directors of adass adult social services West Midlands

Practice Review Programme 2022-24
Report following Practice Review in Dudley Metropolitan Borough Council
(FINAL REPORT)

1. Introduction

The Practice Review in Dudley Metropolitan Borough Council took place in November/December 2023.

The Council identified the theme for the Practice Review as 'the application of strengths-based practice across adult social care teams'.

The Practice Review consisted of the following elements:

- A self-assessment.

- Two virtual meetings with staff. The first with 6 managers – one agency manager (two Team Managers from the Mental Health Team and Dudley Disability Services and four Assistant Team Managers from the Access Social Work Team, Safeguarding Adults at Risk Team, Hospital Access Team and Duty Team/Independent Older Adults Team) on 27 November. One manager used the chat facility on Microsoft Teams to record their comments. The second meeting took place with 7 practitioners (all qualified Social Workers) from the Living Independently Teams North and South, Safeguarding Adults at Risk Team, Pathway 3 Team – Discharge to Assess, Access Team and 40 Plus Team.

- An examination of 20 case records. The host Principal Social Worker had asked adult social care teams for a selection of cases that they had audited using the Quality Assurance Framework. These were based on the theme of strengths-based practice. These case records had had to have enough information that would allow a Principal Social Worker to examine for the Practice Review. Audit forms were completed for each case and provided to the Council by the external Principal Social Workers. It must be stressed that the review of case records was not a full case file audit, but an overview looking at the quality of social work practice from the information provided by the Council.

- Conversations with 1 person, 1 person with their relative and 3 with relatives whose case records were examined (in total for 5 out of the 20 case records examined)

The Practice Review Team would like to thank, Christine Conway, Principal Social Worker, Sangeeta Sharma, Personal Assistant and Eve Barbier, Team Manager for their assistance and support during the review.

2. Previous Practice Review

The previous Practice Review was undertaken in June 2019 and identified the following areas for consideration. The host Principal Social Worker has provided updates and these are highlighted in red:

- Developing a model for strengths-based practice in Dudley
  - ensuring managers and workers understand strengths-based practice
  - providing learning and development opportunities for managers and workers, including commissioning experts by experience
  - developing systems, processes and documentation to support strengths-based practice
  - Increasing the time that frontline workers spend with people

  A strengths-based practice model has been utilised across Dudley with subsequent learning resources and training. It has been recognised that this needs a more robust framework to ensure consistency in practice. Therefore, a Practice Framework with practice tools is being co-produced alongside a revised assessment tool and guidance and the review of documentation and process on the electronic recording system LAS. (Liquid Logic). Moving to a more strength-based practice model has ensured frontline workers spend more time with people and the voice of the individual and carer is gathered in a number of ways.

- Continuing to examine and review the waiting list in the Living Independent Team

  Waiting lists are constantly under review and a duty and triage system is in operation in the Living Independently Team to ensure there is a timely response.

- Ensuring consistency in the frequency of supervision and reviewing supervision for agency workers and implementing direct observation of practice

  The Critical Reflective supervision policy and procedure was introduced to ensure there is consistency in supervision across Adult Social Care including observation of practice. This is currently being reviewed and developed to meet current requirements. Once this is complete as part of the Quality Assurance Framework audits of supervision including observations will be implemented in 2024.

- Reviewing the approach to the authorisation of support

  The authorisation of support was reviewed, and a new system was implemented and was built into the new recording system when it was launched in 2020. This will be reviewed alongside the review of documentation and process on LAS.

- Building upon multi-agency working and developing opportunities for more patch-based working

  Social Workers also attend community hubs and local teams around GP practices which encourages networks and access to resources. This helps to build upon multi-agency working and develop opportunities for more patch-based working.

- Supporting the development of knowledge and use of non-commissioned asset-based resources, including encouraging workers to utilise the Community Resources Directory

  Partnerships have been forged with Third Sector organisations and community networks are supported through a number of ways including Queens Cross network, Carers Alliance, Disability in Action and Dudley Voices for Choice. This helps to build on community resources and co-production activity. Dudley Community Information Directory has been re launched with a dedicated website and workers are encouraged to look at local assets as part of their practice.

- Improving links between commissioning and frontline staff

  Frontline staff work closely with Commissioning around the Quality Framework, Market Sustainability and Safeguarding and a number are currently involved in the tender process audit around new provision.

- Examining the role that Occupational Therapists could play across all adult social care teams

  The Principal Social Worker works closely with the Principal Occupational Therapist and the role of Occupational Therapists is highlighted in all initiatives and practice developments including the reviewing of the supervision policy and procedure and the Practice Framework and Assessment tool guidance.

- Examining 'silo working' and ensuring greater connectivity between teams

  Silo working has been highlighted by practitioners as a concern, so initiatives have been put into place to encourage more cross team working including co location and joint visits. Shadowing in other areas is being developed.

- Building upon the use of 7-minute briefings and improving communication between management and frontline staff

  There are a number of strong communication strategies in Dudley including an Adult Social Care Monthly brief, team meetings, peer circles, weekly huddles and Assistant Team Manager and Team Manager forums. The Principal Social Worker communicates through a quarterly brief, emails and blogs and attends work places and team meetings as well as having an open-door policy for anyone to contact her. It was recognised that during Covid-19 some opportunities for senior managers to communicate with frontline staff had diminished so a series of Engagement events, which include the PSW, have been initiated and a 'You said We did' program has been revitalised. We are aware communication can always be developed further and a new centralised 'Sharepoint' site has been developed alongside the Learning Experience Platform Thrive. This will provide one front door to all learning and development across Dudley and provide a more consistent centralised location for all policies and procedures. The

‘Sharepoint site’ has “tiles” for all sections including the Principal Social Worker.

- Ensuring risk assessments are completed

  With the development of the new recording system LAS, risk assessments were bult in and they are audited under the Quality Assurance Framework.

- Ensuring carers assessments are completed/examining how carers assessments might be provided differently

  Dudley has supported the development of a carers network and works with the Carers alliance to ensure support mechanisms for carers are co-produced and Carers have a voice.

- Developing and implementing a framework for regular case file auditing for all adult social care work

  Case file audits have continued but it was recognised they needed to be developed further with a more robust Quality Framework which has been re-launched. This includes an audit plan which will organically grow based on outcomes from completed audits. audits (including internal corporate audit activity) and learning from LeDeR, SARs and Domestic Homicide Reviews as well as complaints and any external activity such as reports from the Ombudsman.

- Examining the role that Social Workers in Mental Health Teams play in delivering responsibilities under the Care Act

  At the end of the Section 75 agreement Social Workers in Mental Health Teams moved into the local authority and they complete strength-based Care Act assessments as part of their role to ensure citizens of Dudley get a consistent response and access to individualised support

- Ensuring the Principal Social Worker is hearing the views of Social Workers and reflecting these to senior management

  The Principal Social Worker is part of the Adult Social Care Leadership Team and has an open-door policy and communicates in a number of ways with practitioners which enables her to reflect the views of Social Workers, Occupational Therapists and Social Care Workers to senior managers. She encourages practitioners to articulate their views and works with the Principal Social Worker in Children's Services and the Principal Occupational Therapist to ensure any joint issues are also raised.

3. Areas discussed and recurrent themes arising from the meetings held with practitioners and frontline managers

Practitioners and manages were asked what it was like to work in Dudley. A practitioner commented "front line staff and managers really make it", and continued "it does provide a lot of support, between ourselves as well, and people who generally work for Dudley are happy to share and help each other out, and it seems to have that kind of philosophy that's been around for years". They said that practitioners "go above and beyond to make it person-centred", and are "very caring workers". Other practitioners agreed, although one stated that trying to make referrals to another team, could be difficult and commented "that's where sometimes it can become quite frustrating", and talked about teams having different access criteria. Another practitioner said that there was now a disputes process where managers would get together to decide which team should take a case where there was an issue.

A manager said that a lot changed during Covid-19, some things had changed for the better, and some things that they had had to learn to deal with, but that staff had all pulled together during that time and tried to do their best for the people of Dudley with sometimes very limited resources. Another manager said that there was "lots of change in terms of processes and confidence in practitioners and a culture to be unpicked, and that on the back of Covid certain things had become quite obvious in terms of some people's practice".

A manager said they asked their team to go into the office twice a week and commented "we make it fun, so we are doing things together, bonding we have got that time". All managers indicated that staff were primarily working from home and went into the office 2 days a week.

A practitioner said that there was room for improvement and Dudley had its own uniqueness", and that staff "cared compassionately for the citizens they serve. They also said that they had worked for other local authorities "but my heart has always come back to Dudley". A manager agreed saying that Dudley genuinely cares for its residents and there was “a strong desire to do better”, but that they were “very constrained with our resources that makes it difficult at times to be strengths focused”.

A practitioner, quite new to Dudley, said that there were good relationships with partner agencies, stating, “everyone seems really willing to work with you which hasn’t been my experience everywhere”. They also talked about everyone in the Council being “friendly and willing to help”. Practitioners agreed with knowledge being shared amongst staff and practitioners being supportive. A practitioner talked about there being a ‘Jabba Chat’ where they can ask each other questions.

One practitioner said that they had worked in Dudley for many years and it had given them a lot of opportunity and “fulfilled my aspirations as a Social Worker and as a manager”. A manager stated that they had been with Dudley since they were a teenager and it had provided them with many opportunities and commented “I’ve worked my way up”. Another manager, who was new to Dudley, said that it had been challenging but agreed that there were lots of opportunities for development, and were “challenged in the right way and felt they were listened to” and overall, it was “positive”. Another manager said they had joined Dudley just before Covid as a practitioner and had been supported to progress into a management role. They commented it “had made me really happy to remain here”. They continued “staff were very supportive, positive, compassionate and everyone had their heart in the right place”. Another manager echoed what had been said and stated training opportunities and progression opportunities were available, that were not normally available for agency staff.

Practitioners stated that there were good opportunities for training and development in Dudley, identifying opportunities to undertake apprenticeships, AMHP, BIA and Practice Educator training. A practitioner who had recently completed their practice educator training reported that there was no financial reward or progression for undertaking training unless they applied for another post and that they were “stuck at the same level”. Another practitioner talked about needing experience of budgets in order to progress to a management role.

A practitioner stated that in 2020 during Covid-19, Liquid Logic and a new assessment form were introduced, and the main focus was the implementation of Liquid Logic. In respect of the new assessment form, they commented “I thought they could have done a bit on it” and that training on the new assessment was not very in-depth.

Practitioners reported that the new assessment was more specific to strengths-based practice, and that they had received training on working in a strengths-based way. They said strengths-based practice was highlighted in team meetings and fed back from managers in supervision. Practitioners reported that there had been a lot of emphasis over the past few years about ensuing they were working in a strengths-based way.

A practitioner stated that the strengths-based practice training was “looking at what the person can do, as well as what they are struggling to do, and incorporating all the informal and preventative measures that can be put in place, and then encouraging them with their strengths and hopefully building their confidence”. They said “I spend a long time on my first assessment trying to look at all the positives”, and “giving the person more control over their lives, using old fashioned social work skills rather than the assessment and provision approach”. They said that previously they would be thinking about time limiting the assessment to an hour as they had so many assessments to undertake, and now “saying no, an hour and a half, and that half an hour can make a difference to what services you put in, so I think that’s strengths-based” practice. Another practitioner said that training had helped them to explore things further e.g., provision of equipment and family support.

When asked about strengths-based practice one manager said “it’s in the assessment framework that we use and we have had training around it.”, and that there were “a number of questions in the quality assurance framework about strengths-based practice and how it had been evidenced” that they would use when looking at practitioner’s work.

A manager said that they had undertaken “training within their team about what it means and shared good practice examples”. They also said that as part of the pre-panel process, they always checked that community assets and other networks had been considered and it was “a bit of a cost saving exercise as we all need to do anyway as we’ve got no money”. They considered strengths-based practice was “work in progress”. Another manager said that they managed a number of assistant care co-ordinators and within team meetings had held workshops on strengths-based practice and this “had been a learning curve for all”. Another manager stated they always worked with ‘Making Safeguarding Personal’ and collaborating with other agencies. They said that they always tried to focus back to the individual and their outcomes, and within group supervision sessions looked at case studies at where practitioners could have done things differently and celebrated positive work.

A manager said that group supervisions took place quarterly in their team, but were unsure if these took place cross the service. Another manager said that they were going to start group supervision and discussed strengths-based practice in supervision and, as part of CPD, and in the case auditing process. Another manager said that they had shared the case file auditing questions with their team and sharing best practices and resources that were available in the community and these conversations "were happening almost daily", whilst another said that when 'sharepoint' was introduced the whole directorate would have access to similar information and will be "fundamental in everyone singing off the same hymn sheet".

Another manager said that they had been working to promote the use of preventative services and use of in-house services to reduce the reliance on other funded support, and that this had worked quite well as practitioners had not previously been considering this as much. They reported that they had enabling community support teams and integrated clusters that sat with the GP services that they could link into.

A practitioner stated that the strengths-based training was "available to everyone, its' whether you book on it or whether you are encouraged to book on it by your manager", and they believed the training was still available. Two of the seven practitioners who participated in the meeting had not undertaken strengths-based training.

A practitioner stated that sometimes there was "almost like an expectancy" from the person or family that an assessment equates to a service being provided, and so "we would go through why that person doesn't need a service, signposting and offering advice". Another practitioner stated the assessment tool was "so strengths-based focused" and promoted what the person can do for themselves first before offering services and where there was any doubt, they were encouraged to involve other professionals.

Working with health was an area identified by one practitioner as being heavily focused on what the person can't do. Another practitioner stated that there were differences in professional opinions of health and social care staff.

Practitioners reported that the assessment form was long, with one commenting it's "a very long form". Another practitioner stated that it was better than the previous form, but "could be shortened down with questions being more direct and simpler", as there was some repetition of information. A practitioner said that prior to new strengths-based assessment form it was easier to get approval for funding, when writing from a 'what the person can't do perspective'. They said that managers now questioned why a person needs support when they have strengths, and they had to explain in greater detail.

A manager said that the documentation referenced people's strengths and support networks, and encouraged practitioners to consider providing advice and signposting to services. They said that the way forms were written could come across as "a little bit negative if the person was to read it in the way it is written". Another manager said that they realised there was no fluidity in the assessment form and recognised that the assessment and review forms were not fit for purpose. They said the "assessment is so long and this was work in progress and does need changing, hopefully for the better".

Another manager said that the assessment was more of a conversation with the person to elicit the information, whilst another said "surely it's got to be a therapeutic relationship and equal power in the assessment, and had never really understood why we haven't taken the '3-conversations' model", and that this was "less bureaucratic than we've got now, but we've got what we've got to make it as good as we can get,". They said "we missed an opportunity" when Liquid Logic was introduced three years ago. Another manager said that the '3-conversations' was more person-centred and that "the way it is documented on our system is a little bit tick boxy which can take us away from the person-centred approach".

A manager said that they had to get away from being service-led and that practitioners were supported to be more creative, and that "I'd like to think as a manager I think outside the box, and we are pretty radical but we are constrained, but we can still be radical".

Managers considered that they were able to get a sense of the person and what is important from the assessment documentation.

Practitioners were not able to talk about the model and framework for strengths-based practice being written down, and one commented “if there is one, I’m unaware”. Another practitioner said that information was sent out regularly and they had created their own filing system in order to retrieve it at a later date. They said “there is so much (information) sent all the time”. Another practitioner said that they received various links from their manager to various information or webinars. Another practitioner said that they said to their manager they needed guidance on writing up the assessment and then discussed in supervision and in team meetings, and were then advised to undertake the strengths-based training.

A practitioner said that strengths-based practice was “more about gathering information and looking at observation skills, what is going well for them, but remembering that the service user voice was the expert”. They said that there wasn’t a model “but it was more about we question someone and talk to them”, “like the exchange model with open questions”.

Another practitioner said I think it’s important when you go out to have good communication skills rather than bombarding the person with questions, and “then you will find out their strengths through good communication and rapport and building up a relationship”. They said it was important to listen to the person.

Practitioners reported that managers had undertaken case file auditing last year as a one-off exercise, it seemed that the results of this were not reported back to them. A practitioner said that they got feedback on where they had done well or could improve in supervision. Another practitioner said that different teams work in different ways regarding auditing of case files. Another practitioner stated that recently a number of cases were selected for a peer review for different teams to review each other’s work, but they did not know what the outcome was, and commented “I think it’s something that’s going on in the background with managers rather than workers”. A manager said that they did their own case file auditing, whilst another stated that they had recently started doing some case file auditing and “it was something newly introduced and still being worked upon”.

in their team they considered there was “a disparity between experience and skill”, and that there were issues about practitioners’ confidence and “at times and a lack of professional curiosity”, but recognised that the local authority had arranged a lot of training recently around professional curiosity. They questioned whether this was because practitioners were becoming de-skilled as they were doing the same work in some teams, or whether this was around retention of staff and commented “we do have issues with retaining staff, and encouraging the right people to come to Dudley, and there were a lot of opportunities to grow, but we do lose a lot of people as well”, and that with it goes skills and confidence.

They said that the Assistant Care Co-ordinators become quite disheartened as people move on. They also questioned the opportunities available, other than apprenticeships, for this group of staff and how they progress, and said they “sometimes stayed stagnant and the motivation goes and impacts on the culture”. Another manager said that places on apprenticeships were “limited”. However, a manager said that in mental health it was the first time in six months they had no agency members of staff.

A manager said that there had been a lot of issues regarding cross working in teams, but this had improved.

It was understood that supervision took place regularly on a monthly basis.

A practitioner stated that as an Assistant Care Co-ordinator “I can honestly say that my supervision was nil, I did not have regular supervision”, but that when they started their apprenticeship, they had regular supervision. They said that the apprenticeship had taught them that it was also their responsibility to ask for supervision if they needed it. They commented “I feel there is good quality supervision now, whereas as an Assistant Care Co-ordinator I would possibly say that they were non-existent”. Practitioners spoke of managers having an open-door policy and they could seek support whenever they needed it. A practitioner stated “I feel very lucky now that I get good quality supervision”. Two of the seven practitioners stated that they did not have regular supervision. One practitioner said that “we used to have regular supervision, but at the moment it’s kind of erratic”. They explained that “sometimes you can have it on two consecutive months, and then for the next three months you wouldn’t have it”, but said again that if they had a problem, they could approach managers. The other practitioner said “I haven’t had a professional supervision for a while”, and when asked for how long they said “around 6 to 7 months”. They said that some managers were not qualified Social Workers and that Assistant Team Managers had been identified to provide professional supervision, but it had not happened.

Practitioners reported that Assistant Care Co-ordinators now received regular supervision and that there was a Senior Social Worker identified for them to go to for advice and guidance. Managers confirmed that Senior Social Workers supervise Assistant Care Co-ordinator's with their caseloads.

A practitioner said that at the start of their supervision session it always started with being asked asking about their wellbeing before discussing case management Issues. Practitioners said that supervision sessions lasted as long as they needed with one commenting "usually if I need two hours, I'm allowed two hours" and this was agreed by other practitioners. Another practitioner said "I've had really positive experiences since I started" and talked about supervision focusing on training and development and helping them to move forward.

A manager reported that task-based discussions took precedence, rather than reflective practice discussions, and they had tried to change this as part of their own development "although my supervisions can end up being three hours long which isn't always helpful". A manager said that in the current supervision document there was "a question on well-being that was one of the first questions they ask alongside development and what their career aspirations are before we get to case management" at the start of supervision. However, they said in their experience "if you ask them if they are well, they'll go straight on to case management" and had to remind practitioners about it's about their well-being. The continued that "I think there is a culture in Dudley where it was historically case management focused previously but we are looking at changing that". Another manager reported that work was underway to examine how the supervision process could be improved and make supervision more reflective.

All managers indicated that they received regular supervision and had positive supervision relationships and reflected upon their work. A manager said that Assistant Team Managers did not have the supervisory training that they needed, and that they were going to use the Assistant Team Manager forum to develop their own practice and knowledge base, and learn from other managers' experiences.

Managers said that they were able to approve a short-term service for two weeks but otherwise "everything goes to a panel" where the practitioner presented the case. When asked about whether they had professional autonomy practitioners commented “within reason yes”, “my frontline managers are excellent” and “if you can provide good evidence, they will agree and support you”. Practitioners stated that all requests for funding needed to be approved by managers or go to panel. One commented “everything needs approval” even if there was no financial commitment. Practitioners talked about presenting their work to the panel and being “questioned”. A practitioner stated that “you write your assessment and support plan, which are both lengthy, then you write a lengthy panel request and sometimes they will come back and ask questions, and it’s in the panel request” document. Another practitioner said “I feel like saying have you read what I’ve written”, with another commenting “and sometime it can be frustrating when it’s bounced back”.

Managers reported that they held regular team meetings where practitioners could raise issues and where things could be improved. A practitioner stated that recently Heads of Service had started to spend time with the teams., and that there had been a meeting at the Town Hall with the Director, but that it’s “only been recently”. A manager said that there was a disconnect between managers and the senior leadership, that the connection was not always there although they appreciated there were difficulties with workload.

A practitioner said that they were able to email the Principal Social Worker for advice, and another said that they regularly send information to practitioners. Practitioners agreed that the Principal Social Worker was approachable and responsive “she always responds” one commented. A practitioner said that the Principal Social Worker recently attended their team meeting. A manager stated that the Principal Social Worker was also the Head of Service for safeguarding and that “she is a bit stretched to say the least” and that “she does as much as she can” in her Principal Social Worker role. Another manager said that the Principal Social Worker now had “a team behind her” to support her with reaching out to teams. A manager said they could pick up the telephone at any time and talk to the Principal Social Worker about anything they wanted and that it was “a developing role”.

Practitioners were asked to identify one change or improvement and made the following comments:

- An easier panel process
- Better criteria to transfer cases between teams

- Having more contact and communication with Heads of Service to raise concerns
- Recognition of achievements with better career progression
- The provision of regular professional supervision
- Streamline the paperwork so we have more time with people

Managers were also asked to identify one change or improvement that would help them regarding their work and made the following comments:

- Re-examining the assessment process and the ‘3-conversations’ model
- Improving communication between managers and senior management
- Continuing to make assessments and supervision more service user and practitioner focused, strengths-based and person focused
- Having the support plan and review as one document would streamline processes, and assessments should be proportionate to the needs and not led by tick boxes
- More consistency and similar expectations across teams regarding workload, and recognition of work
- Continuing to improve relationships between teams to make practice smoother
- Being physically present and being able to talk and learn from each other and provide peer support

4. Data analysis from completion of the case records audit tool

The four Principal Social Workers (including the host Principal Social Worker) examined 20 case records (5 each) and completed the audit tool for each case.

Of the 20 cases audited, there were no cases that were referred back to the Council where any significant concerns were identified.

The audit tool comprised 12 questions which were rated using a scale of Outstanding, Good, Requires Improvement and Inadequate. Principal Social Workers rated each question based on the components of good practice they have identified and their experience.

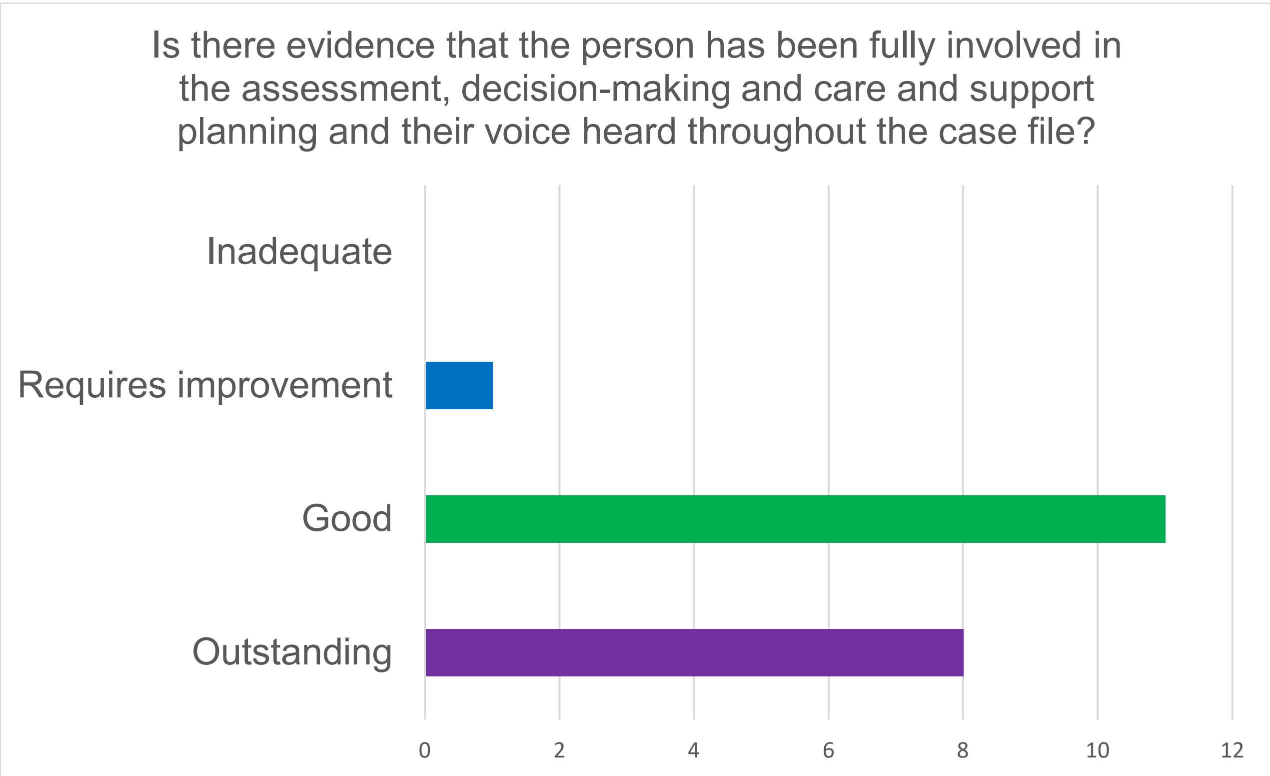
In total there were 240 questions rated (20x12) and the overall numbers and percentages are as follows:

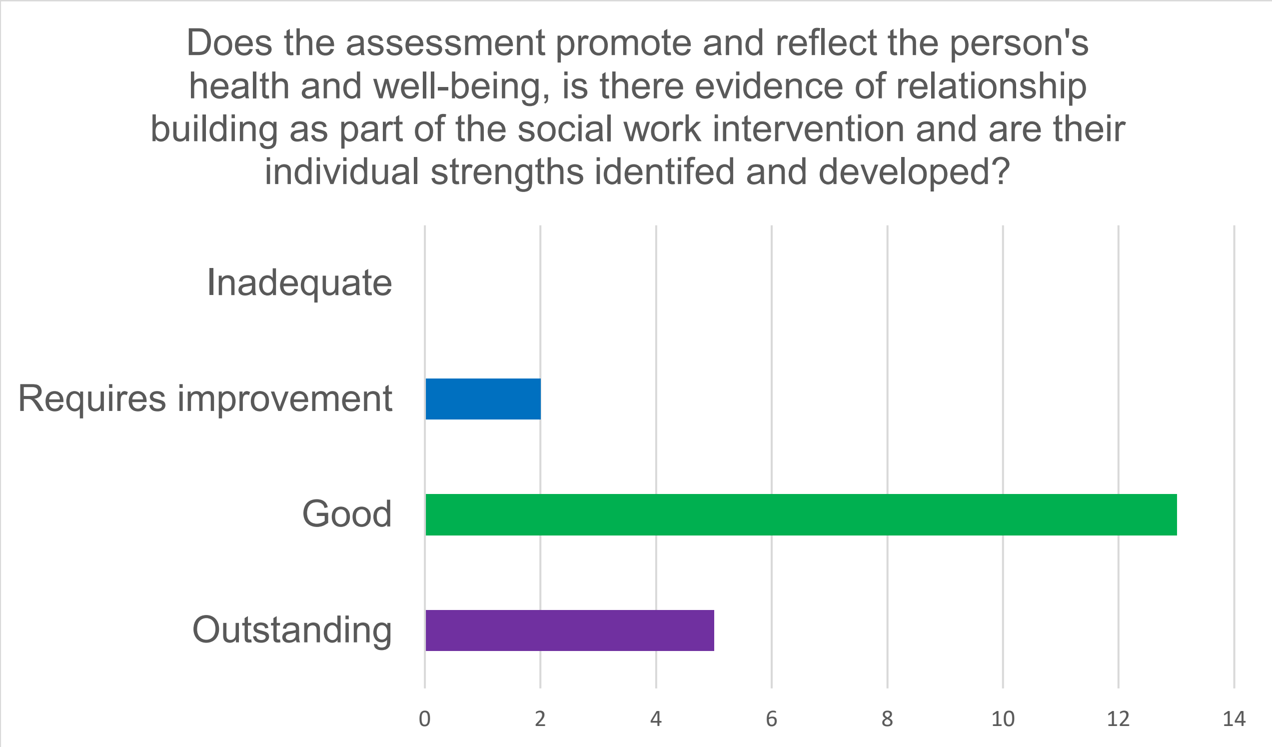
Outstanding	59 (25%)
Good	143 (60%)
Requires Improvement	37 (15.5%)
Inadequate	1 (0.5%)

In addition, Principal Social Workers provided an overall judgement on the case record again using the same rating scale, and 5 case records were considered to be outstanding, whilst 13 case records were considered to be good, and only 2 case records were considered to require improvement (see table below):

Outstanding	5 (25%)
Good	13 (65%)
Requires Improvement	2 (10%)
Inadequate	0 (0%)

Graphs for the 12 questions on the audit tool are shown below:




Does the assessment promote and reflect the person's health and well-being, is there evidence of relationship building as part of the social work intervention and are their individual strengths identifed and developed?
Inadequate
Requires improvement
Good
Outstanding
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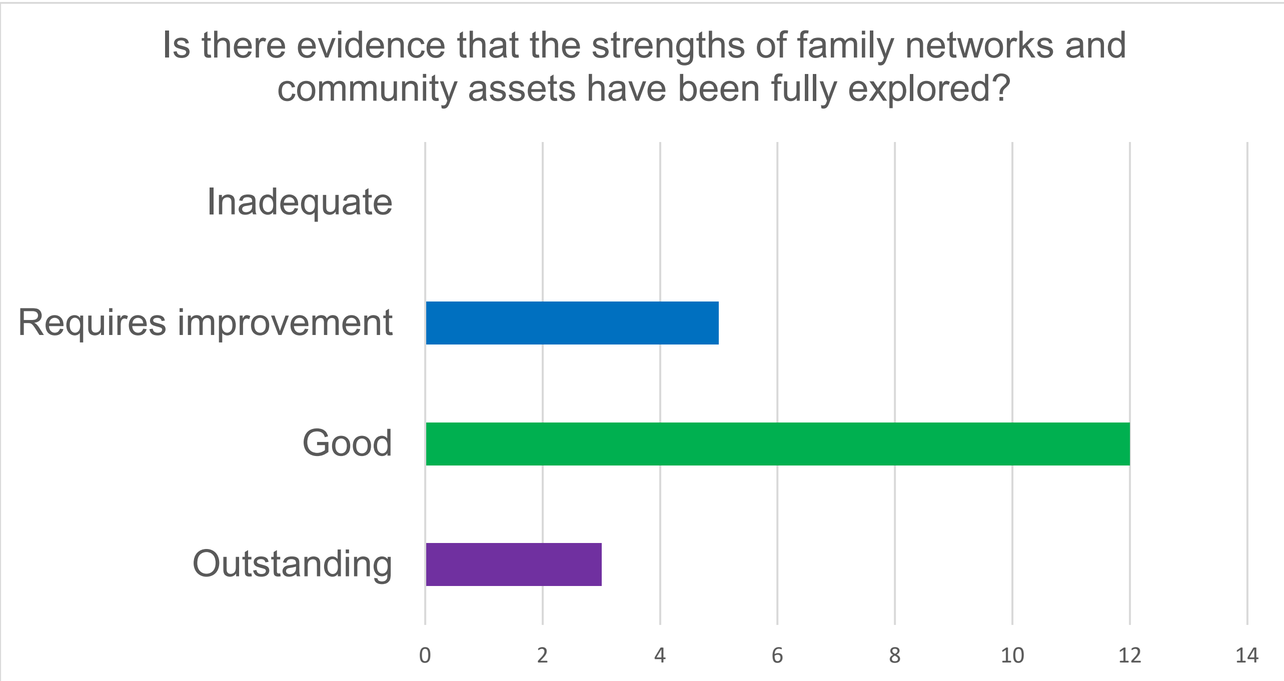
Is there evidence that the strengths of family networks and community assets have been fully explored?
Inadequate
Requires improvement
Good
Outstanding
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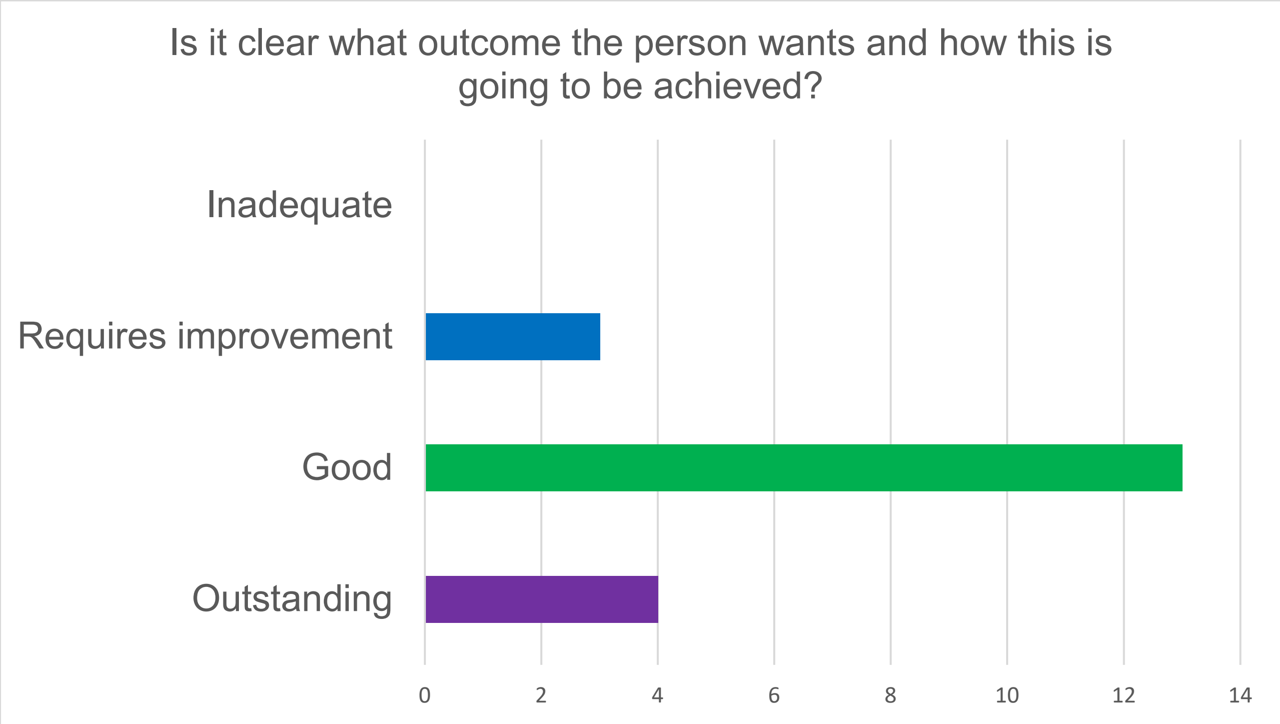
Is it clear what outcome the person wants and how this is going to be achieved?
Inadequate
Requires improvement
Good
Outstanding
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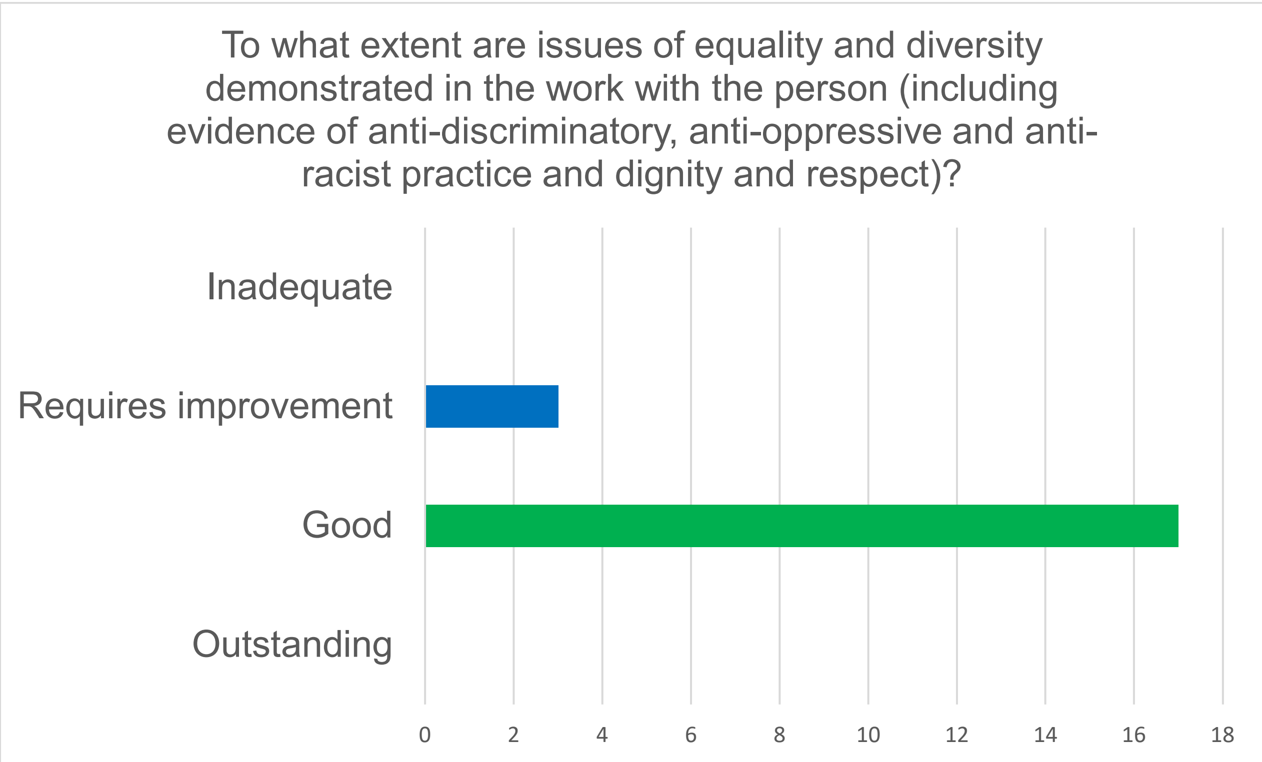
To what extent are issues of equality and diversity demonstrated in the work with the person (including evidence of anti-discriminatory, anti-oppressive and anti-racist practice and dignity and respect)?
Inadequate
Requires improvement
Good
Outstanding
0
2
4
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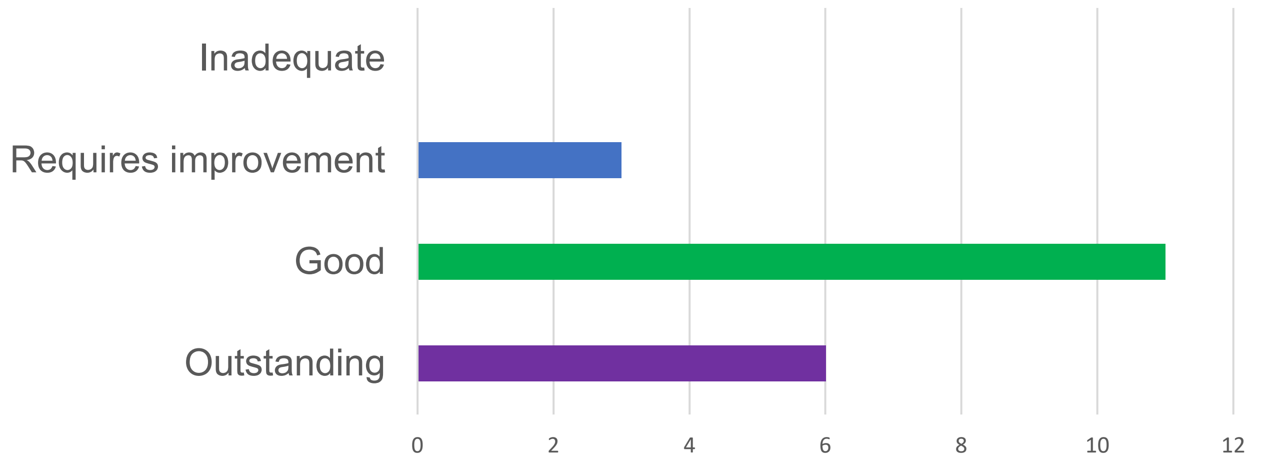
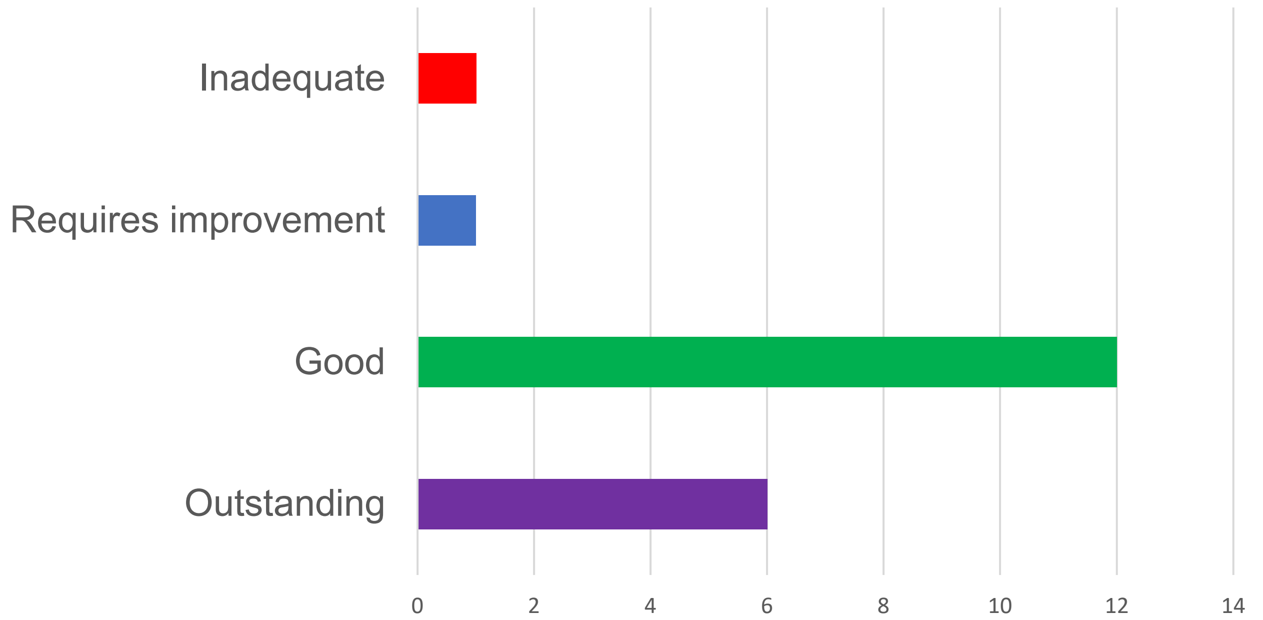
12
14
16
18

Does the assessment provide a sound analysis of risk and work with the person to demonstrate a risk enablement approach?



Has the Social Worker demonstrated the use of evidence-based/knowledge-based practice within the intervention?




Is there evidence of professional curiousity and skepticism, evaluation, reflective practice and analytical thinking within the case file?
Inadequate
Requires improvement
Good
Outstanding
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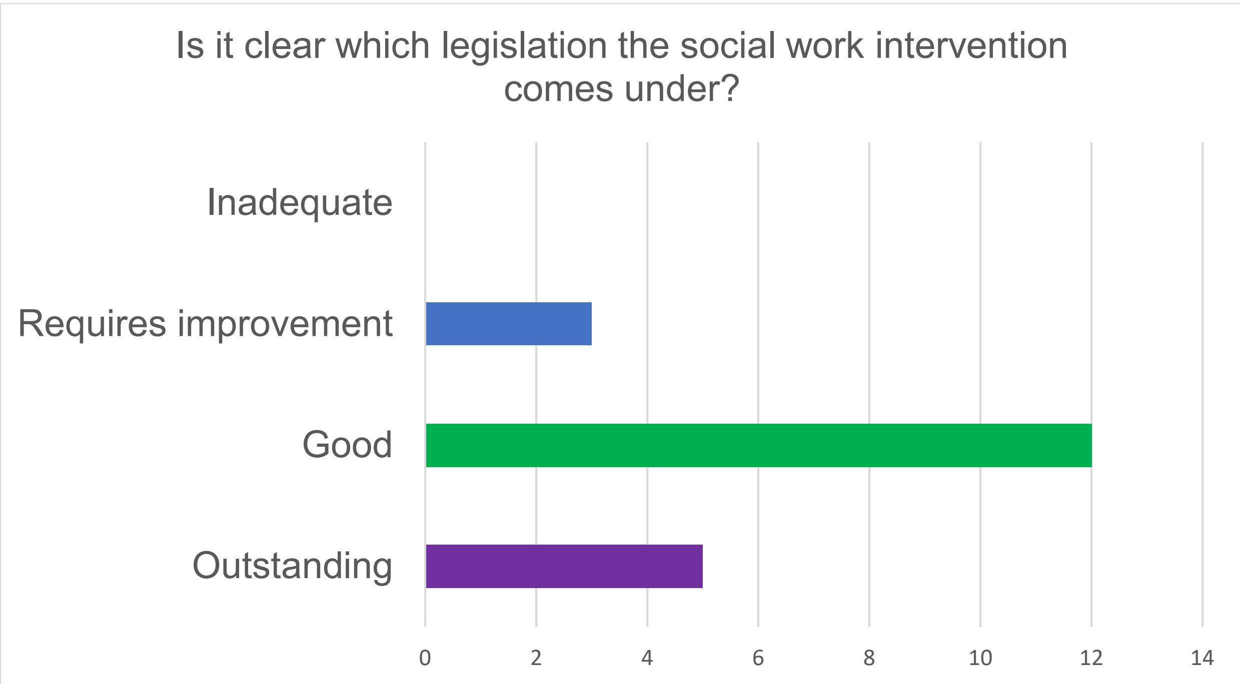
Is it clear which legislation the social work intervention comes under?
Inadequate
Requires improvement
Good
Outstanding
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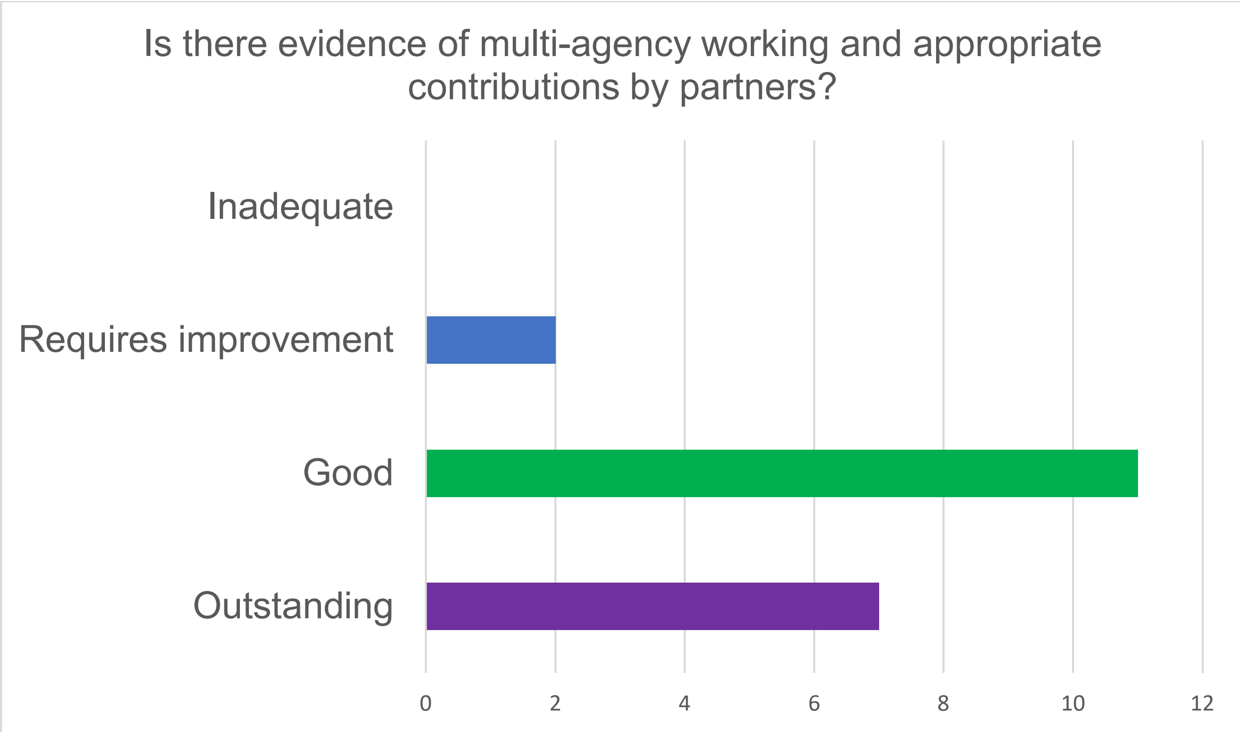
Is there evidence of multi-agency working and appropriate contributions by partners?
Inadequate
Requires improvement
Good
Outstanding
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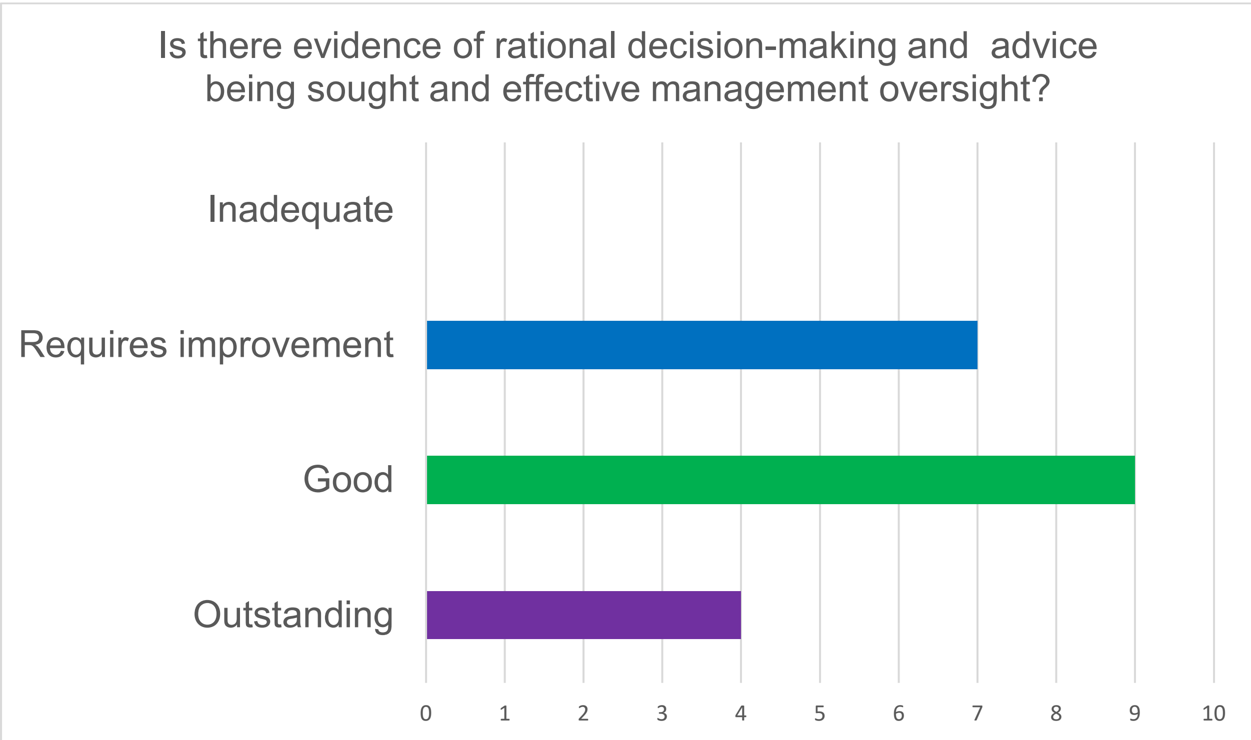
12


Is there evidence of rational decision-making and advice being sought and effective management oversight?
Inadequate
Requires improvement
Good
Outstanding
0
1
2
3
4
5
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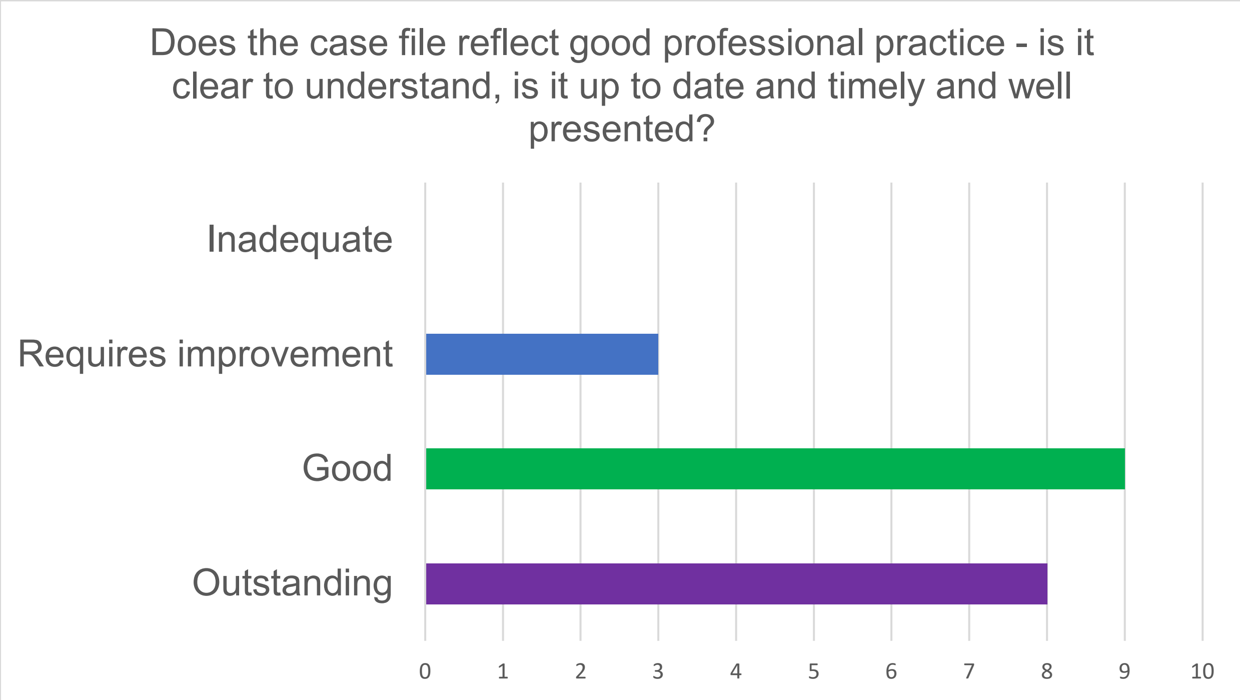
7
8
9
10



5. Principal Social Workers analysis of the examination of case records and of their conversations with people, or their family members, whose case records were examined

Principal Social Workers examined 20 case records and conversations took place with 1 person, 1 person with their relative and 3 with relatives of the person.

There was a good standard of adult social care work observed from the case records examined and several outstanding examples of good practice. A Principal Social Worker stated that one case record that they examined was an outstanding piece of work. The case record related to a woman with Huntingdon's Disease who was living in a care home and there had been a section 21a objection and therefore DOLs, a Mental Capacity Act assessment and Best Interest decision were undertaken and were all laid out very clearly. The practitioner had demonstrated professional curiosity and examined the research and evidence base, and spoken to a regional specialist, all of which had been taken into account within the assessment. The practitioner had also taken legal advice, considered the options and clearly recorded the reasons for the decisions that were made. The Principal Social Worker stated that they had not previously read an assessment so good. However, there was no evidence of management oversight or notes from supervision on the case record, and whilst the person's voice was heard in the assessment there were no direct quotes used.

Another Principal Social Worker identified a case record that they considered to be outstanding, with the relationship that the practitioner had with the person throughout being so evident in the recording demonstrating strengths-based language and direct quotes from the person. The case record demonstrated that the practitioner had gone at the person's pace, returned repeatedly and completed a Mental Capacity Act Assessment and consulted with others to obtain evidence. The practitioner considered that the person had capacity, but needed support to be able to make a decision. The Principal Social Worker stated that the person's voice was the strongest within the case record.

Principal Social Workers found the recording of strengths-based work and hearing the voice of the person was mixed in the case records they examined, and whilst there was some good evidence, they could generally hear the person's voice in all case records. They found that the 'good' examples where there were a number of 'I' statements and the person's own words were used, with one really good example seen of a risk assessment that was in the person's words, and the Principal Social Worker commented "it felt it like it was owned by the person and set out the challenges in a strengths-based way". One Principal Social Worker stated that sometimes recording was not written in as an anti-oppressive way as they would have liked to have seen. Another Principal Social Worker stated that on some case records it was quite confusing as the practitioner had recorded both in the third person or first person in the same assessment. In one case record examined by a Principal Social Worker the person identified as a transgender woman and they found that some of the terminology written in the assessment indicated that the practitioner did not have a good understanding of gender identity issues and may have offended the person with some of their recording e.g., they stated that the person had been born male, however, the person may not agree that they were ever male. The practitioner also included the person's birth name which can be viewed as offensive, and is widely referred to in the transgender community as 'dead naming'.

A Principal Social Worker considered that most of what seen reflected strengths-based working but they were not always happy with the language being used e.g., 'self-complaint with medication' and that this put a different complexion on the assessment and was not in the person's words. Overall, they considered that practitioners were looking at strengths more than deficits, but practitioners had to reflect the deficits to get the funding and that was a balance that had to be made.

A Principal Social Worker stated that some assessments were bordering on going straight into support planning, solutions and identifying support that was needed rather than the process of assessment. Some information records in assessments was repetitive and pulled through from other areas. Principal Social Workers considered that generally assessments were written in a deficit and support planning way.

A Principal Social Worker stated that they liked the way the person’s views were set out and identified what their outcomes were. It was recorded that they wanted their family member to act as their advocate. It was clearly recorded that the family were in crisis and why additional support was needed at that time. However, the Principal Social Worker would like to have seen the detail about how they person’s outcomes were going to be achieved and the steps to get there.

The consideration of community assets was not explicit within most of the case records examined with one stating that the practitioner had spoken to commissioning and “they can offer this”. A Principal Social Worker considered that there may be some work being undertaken identifying community assets but they could not see it in the case records. Another Principal Social Worker reported that on one case record where there was a young carer there was no reference to this or potential support for them. However, another Principal Social Worker identified that on one case they considered to be outstanding there was a good consideration of community assets, but that this was not as explicit in the other case records they examined. They said that there was some mention of community assets in other cases but that mainly they concentrated on the provision of services. Principal Social Workers questioned whether practitioners were not considering community assets because of the complexity of the person’s needs.

Principal Social Workers found there was not clear evidence of management oversight or records of supervision in all the case records examined. They also did not see any sign off by managers on the system. One Principal Social Worker found evidence of a few case notes regarding guidance around a case being allocated, but no evidence of supervision discussions or management oversight. The Practice Review Team considered that this was an area for improvement.

Principal Social Workers considered that the use of legislation was evident in some case records examined, but in others it was not mentioned at all. There was one outstanding example where the wording from the Care Act was identified on the assessment and extremely clear in justifying the decision made.

The carers assessments examined were comprehensive and the carer was fully involved and direct quotes used, however, there was no framework around it and no link with the legislation. One Principal Social Worker spoke to two carers who were complimentary and felt they could contact the practitioner and they would help them. However, they reported that whilst they could email the Social Worker they did not have access to direct telephone numbers and one said “I want to be able to ring my Social Worker” and the other said “I’ve been told I’m not allowed the number and have to go through the contact centre or email my Social Worker” and “I want the phone numbers”. Principal Social Workers found that there were some situations where contingency plans as to what would happen if the carer was unable to continue were unclear and limited. On one case record where the carer was struggling to continue caring it was identified that they would call the practitioner if they were unable to continue caring.

There was positive feedback received from the conversations with carers. One carer stated that they received three hours support per week and a sitting service and “it’s just amazing, and I couldn’t be able to carry on if I didn’t have it”. A Principal Social Worker said that they had had some wonderful feedback from a conversation with a carer and the person receiving support, stating that it was really positive and the practitioner had helped with all of their queries and “offered such helpful advice, that was just pitched at the right level” and what they needed to hear at that time. The practitioner liaised with housing regarding their situation and the couple are due to move into a brand-new bungalow in January. One carer said that they were able to use their personal budget as they wanted, and the carer was really pleased with this. Carers were also linked with carers support service.

The reports back from people who were receiving services was mainly positive, although one person said that they had to wait a very long time to receive an assessment.

A Principal Social Worker found on one case record that the previous practitioner had had little contact with family members and that it was not until a change of worker that things started to get going with involvement of family members and the planning for discharge from hospital. They considered that the link with family members could probably had been made earlier to support the person's discharge from hospital.

A Principal Social Worker stated that there were two case records examined that were difficult to follow, with assessments including large chunks of copied information pulled through without context of any changes to the person's situation. On one case record there were two assessments and the rationale for the second assessment was unclear. With the other case record again, it was difficult to follow the flow of the work and whilst there had been a safeguarding concern, it was unclear why this had proceeded to a section 42 enquiry, or what the outcome had been.

Principal Social Workers considered that there was good joint working evidenced in the case records examined regarding working with other professionals and across agencies.

6. Observations of the Practice Review Team

The Practice Review Team found all practitioners and managers committed, passionate and loyal about working in Dudley, with a real fondness for the local authority. One practitioner stating that they had worked elsewhere "but my heart is in Dudley". Practitioners and managers talked about the good working relationships that they had developed between each other and that that was what kept them happy at work.

There seemed to be good opportunities for development with practitioners and managers speaking about apprenticeships, Best Interest Assessor, practice educator and AMHP training all available. There were some practitioners that had undertaken apprenticeships and others who had progressed into management positions. However, they also spoke about there being no financial recognition for gaining additional qualifications, with one commenting "what's the point?".

The Practice Review Team considered that strengths-based practice was not as embedded as it needs to be, although there were some outstanding examples of working in a strengths-based way. Principal Social Workers were encouraged to hear from one practitioner who talked about taking time to build relationships when undertaking assessments and commented “it’s so nice, rather than just doing an hour, an extra half an hour can make all the difference”. A Principal Social Worker said that where the practitioner had taken more time to build a relationship with the person this had “shone through” in the case record. However, in the main practice was very process and needs-led. Practitioners and managers were not clear about the framework or model for strengths-based practice, with one asking “is it something on Liquid Logic”. Some practitioner’s language regarding working in a strengths-based way was somewhat concerning, with comments such as “when I question them”, which did not demonstrate the principles of working in partnership.

Some training had previously taken place regarding strengths-based practice and it was understood that this was still available. However, not all staff in the meetings had undertaken this. Whilst there had been some training and the new records system and assessment documentation had been introduced during the pandemic, there did not seem to be any clarity about the approach or foundations in terms of what was expected and how a strengths-based approach works in practice. Practitioners and managers were unable to advise the Practice Review Team of any guidance or tools produced to support the implementation of strengths-based practice. They defaulted to stating that the assessment form guided practice. Principal Social Workers considered that the documentation was long, tick boxy, repetitive and did not particularly support strengths-based working. Practitioners and managers talked about streamlining the paperwork, with forms not being as free flowing as they could be and the questions not easily supporting strengths-based practice. However, Principal Social Workers found several examples of outstanding practice and that it could be done using the existing system and processes.

The host Principal Social Worker reported that there were tools that had been produced and cascaded down, and practitioners were encouraged to the tools and discuss them in supervision, whilst at other times they did not seem to be ware of them of be using them.

The host Principal Social Worker also reported that there was currently a learning and development ‘sharepoint’ site where learning, guidance and tools were stored, and there were regular blogs to all staff. However, a new adult social care ‘sharepoint’ site was being developed and would be available on all laptops which hopefully would encourage more consistent engagement. Practitioners were aware that said a new system for sharing information with staff was being introduced and an adult social care SharePoint site being established.

The host Principal Social Worker stated that they were developing a practice framework with tools, guidance and an assessment tool, together with staff so that it would be meaningful and owned by staff. They said that the draft practice framework would be shared with experts by experience for consultation. It is recommended that Dudley produces a practice framework together with guidance and tools for strengths-based practice given the seemingly sparsity of information and guidance for the approach implemented in Dudley, as soon as possible to support managers and practitioners in embedding strengths-based practice, and that can be used to advise people referred to adult social care what they can expect.

However, taking into account that at best the implementation of strength-based practice had been patchy, there were no practice framework to underpin the work, and that there had been a whole system change during the pandemic, the Practice Review Team considered that adult social care practice was good with 18 out of 20 case records examined (90%) rated as either outstanding or good, and only two case records (10%) rated as requires improvement.

Principal Social Workers found little evidence of management oversight on case records and there was also no record of supervision on the case records. The Practice Review Team recommend that it should be explored how management oversight can be improved on case records.

Whilst practitioners reported that they felt supported by their managers, the Practice Review Team had some concerns regarding supervision. It appeared that supervision generally centred on case management and that well-being and reflective discussion was quite limited. The Practice Review Team got the impression from talking to practitioners that the well-being element to supervision, where it was happening, was more of a brief ‘how are you’ with the focus mainly on case management, and whilst some efforts were being made to change this it appeared to the quite superficial at present.

Of more concern was that two practitioners stated that they were not receiving supervision regularly. There appeared to be an issue within the hospital team regarding professional supervision. It was understood that qualified Social Workers were managed by managers who were not qualified Social Workers and that other arrangements were in place for professional supervision. However, two of the Social Workers in the meeting were not having professional supervision, one of whom was a newly qualified practice educator with two students and this was concerning. The Practice Review Team considered this should be rectified as a matter of urgency and that there should be a review of the supervision policy.

Managers did not appear to feel as supported as practitioners and spoke about having little connection with the Director. It was understood that managers had come together to meet as a group more recently.

In terms of auditing if case files there appeared to be little work being undertaken with one practitioner commenting “it might be a new thing that’s happening” but none were aware of it. Practitioners stated that quality assurance and scrutiny of adult social care practice took place when funding requests were made to panel. There was an assumption by practitioners that the auditing of case files went on somewhere else and they were not part of a learning loop. However, the host Principal Social Worker stated that a new quality assurance and case file audit was being piloted. The Practice Review Team considered that this needed to be fully implemented a soon as possible.

Practitioners talked about having some autonomy, although the Practice Review Team considered there was little autonomy for practitioners with everything needing approval by a manager or a panel. They generally felt that the panel arrangements were a blockage to strengths-based practice rather than an enabler, with them having to write from a deficit-based approach in order to obtain funding. Some managers also appeared frustrated with panel and talked about the purpose being about the identification of community assets and finding alternatives, but in reality, it was more about signing off care packages and therefore as one stated “a cost saving exercise”. The Practice Review Team suggest that current arrangements are examined and opportunities for developing more practitioner autonomy are explored.

The Practice Review Team were informed by carers that the process for them was smooth and they felt this was “extremely supportive”. A carer also said the process was very supportive and “I know that I can pick up the phone and get help”.

Practitioners talked about the tension about passing work between teams, although this did not seem to have had an impact on relationships, and they talked about having conversations with one another and that the pathway had improved and they navigated their way through. Principal Social Workers considered that the practice also demonstrated good multi-agency working with relationships being developed with internal and external professionals.

7. Key strengths

- Adult social care practice was of a good standard
- Practitioners and managers are loyal to the local authority, and considered 'it's a good place to be', and they had good working relationships with each other
- Practitioners and managers felt supported, although further work is required regarding supervision
- Good offer and support for carers
- Good training opportunities for staff

8. Recommendations for practice improvement

- Examining arrangements, consistency and access to regular good quality reflective supervision for practitioners
- Examining how management oversight on case records can be improved
- Strengthening the culture and communication process to develop a consistent model of practice, and ensuring there is a central repository for policies and guidance
- Producing and implementing a practice framework, other guidance and tools as the foundations to support embedding strengths-based practice
- Examining the quality assurance process and implementing a consistent and regular approach to auditing of case files
- Embedding strength-based practice by using outstanding examples of practice identified in this review and other best practice examples
- Examining the 'panel' process and potential for not requiring approval for everything and the opportunity for some autonomy for practitioners

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