## CASE STUDY #1 VOICES' Care Act Toolkit

Improving access to mental health support for people experiencing multiple disadvantage

**Evaluation of Fulfilling Lives:** Supporting people with multiple needs

January 2020 CFE Research and The University of Sheffield, with the Systems Change Action Network





VOICES is the Fulfilling Lives partnership working in Stoke-on-Trent.

### What was the problem?

We were making referrals to adult social care or safeguarding and either not knowing what had become of those referrals, or they were coming back to us as not suitable.

VOICES recognised early on the potential of the 2014 Care Act<sup>1</sup> to provide access to help for people facing multiple disadvantage. The Care Act opened up access to social care to anyone who needs help as a result of a physical or mental condition. However, initial referrals to Adult Social Services were often not successful.

Staff making referrals, most of whom worked in the voluntary sector and came from a background in homelessness services, tended to describe need in terms of events happening around the individual and the impact of these on people's lives. Referrals were often narrative accounts of the drama of people's lives. But this does not align with Care Act requirements or the way that social workers understand need. As a result, referrals were being dismissed as being behavioural problems or lifestyle choices.

# How did the partnership address it?

The toolkit was very much like the Rosetta Stone if you like... translating the multiple needs way of looking at need into a social care context.

The Care Act Toolkit is a way to help the different groups of professionals share information in a common language that all find meaningful and useful.

Once the need for a tool was recognised, Head of Services at VOICES, Bruno Ornelas, did much of the early research, looking at the legal framework for the Act to understand the key points that social workers look for when assessing someone. The focus is very much on identifying physical or mental impairments and the impact of these on a person's ability to achieve in different aspects of their life, such as maintaining personal hygiene and relationships.

The Project Director, Andy Meakin, and Bruno then worked together to develop a toolkit that is designed to be accessible and easy to use by staff. They recognised that having a form to fill in with the guidance separate means that people tend to end up ignoring the guidance. So, the guidance is presented alongside the assessment. Staff and stakeholders using the Toolkit agree it is clear and provides all the information needed.

#### What I liked about the Toolkit was you didn't have to have a social work degree to fill it out... with the Toolkit all you need is the person and a good conversation.

While in development the Toolkit was shared with people with experience of multiple disadvantage who commented on its design and content. The Toolkit recognises the power imbalances between professionals, carers and client that can be inherent in some types of needs assessments. The Toolkit brings together the views of the client, the qualified assessor and the support worker.

A crucial point is that the customers themselves needed to have a voice in that, but that voice might be very different from the other two voices.

### What difference did it make?

#### **Better referrals**

Most importantly, the Toolkit has led to an increase in successful referrals for assessment, and people receiving their legal entitlement to care and support.

Assessments are now much quicker, more effective and there is less challenge and fewer barriers. Adult social care confirmed the improvement in referrals. They are more focussed, contain more robust information and the right people are being referred. The Toolkit has helped VOICES and other partner staff to exercise greater judgement about referrals. After the initial excitement and some trial and error, staff described how the Toolkit has helped them to make more informed decisions, including when not to refer.

Sometimes we'd fill one in and think "Actually, no, not this time" and we did become really good at knowing.

### Enhanced staff knowledge and confidence

The journey involved in developing, testing, refining and using the Toolkit has benefitted VOICES staff, helping them to develop their knowledge and understanding of the Care Act. Now, staff do not always need to use the Toolkit as they are so much more familiar with the information they need to provide in order to make an effective and appropriate referral. Staff are recognised as experts and have been approached by social services and other services in the city looking for advice.

## I don't feel scared accessing social care now, whereas before it was a real battle, wasn't it?

Staff members find it easier to have conversations with social services. They have all the information they need to hand in the Toolkit and can use this to guide their conversation. This has helped to enhance staff confidence and make them better able to advocate for their clients. The Toolkit provides a guideline for conversations so staff avoid waffling and can respond to questions accurately.

## It gives you everything you need... Specifics, yes, straight to the point.

The success of the Toolkit has boosted staff confidence and helped empower them to make a positive difference. Supporting people facing multiple disadvantage is often a frustrating and difficult job. Staff can become disillusioned or 'burnt out', which in turn has a negative impact on those they are seeking to support. By helping staff to achieve positive results, the Toolkit is said to have helped boost staff morale.



[The Toolkit is] helping me keep my staff team motivated, they've got something to use and it gave them extra drive to keep on with that kind of advocacy.

### Help to identify needs

As well as helping the team to make better referrals, the Toolkit provides a useful framework for understanding someone's needs. The Tool helps staff to break down issues and explore them in greater detail. It also helps to focus on current needs, problems and abilities, rather than history and past behaviour and can help professionals see beyond initial presenting issues of substance misuse.

I think a lot of the time with our client group, it's always put down to the substances, always... Having some kind of assessment where you get an overall picture of what's going on, you identify there are actually other things going on.

The Toolkit is now being used widely and in a range of different ways to help identify and articulate needs, for example as part of claims for welfare benefits such as Personal Independence Payment (PIP) assessments. In one example provided by VOICES, a customer whose care package was reduced following a reassessment completed the Toolkit himself and used it to selfadvocate. The package was reinstated as a result.

## Improved relationships and understanding across different agencies

The Toolkit has improved relationships and communication between the adult social care team and voluntary sector staff making referrals. The training and community of practice meetings associated with the Toolkit have helped to bring different organisations and disciplines together to enhance mutual understanding, and build the kinds of trusting relationships that are necessary in order to collaborate effectively.

#### It's definitely brought those two arenas close together... it's been a bridge is the best way to describe it.

For the local authority, the Toolkit has helped them consider the needs of people facing multiple disadvantage, who may not be traditional adult social care clients. The Toolkit supports voluntary and other statutory sector staff to confidently and appropriately challenge decisions and this has been welcomed by Adult Social Care.

I personally think the challenge that [VOICES] have given back to social care is don't ignore people because you don't know what to do with them. I think that challenge back has been really positive.

The VOICES team also argue that the improvement in successful referrals for assessments is improving the extent to which the needs of people facing multiple disadvantage are recognised. Assessments record needs and place a statutory duty on local authorities to meet them. The referrals have also led to some 'awkward conversations' with partners, which VOICES see as useful in challenging attitudes and leading to a recognition of the need for services not currently available.



### Learning from experience

## Bring staff from different disciplines and sectors together

Consider setting up communities of practice or other knowledge exchange opportunities for staff from different professional backgrounds to meet each other and find out more about how they work. The introduction of the Toolkit was supported by communities of practice with adult social care workers and academics from Kings College London. Meetings between voluntary and statutory sector staff helped develop understanding of each other's roles, remit and the constraints that all work within.

I think understanding what each service is up against, that there is a common goal, and understanding roles and remits... in the absence of understanding it seems so much more hopeless, whereas actually knowing where there is room for movement and where there isn't, that helps look more solution-focused anyway.

## Arrange related training to help your staff use the Toolkit

This should include understanding the Care Act and having conversations about social care needs. Staff in a partner organisation were said to be initially sceptical and saw the Toolkit as another addition to their workload. However, the training and meeting counterparts in social care made all the difference. VOICES have done lots of talks and workshops to support the Toolkit. Demand was so high that they have produced a series of short videos as an introduction to using the Toolkit and the Care Act so people can watch it in their own time (see Find out more).

It's also important to have the necessary skills to talk to someone about often sensitive topics. Accompanying training may be useful to bolster skills around active listening and building rapport.

You still have to have some skills to be able to hold conversations. Some of it is sensitive stuff, when you're talking about someone's personal hygiene ... I think it has to come with the training package that covers the Care Act, that covers active listening, that covers quality of conversation.

#### Be patient and persistent

VOICES emphasised that the Toolkit is not a magic bullet and requires persistence and assertive advocacy. Completing the Toolkit form alone is unlikely to be sufficient. It is important to engage adult social services in conversation and explore their decisions and reasoning. The Toolkit helps to frame the conversation, but the conversation is still needed. Meetings between VOICES and adult social care, once the Toolkit was in use, were important to help overcome potential animosity from social workers feeling like the voluntary sector were trying to tell them how to do their job.

You do have that animosity. 'Who... are they trying to tell me?... I know what the Care Act says!'... Once we'd gone to meetings and started understanding exactly what the Toolkit was for and how it could support a referral... then you get rid of that animosity, because people understand each other better.

### **Taking it further**

The Toolkit was time-consuming to develop, but has made such a difference.

The approach to the Toolkit has opened VOICES eyes to what is possible and the impact of supporting staff to advocate for client's legal entitlements. Future plans include a similar toolkit to support safeguarding cases. Partners showed interest in similar toolkits to support understanding of other complex legal frameworks. The Toolkit has clearly made a major difference in the way referrals are made and their success. VOICES still see barriers, but these tend now to focus on lack of suitable services rather than difficulties getting needs assessments. Improving the way services are commissioned is an important issue still to be addressed.

If we ignore the commissioning problem, we're ignoring a big chunk of the problem.

### Find out more

Download the Toolkit and watch the supporting videos here: <u>http://www.voicesofstoke.org.uk/care-act-toolkit/</u>

VOICES staff also co-authored two academic articles relating to the Toolkit:

Cornes, M. Ornelas, B. Bennett, B. Meakin, A. Mason, K. Fuller, J. and Manthorpe, J. (2018) Increasing Access to Care Act 2014 Assessments and Personal Budgets Among People with Multiple Needs Linked to Homelessness and Exclusion: A Theoretically Informed Case Study. *Housing Care and Support*. Available: <u>www.emeraldinsight.com/eprint/</u> <u>ZMDYVCVBYTS89BXS3A4S/full</u>

Mason, K. Cornes, M. Dobson, R. Meakin, A. Ornelas, B. and Whiteford, M. (2017) Multiple Exclusion Homelessness and adult social care in England: Exploring the challenges through a researcherpractitioner partnership. *Research, Policy and Planning* (2017/18) 33(1), 3–14. Available Open Access: <u>http://ssrg.org.uk/members/files/2018/02/1.-</u> <u>MASON-et-al.pdf</u>

Find out more about VOICES: <u>https://www.voicesofstoke.org.uk/</u>

For further information, please contact Bruno Ornelas at VOICES: <u>Bruno.Ornelas@voicesofstoke.org.uk</u>

### Endnotes

 The Care Act brought together and updated older laws to create a single, consistent route to establishing entitlement to public care and support for adults. The Act set out a new legal duty for local authorities to meet an adult's care and support needs. Local authorities have a duty to carry out needs assessments to determine eligibility. A person may be eligible if they have care and support needs as a result of a physical or mental condition that results in significant impact on their wellbeing. For further information see the governments' Care Act Factsheets <u>https://www.gov.uk/government/publications/</u> <u>care-act-2014-part-1-factsheets/care-act-</u> <u>factsheets#factsheet-3-assessing-needs-and-</u> <u>determining-eligibility</u>

#### Evaluated by



The University Of Sheffield.

