction to Signs of Safety and Wellbeing (London Borough of Tower Hamlets)

Making Safeguarding Personal (MSP)

Background

MSP started as a national programme in 2009 and was developed in response to a perceived disconnect between adult safeguarding practice and personalisation in social care. The safeguarding process was seen as focused overwhelmingly on protection rather than empowerment. MSP was trialled in test sites 2012/13 and piloted in 53 local authorities in 2013/14; A toolkit of methods and approaches was published in 2015. The 2016 ‘temperature check’ report indicates that MSP has been implemented in 76 per cent of local authorities in England.

Key principles

- Co-production ‘with people, not to people’ – ‘a partnership endeavour’
- An emphasis on enabling people to talk about what is important to them – what would improve their quality of life/wellbeing as well as their safety?
- Asking the right questions – talking through with people the options they have and how they want to improve their situation
- The recording of desired and negotiated outcomes – *‘You said this was what you wanted – have we done it?’*
- Developing a deep understanding of what people wish to achieve and how bearing in mind that outcomes can change
- The importance of professional curiosity in taking things forward

Links

Making Safeguarding Personal (Local Government Association, 2017)

<https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal>

Making safeguarding personal: a toolkit for responses (Local Government Association, 2015)

Making Safeguarding Personal in Solihull (research in practice for adults, 2014)

Case study: Kirklees Council

Background

Kirklees has implemented a strengths-based approach aligned to Care Act principles as part of its new vision for the Council in supporting communities to do more for themselves and each other, and keeping vulnerable people safe and in control of their lives. In providing and delivering services the focus is on only the things the Council can do and the value base and cultural change required to deliver them.

It recognises as an underlying principle that to continue to provide services within available resources, it has to fundamentally change the culture of the organisation and the way staff work, working to their strengths as professionals and ensuring systems are reconfigured to support people working with a strengths-based approach.

Kirklees has defined key behaviours that set out what each member of staff can expect from each other:

- Communicative
- Flexible
- Honest
- Supportive
- Positive
- Respectful
- Supportive

A strengths-based approach embodying the principles of the Care Act is a key element of these behaviours. Kirklees commissioned a learning and development programme from SCIE to support working positively with people with complex needs and to move away from a dependency mind set to a more enabling approach.

This involved development of:

- practical tools and techniques to undertake asset-based assessments
- training in strengths-based techniques including motivational interviewing
- reflective practice in strengths-based approaches.

Care Act champions were identified to maintain momentum and provide ongoing support to managers in engaging with their staff and sharing information around the change process. Peer group support and regular team feedback sessions are also embedded in the programme.

[Link](#)

Our behaviours (Kirklees Council)

What is needed to enable and support strength-based social work practice?

Vision: being clear about why a strengths-based approach is being adopted

- Understand the place of a strengths-based approach and the influence it needs to have on other parts of the system.
- Be clear about objectives – it's not about cutting services but about provision of a **different type of support**.
- Create the right conditions for bottom-up work.
- Start with an asset inventory.
- Don't confuse needs with service categories.
- Develop a detailed implementation plan supported by a learning and development model.
- Build in group supervision and reflective practice based on a model of supervision which supports the Care Act.
- Take an outcomes focus – what are the outcomes for each case?
- Explore the knowledge and value base through reading and debate.
- Being clear about ethics and values – this is a human rights approach.
- Record outcomes sought and achieved to show the difference strengths-based practice has made.

Visible clear leadership

'You have to walk it yourself, you can't just commission it.'

- A commitment to distributive leadership at every level.
- Enabling process driven organisations to develop an open culture for the type of discussions which inform strengths-based approaches.
- The engagement of senior management is crucial.
- System leadership.

An immersive knowledge of local community

'The map in some social workers' heads may not really reflect what's going on.'

- Knowing what the issues and networks are, really knowing the territory and recognising that people need support to engage.
- An attitude of empowerment and enablement.
- Deep listening skills *'have a conversation, listen, have another conversation, listen more'*.
- Acknowledge that people who use services and carers may have reservations about approaches which appear to be based on a withdrawal of current services and support.

Working in partnership and in co-production

Social workers need to:

- engage with those who bridge communities – “the known connectors”.
- develop a model which can be co-produced with local people.
- start with an asset-mapping approach.
- identify what already exists that can be strengthened and built on – existing relationships, networks, services, organisations.

A willingness to experiment and positive attitude to risk

- Develop a different approach to risk assessment – not as prevention but as an enabler. Practice is often driven by risk and financial concerns.
- Practitioners need to feel they have the permission to take risks and be innovative but the risks of specific approaches need to be recognised in developing a framework.
- Allowing citizens to lead. Acknowledged that sometimes this is challenging for social workers '*wanting to make it better*'. Practitioners are sometimes uncomfortable taking a step back and allowing people to define their own risks.
- There can be tensions created by legal obligations and statutory 'must do' rules and duty of care.

General challenges

- Trying to formalise or scale up approaches which develop social capital. Community capital can also be fragile and dependent on one or two charismatic individuals and specific local relationships/networks.
- The risks related to particular approaches must be considered.
- Strengths-based approaches take time to embed and require a significant investment of both time and resources to scale up initiatives and build community and social capital. Needs to be sustainable. Enabling and empowering people to develop their own solutions requires some dependence on professionals and supporting infrastructure.
- Balancing promotion of social capital with an understanding of the impact of austerity, poverty and inequality and not allowing this to become a deterrent to action.
- Importance of local context – what works in one area may not work in another so a framework for practice must be sufficiently flexible and adaptable to local needs and circumstances.

Next steps

The workshop showed that there is lots to celebrate in terms of strengths-based social work, and an appetite to further develop and share good practice. The approaches profiled were shown to be complementary and rooted in common themes of citizenship and connectedness.

The presentations provided an opportunity for participants to reflect on the strengths, challenges and political imperatives of the places in which they live and work and how approaches could be tailored to address specific local requirements. This raised more detailed questions for further exploration particularly the need for practical guidance both at individual and organisational level. The need to evidence impact and having access to the right data mix was also raised as an important consideration.

Whilst the value base is clear, there was agreement about the need for more clarity around the social work role, in relation to the specific methodologies and skills required to embed strengths-based approaches in practice and to evaluate them effectively. The next step is to build on the enthusiasm and output from this event and take forward the development of a practice framework and supporting guidance.

Bibliography

- Allen, R. et al. (2016) *Social work for better mental health: a strategic statement*. London: Great Britain. Department of Health.
- Baxter, K. & Glendinning, C. (2016) Supporting choice: Support planning, older people and managed personal budgets. *Journal of Social Work*, 16(4):453–469.
- Blood, I., Copeman, I. & Pannell, J. (2015) *The anatomy of resilience: helps and hindrances as we age. A review of the literature*. Cardiff: Social Services Improvement Agency.
- Blood, I. (2016) *Working with risk*. Blog 13.09.16 RiPFA
<https://www.ripfa.org.uk/blog/working-with-risk/>
- Blood, I. (2016) *Supporting older people in a strengths based way*. Blog 10.10/16 RiPFA
<https://www.ripfa.org.uk/blog/supporting-older-people-in-a-strengths-based-way/>
- Borysik, B. (2014) *ABCD in practice: connecting older people and communities*. London: Sitra.
<http://www.sitra.org/documents/asset-based-community-development-for-older-people/abcd-in-practice.pdf>
- British Association of Social Workers & Shaping Our Lives. (2016) *Disabled adults and social workers: position statement*. Birmingham: British Association of Social Workers Shaping Our Lives.
http://cdn.basw.co.uk/upload/basw_41138-2.pdf
- Broad, R. (2012) *Local area coordination: from service users to citizens*. Sheffield: Centre for Welfare Reform.
<http://www.centreforwelfarereform.org/uploads/attachment/340/local-area-coordination.pdf>
- Broad, R. (2015) *People, places, possibilities: progress on Local Area Coordination in England and Wales*. Sheffield: Centre for Welfare Reform.
<http://www.centreforwelfarereform.org/uploads/attachment/463/people-places-possibilities.pdf>
- Buffel, T., Remillard-Boilard, S. & Phillipson, C. (2015) *Social isolation among older people in urban areas: a review of the literature for the Ambition for Ageing programme in Greater Manchester*. Manchester: University of Manchester. Institute for Collaborative Research on Ageing.

Burn, A. (2013). *Signs of Safety in England: an NSPCC commissioned report on the Signs of Safety model in child protection*. London: NSPCC.

Butler, L. & Manthorpe, J. (2016) Putting people at the centre: facilitating Making Safeguarding Personal approaches in the context of the Care Act 2014. *Journal of Adult Protection*, 18(4):204–213.

Carey, M. (2016) Journey's end? From residual service to newer forms of pathology, risk aversion and abandonment in social work with older people. *Journal of Social Work*, 16(3):344–361.

Carter, E, Ward, M. (2016) From negative to positive – shifting the bias .Blog RiPFA
<https://www.ripfa.org.uk/blog/from-negative-to-positive-shifting-the-bias/>

Cole, A. (2016) *The 'three conversations' model: turning away from long-term care*.
<https://www.theguardian.com/social-care-network/2016/nov/01/the-three-conversations-model-turning-away-from-long-term-care>

College Of Social Work. (2014) *The College of Social Work guide to the social work practice implications of the Care Act 2014*. London: College of Social Work.
http://cdn.basw.co.uk/upload/basw_110648-10.pdf

Cooper, A. et al. (2016) *Making Safeguarding Personal temperature check 2016*. London: Association of Directors of Adult Social Services.
<https://www.adass.org.uk/media/5461/making-safeguarding-personal-temperature-check-2016.pdf>

Cooper, A. et al. (2015.) Making safeguarding personal: learning and messages from the 2013/14 programme. *Journal of Adult Protection*, 17(3):153–165.

Dalziel, R. & Willis, M. (2015) Capacity building with older people through local authority and third-sector partnerships. *Ageing and Society*, 35(2):428–449.

Ellis, K. 2014. Professional discretion and adult social work: exploring its nature and scope on the front line of personalisation. *British Journal of Social Work*, 44(8):2272–2289.

Evaluation Support, S. 2015. *Community connecting case study: explaining and measuring project outcomes*. Edinburgh: Evaluation Support Scotland.

Feldon, P. (2014) A chance to fix the 'broken' care system. *Professional Social Work*: 28–29.

Fox, A. (2013) *The new social care: strength-based approaches*. London: 2020 Public Services Hub at the RSA

Fox, A. (2017) *The asset-based area*. Think Local Act Personal Partnership & Shared Lives Plus

Gollins, T. & et, a. 2016. *Developing a wellbeing and strengths-based approach to social work practice: changing culture*. London: Think Local Act Personal.

Gough, M. 2016. An evaluation of adult safeguarding outcomes' focused recording in the context of Making Safeguarding Personal. *Journal of Adult Protection*, 18(4):240–248.

Hamilton, S. & et, a. 2016. Power, choice and control: how do personal budgets affect the experience of people with mental health problems and their relationships with social workers and other practitioners? *British Journal of Social Work*, 46(3):719–736.

Hammond, W., Zimmerman, R. (2012) A strengths-based perspective. Resiliency Initiatives. http://www.resiliencyinitiatives.ca/cms/wp-content/uploads/2013/03/STRENGTH_BASED_PERSPECTIVE-Dec-10-2012.pdf

Health, Department of, (2014) Knowledge and Skills statement for social workers in adult services:

<https://www.gov.uk/government/consultations/adult-social-work-knowledge-and-skills>

Health Education England, Skills for Health, & Skills for Care (2017) Person and community centred approaches: empowering people and communities and driving a radical upgrade in prevention, wellbeing, health care and support. Consultation draft.

<http://www.skillsforhealth.org.uk/images/services/cstf/PCC%20Framework%20CONSULTATION%20DRAFT%2005%20Jan%202017.pdf>

Hopkinson, P.J. 2015. “Why didn’t we do this before?” the development of Making Safeguarding Personal in the London borough of Sutton. *Journal of Adult Protection*, 17(3):181–194.

Houston, S. 2016. Beyond individualism: social work and social identity. *British Journal of Social Work*, 46(2):532–548.

Hoy, C. 2014. *Ageing Better: social prescribing and older people: guide to developing development project plans*. Hall Aitken.

HCPC (2017) Standards of Proficiency Social workers in England. Health and Care Professions Council

<http://www.hpc-uk.org/assets/documents/10003B08Standardsofproficiency-SocialworkersinEngland.pdf>

Inclusive Neighbourhoods. (2014). *Local area coordination: fourteen month evaluation report*. Inclusive Neighbourhoods.

Kendall, S. & Cameron, A. (2014) Personalisation of adult social care: self-directed support and the choice and control agenda. *British Journal of Learning Disabilities*, 42(4):264–271.

Kingfishers L. T. D. (2016) *Social value of local area coordination: learning outcomes from Thurrock Council and Derby City Council SROI analyses*. Westerham: Kingfishers (Project Management) Ltd.

Kirin, C. (2016) *How Cambridge Council's learning disability team used the three conversation model*

<http://partners4change.co.uk/how-cambridge-councils-learning-disability-team-used-the-three-conversation-model/>

Kirin, C. 2016. *How three conversations have changed the way we do social work.*

<https://www.theguardian.com/social-care-network/2016/nov/01/the-three-conversations-model-turning-away-from-long-term-care>

Kirin, C.N., Newman, S. (2016) *Keyworking: does it increase dependency and 'ownership'?*

<http://partners4change.co.uk/keyworking-does-it-increase-dependency-and-ownership/>

Klee, D. & et al. (2014) Asset based community development – enriching the lives of older people: a review. *Working with Older People*, 18(3):111–119.

Klee, D. (2014) A practice guide to asset-based social work. Vintage Communities

http://www.vintagecommunities.co.uk/pdf/practice_guide.pdf

Kretzmann, J., McKnight, J. (1993). *Building Communities From the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets* (3rd ed.). Chicago, IL: ACTA Publications.

Lambert, C. (2015) The experiences of community workers and other professionals using restorative approaches in Kingston-upon-Hull. *Community Development Journal*, 50(2):296–311.

Larkin, M. & Mitchell, W. (2016) Carers, choice and personalisation: what do we know? *Social Policy and Society*, 15(2):189–205.

Lawson, J., Lewis, S. & Williams, C. (2014) *Making safeguarding personal 2013/14: report of findings*. London: Local Government Association.

Local Government Association (2015) *Making Safeguarding Personal Toolkit*. 4th edition

<https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal>

Lawson, J., Lewis, S. & Williams, C. (2014) *Making safeguarding personal: guide 2014*.

London: Local Government Association.

Leech, J. (2014) *Effective co-production*. Totnes: Research in Practice for Adults.

Lilley, W. 2014. *Leading by stepping back: a reflection piece exploring the spread of asset based thinking across housing, health and adult social care*. London: National Housing Federation.

<http://www.cloresocialleadership.org.uk/userfiles/documents/Research%20reports/2013/Research%20William%20Lilley%20-%20leading%20by%20stepping%20back.pdf>

Local Government Association. (2014) *Making safeguarding personal 2013/14: case studies*. London: Local Government Association.

Local Government Association. (2015) *Making safeguarding personal: a toolkit for responses*. 4th ed.: Local Government Association.

Local Government Association. (2016) *Combating loneliness: a guide for local authorities*. London: Local Government Association.

Lymbery, M. (2014) Austerity, personalisation and older people: the prospects for creative social work practice in England. *European Journal of Social Work*, 17(3):367–382.

Lymbery, M. (2014) *Social work and personalisation: fracturing the bureau-professional compact?* *British Journal of Social Work*, 44(4):795–811.

Lymbery, M. (2014). *Understanding personalisation: Implications for social work*. *Journal of Social Work*, 14(3):295–312.

Lymbery, M. & Postle, K. (2015). *Social work and the transformation of adult social care: perpetuating a distorted vision?* Bristol: Policy Press.

Manthorpe, J. et al. (2014). Making Safeguarding Personal: developing responses and enhancing skills. *Journal of Adult Protection*, 16(2):96–103.

Marsh, H. (2016). *Social value of local area coordination in Derby: a forecast social return on investment analysis for Derby City Council*. Westerham: Kingfishers (Project Management) Ltd.
https://www.thinklocalactpersonal.org.uk/_assets/BCC/Assured_SROI_Report_for_Local_Area_Coordination_in_Derby_March_2016.pdf

McEleney, M. (2016) *Local area coordination: catalyst for a system wide prevention approach*. Local Area Coordination Network.

McGovern, J. (2015) Living better with dementia: strengths-based social work practice and dementia care. *Social Work in Health Care*, 54(5):408–421.

McKnight, J. (1995) *The Careless society: community and its counterfeits*. USA: Basic Books.

Miller, R. & Whitehead, C. (2015) *Inside out and upside down: community based approaches to social care prevention in a time of austerity*. Birmingham: University of Birmingham.
<http://www.birmingham.ac.uk/schools/social-policy/departments/health-services-management-centre/news/2015/04/community-based-approaches-to-social-care-prevention-in-a-time-of-austerity.aspx>

Milne, A. (2014) *Social work with older people: a vision for the future*. London: The College of Social Work.

[http://www.cpa.org.uk/cpa-lga-evidence/College_of_Social_Work/Milneetal\(2014\)-Socialworkwitholderpeople-avisionforthefuture.pdf](http://www.cpa.org.uk/cpa-lga-evidence/College_of_Social_Work/Milneetal(2014)-Socialworkwitholderpeople-avisionforthefuture.pdf)

Muir, R. & Quilter-Pinner, H. (2015) *Powerful people: reinforcing the power of citizens and communities in health and care: report*. London: Institute of Public Policy Research.

http://www.ippr.org/files/publications/pdf/powerful-people_July2015.pdf?noredirect=1

National Institute for Health Research School for Social Care Research. 2014. *Risk, safeguarding and personal budgets: exploring relationships and identifying good practice*. London: NIHR School for Social Care Research.

Needham, K. (2015) The importance of small steps: making safeguarding personal in North Somerset. *Journal of Adult Protection*, 17(3):166–172.

Newman, S. (2016) *Changing the delivery of adult social care support - Essex County Council*.

<http://www.olmsystems.com/news/changing-delivery-adult-social-care-support-essex-county-council>

Newman, S. (2016) *The power of three: saving significant amounts of money in health and social care*. <http://www.olmsystems.com/news/power-three-saving-significant-amounts-money-health-and-social-care>

Newman, S., Karla, V. (2016) *Reading council's experience of implementing the 'three conversation' model*. <http://partners4change.co.uk/reading-councils-experience-of-implementing-the-three-conversation-model/>

Oatley, C. (2016) *Formative evaluation: understanding the praxis and impact of the Local Area Coordination approach on the Isle of Wight*. Local Area Coordination Network.

<http://www.centreforwelfarereform.org/uploads/attachment/517/local-area-coordination-evaluation-isle-of-wight.pdf>

Pattoni, L. (2012) Strengths-based approaches for working with individuals. Insight IRISS <https://www.iriss.org.uk/resources/insights/strengths-based-approaches-working-individuals>

Partners4Change. (2016) *Why we need a revolution in social care*.

<http://partners4change.co.uk/why-we-need-a-revolution-in-social-care/>

Partners 4 Change. 2016. *Financial austerity in social care – we have to change the conversation*. [Online] Available from: <http://partners4change.co.uk/financial-austerity-in-social-care-we-have-to-change-the-conversation> [Accessed: 20.03.2017].

Personal Social Services Research Unit. (2015) *Building community capacity: the economic case in adult social care in England*. London: NIHR School for Social Care Research.

Pike, L. (2015) *Making Safeguarding Personal evaluation 2014/15: executive summary*. London: Local Government Association.

Pike, L. (2016) *Involving people in safeguarding adults: leaders briefing*. Totnes: Research in Practice for Adults.

- Pike, L. & Walsh, J. (2015) *Making safeguarding personal 2014/15: evaluation report*. London: Local Government Association.
- Preston-Shoot, M. (2015) *Safeguarding in light of the Care Act: leaders briefing*. Totnes: Research in Practice for Adults.
- Redley, M. et al. (2015) Making adult safeguarding personal. *Journal of Adult Protection*, 17(3):195-204.
- Research in Practice for Adults (2016) *Risk enablement (CHART): frontline briefing*. Totnes: Research in Practice for Adults.
- Research in Practice for Adults (2016) *Risk enablement: frontline briefing*. Totnes: Research in Practice for Adults.
- Romeo, L. (2015) Social work and safeguarding adults. *Journal of Adult Protection*, 17(3):205-207.
- Romeo, L., Newman, S. (2016) *Three conversations, multiple benefits*. <https://lynromeo.blog.gov.uk/2016/09/26/three-conversations-multiple-benefits/>
- Routledge, M. et al. (2015). *Getting better outcomes: personal budgets and older people: follow up report, March 2015*. London: Think Local Act Personal.
- Russell, C. 2011. Pulling back from the edge: an asset-based approach to ageing well. *Working with Older People*, 15(3):96–105.
- Russell, C. (2017) *Community social work: the shift from what's wrong to what's strong*. <https://lynromeo.blog.gov.uk/2016/04/29/community-social-work-the-shift-from-whats-wrong-to-whats-strong/>. TedExeter talk of the same title by Cormac Russell (2016) <http://tedxexeter.com/category/cormac-russell/>
- Salveron, M. et al. 2015. 'Changing the way we do child protection': the implementation of Signs of Safety® within the Western Australia department for child protection and family support. *Children and Youth Services Review*, 48:126–139.
- Shennan, G. (2014) *Solution-focused practice: effective communication to facilitate change*. Basingstoke: Palgrave Macmillan.
- Sims, D. & Gulyurtlu, S.S.C. (2014) A scoping review of personalisation in the UK: approaches to social work and people with learning disabilities. *Health and Social Care in the Community*, 22(1):13–21.
- Skills for Care, Skills for Health (2017) Person and community centred approaches: empowering people and communities and driving a radical upgrade, prevention, wellbeing, health, care and support. A core skills education and training framework

Skills for Care (2014) Workforce redesign, people, planning, performance. Practical guidance for involving people in using the 'Principles of workforce redesign' to plan and deliver care and support workplace change that helps implement the Care Act 2014.

<http://www.skillsforcare.org.uk/Documents/Leadership-and-management/Workforce-redesign/2014-workforce-redesign-people-planning-performance.pdf>

Skills for Care (2010) Innovative ways of working: 'Only a footstep away'? : Neighbourhoods, social capital and their place in the 'big society'. A Skills for Care workforce development background paper. **[http://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/Research/Community-Skills-Development/Onlyafootstepawayneighbourhoodsresearchvweb\[2\].pdf](http://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/Research/Community-Skills-Development/Onlyafootstepawayneighbourhoodsresearchvweb[2].pdf)**

Skone, J. 2016. Making person centred more than words. *Professional Social Work*: 28–29.

Slasberg, C. & Beresford, P. (2017) Strengths-based practice: social care's Elixir or the next false dawn? *Disability and Society*, 32(2): 269–273

Social Care Institute for Excellence (2015) Strengths based approaches

<http://www.scie.org.uk/care-act-2014/assessment-and-eligibility/strengths-based-approach/>

Social Care Institute for Excellence Prevention and Wellbeing resource

<http://www.scie.org.uk/prevention/>

Stanley, T. (2016) A practice framework to support the Care Act 2014. *Journal of Adult Protection*, 18(1):53–64.

Stanley, T. Presentation *An Introduction to Signs of Safety & Wellbeing A solution, safety & wellbeing oriented approach to adult social Care* (Presentation)

<http://www.towerhamlets.gov.uk/Documents/Adult-care-services/Transforming-social-care/Presentation-2-Practice-Framework.pdf>

Stanley, T. & Mills, R. 2014. 'Signs of safety' practice at the health and children's social care interface. *Practice: Social Work in Action*, 26(1):23–36.

Think Local Act Personal. 2016. *Engaging and empowering communities: a shared commitment and call to action*. London: Think Local Act Personal.

Timson, J., Storer, T. & Foylan, L. (2015) Rochdale adult care: working towards outcome focussed safeguarding practice. *Journal of Adult Protection*, 17(3):173–180.

Think Local Act Personal Building Community Capacity Network

<http://www.thinklocalactpersonal.org.uk/Browse/Building-Community-Capacity/BuildingCommunityCapacityPractitionersNetwork/>

Turnell, A. 2010. *The signs of safety: a comprehensive briefing paper*. Perth, WA: Resolutions Consultancy.

Valios, N. (2015) Social workers' caseloads should be managed to provide more time for assessments under the Care Act. *Community Care*, March 6 2015
<http://www.communitycare.co.uk/2015/03/06/social-workers-caseloads-managed-provide-time-assessments-care-act/>

Walker, A. (2015) *Resilience in practice*. London: Local Government Information Unit.
<https://www.lgiu.org.uk/wp-content/uploads/2015/11/Resilience-in-practice-Final-251115.pdf>

Wallbank, S. & Wonnacott, J. 2015. The integrated model of restorative supervision for use within safeguarding. *Community Practitioner*, 88(5):41–45.

Zehr, H. (2003) *The little book of restorative justice*. Intercourse, PA: Good Books.



Department
of Health

Strengths Based Social Work Approaches

Lyn Romeo

Chief Social Worker for Adults

Twitter: @LynRomeo_CSW

chiefsocialworkerforadults@dh.gsi.gov.uk

Strengths Based Approaches Background



Dr Amanda Howard,
University of Newcastle

Strengths Based Perspective in Social Work

“People are often doing amazingly well, the best they can at the time, given the difficulties they face and the known resources available to them.

People have survived to this point – certainly, not without pain – but with ideas, will, hopes, skills, and other people, all of which we need to understand and appreciate in order to help.

Change can only happen when you collaborate with clients’ aspirations, perceptions, and strengths and when you firmly believe in them.” Saleeby 1992.p.42

Systemic Family/ Narrative Approaches

1. People are experts in their own lives
2. Professionals are collaborators with people with whom they work
3. Stories are central to people's lives creating and/or limiting
4. Opportunities for change
5. People can re frame and change the narrative in their life and professionals act as collaborators in this process
6. Problems are separate from people and the relationships between people and their problems can change

Common Themes

- Critique of the relationship between professionals/services and those they work with.
- Language matters
- Invitation to change our lens or perspective.
- Recognition of people as more than and different from problems.
- Relationships are central
- Start with strengths
- Lead with questions rather than answers
- Context matters

Critiques

- Puts responsibility back on people and communities
- Excuse for cutting programs
- Tool for neo liberal agenda
- Can result in blaming individuals and communities for structural disadvantage

Things to watch out for

- Using strengths approach without the power and political analysis.
- Framing it as blind optimism
- Using strengths based approaches to suppress or downplay the existence of problems.
- Formulas and prescriptive approaches.

Cormac Russell
Nurture Development

Asset Based Community Development

Change the Question



Helping 1.0



Relief

Helping 2.0



Rehabilitation

Helping 3.0



Advocacy

Helping 4.0



Community Building

Brian Frisby, PSW for Derby
&
Samantha Clark, CE Local Area
Coordination

Local Area Coordination

Defined geographical area

Conversation & joint work focused on a good life

Build on the assets and contribution of people and the community

Whole person, whole family

Voluntary relationship – introductions not referrals

Not time limited but avoids dependency



Who do they support?

Local Area Coordinators support:

- *People not yet known to services* to help build resilience and remain part of their community (staying strong – avoiding need for services)
- *People at risk of becoming dependent on services* to remain strong in their own community diverting the need for more expensive “formal service” responses. (reduce demand)
- *People already dependent on services* to become less so and more resilient in their own community.



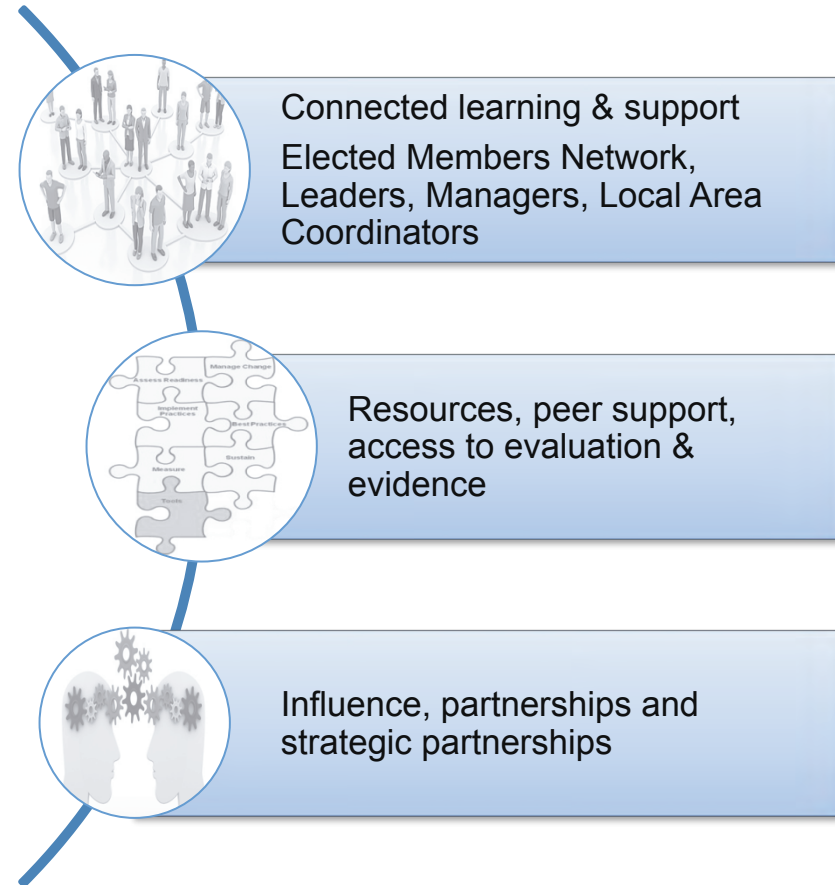
Evidence and Outcomes

System impacts	Impacts for people
<p>Reductions in:</p> <ul style="list-style-type: none">• Isolation• Visits to GP surgery and A&E• Dependence on formal health and social services• Referrals to Mental Health Team & Adult Social Care• Safeguarding concerns, people leaving safeguarding sooner• Evictions and costs to housing• Smoking and alcohol consumption• Dependence on day services• Out of area placements <p>Social Return on Investment £4 Return for every £1 invested (2015 & 2016),</p>	<p>When asked about the impact of support from Local Area Coordination, people have reflected significant and consistent improvements in quality of life</p> <ul style="list-style-type: none">• Increased valued, informal, support relationships – reducing isolation,• Increasing capacity of families to continue in caring role,• Improved access to information,• Better resourced communities,• Improved access to specialist services,• Support into volunteering, training and employment,• Preventing crises through early intervention,• Changing the balance of care to the use of more informal supports and diverting people from more expensive services.

Trevor



The Local Area Coordination Network



@LACNetworkUK
lacnetwork.org

Samantha Clark
sam@lacnetwork.org

Implementing Strengths Based Approach In Kirklees

Ailsa Benn & Alistair Paul



Implementing Strengths Based Approach in Kirklees

Our Vision for New Council is:

- Supporting communities to do more for themselves and each other
- Keeping vulnerable people safe and helping them to stay in control of their lives
- Providing services – but focusing on the things that only the council can do
- To achieve this within available resources, we have to completely change what we do and how we do it. This means that every service in the Council will change in some way.

Adult Social Care – Beyond the Care Act

Adopting strengths based approach focusing on the principles of the Care Act:

- Co-production
- Information and advice
- Personalisation
- Assessment process

Council Behaviours



Commissioned learning and development programme from SCIE which focused on the following areas:

- Practical tools and techniques to undertake asset-based assessments
- Strengths based techniques including motivational interviewing
- Working positively with Complex Needs
- Working with people to change the mind-set of dependency
- Practice Development and reflective practice in strengths-based approach
- Strengths based approach- guide
- E learning
- Quality assurance framework

Care Act Champions

- The main aim of the Care Act Champion role is to embed positive approaches to change at all levels of the service, support managers to engage with staff and to support the sharing of information.

The main responsibilities and activities of the role are to:

- Be positive about service changes
- Bring the change vision to life
- Support managers to embed the change so that it is lasting
- Support managers to get commitment to the change
- Engage and involve people.
- Support communication between different levels and parts of the service
- Encourage, demonstrate and model the council behaviours
- Provide constructive challenge to promote positive change
- Take the lead in ensuring that teams and others are aware of their role

The Three Conversations

Partners4Change



The *Story*

CRITICALITY – WHY WE NEED TO CHANGE

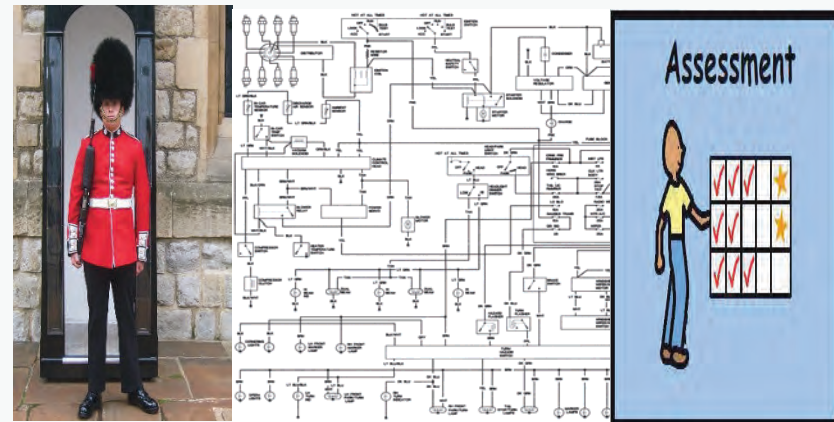
HOPE – CHANGE IS POSSIBLE

**AGENCY – WE KNOW HOW TO MAKE IT
HAPPEN**

**EVIDENCE – FOR PEOPLE AND FAMILIES, FOR
STAFF AND FOR THE BUDGET**

1. Why Change? A Social Care Sorting Office?

- The system is financially broken.
- Practice is often low value, process driven, impersonal – we operate a ‘social care sorting office’ – which is impossible to navigate.
- Performance is measured by processes and forms.
- It’s often not great in terms of quality.
- People’s experience often exhibits all the things we don’t like about how organisations interact with and treat us.
- Services are assumed to be solutions.
- ‘We are an assessment for services’ factory.
- If it was you or me would it be good enough?



One Progressive Council

- 9 Page Initial Contact Assessment - 200 boxes
- 15 Page Supported Self Assessment - 210 boxes
- 9 Page Customer RAS - 90 boxes
- 9 Page Supported Self -Assessment: carers - 150 boxes. Plus RAS Calculator – 30 boxes
- 7 Page Care Act Self-Directed Review - 160 boxes

**We will never change the world by changing a form
The answer is not - 'lets change or improve these forms'**

'Assessment and Reviews are not Outcomes'



2. The Three Conversations

Conversation 1:

'How can I connect you to things that will help you get on with your life – based on your assets, strengths and those of your family and neighborhood.

What do you want to do?

What can I connect you to?

Conversation 2:

When people are at risk – 'What needs to change to make you safe and regain control?

How do I help make that happen?

What offers do I have at my disposal, including small amounts of money and using my knowledge of the community to support you?

How can I pull them together in an 'emergency plan' and stay with you (like glue!) to make sure it works'?

Conversation 3:

What is a fair personal budget and where do the sources of funding come from?

What does a good life look like?

How can I help you use your resources to support your chosen life.?

Who do you want to be involved in good support planning?

Golden Rules of the Three Conversations

- Always attempt conversations one and/or two before moving on to three. Try to make '3' redundant.
- No waiting lists, 'hand-offs', 'triage', referrals, allocations. No Compromise.
- Never ever plan long term with people in crisis. Use conversation two to work out how best to help someone in the short term out of crisis. Do whatever it takes.
- Conversation 2: If you are working with somebody through a crisis – then stick to them like glue to make sure the plan has the best chance of working.
- Conversation 2: Make small amounts of money easily available to staff as an alternative to long term care.
- You must know about the neighbourhoods and communities that people are living in.
- We are not the experts – people and families are.
- We are trying not to be interested in eligibility.
- We always work collaboratively with other members of the community support system.



3. How You Make It Happen

- Co-design innovation sites or ‘white spaces’ where you break all the old rules.
- Operate according to a new co-designed set of precise rules aimed at facilitating something new.
- Divert a portion of work, a cohort of people, out of business as usual and operate differently.
- Collect data every day – there and then.
- Encourage workers to really know their communities – the ‘hidden gems’
- Institute reflective practice as ‘how we get better at our work’.
- Find new proportionate ways of recording – don’t start with the old!
- Create compelling evidence that things can get better for people and families, that staff can be more effective, productive and have more fun, and we can help people reduce their consumption of health and social care resources.



4. The Evidence Base

- **This is better for people and families** – ‘it’s rapid, responsive, it works, people listen and are really interested in me’.
- **This is better for staff** – ‘I feel liberated, and can see how I am being effective, don’t make me go back to the way I was working, give me more work’.
- **It’s better for the budget** – we can halve the conversion rate from contact to ongoing support plan, we can be more effective at ‘reduce, prevent, delay’, we can reduce per capita costs of long term plans.



One Story

- Elderly woman, severe dementia, not eating or drinking, cared for by exhausted son.
- Worker, hand on heart, would have ‘put her in respite’ in default way of working.
- Was in innovation site – not allowed to do that.

Talked to GP – who wouldn't visit. High calorie drinks not advised.

Found community matron – joint visit that day.

Woman needed palliative care

Listened hard – priorities were – staying at home, son being ok, back pain.

Emergency joint plan immediately stitched together – involving woman, son and daughter and neighbours, health staff.

SW have five separate visits to the woman and her son and daughter

Woman died ‘a good death’ two weeks later.



*Join the
conversation*



Web: Partners4change.co.uk

Twitter @P4CSam

Phone 07967 509057

Email Sam@Partners4change.co.uk

Tony Stanley

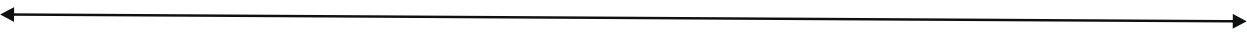
Signs of Safety

Signs of Safety & Wellbeing Practice Framework

Eco-map (who / what is around the person)

Headlines (why are we involved)

Issues that need to be addressed	Who & what is helping	What needs to happen next
<p>What is not going well:</p> <p>Complicating factors: (things we cant change)</p> <p>Statement of overall concern/ need:</p>	<p>Strengths/ Resources (what's working well):</p> <p>Contribution to safety & well-being</p>	<p>Overall goal of the plan:</p> <p>Next steps:</p> <p>Plan:</p>

Current well-being score 0-10 

(This is the wellbeing score of the person, the practitioners score, and others involved e.g. family & those in the ecomap)

Date: FWI Number:

Restorative Practice in Adult Social Care: Responding to harm through repairing relationships



TRICIA PEREIRA and RACHEL QUINE
ROYAL BOROUGH OF GREENWICH

What is Restorative Practice?

“Underlying restorative justice is the vision of **interconnectedness**. Whether we realise it or not, we are all connected to each other and to the larger world through a **web of relationships** and when this web is disrupted, we are all affected. The primary elements of restorative justice - **harm and need, obligation and participation** - derive from this vision

(Howard Zehr, 2015)

- Focus on needs and relationship
- Structured conversations, based on key questions, about harm, impact and ways forward that repair this harm
- Involving harmer, harmer and key ‘communities of care’

Restorative Practice and Adult social work

Restorative processes focus on:

- Individuals being empowering to express needs on how to move forward – social workers giving up control
- Providing a safe environment where harm is acknowledged and harmers are accountable for their actions
- Involving formal and informal support networks
- Individualised agreements about ways forward

In the adult context:

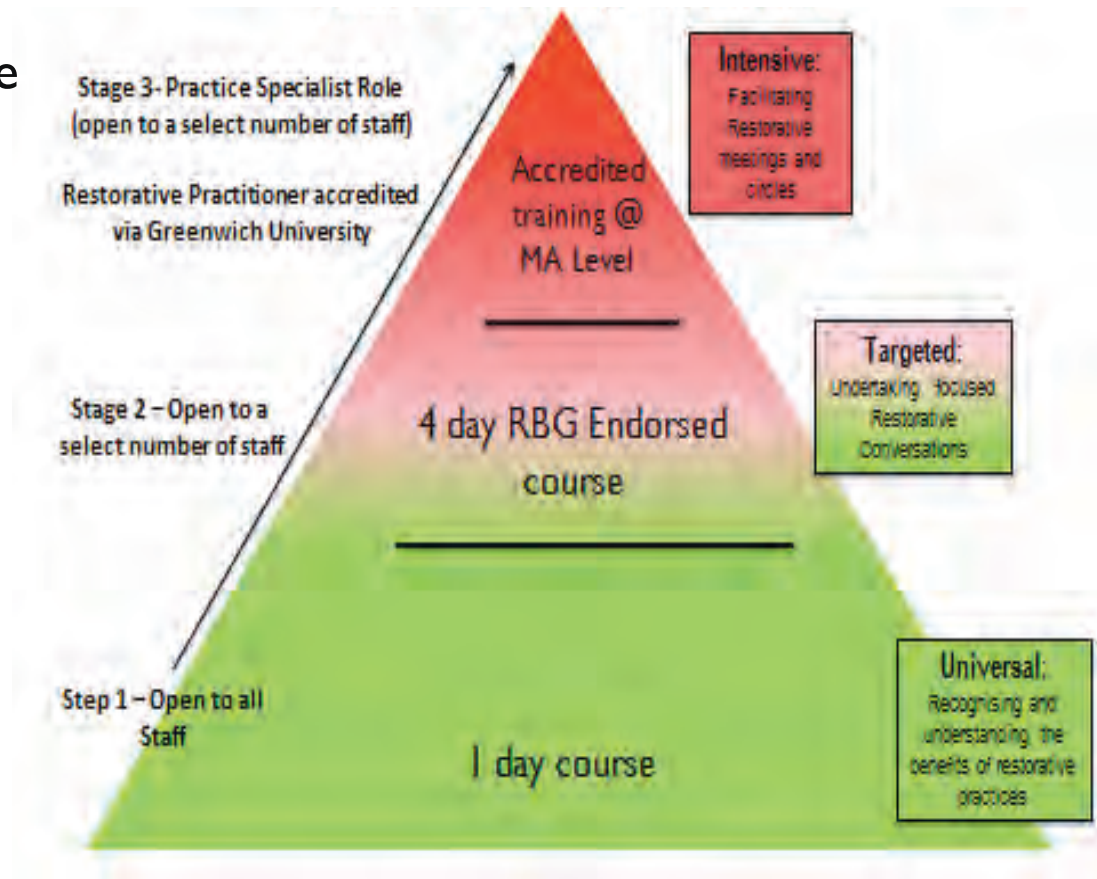
- RP supports the **Making Safeguarding Personal** agenda
- Empowers adults to make decisions about their lives, based on their needs:

Strengths Based Approach

- Can lead to better, more cost effective care arrangements

What's happening in Greenwich

- Restorative meetings and Family Group Conferences are outcomes from Safeguarding Investigations
- Used to help all involved feel acknowledged and move forward – preventing further incidents
- Meetings facilitated by staff from adult social care teams
- RP training part of career development pathways:



Restorative Practice and Adult social work

What impact has it had?

- Reduction in repeat incidents for some cases
- Adults report feeling empowered and more in control
- Provides adults and families with closure and positive change
- Involving wider support networks has reduced costs for support and accommodation
- Established a career pathway for social workers, improving retention



Making Safeguarding Personal: a strength based approach to safeguarding

Dr Adi Cooper OBE

January 17th 2017

Why did Making Safeguarding Personal happen?

“It is probably fair to say that the emphasis of safeguarding activity so far has been on investigation and conclusions rather than on improving outcomes. This has been strongly affected by the fact that national reporting has focused on this. Although ‘outcomes’ are recorded, they are in reality, outputs rather than outcomes (‘increased monitoring’ or ‘increased services’ for example)”

“Peer challenges highlight that people tend not to be asked the outcomes they want. Often they want more than one outcome, which are sometimes not easy to reconcile. People generally want to feel safe but also to maintain relationships. For some people the only human contact they have is with the person/people who is/are harming/abusing them”

Peer review messages

LGA June 2013

The focus was on abuse directly, and related issues, not on the outcomes wanted or desired i.e. developing self confidence, making a complaint, stopping the abuse

2009)

Dr Adi Cooper *Speaking up to Safeguard* (Older People's Advocacy Alliance, May

Making Safeguarding Personal – a short history

- 2009/10 Literature Review on adult safeguarding**
- 2010/11 Making Safeguarding Personal Toolkit of responses**
- 2012/13 Making Safeguarding Personal – 5 Council ‘Test bed’ sites; report of findings published**
- 2013/14 Piloting Making Safeguarding Personal involving 53 Local Authorities; Published: Report of findings; MSP Guide; and Case Studies**
- 2014/15 Making Safeguarding Personal mainstreamed to all 152 Local Authorities in England; incorporated into the Care Act (2014) guidance; MSP Toolkit, Domestic Abuse and Adult Safeguarding guide updated**
- 2015 Journal of Adult Protection Special Issue (June) RiPFA evaluation of the 2014/15 programme published**
- 2016 ‘What’s working’ Learning event April 27th U. of Beds; piloting MSP for Safeguarding Adults Boards; MSP 2016 ‘Temperature check’ published –**

What is Making Safeguarding Personal?

Making Safeguarding Personal means adult safeguarding:

- **is person-led**
- **is outcome-focused**
- **enhances involvement, choice and control**
- **improves quality of life, wellbeing and safety**

= a 'culture and practice change' or approach to adult safeguarding



Making Safeguarding Personal is about:

- **Enabling safeguarding to be done with, not to, people**
- **a shift from a process supported by conversations to a series of conversations supported by a process**
- **talking through with people the options they have and what they want to do about their situation**
- **ensuring an emphasis on what would improve quality of life as well as safety; developing a real understanding of what people wish to achieve (and how); recording their desired outcomes and then seeing how effectively they have been met**
- **Utilising professional skills rather than 'putting people through a process'**
- **Achieving meaningful improvement in peoples' circumstances**
- **Developing an understanding of the difference we make in outcomes for people**

Essentials of MSP practice:

- **Enable and empower people to talk about what is important to them and express what they want to happen**
- **Place the person at the centre, ensuring their wishes (outcomes) are discussed and agreed with them at the start and throughout i.e. What does the person want to achieve?**
- **Help people / those supporting them to decide how best to act in order to achieve the outcomes that they want**
- **Seek to enable people to resolve their circumstances, recover from abuse or neglect and realise the outcomes that matter to them in their life i.e. 'What do you want to be different and how?'**
- **Decide with people / those supporting them how helpful or effective responses to harm or abuse have been at a later stage**
- **Human Rights approach assumed**



Department
of Health

© Crown copyright 2017

June 2017 Produced by APS Group for the Department of Health