***‘People are experts in their own lives’***

***Greater community control and accountability at the heart of Adult Social Care***

A Barking & Dagenham Strength & Asset Based Adult Care Delivery Model and Service Framework, for 2020 and beyond.

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# **Foreword**

We embarked on our journey in the autumn of 2018, long before the world knew about the Corona Virus pandemic that is shaking the pillars of our world. It started as a simple project to remind all of us why we are doing what we are doing. We simply asked our practitioners to write a resident’s story, instead of completing a traditional social care assessment. Hearing and understanding people’s stories was a truly powerful experience. We then asked all our practitioners and managers to spend a day with a 3rd sector provider, a charity, or a neighbourhood group. Both initiatives reminded us what the real strengths in our communities are and where we find them. First and foremost, it is the strength we feel when we are listening to people, hear their stories and acknowledge their experience. Secondly, we learned how important our voluntary and 3rd sector is and what positive impact all the big and small organisations and initiatives have on the wellbeing of our communities. We understood that a strength and asset-based social work model needs to be rooted in our communities.

The way that the 3rd sector is supporting vulnerable residents and communities in the Borough during the pandemic is giving a clear message to all statutory partners that they are willing and ready to engage and lead the system in the future.

We therefore see this framework and delivery model as an invitation to system partners and our 3rd sector to work together to develop a community led Adult Social Care System in Barking and Dagenham.

This adult care delivery model and framework sets out Barking & Dagenham Adult Care and Support Services intent over the next three years to develop and introduce a strength and asset-based approach that informs our professional and management practice; and organisational culture across adult services. It will be reflected in our service structures and commissioning intentions; our partnership approaches; and most importantly our engagement and relationships with communities, the Voluntary and Community Services (VCS) and the Third Sector going forwards.

The framework represents a fundamental change how we engage with each other within Adult Services and the Council; and across the whole system with health and social care stakeholders and partners; and fundamentally with the Third Sector and with residents and communities, and how we support community lead new and improved ways of working that will deliver greater community resilience and better outcomes.

This delivery model provides an umbrella or overview of our intentions and direction of travel:

* It is values led
* It sets out our vision for strength and asset-based working
* It defines what we mean by this approach
* It describes our priorities and how we will begin to make changes.

This framework will host several modules and so become a living document, a number of dedicated modules detailing approaches; actions; time-lines; and standards that will challenge how we historically and currently ‘do things’; and outline requirements going forwards, for example, Social Work and Social Care Practice Standards; Management Practice Standards; Training Priorities and Resources; Quality Assurance and Audit Standards; Commissioning Intentions and Approaches; Third Sector and Community Engagement approaches.

We recognise that for Barking and Dagenham Adult Services to achieve this change there is a shared responsibility between managers; leaders and operational colleagues; operational service’s and commissioning; more widely across partnerships and stakeholder groups; and intimately involving the communities we serve, to deliver collaborative advantage and maximise impact. This paper begins to outline the shared expectations and how we will support each other to achieve this.



Stephan Liebrecht

Operational Director

Adult’s Care and Support

# **Introduction & Background**

The social model[[1]](#footnote-1) has historically underpinned social work and social care practice with its focus on offering people self-determination, choice and control over their care and support; as well as its emphasis on dignity, respect, valuing diversity and a non-judgmental way of working. The implementation of the National Health Service and Community Care Act 1990 and Care Management promoted a ‘deficit’ model of care, where there was an emphasis on what a person was unable to do, where formal services and resources were used to meet need and Social Workers and social care practitioners became the gatekeepers of resources:

Successive governments developed personalisation policies, but they were layered on to a process based, managerial and case management model of social care rather than a professional competency-based model of social work. Personalisation has meant thinking about Care and Support Services in an entirely different way. Social workers were and are encouraged to look at the person they support as an individual with strengths, assets, aspirations and preferences and put them at the centre of the process by promoting and enabling greater ‘Choice and Control’.

The Care Act 2014 consolidates personalisation and places it at the centre of adult social care, replacing previous legislation that developed incrementally over several decades. The Care Act places a duty on local authorities to *‘maximise the individual involvement*

*in the process’* – the process being the assessment; defining outcomes; and service intervention – and introduced a bold new duty, the promotion of individual wellbeing. It is one of the most ambitious goals for public service reform in recent times.

The Care Act describes nine areas of Well-being and all are equally important:

The most important factors for well-being success are people’s own resources and their informal relationships, not their relationships with professionals. There is a direct link between the core duty of the Care Act to promote individual wellbeing and strengths and asset-based approaches that put people at the centre of the conversation about their hopes, aspirations and regarding people as experts in their own lives.

Modern 21st century adult social work and social care in Barking & Dagenham seeks to move away from Care Management and a ‘deficit’ model, away from ‘problems and issues’ and how professionals can ‘solve’ this, and improve practice and support better outcomes through true collaboration with people and communities who use services and those who care for and about them. This requires different conversations with people and communities to make sure they really are being listened to, are empowered and lead with solutions of their own:

To drive this forward, we need to recognise that to maximise empowerment and outcomes for and with people and communities the whole system needs to change, moving from a system built around the assumption that formal services are always the solution, and recognising we are partners in a wider system of relationships and support networks.

In Barking and Dagenham, our strength is that we are an ethnically and culturally diverse population and workforce. We do however face significant challenges. On average, communities have less access to resources than the national average. At the same time the population in Barking and Dagenham is growing faster than in any other area in the UK. By moving to a strengths and asset -based model we will seek to be bold, build on our diversity and the knowledge and experience in our communities; and deliver shared community and organisational benefits that will include:

* Ensuring the experience of people and communities who use Adult Social Care services and need help in Barking & Dagenham will be overwhelmingly empowering, and they will have a clearer understanding of the role of Social Work; social care professionals and Social Care in the Borough.
* Build on the ongoing work with community groups and organisations, and seek greater and meaningful engagement with and parity of esteem for communities and wider stakeholders to develop and deliver strong community led networks.
* Moving away from process driven, mechanistic Social Work and wider social care professional practice. The experience of Social Work and Social Care staff engaged in delivering support will be empowering and positive; and clear professional identities will be established and re-established.
* Colleagues are actively engaged and listened to by management and the organisation and feel actively engaged.
* Creating space for managers and colleagues to innovate.
* Emphasising collective focus and responsibility; supporting; enabling and trusting professional judgement and decision making.
* Behaviours and actions that are consistent with organisational vision; principles and values.
* Use strength and asset-based approaches to inform and drive our service structure(s)
* Shape wider internal and system organisational partnership working and change.

# **Our Principles and Values**

Our principles and values are at the core of designing and developing a strengths and asset-based approach:

1. People are experts in their own lives

*People we work with are involved as equal partners in planning and decision making. It is not ‘one size fits all’.*

1. Trust & parity of esteem

*Communities and community-based organisations are equal partners. ‘Whole system’ thinking and working means more than statutory organisations and agencies.*

*Supporting and developing new and innovative ways of working and supporting people and communities based on mutual trust and respect to deliver the outcomes they want and need.*

1. Relinquish and share power

*Having the professional and organisational humility to recognise our status as junior partners in a wider system of personal, familial and community relationships and support networks;* *and helping people find their own power within themselves.*

1. Outcome focused support

*Strength and asset-based approaches are not about providing less, it’s about identifying the right support, at the right time, in the right place; and supporting the outcomes people want and need.*

*Not having a system that is built around the assumption that formal care services are solutions means that fewer people may want or need them.*

1. ‘Whole System’ thinking and mature partnership

*We recognise to maximise the impact of strength and asset-based approaches, and deliver collaborative advantage, it must be ‘whole system’. To deliver this partnerships and partnership working must be trusting, transparent, honest, and effective with people at the heart of what we do.*

1. High quality and high performing teams; services; and colleagues

*Trained; skilled, committed and empowered management and practitioners who feel supported, because they are supported and trusted, to work in a way and make decisions that help people and communities achieve their outcomes.*

*A strength and asset-based approach must be reflected in organisational culture; management and leadership practice; supervision process and quality assurance and audit systems.*

# **Our Vision…*where we want to go*.**

The Borough Manifesto[[2]](#footnote-2) sets out a shared, long-term vision for Barking and Dagenham, building a preventative and joined up system capable of addressing the root causes of poverty, deprivation and health inequality, the same root causes that get in the way of our residents pursuing their aspirations. We call this ***‘prevention, in pursuit of aspiration’***:

***“Children, Families and Adults in Barking and Dagenham living safe, happy, health and independent lives”***

To deliver this there are three strategic priorities:

* ***Inclusive Growth*.** Harnessing the growth opportunity that arises from our people, our land and our location, while ensuring it is sustainable and improves prosperity, well-being and participation for all Barking & Dagenham residents.
* ***Prevention, Independence and Resilience*.** Children, families and adults in Barking & Dagenham live safe, happy, healthy and independent lives.
* ***Participation and Engagement.*** Empowering residents by enabling greater participation in the community and in public services.

The development of a strengths and asset-based delivery model for Adult Social Care in the Borough speaks directly to this vision; and the ambitions and priorities.

A strengths and asset-based approach in Barking & Dagenham seeks to describe placing people at the centre of what we do; the circles of support available to them; and how adult services need to develop and respond to this going forwards:

* A coordinated and joined up partnership approach across and with key whole system stakeholders, ensuring we work with and towards common values; approaches and outcomes.
* Developing a new and mutually respectful relationship with community organisations and the Third Sector to ensure that we have vibrant and responsive assets that both support and reflect our communities. We recognise that the partnership agenda has historically been dominated by the relationships of and between statutory agencies. Moving forwards communities and the Third Sector will be recognised as the key partners that they are.
* Individuals and communities take greater control of and responsibility for their health and wellbeing. This may mean challenging and sometimes uncomfortable conversations but we will not shy away from this.
* Acknowledging the person's disability, illness or life challenges but shifts the focus to 'the positive attributes of individual lives and of neighbourhoods, recognising the capacity, skills, knowledge and potential that individuals and communities possess.
* The approach is not prescriptive; there is no one-size fits-all model. Approaches recognise that the individual is aware of their situation and the care and support they require. It also aims to ensure that the individual is always at the heart any intervention, is supported to share their views and their family, friends are able to contribute.
* The individual is empowered to have as much choice and control as possible and encouraged to propose options and solutions to enable them to have the life they want.
* A strengths and asset-based approach in social care should be central to a range of interventions and supporting process. It is integral to the assessment process, the review, the support and/or care planning process, within safeguarding activities and should be used in all settings. Other activities like provision of information and advice or supervision should also have a strengths-based approach to ensure consistency in all activities.
* People significant to the individual (with their consent) are appropriately included in any intervention such as assessment and care and support planning and in decision-making processes.
* A strengths and asset-based approach is less about the end result as a primary outcome, it is more about how we do things. The aim of a strengths-based approach is to enable better outcomes and lives for people e.g. a reduction in a care package may be a benefit of a strengths-based approach but it is not a desired outcome. It’s not about not providing help or less help, it’s about providing the right help, support and advice.

# **Mission Statement…*how we are going to get there*.**

This Adult Care delivery model and framework offers a road map of what we do and why; and provides the overview to drive forwards and support strength & asset-based professional practice; management; leadership and organisational cultural change over the next three years. We want our approach to be led and shaped by values and principles, research and evidence.

The core purpose of this strength and asset-based delivery model and approach going forwards is to:

* Move communities; community led solutions and Third Sector partners to the centre of what we do.
* Engage, inform and enhance social work; allied professional and wider social care practice
* Engage; inform and enhance organisational management practice and leadership.
* Engage, inform and shape organisational culture.
* Engage, inform and shape ‘whole system’ partnership working.
* Inform and shape service and commissioning approaches.

This delivery model aims to:

* Develop and maintain a social care workforce that is comfortable and supported to employ their own skills and knowledge and using their judgement to further the health and wellbeing of a person with care and support needs, for example using an assessment as a meaningful intervention not as a gateway for services.
* Describes how we will develop a management and leadership culture that supports and enables cultural and practice change.
* Develop a social care workforce that is skilled at enabling people to put together their own bespoke packages of care, support and learning, and ensuring the right kind of support structures are in place for them in relation to their desired outcomes.
* Promote the skills, abilities and knowledge of the person with care and support needs and their carers.
* Promotes individual wellbeing by encouraging independence, self-care, support and

learning opportunities for informal carers, before specific service solutions are sourced;

and challenging those services to align themselves with the contribution, knowledge and

skills of the individual and their support network.

* Describes the tools and policies that are or will need to be in place to support practitioners and managers to undertake their role.

# Our Priorities

1. Community Focused and Placed Based (Community as a Resource)

We intend to develop and introduce ‘Community Focused’ Placed Based delivery models that put localisation and greater community control and accountability at the heart of Adult Social Care. The aims of this approach include:

* Driving internal and cross-sector collaboration to integrate service delivery in pursuit of long-term outcomes.
* Devolving accountability, decision-making, funding and service delivery to local level to facilitate targeted solutions tailored to community needs.
* Building community capacity and social infrastructure.
* Promoting community engagement and participation for residents.
* Moving away from time and task and output focused approaches, and towards outcomes like wellbeing and independence, and measuring what matters to people and communities.

We will move away from hospital based and hospital admission focused referral and assessment pathways, moving to a hospital admission avoidance and community ‘Discharge to Assess model’ where people are supported to remain in or return to their own homes and communities where they are more appropriately assessed and supported.

We will continue to seek ever increasing degrees of collaboration and integration with NHS services and colleagues and across the ‘whole system’ where to do so delivers greater community benefits and collaborative advantage, giving priority to services provided by community and Third Sector groups and we will be working with the Barking & Dagenham collective to co-ordinate and organise participation. We aim to ensure there is enhanced and mutual trust and respect between statutory and non-statutory organisations and services and parity of esteem[[3]](#footnote-3).

Residents and community groups will play a central role when developing and reviewing services and we will actively encourage and support their participation and real co-production where communities and Community Groups have a platform for to engage and shape the design; delivery and review of services.

We aim to continue to build good relationships with community groups and offer them our support to continue to develop and improve their services. Our Social Workers and social care colleagues have a good understanding of the available community resources and we will aim to build on this knowledge base going forwards so our staff can act as effective community and resource enablers.

We realise that the delivery of strength and asset-based approaches will challenge our existing professional practice; service structures; and commissioning approaches. As we implement strength and asset-based conversations with people and communities we expect to see more contacts at the ‘front door’, more short term and community interventions, and less people requiring long term support. However, as a system we are still using long-term support as a measure of how social care performs. As we change practice, we need an associated change to Local Authority measures of success such as the Adult Social Care Outcomes Framework (ASCOF) and Short- and Long-Term care (SALT).

Our proposed ‘Community Focused’ approach has four levels of involvement, each delivering a different type of support, and each supporting a smaller number of people than the one above:

* **Level 1** – Community Focused Care & Support
* **Level 2** – Third Sector & Other Professional Care & Support
* **Level 3** – Statutory Prevention & Early Short-Term Intervention
* **Level 4** – Statutory Specialist Support for High Level or Complex Long-Term Needs

Effective and timely support may enable people to move from a higher level of support to a lower level of support

Level 1 40%\*

Each Level Supports a Smaller Number of People and Lower Level of Demand than the One Above

Community Focused Delivery Model

**Demand Funnel**

Level 2 30%\*

Level 3 20%\*

Level 4 10%\*

\*% figures are indicative

An individual’s needs should always be met by a proportionate response and at the appropriate level, and effective and timely support at a higher level may enable someone to return to and remain at a lower level.

Over time the effective implementation of levels 1 & 2 should support the delivery of improved outcomes for and with people and communities. This will reduce the demand and need for level 3 & 4 statutory service intervention. This approach is not about reducing statutory services or preventing people having access to services they need. It seeks to ensure people have access to the right level of care and support, in the right place and at the right time.

1. Safe and Well

Making Safeguarding Personal is now fully embedded as law in the Care Act. We will ensure that safeguarding is a ‘golden thread’ running through our strength & asset-based service delivery model and practice framework[[4]](#footnote-4), is person-centred and outcome focused, and those who are unable to protect themselves from abuse or neglect are safeguarded and responses are coordinated across multi-disciplinary agencies. It is important to raise awareness of safeguarding and promote the notion that safeguarding is ‘everyone’s’ business and that a strengths & asset-based approach is applicable to all organisations; professions; client groups and interventions subject to context and constraints.

1. Our People

Recruiting and retaining staff and colleagues is vitally important to achieve the strength & asset-based outcomes we want to achieve. Our recruitment process will be informed by the knowledge, skills and values required by our new delivery model and practice standards.

This will also be reflected in the way we are supporting our practitioners in their roles. Everyone can expect:

* Monthly supervision as a minimum, with a strength and asset-based focus
* Development opportunities
* A manageable workload
* Good equipment
* Flexible working
* Fair pay
* Excellent training opportunities

We understand that it is important to spot talent and support the professional development of our workers:

* We are welcoming students and offer quality placements.
* We are introducing apprenticeship schemes that will allow colleagues without a relevant qualification to qualify, for example as a social worker.
* We welcome applications from newly qualified workers, ensuring that our teams have the right skill mix and are reflective of the communities we serve.

1. Be Legal

It is the responsibility of LBBD and LBBD staff to ensure we are legally literate and work within the statutory framework that inform and govern social care; health and housing. As we know the Care Act 2014 provides the legal framework for adult social care and places a duty on councils to support and promote an individual’s wellbeing. Other key legislation includes the Mental Capacity Act (2005), Deprivation of Liberty Safeguards, the Mental Health Act (2007), the Human Rights Act (1998), the Domestic Violence & Victims Act (2004), the Serious Crime and Disorder Act and any other subsequent legislation relating to protecting people from Modern Slavery and Forced Marriage.

1. Management and Leadership

We recognise that having a clear organisational vison of how the management and leadership culture and practice within the organisation will be shaped by and lead strength and asset-based approaches is essential in order to move towards strengths and asset-based service models. The goal of any management approach should be to create the conditions and environment to improve team efficiency; effectiveness and engagement. Strength-based management places importance on positive organisational behaviour, individual and team empowerment. Culture is a learned behaviour; not just a side effect of changes. How managers and leaders behave will support the change we want.

A shift to strength-based management cannot necessarily be achieved overnight. But managers can choose to take smaller steps that transition both the team and the leader into a strength-based approach to management. To support this, we will:

* Promote consistency of message and a shared understanding of and commitment to strength and asset-based working at every level of the organisation from how decisions are made, to how much professional judgement is trusted, how supervision and team meetings are carried out, to how processes and guidance is designed.
* Commit to behaving in a way aligned with the strengths and asset-based values and practice and recognises ‘compassionate’ approaches to management.
* Take actions that promote the importance of strengths and asset-based practice and organisational ethos both internally and in our partnership engagements.
* Create mechanisms, lines of governance and accountability to support strength and asset-based implementation, monitoring and embedment at all levels within the organisation.

1. ‘Integration’ and Partnership Working

Strength and asset-based working is multi-disciplinary and needs to be cross organisational. To truly deliver this approach and maximise the outcomes and benefits it can deliver for people and communities we need whole system impact and change. The NHS Long Term Plan set the ambition that every part of the country should be an integrated care system by 2021. We are working towards greater collaborative relationship with health partners where it makes sense to do so and where it can deliver greater collaborative advantage for communities. Taking a strength & asset-based approach will ensure that the voice of Social Care and the communities we serve, and our priorities are heard and reflected in future models.

We recognise however that the partnership and ‘integration’ agenda has historically been dominated by the relationship between statutory social care and the NHS. As part of the Barking & Dagenham strength and asset-based service model(s) we want to see a fundamental change in the relationship with and role of the Third Sector and Communities as partners, where they are now placed at the heart of our partnership and ‘integration’ approach.

1. Effectively Manage Our Resources

A strengths and asset-based approach is less about the end result as a primary outcome, it is more about how we do things. The aim of a strengths-based approach is to enable better outcomes and lives for people e.g. a reduction in a care package may be a benefit of a strengths-based approach but it is not a desired outcome. It’s not about not providing help or less help, it’s about providing the right help, support and advice at the right time. We have to recognise however that the resources available to adult services have been and remain challenging.

We need to reshape our financial thinking to understand that this is isn’t a process role but a leadership role. We will seek to ensure our managers and staff understand what is driving their budgets and supporting more forward-thinking place based and community asset approaches. We will concentrate on ‘good decision making’ and the quality of the procurement and commissioning financial decision making throughout the system from individual practitioners onwards to ensure there is a clear, transparent decision process, because the financial decisions we make have a material impact on all service.

In the spirit of strength and asset-based working we have a collective responsibility to ensure resources are managed effectively if we are to ensure we can deliver the desired outcomes and benefits for and with communities.

1. Community Led Development

We recognise that historically the Local Authority has dominated the relationship and agenda between statutory social care, charities, voluntary and community groups. It is our intention to set out our aspirations for the future then invest in creating meaningful co-production approaches close to people and communities we serve. As part of the development and implementation of strength & asset-based approaches we want to support community partners to lead the change agenda and develop community led solutions.

# **Strength & Asset Based Working and What is Expected from Practitioners?**

In Barking & Dagenham we will support practitioners to work in a strengths and asset-based way. Practitioners may refer to themselves as strength-based or as practicing restoratively, or relationally, or systemically. Practitioners in mental health may refer to ‘recovery’, others may refer to an ‘asset-based’ approach or ‘resilience’. All these ways of working are fundamentally focused on encouraging practitioners to work with people, rather than working for them, doing with them not doing to them.

Strengths and asset-based practice positions the practitioner as supporting people to find their own solutions to their difficulties and the capacity to identify and pursue their own goals. The role of our practitioners is therefore key, to work with people to develop different ways of thinking about their experiences and difficulties, and support change by:

* Understanding their lived experience as a whole, providing narrative and context around their life or wellbeing challenges
* Identifying and building on individual strengths and assets
* Building and modelling a trusting and effective positive relationship with people, based on honesty and openness
* Supporting social networks and connections between the person, their family and friends, and the wider community, supporting resilience through positive relationships.

To work in a strength and asset-based way our practitioners need to:

* Be professionally curious, positive, sensitive, and reflective as well as being tenacious in improving life outcomes for adults and their carers.
* Approach adults and their carers with empathy, compassion and creativity using strengths, assets and relationships for positive change.
* Be culturally conscious and work in an anti-discriminatory way.
* To acknowledge where barriers might exist and work closely with families, friends and others to help overcome these.
* Have a good local knowledge of community resources
* See the virtue in new technologies and new ways of working.
* Use a systemic approach to work purposefully, openly and compassionately with the whole family.
* Use reflection, critical thinking and analysis to evaluate and integrate multiple sources of knowledge and evidence to create meaningful assessments and support plans.
* Build skilful and influential working relationships with other professionals and agencies.
* Draw on a range of approaches, used proportionately and regularly reviewed.
* Make good and emotionally intelligent use of supervision and support of peers.
* Have high quality planning and decision-making skills.
* Understand their legal and statutory responsibilities and never avoid identified problems and challenges.
* Demonstrate understanding and skill in working as a member of a team and organisation
* Take appropriate responsibility for their conduct, practice, learning and development.

# **Modules, Tools and Key Enablers**

Managers and practitioners will be supported to deliver strength and asset-based approaches. This will include the following resources[[5]](#footnote-5):

* Quality Assurance Framework for Social Workers, setting out how we check the quality of our Social Work here in Barking and Dagenham.
* Adult Social Care Practice Standards, setting out the guidance and minimum expectations to support practice.
* Strength Based Management Practice Standards, setting out what is strength-based management; guidance for management and leadership practice and behaviours.
* Access to training in strength & asset-based approaches e.g. management, assessment, outcome-focused support planning and review to embed understanding and application of strength & asset-based practice.
* Professional/Personal Development Plan(s) setting out the goals, strategies and outcomes of learning; training and development.
* Making Safeguarding Personal (MSP) with a key set of tools and resources to use in working with people at risk of abuse so that they achieve the outcomes they identify.
* Strength and asset -based supervision policy, supporting both the supervisor and supervisee to engage with supervision as a key strength & asset-based support; development and monitoring tool.
* Co-production and community engagement approaches and strategies.

# **Organisational & Professional Learning & Development**

Supporting practitioners and managers to develop strengths and asset-based practice requires more than theory; knowledge and skills training for particular activities or techniques. It needs to include being part of an organisation, and professional and organisational culture, that is shaped and lead by strength and asset-based values; principles and experience.

We will support our managers and practitioners with a clear focus on practice conditions; development and progression:

* We recognise that what gets designed depends on who is ‘in the room’. Strength and asset-based practice cannot be developed just by social care professionals talking to other professionals. We need to embrace the humility to recognise that adults and their families and friends are best placed to plan how to meet their own needs and they should help shape practice development and learning.
* Building capability and capacity at management level is crucial. We recognise Team/Service managers, Consultant Social Workers and experienced practitioners are crucial leaders to support and influence change.
* A commitment to achievable and effective caseload levels.
* Clearly defined practitioner and management practice standards.
* Use of practice quality assurance frameworks to ensure we remain focused on practice quality and outcomes.
* Effective supervision and support, developing peer, group and reflective supervision models in support of the Standards for Social Work and Occupational Therapy Practice Supervisors in Adult Social Care, and ensuring our model of supervision is informed by strength and asset-based:
* Knowledge
* Theories
* Experience
* Skills
* Values and ethics
* A refreshed and continually reviewed learning and development offer with an emphasis on strength and asset-based practice, current practice issues and providing access to learning and knowledge resources supporting practice education and newly qualified social workers and occupational therapists.
* Active engagement with universities through Social Work Teaching Partnerships and involvement in fast track social work schemes.
* A commitment to the National Standards for Employers of Social Workers and the KSS and Professional Standards for Social Work and Occupational Therapy practice respectively.
* An annual practice week with children’s services in which we welcome a range of leading academics and speakers to Barking & Dagenham to share their expertise and experience.
* A commitment to pre and post qualifying development, including the use of degree level apprenticeship schemes for social work and occupational therapy.
* As well as supporting staff in their current role we also want to develop staff to reach their potential. For some people this will mean fulfilling an ambition to progress into more senior practice or management roles but for all it means continuous development to improve and develop better practice skills with adults and their carers.
* There are structured opportunities for career progression in place. We support social workers with post qualifying training to become Practice Educators, Best Interest Assessors, Approved Mental Health Professionals and Sensory Specialists.

# **Implementation and Monitoring**

The implementation of this framework will be monitored through the Improvement Board by our Senior Management Team and Principal Social Worker, incorporating current internal and partnership and, where required, new engagement; co-production and governance mechanisms. Outside of any agreed and dedicated implementation time-scales, the operating model and framework will initially be subject to six-monthly review and move to annually once a ‘business as usual’ model has been established and embedded.

1. The social model of disability proposes that what makes someone disabled is not their medical condition, but the attitudes and structures of society. It is a civil rights approach to disability. [↑](#footnote-ref-1)
2. Barking and Dagenham Together: The Borough Manifesto. [↑](#footnote-ref-2)
3. A 'parity approach' enables statutory and non-statutory health and social care services to respond on an equal footing, where all are valued and provide a holistic, 'whole-person' response to individual and communities in need of care and support. [↑](#footnote-ref-3)
4. <https://www.adass.org.uk/media/7323/s42-fwork-v-7-5-final-11-july.pdf> [↑](#footnote-ref-4)
5. The resources outlined here are not considered to be exhaustive and wider resources will be identified and developed as required. [↑](#footnote-ref-5)