



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

Social Work Strategy

Innovation Scheme

Overview Report

2012 - 2016

FOREWORD

The aim of the Social Work Strategy is to strengthen the effectiveness of social work in improving people's social wellbeing and quality of life, which is why our goal is to put improvement at the heart of social work.

The Social Work Innovation Scheme was set up in 2012 to provide 'seed funding' to support social workers and the people they work with to test out their ideas for improving practice and service provision, as we believed that those who are closest to the point of delivery are best placed to know how to improve things.

To date there have been 3 innovation cycles with 32 innovations supported across Northern Ireland. The outcomes of many of the innovations have had a positive impact on both service users and on social workers. The number of innovations that have been co-produced has increased each year which is having a positive impact on the quality of the innovations as well as on the relationships between social workers and those they work with.

Based on our experience we are now investing in supporting and equipping social workers with the skills and knowledge to plan, implement and evaluate improvements in practice using recognised tools and methodologies.

I want to thank and congratulate all of those who are engaged in helping make social work stronger and better.

A handwritten signature in black ink that reads "Seán Holland". The signature is written in a cursive style with a long, sweeping flourish at the end.

SEÁN HOLLAND

CSWSO

Contents Page

		Page Number
	Introduction	4
Section 1	Overview of the Scheme	5
	Outcomes	5
	Benefits for Social Workers	6
	Summary of Innovations	8
Section 2	Innovations in Children's Services	16
	Innovations to Reduce Bureaucracy	16
Section 3	Sharing the Learning	17
	Consolidation and Embedding	18
	Next Steps	18
APPENDIX A	Innovation Posters	20

Introduction

1. Our staff are our greatest asset and should be empowered and supported to do their jobs well and trusted to make improvements in what they do based on their expertise and experience of delivering services and on the expertise and experience of those they work with.
2. The Social Work Innovation Scheme (the Scheme) was introduced in 2012 as part of the implementation of the Social Work Strategy¹ to do just that.
3. The Scheme provides 'seed funding' to support social workers to test out ideas to improve the experience and outcomes for people who use their services through service and/or practice developments.
4. This report provides an overview of the 32 innovations supported directly by the Scheme as well as innovations in Children's Services and innovations to reduce bureaucracy which have been supported through the Strategy.

¹ Improving and Safeguarding Social Wellbeing: A Strategy for Social Work, 2012 – 2022, DHSSPS.

SECTION 1

Overview of the Scheme

5. To date, there have been 3 innovation 'cycles' with 32 innovations funded directly through the Scheme in the HSC sector (25) and voluntary sector (7) since the first call for proposals in 2012/13. A total of £300k has been spent, with the majority of innovations receiving £10k or less.
6. The majority of innovations (23) were led by operational staff and/or people they work with within teams and specific practice settings. 9 innovations had a broader reach, for example involving a whole Programme of Care. These were led, for the most part, by more senior staff or those with Trust-wide responsibility.
7. 18 innovations were specific to adult services and 7 specific to children's services. The remainder were generic. Over 25% of innovations (7) involved partnerships between the statutory, voluntary and community sectors. The majority of innovations were co-produced with social workers and others delivering the service. Over 50% (18) of all innovations have explicitly involved co-production and/or participation of people who use our services.
8. In addition to innovations supported by this Scheme, there have been a range of improvement pilots/projects initiated by the Department, the HSCB and Trusts as well as those undertaken as part of learning and development programmes (e.g. the IHI Improvement Advisor and Regional QI programmes). Some of these received small amounts of one-off funding from the Scheme.

Outcomes

9. Innovations have taken place across a range of different areas and while outcomes have been variable (which is to be expected), many have resulted in meaningful and tangible differences to social work practice. A number of innovations have won local and regional awards and one achieved international recognition winning the HusITa Best Human Services Award in 2017 for three Apps covering child development from 0 – 18 years.
10. The most successful initiatives appear to be those that were based on issues that:

- were identified by frontline staff and/or people they work;
- had the endorsement and support of managers; and
- the benefits and impact were demonstrable.

11. Initially evaluation of innovations tended to focus more on the benefits for social workers and/or the experience of people using the service than on outcomes. On the basis of learning from the first two rounds of innovations, the Scheme offered supports to those leading innovations during the last round to strengthen the focus on outcomes and outcomes measurement. An outcomes focus has also been assisted by increased availability of in-house supports for staff undertaking innovation and improvement work, including social workers trained in recognised improvement approaches. Outcomes measurement is, however, an area that will require further development within the social work profession.

12. Innovations to date have resulted in a range of outcomes including:

- reduced duplication and streamlined paperwork and bureaucracy;
- more effective use of technology to support practice;
- improved quality in professional practice;
- improved experience of service users;
- increased participation/feedback from service users;
- service user led improvements in care;
- service users as partners in delivery of services;
- improved partnership working across sectors;
- reduction in waiting times;
- increased productivity;
- development of tool-kits, resources and APPs to support practice;
- adaptation of existing models in different contexts.

Benefits for Social Workers

13. The Scheme has played an important role in engaging social workers in Strategy implementation in that it mandates and supports staff in making improvements in how they work. Feedback indicates that staff felt respected as experts, trusted to make changes and empowered to do so. It has had a positive impact on social workers'

capacity to be proactive, to challenge the status quo and lead change. While these were not the primary drivers for introducing the Scheme, the benefits to staff, including increased job satisfaction, motivation and pride in what they have achieved, should not be under-estimated. To build on this, the focus of Stage 2 delivery is to put improvement at the heart of social work so that continuous improvement to strengthen the impact and effectiveness of social work in improving people's social wellbeing will become part of normal practice.

14. A summary of the 32 innovations completed in 2013/14, 2015/16 and 2016/17 is provided in this Section.
15. Posters² summarising innovations from 2013/2014, 2015/16 and 2016/17 were published to assist in sharing the learning. These can be found in Appendix A by way of example of work undertaken.
16. Further details of all the innovations funded by the Scheme can be accessed by logging onto the HSC Knowledge Exchange.

² Note posters were not produced for all innovations, therefore Appendix A contains only 25 posters.

SUMMARY OF 2016 - 2017 INNOVATIONS

Title	Aim	Project lead	Service	Organisation
Service User Perspective on LAC Process for children who use Residential/Fostering Short Breaks	To ensure the voice of parents / carers of children using short breaks is heard to develop a proportionate approach to the “looked after children” process.	Lyn Preece	Children’s Services	SEHSCT
No Place Like Home	To improve life in the home by co-designing improvements with children and young people.	Siobhan McKenna	Children’s Services	SEHSCT
QI Programme	To develop regional online learning materials to engage social work practitioners in quality improvement	Pat McAuley Pauline Thompson	Children’s/Adults	SEHSCT
The Person Suite - Service User Carer Forum “SDS”	To co-produce a user friendly application tool to enable service users and carers to plan and make the best use of their personal budget.	Julie Allen	Adult Services	BHSCT
Toolkit for Hospital Social Workers	To improve social workers responses and decisions when undertaking Best Interest	Tracey Reid	Older People’s Services	BHSCT

	Decision making, whilst operating in the current void of Mental Capacity legislation.			
Safety in Partnership	To improve the experience and outcome for children and their families in Children's Services.	Niamh Donnelly	Children's Services	SHSCT
The Life I Want Model	To pilot a partnership working model to support individuals, their families and social workers with the Self Directed Support process.	Denise Galbraith	Children's/Adults	Positive Futures
Self-Referral Model	To co-produce a self-referral process for Family Group Conferences in line with the vision of FCG (NI).	Mena Wilson	Adult Services	FGC NI
We Are All In This Together	Development of training for parents and social workers on communicating with boys.	Ciarán Traynor	Children's Services	CiNi

SUMMARY OF 2015 - 2016 INNOVATIONS

Title	Aim	Project lead	Service	Organisation
Community Connections	To increase and support the inclusion of people with a learning disability to be part of their communities through tackling the barriers to inclusion, developing welcoming communities and enabling people to live ordinary lives.	Jemma Ennis-Dawson/Denise Galbraith	Learning Disability	Positive Futures
Reminiscence Work With Ex-Offenders	To improve the self-esteem of participants to develop more pro-social identifies and to enable making positive changes to contribute to offence free lives.	Bob Webb/Tina O' Reilly	Adults / Ex-Offenders	Extern
Acquired Brain Injury Review	To improve the experience of service users, carers, family and staff that had contact with Foyle Disability Resource Centre.	Kitty Downey	Physical / Mental Disability	Western Health and Social Care Trust
Family Group Conference (FGC) Advocacy Toolkit	To ensure the voice of young people and vulnerable adults is heard throughout the	Kim Leebody	Children/Adult Services	South Eastern Health And Social Care Trust

	Family Group Conference process. To create a pool of skilled, trained advocates to enhance the Family Group Conference service.			
Supporting LGBT young people in care	To co-design and co-produce a training programme for social workers with care experienced young people to increase awareness of the needs of LGBT young people in care.	Roslyn Doherty	Children's Services	South Eastern Health and Social Care Trust
Using Service User Stories to improve services	To develop a model of using service user stories as an improvement tool, and encourage more active engagement of service users in planning, delivery and evaluation of care.	Pat McAuley	Adult Services	South Eastern Health and Social Care Trust
Clear Dementia Model to increase capacity of formal and informal carers	To improve the knowledge and awareness of Behavioural and Psychological Symptoms of Dementia (BPSD) among formal and informal carers of individuals with dementia.	Marc Harvey	Older People's Services	Northern Health and Social Care Trust

<p>Connecting to Self Directed Support (SDS) to improve the potential of SDS to support people to live independently in the their community</p>	<p>To explore creative community led solutions that will enable individuals to engage in Direct Payments and live independent, socially inclusive lives with an opportunity to design their own care and support that best meets their needs.</p>	<p>Laura Feeney</p>	<p>Adult Services</p>	<p>CLARE</p>
<p>Direct Payments Family Support</p>	<p>To promote Direct Payments and increase their uptake as a service option in Children's Disability services and with families of disabled children and co-design and co-deliver family support from existing, experienced direct payment recipients.</p>	<p>Sharon McNeill</p>	<p>Children's Services</p>	<p>Northern HSC Trust</p>

SUMMARY OF 2013 - 2014 INNOVATIONS

Title	Aim	Project Lead	Service	Organisation
Use of Aide Memoire with the Northern Ireland Single Assessment Tool (NISAT) for Memory Assessment	To improve the assessment and diagnosis of people presenting to the Memory Service and CMHTOP.	Karen Harvey	Mental Health, Older People and Dementia Care	Northern Health and Social Care Trust
Implementation of Tele-visual Smart Boards	To improve efficiency in service delivery.	Patrick Robinson	Older People and Primary Care, Lurgan ICT	Southern Health and Social Care Trust
Improving the Quality of Professional Judgement in Assessment Process	To incorporate person centred planning approach in the review and care planning processes as a means of improving the quality of decision making and service user involvement.	Paula Hanna / Wendy Longshawe	Physical Disability	Northern Health and Social Care Trust
To improve social work time for direct practice through use of Webcams	Improve efficiency and productivity. Improve communication and enhance decision making.	Angela Hawkins	Physical Disability	Southern Health and Social Care Trust
Excel Workbooks – improving data collection	To streamline and improve efficiency of reporting and ensure timely access to reliable client information at client, caseload, team and service level.	Angela Hawkins	Physical Disability	Southern Health and Social Care Trust
LEAN Project Reducing Bureaucracy within Social	To reduce bureaucracy and duplication to improve outcomes	Seán Falls	Integrated Care Team	Northern Health and Social Care Trust

Work in Ballymena Integrated Care Team	for service users within social work services for older people.			
Video Conferencing	To make effective use of professional time and ensure timely decisions are made when multiple staff are involved and where a rapid response is required to safeguard children.	Dr. Michael Hoy	Children and Young People's Service	Southern Health and Social Care Trust
Family Group Conferencing	To increase participation and control of service users and their families in decision making and improve the quality of decision making through the use of the Family Group Conferencing (FGC) Model in Adult Safeguarding services.	Pauline Graham	Adult Services	South Eastern Health and Social Care Trust
Pilot Contact Co-ordinator Scheme	To improve efficiency/reduce bureaucracy in service delivery by piloting a Contact Co-ordination Scheme for children separated from families due to Family Court Proceedings.	Doreen Bacon	Children's Services	Northern Health and Social Care Trust
Enabling Evidence to Inform Social Worker Decisions: Evaluation	To increase the quality of social work practitioner analysis and decision making by equipping them	Karen O'Brien	Children/Adults	Western Health and Social Care Trust

Report of the Evidence to Outcomes Programme	with skills to source and utilise evidence and knowledge and integrate this into day to day practice.			
Quality Improvement regarding the recording of assessments in Learning Disability	To improve service user engagement in assessment and care planning using formats that the service user can understand and ensuring all individuals are central and fully involved in the care management process.	Pauline Cummings	Learning Disability	Northern Health and Social Care Trust
Development Programme for Case Conference Chairs	To improve the quality of professional decision-making by developing capacity of Case Conference Chairs in evidence based assessment, connecting evidence to outcomes and early authoritative intervention.	Karen O'Brien	Children's Services	Western Health and Social Care Trust

SECTION 2

Innovation in Children's Services

17. In addition to innovations funded under the Scheme, 5 innovative childcare initiatives were supported (one in each Trust) by the Social Work Strategy between 2014 –2016. Funding was provided through the Social Work Strategy to each Trust to support project management and evaluation of the initiative; the 5 initiatives were as follows:

- | | |
|---|--------|
| - Care Pathways | BHSCT |
| - Newtownabbey Early Intervention Pilot | NHSCT |
| - Adverse Childhood Experiences Pilot | SEHSCT |
| - Safety in Partnership | SHSCT |
| - Safety in Partnership | WHSCT |

18. The common objectives of all 5 innovations were to:

- Improving the child's, young person's and family's experience of the service;
- Providing earlier focused response to need;
- Tailoring interventions to meet identified need;
- Providing greater consistency of approach within Trusts;
- Reducing bureaucracy and reporting;
- Enhancing skills of workforce to ensure a quality service

19. Based on the evaluations of each initiative, the Children's Services Improvement Board has agreed that Safety in Partnership (now known as Signs of Safety) and the Adverse Childhood Experience pilot will now be rolled out regionally.

20. The Strategy is also supporting the roll-out of the Newtownabbey Early Intervention Pilot across children's services in the NHSCT

Innovation to Reduce Bureaucracy

21. Paperwork and bureaucracy are the two most frequently cited issues as diverting social work time away from direct practice and have been, and remain, an improvement theme under the Innovation Scheme. A number of innovations to reduce bureaucracy were funded by the Scheme. Evaluations of these indicated some successes, but the majority

have been small scale and localised with limited impact across the wider system. This is partly, but not solely, due to the lack of a regional IT infrastructure within community settings.

22. In addition, the Social Work Strategy contributed to supporting an organisation wide innovation in one Trust to test out Digital Dictation as a means of reducing paperwork. The evaluation of this innovation had mixed results. Key learning highlighted the need for greater focus on staff engagement and support in a change in working practices; early wins/benefits to staff need to be communicated; lack of administrative support and IT infrastructure; and need for strong senior management commitment. A permissive approach to adopting new working practices using technology was identified as being a much slower process than one that is explicitly agreed and managed.

Sharing the Learning

23. It is important that the learning from innovations, (both those that worked well and those that have not worked so well), is shared. Sharing the learning is a constructive way of stimulating interest and encouraging others to adopt/adapt new ways of work that have proved to be successful and help make a more widespread impact across the system.

24. The Social Work Strategy has supported sharing the learning in a number of ways including:

- Regional events to showcase innovations;
- Production of posters for Trusts to use internally to share learning;
- Production of posters to display at regional events;
- Featuring innovations as Message of the Week;
- Use of social media;
- Collation and overview of innovations; and
- Outcome focussed evaluation.

25. We are currently developing a compendium of good practice which will include details of innovations and improvement initiatives including contact details for the project lead which will be a useful resource to enable staff to make links within and across organisational boundaries and share their experiences and learning with each other.

26. The regional social care improvement network, the innovation/improvement hubs in Trusts and the regional work to develop an infrastructure for QI across HSC in NI under Delivering Together are also supporting this agenda.

Consolidation and Embedding

27. The impact of successful innovations on social work practice and on those who use services has been variable and has mostly remained localised apart from 3 of the innovative childcare initiatives.

28. A review carried out in 2015/16 concluded that there is now a need to focus on consolidating and rolling out successful initiatives that have made a difference and agreeing how to extend their reach and impact, rather than initiating more new ones. *'We've no shortage of ideas or examples of good practice, the challenge is getting them adopted and embedded as 'usual practice' beyond the pilot site'*. This will also mean stopping doing things that are not working which can be as big a challenge in some instances as embracing new ways of working.

29. This has informed the decision for the Strategy to focus on building staff capability in improvement approaches and implementation methodologies and to ensure a balance between local small scale 'bottom up' innovations and those that align with organisational and strategic priorities.

Next Steps

30. Based on the experience and learning from 2012 to date and the proposals for Stage 2 delivery we are currently taking stock of all innovations and improvements to agree, in partnership with the Executive Directors of Social Work, those that will be rolled out across the system.

31. We are also proposing specific changes to the Scheme to ensure it is aligned with the Strategy's objectives for Stage 2 and the approach to transformation set out in Delivering Together

32. Key changes will include:

- Co-production will be a requirement for every innovation;

- Approaches will be based on proven QI skills/methodologies;
- A stronger emphasis on outcomes measurement;
- Build in non-financial support for planning, delivery and evaluation;
- Stronger focus on regional collaboration and on spread of successful initiatives.

APPENDIX A

Innovations 2016/2017

A CARER'S PERSPECTIVE ON THE "LOOKED AFTER CHILDREN" PROCESS FOR THOSE USING SHORT BREAKS.



Lyn Preece, Senior Manager, Maria Somerville & Mary Duffin, Carer Representatives



Aim

- To ensure the voice of parents/carers of children using short breaks is heard to develop a proportionate approach to the "looked after children" process

Social Work Strategy Objectives

- Reduce bureaucracy
- Promote co-production, improve efficiency and effectiveness



PROJECT WORKING GROUP

Why is this important?

- Children who use short breaks become "looked after children" when an overnight break is offered
- Parents and carers do not want their children to be in the care of the state to avail of a break
- Other models exist within England and Scotland to ensure short breaks are within family support

What did service users say?

"My husband doesn't know our child in care"

"I don't find the "looked after children" review helpful"

"The looked after meeting is just a duplication of other meetings!"

What did we do?

- Scoping exercise on current models for short breaks regionally and in England and Scotland
- Benchmark good practice nationally
- Engage parents, carers and practitioners in focus groups to develop a proportionate approach in a new model



What has been achieved?



This work is ongoing but achievements to date include:

- Real partnerships and co-production with parents and carers
- Remodelling of procedure for children having short breaks
- Findings and recommendations presented to regional assistant directors
- Recommendations to stand down the "looked after" process for short breaks is under consideration by Department of Health

What difference has it made?

- Better informed families of existing systems and processes
- Voices of parents and carers have been heard
- Department of Health engaged in issue
- Changes will result in reducing bureaucracy and paperwork for families and practitioners

Learning



- It is important and more fruitful to work in partnership with service users
- Look outward to others to find inspiration and to benchmark approaches
- Always share responsibility and success
- Do what is right for children and families

Contact details:

Lyn Preece, Senior Manager,
Ards Community Hospital
Newtownards.
Tel 02891512192
Mob 07714153595
lyn.preece1@setrust.hscni.net

Any challenges?



- Changing a traditional system to make changes requires energy and commitment
- Processes are complicated and there is a great need to get the attention and influence of those who can implement change
- Maintaining patience and not losing focus can be difficult
- Working with a team is a double edge sword – challenging and rewarding

Next Steps

- Align the short breaks with the family support framework
- Embed short breaks into the "Understanding the Needs of Children in NI" family support pathway
- When agreement from Department of Health to stand down the current process, test with small number of families and refine proposed model



NO PLACE LIKE HOME



IMPROVING SOCIAL WORK PRACTICE – A CO-PRODUCTION FILM | Social Work Innovation Scheme 2016-17



IMPROVING LIFE IN THE HOME BY:

- Creating safe space
- Building trust
- Telling stories
- Giving voice
- Speaking truth to power

SUCCESSFUL ENGAGEMENT OF:

15 SESSIONS OF CREATIVE CO-PRODUCTION

2 OF 3 RESIDENTS

2 FORMER RESIDENTS

14 MEMBERS OF STAFF

WHAT'S HAPPENING?

- Young people disengaged
- High Risk Behaviours
- Self-harm
- Suicide attempts
- Drug-alcohol misuse
- CSE
- Staff frustration
- Staff sickness



LESSONS

Film engaged people
Young people and staff wanted to be heard
Both want change
Both asking WHY?

FEEDBACK & RESPONSES (Good Outcomes Groups)

It's a home not an office!
Young people can pick paint / furniture. Make it more homely, remove signage, stop meetings in the home

Let us eat what we want!
Involve young people in food shopping and cooking

The wrong doors are locked
No internal locking of doors, young people to have keys (depending on risk)

Bureaucratic burden and duplication
Radical changes in reporting to help staff

Need one-to-ones
End of two-to-ones in cars with immediate effect

Need up-to-date phones/Internet
Look at access to smart phones and internet

Choice of key worker
Let young people choose key worker if possible

"using film to equalise power - that's a magic ingredient"

Brandon Whittle,
Director of Children's Services and Executive Director of Social Work

"That film's f***ing amazing!"
Young person, Ashgrove

"fantastic, poignant and profound"

Siobhan McKenna,
Team Lead Ashgrove

"It certainly has been a seminal moment for us"

Michael Hoy,
Head of Children's Residential Care

NEXT STEPS

Where could this go?

Co-implementation – making sure the plans happen with everyone involved

Therapeutic Interventions – to get to the roots of the young people's trauma

Roll out the project in other homes and Trust areas

Keep people talking to each other!

PROJECT TEAM

PROJECT LEAD STEPHANIE GRIFFITHS TEAM LEAD SIOBHAN MCKENNA 02891825780

PRODUCER KIRSTEN KEARNEY DIRECTOR TOM MAGILL CAMERA/EDIT MICHAEL MACBROOM



HSC South Eastern Health and Social Care Trust

HSC Health and Social Care Board

TRUSTHOUSE CHARITABLE FOUNDATION

esc understanding through film

www.esc-film.com

Pat McAuley & Pauline Thompson, Quality Improvement, Social Work Development Team
with Maria Somerville, Carer Representative

Aim

- To develop regional online learning materials to engage social work practitioners in quality improvement

Social Work Strategy Objectives

- Strengthening capacity of the Social Work workforce
- Promote co-production, improve efficiency and effectiveness.



What has been achieved?

This work is still in progress but achievements to date include:

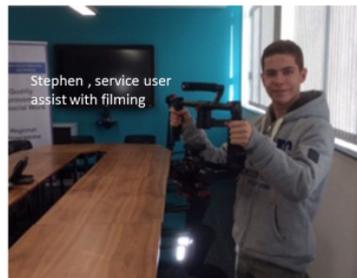
- Draft video material gathered
- First take with a small group of staff
- Process of redesign 2nd draft
- Now plan two videos:
- Level 1 quality improvement awareness
- Level 2 more detailed QI
- Active involvement of service user
- Qualitative feedback from staff and service users informed changes.

Why is this important?

- The Social Work Strategy is “putting improvement at the heart of social work”
- Need to support the development of a regional quality improvement programme for social workers in Northern Ireland.
- A gap in on-line learning resources for social work has been highlighted.

What did service users say?

“Quality improvement will not happen unless service users are at the heart of it – they know what will make a difference in their lives”



What difference has it made?

- The video will increase awareness and demystify quality improvement for social workers
- Social workers will have easily accessible learning materials on quality improvement available on line
- Social workers will be more knowledgeable on quality improvement and using the model of improvement in their practice

What did we do?

- Scoping exercise on current materials available for social workers on quality improvement
- Working group to design tool and script video
- Design learning materials for video
- Test video on small sample
- In process of re-design of video

Any Learning?



- Less is more!
- Create two levels of videos, recognising variety of training required

Any challenges?

- Getting it right!
- Delivering a clear message that is accessible to all.
- Identifying what to include and what to leave out in a video
- Building media experience

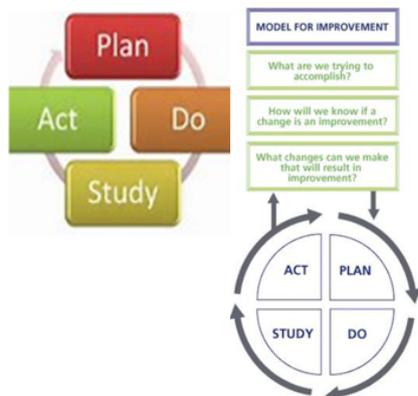
Contact details:

Pat McAuley & Pauline Thompson,
Quality Improvement,
Social Work Development Team
Tel 028 4483 8329
pat.mcauley@setrust.hscni.net

Next Steps



- Review of video material and edit
- Record level 1 awareness video in June 2017 and test on small staff group
- Measure before and after knowledge of staff group
- Develop Level 2 video with more detailed teaching on quality improvement



PERSON

LET'S DO IT IN PERSON

What Social Work Strategy objective are we meeting?

- Promote co-production
- Improve efficiency and effectiveness
- Improve outcomes for service users
- Develop a service that reflects outcomes important to service users

What did service users/carers say about the project?

- Service users/carers felt more in control of their care
- Helped the service users/carers understand how much control of their own care they could take.
- Service users/carers felt excited to see exactly how their care was being delivered
- Service users/carers were inspired to test different scenarios to get the best care for their personal budget and compare over time.

What did we do during the project?

- Consulted with stake holders throughout the project
 - Pathway
 - Reflective practice groups
 - Pilot projects
 - Continual testing
- Used the Agile Scrum project management
- Developed and wrote a Windows-based computer application
- Investigated and developed the practicalities of co-production

Results

- Users were asked 3 questions before and following use of the software.
 - How in control of your care do you feel?
 - Do you feel that you have a say in how your care is delivered?
 - Would you like to take more control over how your care is delivered?
- Graph shows how using the application had an increase in the control they had over their lives.

#Abacus - One Page Profile



Great things about us...

- We are dynamic
- We are motivated
- We have a personal interest in the success of the product

Our Team Purpose...

- We ask the question WTF? (Where's The Fun)
- We aim to provide tools to support all stakeholders in the allocation of the personal budget
- We aim to help educate and expand the minds of everyone we come into contact with, showing them that person centred support is about getting a life not a care package!

What is important to us...

Ensuring that all service users/carers/key workers/people who support service users/carers have access to a tool to make the allocation of a personal budget as easy and fun as possible

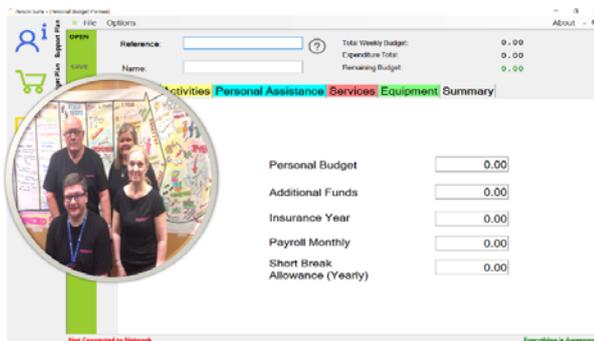
How we can best support each other...

- Using the SCRUM stand up questions:
 1. What have I done since the last meeting?
 2. What do I intend to do before the next meeting?
 3. What is standing in my way or what might I need assistance with?
- We communicate best through regular "meet-ups"; email; WhatsApp and Team Viewer
- By encouragement and building of relationships within our team
- We recognise individual talents and qualities
- By looking after each other and ourselves
- Plenty of good ground coffee; tea; sugary products and fruit!
- "Banter" – keeping the work fun

We are more than the sum of our parts!

What was our aim?

Our aim was to investigate and produce a Windows-based application tool to allow service users and carers to make the best use of their personal budget.



What difference did the project make?

- Service user led co-production
- Started conversations with service users about how their care could be tailored to them
- Reduced the fear of dealing with financial aspects of Self Directed Support
- Highlighted several issues with the current Self Directed Support process (E.g. insurance costs)
- Acted as a stepping stone into other co-production projects
- Learning by doing co-production

Next Steps:

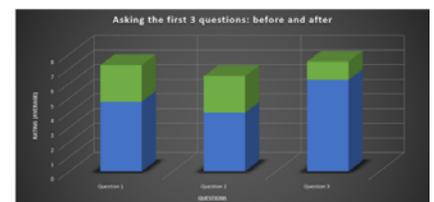
- Further development on the user interface design
- Investigate the best way to give service users and carers access to the application
- Investigate the development and inclusion of additional Self Directed Support critical processes (E.g. Support Plans, quarterly returns)

Learning Points:

- Time was needed to build the team
- Social element was very important
- Having and adhering to strict project boundaries
- Changes to process of SDS happened quickly
- Some training is required

SCRUM Project Method

- Used the SCRUM Agile project Management method
- Helps develop projects:
 - quickly
 - with small teams
 - Within time
- SCRUM advocates regular 'stand up' meeting to monitor progress, answering 3 questions:
 - What have you done?
 - What do you need to do next?
 - What, if anything, is standing in your way?



Development of a Best Interest Decision Making Toolkit for Social Workers

Tracy Reid, Service Improvement Manager, Older People's Social Work

Rationale for Innovation

To develop the knowledge and confidence of Social Workers when undertaking Best Interest Decision Making, whilst operating in the current void of Mental Capacity Legislation. In particular focusing on the transition into community care home placements, for those people who lack capacity to make decisions about their long term care needs.

Outcomes Achieved

- Best Interest Toolkit and Proforma developed
- Delivered a training programme to equip staff
- Increased the confidence of Social Workers in undertaking Best Interest Decisions



Improving and Safeguarding Social Wellbeing

Strategy Objective 4
Improving efficiency and effectiveness

What do we do?

- Consulted with Hospital and Community Social Workers to support development of Toolkit and Proforma
- Drafted Toolkit and proforma
- Consulted with Social Workers, Team Managers, Consultant Psychiatrists, Solicitor Consultant and Carer on Draft
- Finalised and circulated Toolkit
- Delivered a Best Interest Decision Making Masterclass
- Developed a training programme to support the use of the toolkit
- Agreed a pathway with Psychiatry of Old Age to ensure the best use of the toolkit

Aims of Innovation

- Develop practice guidance to support best interest decision making
- Develop standardised proforma to support staff in the recording of best interest decisions
- Develop a training programme which will equip staff with new knowledge in relation to how to safeguard the best interests of people with dementia or delirium
- Develop skills and confidence in undertaking best interest decision making

Best Interest Decision Making

Toolkit



Survey of staff confidence with each intervention



Next steps

- Deliver further training for staff
- Develop guidance for Social Workers Undertaking Mental Capacity Assessments
- 6 month evaluation and audit of toolkit

Contact:

tracy.reid@belfasttrust.hscni.net

Niamh Donnelly

Aims

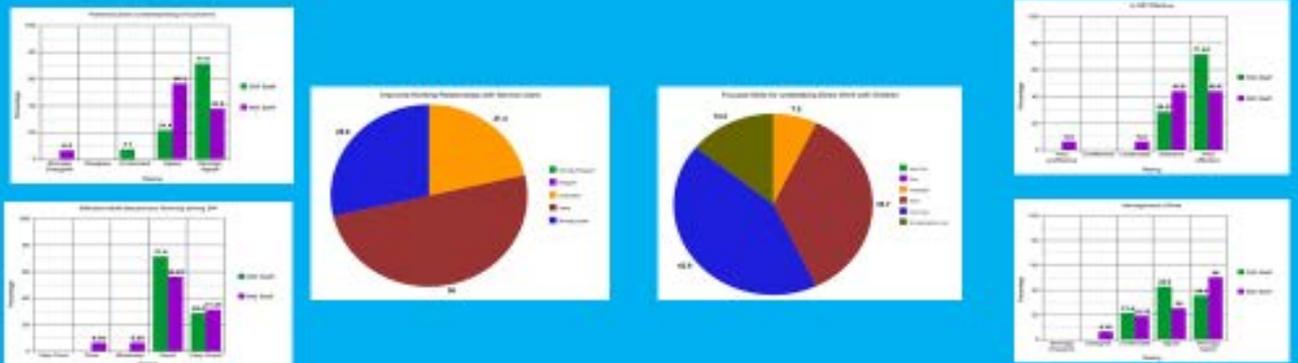
Challenges



What We Did

- Piloted the Model within 2 FYT Teams
- Provided a programme of Training for staff
- Provided information workshops for multi/interdisciplinary staff
- Ensured teams were resourced by purchasing interactive screens to facilitate Mapping
- Appointed a Senior Management Champion and 2 Team Champions
- Ensured teams were supported by a practicing Senior Practitioner
- Appointed a designated Lead for Safety in Partnership to drive the model forward

MEASURES



Our 3 Top Achievements

- Coproduction**
 - Improved working relationships
 - Improved engagement from Service Users
- Direct work with Children**
 - The Safety in Partnership Toolkit has provided a platform for social workers to focus and strengthen their skill base in this area.
- Management of Risk**
 - Targeted intervention and robust safety plans which manage risk effectively and improve outcomes for children

What Service Users Said



Lead Contact: Deborah Dunlop
Organisation: Positive Futures
 For further information email: deborah.dunlop@positive-futures.net

Aim:
 To pilot a partnership working model to support individuals, their families and the named social worker workforce with the Self Directed Support process.

Our Rationale for Innovation:
 To aid the learning process and contribute to the delivery of Self-Directed Support services throughout Northern Ireland. Self-Directed Support is the support a person purchases or arranges, to meet agreed health and social care outcomes.

What did the people we support / carers / social workers say about the project?

Social Work Strategy Objectives we were trying to meet:

- Objectives 1-5**
- Promoting collaboration, co-production & team work, improving efficiency and effectiveness and improving outcomes for service users.

During the project we:



Facilitated a Planning Live event with 12 families and their 'circle of support'. Using a variety of person centred tools we learnt more about the individual and how they want their life to be now and in the future. A detailed support plan was co-produced, with person centred outcomes that the person wants to achieve. Social Workers were able to use these plans to support with the process of Self Directed Support.

"The process went very well. Philip enjoyed it. He felt he was being listened to and was having his say, which is very important." – Family

"It has allowed David to have a better understanding of what he wants in life and how he will go about it." – Family

"I found the Planning Live was very useful. It allowed me to gain another perspective on James's needs. It was also helpful for me as it allowed me to complete my support plan much more efficiently." – Social Worker

"It was a great help and working in partnership improved the SDS process for Daniel and his family. It helped Daniel focus on what was important to him and how he might want to use a managed budget to support him." Social Worker

Data/Measures:

- Semi-structured interviews were completed with the Families who took part in the Planning Live event.
- All families agreed that following Planning Live they had greater knowledge of SDS and the options available to them.
 - All Social Workers agreed that this process facilitated their work in developing detailed support plans, whilst saving them time.

Challenges we encountered during the project:

- Delays in receiving referrals and engagement from the Trust and other relevant organisations.
 - When we did get a referral, our engagement was from Step 4 of the SDS process, once assessments had already been made.
- The lack of knowledge that some people had regarding SDS. Many individuals believed SDS was just Direct Payments and were not fully aware of the choices or flexibility they had. So we had to invest more time in explaining the options to families.

What difference did the project make?

- Individuals and their 'circle of support' know what they want to achieve now and in the future and what options they have to support them to meet their outcomes.
- Family, friends and trust keyworkers have gained an in-depth understanding of what is important to and for the individual.
- Keyworkers were supported with the SDS process in terms of time management as we were able to support with completing individuals support plans.
- We had the gift of time to give families to share what they wanted to achieve.

Learning points / next steps:

It is clear from the results and feedback that this process greatly saves time for the social workers. Social workers have a heavy caseload and wouldn't necessarily have the time to complete the Planning Live and the support plan in such detail. It is therefore beneficial for them and the families to have us complete the process.

Moving forward, this process needs to be made available to a greater number of people. It is hoped this could be possible through a Brokerage type service, where Positive Futures could offer the Planning Live service for a fee.

The process could also be used in a shortened form to complete a review of services to see if Outcomes are being met and are still relevant.



Improving and Safeguarding
Social Wellbeing

The Solution is with the Family!

Family Group Conference (NI); Quaker Service; Prison Fellowship (NI)

Our Context:

- To date Family Group Conference Services in Northern Ireland have not been co-produced with local citizens.

What was our aim?

- To co-produce a self-referral process for Family Group Conferences in line with the vision of FGC (NI)

What Social Work Strategy objective are we meeting?

Promote co-production:

- Greater realisation that people are not passive recipients of services and have assets and expertise which can help improve services
- Citizen's/service users involved in collaborative relationships with more empowered frontline staff who are able and confident to share power and accept service user expertise.

What did service users/carers say about the project?

- Family Group Conference process good for decision-making as decisions generally taken by parents or other adults e.g. teachers, Social Workers
- Information (about Family Group Conference) needs to be more widely available
- Would work best with no statutory involvement
- Excited about possibilities extending for community involvement and access.

Next Steps:



"We believe every citizen has the right to involvement in decision making that affects their family life and should be given the opportunity to exercise this right through family group conference and restorative practices"



Quaker Service Young Adult's Group

Learning Points:

- Pace of co-production slow. Needs to be organic to build relationships, trust and understanding
- Spending time in establishing a foundation and a clear, shared understanding is vital to the success of a project.
- The commitment from past service users is amazing and contributions are full of creativity that professionals are less likely to come up with.

What did we do during the project?

- Identified partners to support the work Quaker Service and Prison Fellowship NI
- Engaged 'critical friends': Queen's University Belfast School of Social Sciences, Education & Social Work and Eigen Kracht Centrale (Holland)
- Established a baseline of knowledge about Family Group Conference with staff of partner organisations
- Held awareness sessions for staff and measured their knowledge before and afterwards
- Held structured conversations with young adults and families about Family Group Conference
- Worked with a group of young adults to co-produce a self referral process.

What difference did we make?

- Partner organisations increased their knowledge about family decision making and are keen to use Family Group Conference as an approach. Measured by before and after questionnaires.
- Quaker Service young adult's group have co-produced a self referral process for Family Group Conference. Also agreed to co-produce and participate in bespoke training for the role of coordinator.

Contact Details:

Mena Wilson
Chairperson FGC(NI)
Email: mena@fgcni.org
Telephone: 07771 966181



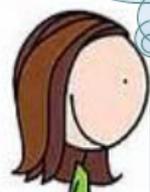
Aim: Development of Training for Parents and Social Workers on Communication With Boys.

Improved Outcomes for Service Users

Objectives:

- To capture the experiences of parents.
- To develop skills and knowledge in parents and workers about communicating and engaging boys and young men.
- To build a resource that will be used to cascade training into the sector.

"They're (boys) are supposed to be tougher" . . . "I crack like a biscuit with my wee boy" . "It's hard to know how he feels". "Boys just react." "Or don't". "Some parents want to be their mates". "Dunno why he does it with me?" "Where are the positive male role models?"



The process



A 5 session programme (with homework) for parents and staff with a focus on skills and understanding for parenting boys.

We learnt it is best when.....

- Consult with parents (5 involved)
- Non-judgemental.
- All (parents, workers) together.
- Practical tools. What works.
- Visual and memory aids.
- Takes account of the complexity of parents' lives and commitments.
- Homework and practice.
- Flexible to cope with family crises.
- Realistic and positive.
- It builds confidence.
- Workers commit.
- Numbers are sustained.

"You always feel judged as a parent." "I don't need to feel guilty and angry". "If I feel different there is change."



Next? Prepare and share the programme, resources and tools free via CiNi website and training programme. www.ci-ni.org.uk

The contributors;

- Dr Colm Walsh – Extern & Centre for Young Men's Studies (colm.walsh@extern.org)
 Howard Jenkinson – Innovative Action (hj@innovativeaction.co.uk)
 Ciarán Traynor – CiNi & Extern (ciaran@ci-ni.org.uk)

Innovations 2015/2016

Lead contact: Deborah Dunlop

Organisation: Positive Futures

For further information, email: Deborah.Dunlop@positive-futures.net

Aim

To explore community connections – what it takes for people with disabilities to become part of their community. To support individuals to increase their presence and contribution in their local communities. To develop a 'Risk Enablement Framework' in partnership with health and social care organisations.

"I really enjoyed being able to tell everyone what I wanted to do – I'm excited about finding new things to try and to meet more people like me."

Person we support



What we did

- We worked closely with the HSC Trust Implementation Officers to emphasise the importance of encouraging community connections with the people we support.
- We worked directly with the people we support to encourage understanding and bridge the gaps in developing more inclusive communities.
- We gathered feedback immediately after workshops. At a later date, we also conducted surveys via email to determine how staff had implemented the training in their current practice.
- We fed this information into the development of the Risk Enablement Policy and Guidance.

"It is great to know that he is having the chance to live a fulfilled life, the same as the rest of us. I feel happy knowing he's having the opportunity to achieve everything he wants..."

Family member

"I have used the Risk Enablement Framework alongside Trust Risk Management Protocols to empower and enable tenants to live more fulfilled lives and positively manage risk within their daily lives." Trust staff member

Outcomes / What we achieved

We delivered training across the HSC Trusts in relation to community connections. Of the 47 health and social care professionals who attended these workshops, 45 people rated the workshop as either 'good' or 'excellent' and 2 rated the workshop as 'very good' (this rating was included by the practitioners themselves).

- Feedback from 22 follow up questionnaires indicated that many staff were continuing to use the information from the workshop in their work.
- The people we support are becoming more actively involved in their communities (individual stories are available as examples).
- We highlighted the need for positive risk taking approaches to be implemented within health and social care organisations.

We developed a 'Risk Enablement Framework' in partnership with a wide range of individuals and representatives from statutory, voluntary and community organisations in the health and social care sector.

- Feedback from subsequent surveys with those who developed the framework have highlighted that the framework is being utilised within a variety of health and social care settings and that "partner organisations are also adopting the framework."

Supported by the Social Work Innovation Scheme



Improving and Safeguarding
Social Wellbeing

Lead contact: Bob Webb
 Organisation: Extern
 For further information email: bob.webb@extern.org

Aim

To improve the self-esteem of participants, enabling them to develop more pro-social identities and to enable making positive changes to contribute to offence free lives

"It's got me thinking more, making decisions and not delaying them. Instead of asking before 'why can't I do this?' I'm now asking 'why do I want to do this?'"



"The project seeks to reinforce the intrinsic belief of the uniqueness of each individual story and in so doing each individual person, instilling greater self-confidence, self-esteem and a greater valuing of oneself."

What we did

- Individual planned programmes of reminiscence work were carried out with a number of clients using main reminiscence methods i.e. life story work, structured life review, simple reminiscence and guided autobiography
- A range of qualitative and quantitative evaluation methods were used to identify outcomes. This included
 - ✓ Use of the Rosenberg self esteem assessment tool at beginning and end of engagement
 - ✓ Service user feedback tool
 - ✓ Feedback from support worker

Outcomes/What we achieved

Key Findings – Rosenberg Self-esteem Tool & Mood Functioning tool

- Feedback has shown that the initiative has made a notable difference to the lives of participants, although a longitudinal study may be desirable to gain a longer-term view

Key Findings – Qualitative data

All Participants:

- Identified benefits that the work had brought for them e.g. positive memories to the fore and offered a sense of enjoyment, as well as promoting future resilience by identifying past coping
- Identified positive changes they will make as a result of completing this work
- Would recommend participation in this work

Supported by the Social Work Innovation Scheme



Improving and Safeguarding
 Social Wellbeing

Lead contact: Eithne McIlroy
Organisation: Probation Board for Northern Ireland
For further information email: Eithne.mcilroy@pbni.gsi.gov.uk

PBNI are committed to working in partnership with others to build safer communities and within this objective we are developing our capacity to challenge and change offending behaviours rooted in prejudice and bias

Aim

To ensure the work we do more effectively meets the needs of individuals from diverse backgrounds and increases effectiveness in working with offending motivated by hate and prejudice

“Increased awareness in relation to cultural issues. Reinforces importance of challenging inappropriate language, impact of words and behavior and escalation of hate crime, how difficult it can be to challenge bias/prejudice”

“Excellent training, informative, well presented, good interactive exercises, very knowledgeable presenter”

What we did

- Attendees completed a questionnaire prior to attendance to enable sessions to be tailored to issues of local concern and of relevance to staff
- Sessions were arranged to allow staff to explore the impact of bias and prejudice in a culturally diverse society, and to give participants an understanding of the extent and impact of bias, harassment and hate in their community
- Roll out of cultural competency and Diversity Awareness Training has been part of PBNI's drive to strengthen the capacity of our workforce to be more effective not only in the delivery of interventions but also in managing and working in increasingly diverse societies

Outcomes/What we achieved

- Staff reported the training raised awareness, introduced staff to language and skills to increase effectiveness and enabled them to be better tuned into diversity
- Feedback indicated there was heightened awareness of cultural diversity and the need for greater sensitivity, the need to be aware of the different views beliefs, custom and norms and how these impact on our behaviours
- This training provided a unique opportunity to explore and share the different cultural influences we and our clients are subject to
- The training prompted thinking, raised awareness, enhanced the skills and increased the confidence of staff in dealing with offending motivated by hate and prejudice

Lead contact: Kitty Downey
Organisation: Western Health & Social Care Trust
For further information email: kitty.downey@westerntrust.hscni.net

Aim

The aim of this project was to improve the experience of service users, carers, family and staff that had contact with Foyle Disability Resource Centre



"Both presenters were very caring and understood all our disabilities"



"Very informative and well presented, gives me a better understanding of someone who suffers from a brain injury"

What we did

- Enhanced the development of a strong, integrated, person centred ethos of working with service users
- Supported the development of a partnership approach to service delivery
- Provided a dedicated financial service, via Citizens Advice Bureau (CAB) of advice, advocacy and representation for service users and families who experience ABI. This was a service delivery model not previously available

Outcomes/What we achieved

This was a social work led initiative within the context of a multidisciplinary team, with the Project Team chaired by the Acting Head of Service. The application of this all-inclusive model of practice has transformed the service, and in particular it has:

- Strengthened the capability of social work/social care to influence practice and service developments
- Improved service user experience and made families feel better supported
- Resulted in fewer complaints and a reduction in recorded incidents within the service
- Changed the culture of the Centre and made the experience for everyone in the Centre a much happier one

Supported by the Social Work Innovation Scheme



Improving and Safeguarding
Social Wellbeing

Family Group Conferencing Advocacy Toolkit

Year 15/16

Lead contact: Kim Leebody
Organisation: South Eastern Health & Social Care Trust
For further information email: kim.leebody@setrust.hscni.net

Aim

1. Ensure the voice of young people and vulnerable adults are heard throughout the Family Group Conference (FGC) process
2. Further develop the current advocacy service to ensure it meets the HSC Code of Practice for Independent Advocates
3. Create a pool of skilled, trained advocates to enhance the advocacy role in the FGC service



Themes for conversations and questions



"When we were talking before the cards, I felt that I was being asked direct questions and being watched while I answered. With the conversation cards, I liked being able to choose the questions, I felt that I was in control" Young Person age 13

"Using the strengths based questions provided a basis for finding positives in what the young person was presenting initially as a hopeless situation" - FGC Coordinator

What we did

- Established a partnership with Voluntary organisations and Trust services who work with children and vulnerable individuals
- Developed and piloted a toolkit to be used by advocates in their work
- Recruited advocates to work in the FGC service in South Eastern and Belfast Trusts
- Trained advocates in the use of the toolkit
- Evaluated the use of the advocacy toolkit

Outcomes/What we achieved

- The FGC service has piloted and implemented an evidence based toolkit
- Advocates are skilled and trained to provide a high quality service
- The FGC advocacy service will meet the HSC code of practice for independent advocates
- Enabled Children, Young People and Vulnerable Adults to have their voices heard throughout the Family Group Conference process
- Improved communication and partnership between the Trust and its Voluntary partners with regard to advocacy and Family Group Conferencing

Supported by the Social Work Innovation Scheme



Improving and Safeguarding
Social Wellbeing

Lead contact: Eileen McKay
Organisation: South Eastern Health & Social Care Trust
For further information email: Eileen.mckay@setrust.hscni.net

Aim

To ensure that the development of social work practice with Lesbian, Gay, Bisexual, Transgender (LGBT) children and young people in the Looked After Children system is informed by the views and experiences of LGBT young people.

“Workers need to learn more about how to approach it – what might be the signs that someone is struggling or how to react to someone coming out – things like that – awareness and training.”

“In the years I was living there it (sexuality) was never talked about – no mention of anyone being gay, no LGBT issues – nothing – no reference to a friend who was gay, no talk of LGBT at all, nothing. So it wasn’t an environment where you would come out – there was no opportunity, no signs up – nothing encouraging me to talk about it – it wasn’t something I felt I could just bring up out of the blue”.

What we did

- Conducted a series of workshops with care experienced LGBT young people, during which they were supported to reflect upon their experience of the LAC system and to develop key messages and advice for inclusion in training for social workers
- Developed and piloted a one-day training course for social workers
- Delivered training to social workers drawn from fostering, residential, LAC and 16+ teams in the SEHSCT
- Evaluated the learning from the workshops with care experienced LGBT young people and the pilot training, and made recommendations for further development of the work across all Health and Social Care Trusts

Outcomes/What we achieved

Care experienced LGBT young people:

- Participated in the development of social work training in the LAC system, in relation to LGBT
- Gained experience and developed new skills
- Felt valued and empowered and experienced a greater degree of self-confidence

Social workers in the LAC system:

- Had an improved awareness of the needs of LGBT children and young people in Northern Ireland in care
- Had helped them develop more effective strategies for supporting LGBT children and young people in their care
- Learned about useful resources and support organisations for LGBT young people in Northern Ireland in care

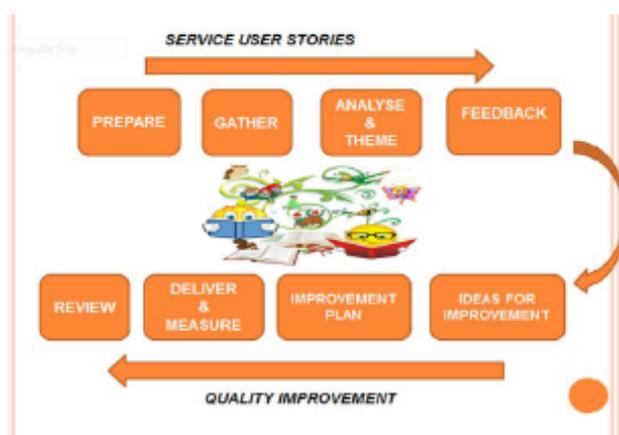
Lead contact: Pat McAuley
 Organisation: South Eastern Health & Social Care Trust
 For further information email: pat.mcauley@setrust.hscni.net

Aim

The project aims to encourage more active engagement of service users in the planning and delivery of care using service user stories as an improvement tool



"It is great that we are all really listened to and can help to make things better"



"Service user stories is a great way to genuinely listen to people receiving the service and really helps them feel valued and heard; it has been a great piece of work."

What we did

- Through social work managers and team leaders, thirty service users from three areas of service were identified as willing to tell their stories
- Information and consent documentation for participants and staff was designed according to their needs. Stories have been gathered, collated and themed from supported living and short break services for people with learning disabilities
- Feedback was provided to service users, carers and staff and options discussed on how best to deliver improvements
- Improvement plans are now in place for the sites and actions being taken forward with service user involvement

Outcomes/What we achieved

For service users and carers, some key differences are:

People feel listened to and welcome opportunity to be involved in improvements identified; service users are actively involved in an improvement group and work on changes to improve services are progressing. Improvements include communication of information both outside and within the service, addressing practical accommodation issues and improving links with Housing Associations.

For staff differences are:

Good practice is recognised and has been applauded; staff stories have also been heard and staff feel increased motivation and enthusiasm to bring about improvement.

For managers, differences are:

Stories have identified good work being achieved and assured quality of the service. Themes for improvement and any areas of concern have been identified with service users, who are as result, now more engaged in service improvement.



Engaging Care Providers with Self-Directed Support

Year 15/16

Lead contact: Eileen McKay
Organisation: South Eastern Health & Social Care Trust
For further information email: eileen.mckay@setrust.hscni.net

Aim

To create a sustainable network of community and voluntary organisations who would be equipped to work in partnership with the SEHSCT to implement Self-Directed Support (SDS)



"It is really detailed and comprehensive and I very much like the staged/staggered approach/layout of the tool kit"



"This is very much the kind of material we have been waiting for to feel secure about developing our own work and about supporting SDS - this kind of material is a big help and assistance"

What we did

- Undertook a scoping exercise of representatives from communities/voluntary organisations and invited them to raise awareness re SDS
- Delivered series of communication workshops on SDS for Community/ Voluntary organisations
- Worked in partnership with organisations to review their current role and developed systems/processes to inform SDS working practices
- Developed a Tool Kit with organisations which will be a resource for other community/voluntary groups
- Agreed to build on the partnership approach by inviting stakeholders who are implementing SDS to join Trust training

Outcomes/What we achieved

- A Tool-Kit was developed and is now available on the South Eastern Trust Internet and can be accessed by all Providers regionally
- Feedback from Provider Organisations on the value of the Toolkit has been extremely positive
- 95% reported that the Toolkit is a helpful resource to them in supporting the implementation of SDS
- 90% of participants said they would use the Toolkit to build on current systems / practice to deliver SDS
- The relationships between the Trust and Provider Organisations have been strengthened
- Successful engagement with providers in this initiative over the last year has contributed to SEHSCT reporting the highest uptake of SDS than in any other Trust area

Supported by the Social Work Innovation Scheme



Improving and Safeguarding
Social Wellbeing

Lead contact: Marc Harvey
 Organisation: Northern Health & Social Care Trust
 For further information email: marc.harvey@northerntrust.hscni.net

Aim

To improve the knowledge and awareness of behavioural and psychological symptoms of dementia among formal and informal carers of individuals with dementia.



'Reminded me that we need to put ourselves in resident's situation which does not happen most of the time.'



'Good to hear real life scenarios, helps to understand the condition more and how to deal with it'

What we did

One-off training sessions:

- Outlined common triggers of behavioural and psychological symptoms of dementia
- Provided information on basic interventions that can be used to support the individual presenting with Helped understand BPSD from the perspective of the person with dementia
- Approx. 240 attendees attended the sessions which were aimed at care staff and family carers
- Training focused on the five domains of the CLEAR Dementia Care © Model used within the Dementia Home Support Team

Outcomes/What we achieved

- Increased understanding of behavioural and psychological symptoms of dementia among formal and informal carers. This will enable timely intervention which can prevent escalation of symptoms

This resulted in:

- Earlier intervention to address behavioural and psychological symptoms of dementia
- Reduction in distress experienced by some individuals with dementia
- Reduction in carer stress
- Reduction in avoidable admissions to care homes and hospitals
- The paid carers trained in this project provide a service to over 600 older people, many with a diagnosis of dementia. It is expected that the increased knowledge and awareness will improve the quality of care delivered

**Duffy, F (2016) "Look at all of me" a Clear model for dementia care. The Journal of Dementia Care, 22(3), 27-30*

Supported by the Social Work Innovation Scheme



Improving and Safeguarding
Social Wellbeing

Connecting to Self-Directed Support Year 15/16

Author: Laura Feeney
Organisation: C.L.A.R.E

For further information email: lfeeney@clare-cic.org

Aim

Identify potential barriers for vulnerable groups to participate in Direct Payments and explore creative community led solutions that will enable individuals to live independent, socially inclusive lives with an opportunity to design their own care and support that best meets their needs.



What we did

- 3 sets of focus groups were hosted: one with potential Self Directed Support (SDS) users, one with existing SDS users and one with health and social care professionals
- Scoped existing research and administration models of Direct Payments and SDS
- Produced administrative and line management processes and operational policies and procedures
- Developed an administrative and line management service for piloting
- Developed a service user friendly leaflet
- Engaged with service users wishing to avail of Direct Payments through CLARE pilot
- Provided a mechanism for the pilot group to give constructive feedback in a way suitable for them

Outcomes/What we achieved

Themes emerging from focus groups and one to one interviews were:

- Concerns about: becoming an employer and HMRC responsibilities, how to recruit and manage staff, fear of financial responsibilities and managing paperwork, changing from their current care provision and potential re-assessment, health fluctuating making it difficult to commit to the ongoing responsibility

Themes emerging from focus groups and one to one interviews why they would consider exploring a form of SDS:

- Flexible call times, continuity of one person providing care (including personal care), ability to be creative, current care provision not meeting their needs

Themes emerging from health professionals:

- Finding a suitable personal assistant that can fulfil the care and support needs, challenging for individuals with multiple health complications and limited family support, employer responsibilities, financial administration and reporting responsibility

Outcomes:

- Findings have shaped the development of an administrative support service to meet the needs of service users and resources to further develop the initiative. An evaluation of service user outcomes will be undertaken when the pilot has been completed
- As a result of the project vulnerable individuals have greater opportunities to engage in a form of SDS by removing the challenging barriers evidenced during the research phase

Supported by the Social Work Innovation Scheme



Improving and Safeguarding
Social Wellbeing

Direct Payments

Year 15/16

Lead contact: Sharon McNeill
Organisation: Northern Health and Social Care Trust
For further information email: sharon.mcneill@northerntrust.hscni.net

Aim

To promote the profile of Direct Payments and increase the uptake within Children's Disability services through the provision of support from an existing, experienced direct payment recipient.



What we did

- 3 mentors were recruited from Children's Disability who had 5 years+ experience of using Direct Payments – 2 female and 1 male
- Mentors were well distributed across the Trust, enabling widespread access
- The parent mentors provided verbal advice/guidance in regard to general management of a Direct Payment and in regard to their own experiences
- They also followed through by providing written information/leaflets to parents in respect of Centre for Independent Living, payroll service etc

Outcomes/What we achieved

There was an increase in the number of parents/carers of children who took up direct payments during this period, giving the opportunity for more flexible, responsive, and person-centred support.

This was made possible as a result of:

- Actively involving service users in service design and delivery
- Mentors being actively involved in Self Directed Support/Direct Payment Team – this model is continuing to assist in promoting the uptake of independent budget management through Self Directed Support and Direct Payments
- Mentors presenting at the Health & Social Care Workshop
- Increased access, by prospective recipients, to the parent mentors for advice/guidance

Supported by the Social Work Innovation Scheme



Improving and Safeguarding
Social Wellbeing

Innovations 2013/2014



Improving and Safeguarding Social Wellbeing

SOCIAL WORK INNOVATION PROJECT

November 2015

Aide Memoire NISAT for Memory Loss Assessments

Northern Health & Social Care Trust

An aide memoire to complement the Northern Ireland Single Assessment Tool (NISAT) in the community Mental Health Team for Older People, and Memory Assessment Service, to improve service user experience through their personal journey with dementia.

Why project was undertaken

Aims

- ◆ Improve the assessment and diagnosis of people presenting with memory difficulties through an aide memoire developed to support the use of the NISAT tool in memory assessment service
- ◆ Use aide memoire to ensure staff collate the relevant information to complete a memory assessment and electronically forwarded on to Community Mental Health Team Older People where onward referral is required, thus reducing duplication
- ◆ Enhance service user's journey and experience of Dementia Services

What we have done

- ◆ We have created more flexibility is included to enable specialist teams to input in a straightforward manner into eNISAT—will allow sharing with staff to improve service user experience and prevent duplication
- ◆ Experience gained from project has been shared with commissioners/other specialist teams to demonstrate how specific domains of NISAT can be used to support memory assessment and reduce duplication
- ◆ Pilot was able to evidence the effectiveness of service in reducing consultant clinic time; social work initial assessment time; avoiding service user having to repeat the same information and gain feedback from questionnaires. The service has now extended to Antrim/Ballymena area with vision to extend Trust wide
- ◆ The service user questionnaire has been reviewed to include questions to target more specific feedback from service users
- ◆ The questionnaire distributed to all new referrals to memory service and feedback used to improve service

Outcomes & Impact

Improved assessment process and 75% reduction in waiting time due to introduction of aide memoire (based on NISAT) in Dementia Services.

Opportunities & Challenges

Challenges

- ◆ Use of Northern Ireland Single Assessment Tool (NISAT)
- ◆ Constraints of NISAT guidance
- ◆ Timeframes
- ◆ Reducing duplication



Improving and Safeguarding Social Wellbeing

SOCIAL WORK INNOVATION PROJECT

November 2015

Promoting Person Centred Practice Personal Care Profile "PCP"

Northern Health & Social Care Trust

The incorporation of person centred planning through the development of the review and care planning process.

Why project was undertaken

Documentation did not focus on Service User strengths, reflecting the potential for personal, cultural and structural oppression. The lack of Service User involvement was reflected in the fact that they were not signing these documents, nor were they requesting copies. As a team we felt that this represented disempowering practice due to the ambivalence of meaningful participation and partnership working

- ◆ To encourage staff to promote Person Centred Practice
- ◆ To promote a more balanced approach between Service Users and Social Worker
- ◆ To encourage Service Users to take ownership of their assessments, care plans and reviews

What we have done

- ◆ In partnership with Service Users we developed a care plan and review tool which identifies service user strengths. These tools were devised using day-to-day language, identifying strengths and areas where support was needed
- ◆ We piloted the PCP and care plan with Service Users for six months
- ◆ We created questionnaires and gained feedback from the Service Users, this enabled us to adjust the forms. Changes were made from Service User's voices, not management dictated

Outcomes & Impact

- ◆ Service Users now completing their own reviews, care plans and taking more ownership of them
- ◆ Star Profile implemented to encourage client self determination further
- ◆ Staff are more pro-active in identifying need for change and embracing it
- ◆ Overall increased independence and autonomy for service users to achieve their goals. To date this has resulted in decreased packages of care and in some cases total cessation of care packages

Opportunities & Challenges

Challenge

The initial suggestion to staff about change met with a mixed reaction. Some were very positive and enthusiastic about embracing change; however others could not see the point in change.

How challenge was overcome

The responses from the devised questionnaires marking the turning point in all staff members embracing change. These highlighted the oppression Service Users were facing on a daily basis.



Improving and Safeguarding Social Wellbeing

SOCIAL WORK INNOVATION PROJECT

November 2015

Lean Approach to Accessing Older People's Services

Northern Health & Social Care Trust

The innovation scheme explored reducing bureaucracy and duplication to improve outcomes for service users within social work services for older people. In order to address waste in the system, the project used LEAN methodology, which provided structure and the utilisation of improvement tools.

Why project was undertaken

Rationale

- ◆ Increasing referrals
- ◆ Increased levels of paperwork/ bureaucracy
- ◆ Reduction in face to face time with service users
- ◆ Negative impact of bureaucracy on monitoring visits and timely reviews
- ◆ Difficulty meeting 4 week PFA standard for completion of assessment

Aims

- ◆ Process map the service user journey through the social work process and associated administration/paperwork to identify areas of duplication
- ◆ Use LEAN methodology to reduce the bureaucracy and streamline relevant paperwork to access services
- ◆ Compile a report highlighting recommendations and actions required to improve the user experience

What we have done

Aims have been achieved

Future plans:

- ◆ Project will move on to the sustainability phase with the objective of rolling out key improvements to integrated teams within NHSCT
- ◆ Need for analysis at a regional level on how implementation of standards (e.g. domiciliary care) can impact on frontline workers and service users in relation to bureaucracy and duplication

Outcomes & Impact

- ◆ Up to 10 pages of documentation removed
- ◆ NISAT used more effectively
- ◆ Reduced duplication of questions, information and signatures required of service users/carers
- ◆ Positive engagement from staff

Opportunities & Challenges

- ◆ IT issues - Availability of laptops and hand-held devices to implement eNISAT
- ◆ Legal / statutory requirements - RQIA standards requiring signed records to highlight service user/ carer consent continues to be an area of bureaucracy/duplication that was beyond the scope of the project to impact on
- ◆ Cautious approach - Initial cautious approach by senior management and within pilot site team
- ◆ Staffing issues - Issues getting staff released for project and staff absence within pilot site team



Improving and Safeguarding Social Wellbeing

SOCIAL WORK INNOVATION PROJECT

November 2015

Family Group Conferencing in Adult Safeguarding

South Eastern Health & Social Care Trust

The proposal was to give greater participation and control to service users and their families regarding decision making and improve the quality of professional judgements through the use of the Family Group Conferencing (FGC) Model in Adult Safeguarding services.

Why project was undertaken

The focus of the pilot was to give greater participation and control to service users and their families regarding decision making and improve the quality of professional judgements through the use of the Family Group Conferencing in adult safeguarding services. As Family Group Conference is a family led, solution focused, decision making process, it seemed timely to pilot this at a time when we move towards realising the potential of the personalisation agenda.

What we have done

- ◆ Developed alongside current FGC service—shared learning ensures greater consistency, accountability and quality. Can also share expertise, learning and resources
- ◆ Staff were enthusiastic
- ◆ Leadership yields better results
- ◆ Independent service and co-ordinator
- ◆ Information sharing with families to inform decision making
- ◆ Broadening family involvement
- ◆ Providing a bridge between the informal and formal systems

Being flexible to respond to the needs of individual families—warrants further work to establish a variety of responses along a continuum of family led decision making processes. Using advocacy to ensure the voice of the vulnerable adult was central to the decision making process. FGC in adult services is being considered more broadly by a number of organisations thus links across the region were and continue to be vital and reinforced the value of 'joined up thinking' and collaborative working enabling and empowering individuals and families to find solutions

Outcomes & Impact

A number of families engaged in the FGC process and showed the potential for better outcomes when they were given information and opportunity to make plans to support and protect those they care for.

Opportunities & Challenges

Challenges

- ◆ Introducing FGC as a different way of working at a time when resources were stretched and staff time was limited
- ◆ Underestimating the support needed for staff to adapt to change
- ◆ Changing hearts and minds in order to promote referrals
- ◆ A number of referrals tended to involve fraught and/or fractured family relationships
- ◆ Referrals tended to be more complex - trying FGC as other methods haven't worked
- ◆ Widening the circle – enabling family to come together