**Adult Social Care and Health OPPD**

**Practice guidance**

**on approaches to support**

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| **Issue Date:** | Version 2. July 2019 |
| **Review Date:** | July 2021 |
| **Owner:** | Yolaine Jacquelin  Policy and Quality Assurance Team  Business Delivery Unit |

**Amendments July 2019:**

* **Added a page on strengths - based approach (p.4)**



**Document Information:**

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| Working Title: | Practice guidance on approaches to support |
| Status: | Unrestricted Final v.2 |
| Date approved by DVMT: | V1 was approved by:  OPPDD SMT: 14th February 2019 |
| Review by: | Policy and Standards- OSU |
| Review date: | July 2021 |
| Lead Officer/s: | Yolaine Jacquelin/ Janice Grant |
| Publication: | Knet |
| Authorised to vary: | Policy and Quality Assurance Team |

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**OPPD – Guidance on conversations with people**

**requesting 24-hour support in their own home**

**Why the need for guidance?**

* We are supporting more clients with complex needs and we need to manage our budget
* People’s expectations of support are high, and we need to find ways to manage expectations
* There seems to be a high demand in some parts of Kent for live- in- care (especially from people who were self-funders) which is a very expensive option to meet needs
* The Care Act allows us to take our resources into account when working out how to best meet needs
* We have a duty to manage our limited financial resources to ensure we can meet the needs of all the people of Kent and therefore we must explore a wide range of options which meets the specific outcomes set out in people’s Care and Support Plans
* We have to take people’s preferences into account, but we must choose the option that delivers the outcomes desired for best value (that’s not necessarily the cheapest option)

**Starting to think differently about our approach**

Many social care papers discuss a ‘person centred approach’ using expressions including enabling, engaging and working collaboratively. What if the starting point was a person-centred approach in which the person is able to access community-based assets without even considering the welfare state?

* A person with a headache doesn’t go to the GP, they go to the chemist
* A person with financial means will go to the local mobility aids shop for a handrail

What we need to do is to move to a starting point from which the assumption is that people can access support themselves and turn to Adult Social care when they need our knowledge, expertise and experience to stay as independent as possible for as long as possible.

For people requesting 24 hour support in their own home with “live -in carer” as their preferred option, we need to acknowledge their choice but unpack the “needs” to ensure that we are not making someone dependent on constant 1:1 support as this would be contrary to the spirit of the Care Act which is about supporting people to remain as independent as possible.

We need to ensure, wherever possible and practicable, that people continue to be supported to engage with their community, family, group of friends whatever option is chosen. People should also be supported to develop new relationships in their new settings.

**Working with a “**[**strengths - based approach**](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/778134/stengths-based-approach-practice-framework-and-handbook.pdf)**”**

**Definition**

There is no one single definition but the one below seems to encapsulate the key principles underpinning this approach:

A strengths-based approach to care, support and inclusion says let’s look first at what people can do with their skills and their resources – and what can the people around them do in their relationships and their communities. People need to be seen as more than just their care needs – they need to be experts and in charge of their own lives.’

(Alex Fox, CEO Shared Lives)

**Purpose of this approach:**

A strengths-based approach explores, the individual's abilities and their circumstances collaboratively rather than making the deficit the focus of the intervention. We should gather a holistic picture of the individual’s life; therefore it is important to engage and work with others (i.e. health professionals, providers, the individual's own network, etc. with appropriate agreement by the individual).

Strengths-based practice is applicable to any client group, to any intervention and can be applied by any profession.

When using a strengths-based approach, risk is looked at as an enabler, not as a barrier. Risks should be explored with the individual and from their point of view. The role of the professional is not solely to ‘reduce risks’ but to support the individual in managing or mitigating risks.

**Meaning of “approach”:**

One fundamental point of a strengths-based approach is that it is an ‘approach’, not an outcome or a process. It is less about ‘what the end result is’, or ‘what we do’, and more about ‘how we do things' It is about being aware of the skills we use when we approach individuals, their families and the community to address a particular situation. The aim is to enable better outcomes and/or lives for people, and we should be mindful that not everything that provides better outcomes for individuals is a strengths-based approach.

Therefore, it is important to clarify that ‘reduction of packages of support’, is generally a collateral benefit of a strengths-based approach. A reduction in provision of services, should not be the outcome we are seeking, and this is not what the application of a strengths-based approach is.

Working from a strengths-based position, is not about 'giving people less support and services', but working with people to identify together, the best next- step for them utilising all the strengths and resources they currently have or may have access to. Moreover, working in this way is not about ‘not providing help’, but, rather it is about ensuring that as practitioners we are providing the right help, advice, and support at the right time.

**What do we need to do differently?**

Change the way we set the scene when we meet someone and focus on:

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| **Introduction** | |
| **Moving from …** | **To…** |
| How can we help you? | Tell me why you called Social Services? |
| This is what we can offer … | What are your expectations of our meeting? |
| Tell me what you are having difficulties with? | How have you managed until now?  What has changed for you to need Social Services help? |
| **On the practitioner’s role and responsibilities** | |
| I am here to work with you rather than to do to or for you  I am here to find out what your needs are and help you find solutions acceptable to you and which meet the legal duties of the local authority | |
| **Teasing out current issues- useful questions** | |
| What have you previously enjoyed doing?  What can you manage to do now? What would you like to be able to manage?  What are you trying to get back to? What was normal before the crisis/ change or deterioration?  What is the one key thing that needs to change? What needs to happen now?  What is your typical day like? What’s your typical night like?  What are you worried about? What needs to change to make you safe and regain control? How can I help make that happen? | |
| **Teasing out strengths - useful questions** | |
| What is working well?  Who is available to help? Are friends/ family / neighbours around to help with your daily life?  Do you get out much or use services in the community, and if so, what services do you use? What do those services currently provide?  What equipment, if any, are you using to help yourself? Are you having any problems with the equipment?  What kind of support have you used/ are using that have been/ are helpful to you? How did/ does the support improve things for you? | |
| **Teasing out night- time care** | |
| Tell me about a typical night for you?  So you say you get up x times and need help to walk to the toilet and back to your room, is it all right if we spend a little time looking at other ways for you to get to the toilet without someone’s help?  So you say you need someone there at night in case something happens- could you talk more about that? what’s really worrying you? What emergency plans could we put in place to reassure you in case of an accident?  So you say you don’t sleep much and like someone to talk to in the night, could we talk about other ways to make sure you are not lonely at night and/ or feel reassured?  So you say you get confused at night and can’t find your way back to your bedroom, can we talk more about that? does that happen during the day too? How do you manage then? Can we think of solutions we could put in place to make sure you don’t get confused (signs? In the toilet? On the bedroom door? Better lighting?) | |
| **Teasing out solutions- useful questions** | |
| * What solutions are you looking for? What’s your preferred option? * What is stopping you from accessing that option? * What resources do you need to access that option? * What are you already doing to move towards this option? * What is your support network doing to help you move towards this option? * What could be your first smallest step towards this goal? * If staying in your own home is your preferred option, what are you prepared to compromise on so as to be able to stay in your own home? * What risks are you happy to continue to take in order to stay in your own home? * I know you said that a live-in carer was your preferred option but would it be OK to also explore the benefits and disadvantages of other options such as extra care? residential care? | |

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| **bENEFITS/ dISADVANTAGES OF 4 cARE AND sUPPORT OPTIONS** | |
| 1. Benefits/ disadvantages of having care and support needs met via: Care agency 3-4 calls a da | |
| Benefits | Disadvantages |
| * You get to stay in **your own home**: home comforts * Maintaining current networks * Keeping the same routines, hobbies and interests * **Time:** this option could prevent, or delay, a move into sheltered housing or a care home * **Stability:** you can maintain contact with friends and your local community. * **Peace of mind:** for you and your family that you’re being looked after and you are not alone all the time. * **Flexibility:** home care services are flexible and you can have as little, or as much, help as you need. Care can be tailored to fit your needs. * **Agency responsibility:** most care is provided by agencies, which means that the agency is responsible for vetting staff and will cover absences if necessary. * **Standards:** care agencies must be registered with national regulators who check that they are working to set standards and, in England, rate their services. * **Cost:** receiving care at home might be a lot cheaper than moving into a care home, depending on the amount of care needed. * **Pets:** if you have pets, they can continue to live with you. | * **Carers aren't around 24/7:** but you can have an alarm system and perhaps other devices such as a fall detector or bed sensor. * **Different staff:** with an agency, although the aim is usually to provide consistency of care, sometimes different staff may be used in times of staff sickness, holiday or when there is a shortage of carers. * **No precise call time:** Carers will try but might not always call at the arranged times (for example, if they have to deal with an emergency at their previous call). Sometimes, you will only be given a slot which means you are waiting * **Geographical limits:** your choice of care services may be limited by what’s available in your area. |
| 1. Benefits/ disadvantages of having care and support needs met via: Team of PAs via DP | |
| Benefits | Disadvantages |
| * you live your life how you want to live it * you are the boss and appoint staff * the PAs work for you * you decide what you want them to do * you decide when you want them to work (within the limits of the contract you have both agreed) * you live in your own home * you can have pets and ask PAs to look after them | * **Employer responsibilities:** there can be a lot to think about if you’re employing personal assistants or helpers directly – for example, pay and contracts, and ensuring they’re doing their job properly. * **Registration:** individual personal assistants don’t have to be registered with a workforce regulator, so there is no national body to check up on them. * **Lack of replacement cover:** if personal assistants or helpers are self-employed/private individuals, you could be left without any replacement cover if the helper is absent from work. This could, however, be addressed using agency cover. * **Burdens:** the challenges of keeping your relationship on a business level * **The paperwork:** you need to be very organised and keep good records |
| 1. Benefits/ disadvantages of having care and support needs met via: Live-In Carer | |
| Benefits | Disadvantages |
| * Stay in your own home. * Provides personal care as and when you need it * Avoiding change – daily life can stay much the same with that extra support * Flexible care built around you – your carer helps as much or little as you like * Keeping the same routines, hobbies and interests * Companionship, whether it’s sharing meals, watching TV or enjoying days out * Maintaining networks: Family and friends can still come and go as normal * Emotional support * You can keep your pet * Less pressure on the carer * If a couple, you can stay together | **Finding the right person:** It can be a challenge to find the right carer. If you have complex needs, it may be difficult if not impossible to find suitable carers with the correct experience and training.  **Lack of residential home benefits:** some people enjoy living with others, and no longer having to worry about managing their own home, even when they have help.  **Cost:** it isn’t cheap to have live-in carers on call 24 hours a day, seven days a week.  **Living arrangements**: live-in carers will require a private room in the house with a television and internet access. You will have a stranger living in your home and there could be tensions about living arrangements.Your family and friends may no longer be able to stay.  **Needs of the carer:** carers will need breaks, including holidays, so the personnel will change and some will be better than others.  **Your home:** if your current home cannot be adapted for you and your needs, you may not be able to live there.  If you are becoming disorientated in your own home, but like to have freedom to be up and walk about as you please, a live -in carer may restrict your ability to do this, whereas in a residential home there will be a staff team to support you to spend your day and night how you wish to and provide the care and support you may need at the time it is needed.  Although not often thought of in this way, residential care or supported living can be less restrictive as a result. |

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| 1. Benefits/ disadvantages of having care and support needs met via: Residential care | |
| Benefits | Disadvantages |
| * **Standards:** Care homes must be registered with national regulators who check that they are working to set standards and rate their services. * **Safety**: there is always someone around. * **Staff on duty 24/7**: in a residential care home, someone is on call at night. In a nursing home, medical care from a qualified nurse is provided 24 hours a day. * **A room of your own**: you can usually personalise your room with your own furniture, pictures and ornaments. * **Meals**: regular meals provided and nutritional needs met. * **Companionship**: opportunities to socialise with others and take part in organised activities or outings, where available. * **Peace of mind**: for your family and old friends that you are being taken care of and that they can visit you in comfortable surroundings * **Your family member doing the all the care** can now concentrate on being your daughter/ son/ partner * **Supervision of medication:** if this is a problem, you can feel reassured that it will be taken care of. * **No worries:** about household bills or upkeep. * **Better living conditions**: the physical environment may be better – safe, warm and clean. | * **Cost**: care home fees can be very costly. (but if you are eligible, then it is KCC’s responsibility to ensure there is always an affordable choice for you) * **Choice**: there may be a limited choice of homes with a vacancy, depending on your circumstances. * **Change of surroundings:** moving to somewhere completely new can be unsettling. * **Loneliness:** adjusting to loss of contact with neighbours and old friends. * **Loss of independence:** although a good home should encourage you to be as independent as you can be. * **Lack of privacy**: this might be difficult for you to adjust to. * **Smaller living space**: this means you won’t be able to take all of your furniture and personal possessions with you. * **Pets**: You may not be able to take your pet with you as there is a limited choice of homes that accept pets |

**Revisiting some key Care Act principles underpinning the social care practitioner’s work:**

**On writing up the assessment:**

1. Set out the condition/ physical disability/ impairment/ illness that the person has
2. Set out in detail the activities and tasks that the person has difficulty with as a result of their impairment
3. Describe what they can do, their strengths and the strengths of their network/ community
4. Do not set out the solution to the difficulties at this stage, this will be looked at as part of the Care and Support plan
5. Do not embed the solution in the description of needs. It is better to write: “*In summary, Mrs P’s needs are now so complex that they can no longer be met safely within her own home” rather than “Mrs P needs 24 hour care”*

**On determining the eligibility criteria:**

1. When focussing on “significant impact to wellbeing”, describe which aspect or aspects of wellbeing are impacted and what are the risks to the person’s wellbeing

For example: “*There is a significant impact on George’s physical wellbeing as he is at risk of malnutrition, dehydration and increased falls. George’s ability to continue living independently is currently compromised.”*

**On writing up the care and support plan:**

Make sure that the plan:

* aims to promote the person’s wellbeing
* aims to delay further development of needs
* aims to reduce the needs that already exist
* helps the person to achieve their outcomes
* uses the person’s own strengths and those of their network/ community, preventative services and universal services.

**On exploring options to meet needs:** We are allowed to take resources into account but it is not about finding the cheapest option, it’s about “choosing the option that delivers the outcomes desired for the best value”.

**On acknowledging person’s own choices/ family choices:** we must take into consideration the individual’s preferences, but this does not mean that we must choose their preferred option as their option:

* may not represent best value for money (may cost more that we would expect to pay for this type of accommodation)
* may not be the least restrictive option
* may not be in the person’s best interests
* may not be suitable to meet the person’s specific needs
* may not meet with the provider’s willingness to enter a contract on our usual terms

**On exploring risks**: make sure you carry out your risk assessment with the person concerned and whoever the person wants involved. Make sure this is a participative process and that everyone has a part to play in sharing the responsibilities involved in living with risk. Be clear about the risks to the person of not staying as independent as they possibly can.

**Approval for a higher Cost Care package: pre-submission checklist**

**Service User System ID** Click or tap here to enter text.

**Name of Practitioner** Click or tap here to enter text.

Please use the checklist below to prepare for your approval submission

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | | **Has this been considered?** | **Evidence Attached?** |
| **1** | What is the reason for this high cost care package?   * 24-hour care at home- former self-funded care * Increased care package due to worsening condition * Double-handed care * Complex behavioural needs * Profound physical disability * Other e.g. health improver; SIS package; managed service from DP | Response | Response |
| **2** | Did you work jointly with an OT colleague for them to carry out a functional assessment? | Response | Response |
| **3** | Did you consider using just checking/ lifeline/ telecare/ other assistive technology/ GPS/ smart technology? | Response | Response |
| **4** | Has KEAH been involved? | Response | Response |
| **5** | Are your assessment and care and support plan endorsed by your supervisor/ manager? Is there a review date planned? If not, why not? is there a robust contingency plan? | Response | Response |
| **6** | Are you confident that the estimated Personal Budget is sufficient to meet the unmet eligible needs as listed in your care and support plan? | Response | Response |
| **7** | Have you completed a risk assessment and, if appropriate, submitted it to your area risk panel? | Response | Response |
| **8** | Evidence that other options have been explored e.g. (see attached brief guide): Live in carer/Residential care / Extra Care housing/ Network support | Response | Response |
| **9** | For each option explored, have you considered: the benefits, disadvantages, risks associated with each option and costs and where is this evidenced? | Response | Response |
| **10** | In your professional judgement, which option delivers the outcomes desired for best value? | Response | Response |
| **11** | Do you have evidence that your recommended option will:   1. continue to promote the person’s wellbeing 2. reduce the needs that already exist? 3. act as a preventative measure to delay Adult Social Care having to put in a higher package of care in the near future? | Response | Response |
| **12** | Have you considered, and can you evidence that the option you are recommending is the least restrictive one, in line with the Mental Capacity Act 2005? | Response | Response |
| **13** | Have you sought the views of the individual in question and do they agree with your option? | Response | Response |
| **14** | If you have any reason to, have you carried out a Mental Capacity Assessment? | Response | Response |
| **15** | If the person concerned does not have the capacity to make the decision you are seeking, have you evidenced who has legal responsibility for them? | Response | Response |
| **16** | If the person concerned does not have the capacity to make the decision you are seeking, has the option offered been assessed as the best option at a best interests meeting? | Response | Response |
| **17** | Have you considered whether joint funding with Health/ Mental Health may be appropriate? | Response | Response |
| **18** | Has a CHC checklist been completed? | Response | Response |
| **19** | Have you referred for a financial assessment? | Response | Response |
| **20** | Have you fully explained and given relevant documents to the person and their network about charging/ finance? | Response | Response |
| **21** | Think s117- if relevant, have you filled in the CANE tool? | Response | Response |
| **22** | What are the strategies for the future? i.e. Is there a review planned in a week/ a month (as appropriate)? | Response | Response |

Having weighed up all the circumstances of the case, including risks and the total costs of each option, which option does the practitioner recommend that will best:

* Meet P’s needs (does P need any specialist support?) and continue to promote P’s wellbeing
* Provide P with suitable living accommodation
* Delay further development of needs and reduce the needs that currently exist