# Strengths Based Practice

## A Practice Handbook and Toolkit for Social Care Practitioners, Supervisors and Managers

Coventry City Council

ONE COVENTRY

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*"It concerns itself principally with the quality of the relationships that develops between those providing support and those being supported, as well as elements that the person seeking support brings to the process. Working in a collaborative way promotes the opportunity for individuals to be co – producers of services and support rather than solely consumers of those services"*

***(SCIE, 2004)***

*"Let's look first at what people can do with their skills and resources, and what can the people around them do in their relationships and their communities". People need to be seen as more than just their care needs – they need to be experts and in charge of their own lives"*

***Alex Fox (Chief Ex for Shared Lives)***

*"Services must move away from an approach that focuses on needs and problems to one that works with people to establish the strengths and assets that they bring to achieve positive change in their lives"*

**Royal College of OTs**

"*Social Work Practice is nothing if it is not about enabling people to use and develop their strengths and ability"*

***Dr Ruth Allen (BASW)***

## Contents

# 1. Introduction

Adult Social Care within Coventry City Council has a vision and strategy which underpins our approaches. All our work, at whatever level should continue to support our strategy of 'providing support, in the least intrusive manner possible, based on the assets, resources and abilities that are available to people'. A 'strength's based' practice framework has been developed to bring together our organisational approaches to practice. The framework identifies what underpins our work, how this informs interventions and how as an organisation we support front line practice.

We believe that people should be at the 'heart of everything we do' and this can be achieved by using a 'strengths based' approach to practice. However, a practice framework can only be effective if our approaches to practice are clear. This accessible handbook and toolkit aims to ensure that practitioners, supervisors and managers are equipped with various tools and approaches to ensure individuals in contact with Adult Social Care receive strength based, outcome focused, personalised and person-centred support.

The toolkit identifies the practice tools, techniques and approaches that can support practitioners in the practical application of strength's-based approaches. These include:

- Motivational Interviewing Techniques to develop a focus on strength-based conversations, so people can tell their story in their own words using open questions to encourage reflection.
- Complex Case & Risk Enablement Panels that support practitioners working with risk through, providing challenge, advice, recommendations, and validation when faced with significant risk in order to take a positive approach to risk.
- Family Group Conferencing (FGC) Or family led meetings, to work with families to support them to come to their own solutions to challenging circumstances, based on the model of FGC often found in children's social work.
- Making Safeguarding Personal (MSP) With a key set of tools and resources to use in working with people at risk of abuse so that they achieve the outcomes they identify.

The toolkit highlights how as an organisation we support strength-based practice. Supporting practitioners to develop strengths-based practice requires more than skills training for particular activities or techniques, but being part of an organisation that values, promotes and enables strengths-based principles through:

- effective supervision and support, developing peer, group, and critically reflective supervision models.
- providing access to learning and knowledge resources such as Community Care Inform, Care Knowledge and Social Work Connect.
- use of practice quality assurance frameworks to ensure we remain focused on practice quality including supporting professional autonomy through 'self-authorization' and 'closing own assessments' approaches.

The toolkit highlights how as an organisation we will continue to develop ways to improve our approaches in support of strength based practice. This includes:

- Enhanced use of promoting independence approaches and technology enabled care to support people to remain at home wherever possible and maximize independence.
- A focus on customer experience and development of more 'real time' surveying.
- Improved internal forms design and processes reducing time spent in administrative tasks and increasing time available for face-to-face practice.
- A continued focus on ensuring our practice is inclusive and culturally competent. (see Appendix 10)

## 2. What is Strengths Based Practice?

### 2.1 Strength Based Practice and Care Act 2014

Strength's based practice aims to place individuals, families and communities at the heart of care and support and in doing so strengthens relationships between members of that community, builds social capital and recogises the assets that people can bring to the assesment process. Strength's based practice recognises that individuals, families and communities are resourceful and if enabled can find the best solutions for themselves. Strength's based practice is a collaborative and holistic approach to social work which keeps the person at the centre of all decisions about how they want to live. The person is empowered to identify what matters the most to them and how best this outcome can be achieved.

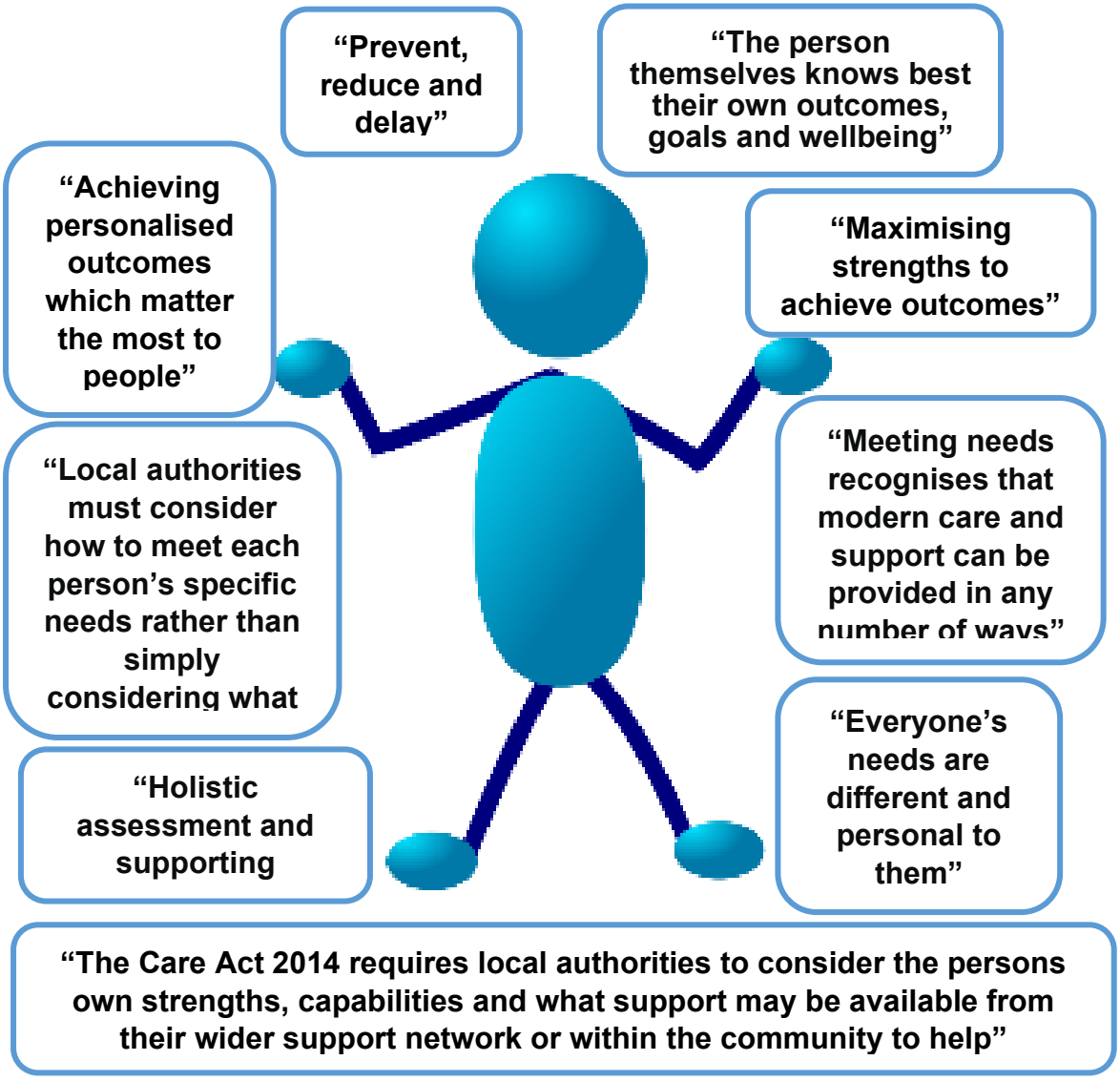
> '*Social Workers should have a critical understanding of the difference between theory, research, evidence, expertise, and the role of professional judgement. They should apply imagination, creativity, and curiosity to working in partnership with individuals and their carers, acknowledging the centrality of people's own expertise about their experiences and needs'*
> *(Lyn Romeo, Ex- Chief Social Worker, Department of Health, 2015)*

The Care Act 2014 places a duty on local authorities to 'maximise the individual's involvement in the process and assessment, care and support planning' (Department of Health and Social Care, 2018). Giving individuals, carers and families' choice and control over the support they may need and access to the right information which enables people to stay as well as possible, maintaining their independence and caring roles for longer (Table 1). To be effective at preventing, reducing, or delaying needs for care and support, social care practitioners, social workers, occupational therapists, service providers and commissioners will need to pursue a holistic picture of the individual's life. This will include consideration of a person's strengths, their informal support networks as well as their needs and the risks they may face.

The person must be genuinely involved and influential throughout the planning process and should be given every opportunity to take joint ownership of the development of the plan if they wish. Local authorities should ultimately help people to identify and achieve personalised outcomes and outcomes which matter the most to them in their life.

You can find additional information on how strengths-based practice is embodied in English social care legislation through the Care Act 2014, specifically through the principle of wellbeing, set out in section 1 of the Care Act, and also through the legislation's other measures on prevention, assessment, determining eligibility, and the making and reviewing of care and support plans in the Community Care Inform guide Strengths-based practice and the Care Act 2014: quick guide.

**Table 1 Strength Based Practice and Care Act**




## 2.2 Why should we use Strength's Based Practice Approaches?

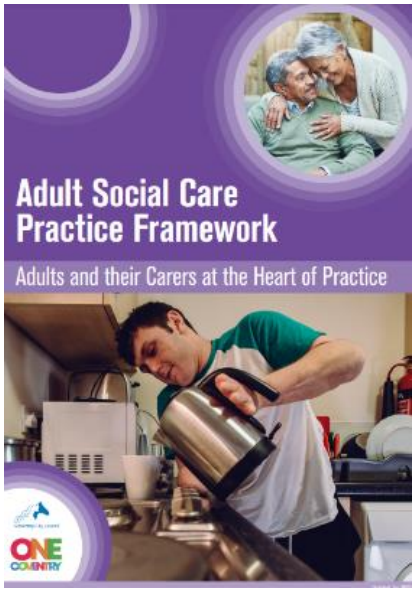
Previous processes like 'care management' have often been based on a deficit approach to social work and social care, focusing on problems associated with a person's illness, disability, and medical condition. This can create a dependency on prescriptive social work and social care being the only solution to address difficulties the person may encounter. However, strength's-based practices believe that people and communities are resourceful and resilient if enabled and support to do so.

No individual, family or community is the same and our social care practice should respect, acknowledge and promote this. Coventry has a diverse population and our

approach to care and support should not be a ‘one size fits all model’. Strengths based practice recognises that people’s wishes and aspirations will vary. We must therefore recognise that each person is unique and have respect for difference.

## 3. Promoting Strengths Based Practice in Coventry

### 3.1 Adult Social Care Vision and Practice Framework




Coventry’s Adult Social Care Vision is clear and the values that guide our practice continue to reflect and shape the underlying ethos to everything we do.

The vision is designed to be flexible and adaptive to respect the diverse population of Coventry. Whilst ensuring we provide innovative and flexible ways to enable people to get the right support that meets their needs and ‘outcomes which matter the most to them’.

A practice framework, ‘Adults and their Carers at the Heart of Practice’ has been developed that brings together, in an accessible way, our approach to practice, what underpins the work, how this informs interventions and as an organisation, how we support front line practice.

This framework includes how we expect our staff to operate, the tools they are required to use and the support available to deliver positive outcomes for adults and their carers.

Within Coventry Adult Social Care, we have a range of options which can be explored to promote and develop our strengths based working practices. From a committed and experienced workforce with a specific set of values and ethics, learning and development opportunities to ensuring our services tailored to individual needs. Coventry Adult Social Care is pleased to have a range of tools and resources available to ensure that people within Coventry remain at the heart of our practice.

### 3.2 What does this mean for practitioners?

As professionals it is usual for our knowledge to inform our approaches to how we work and engage with others. However, the individual should be supported to acknowledge and share how their 'disability, impairment or illness situation' impacts them as an individual. We should avoid identifying a problem, and then provide a solution based solely on our knowledge, without considering the individual, their ambitions, their circumstances, their network, etc.

Strengths based approaches are not prescriptive; there is no one-size fits-all model. The approach requires practitioners to uphold, contribute and commit to a strengths-based way of working. Strengths based practice is not solely about skills, knowledge, values, attitudes, processes, procedures, role, and responsibilities. Instead, it is about all these components being aligned to the core elements of strengths-based practice. Strength’s based practice is not quick and easy but instead a journey where all members of staff commit to the aim of embedding the necessary behaviours of

strengths-based working. It is not just about frontline staff and their interventions with the individuals in the community, but it's also important that managers adopt a strengths-based approach when supporting and supervising staff.

To support your understanding of strengths based practice you may wish to listen to the Community Care Inform podcast '[Learn on the go podcast: strengths-based practice in action]' which includes discussion between three experts covering the skills social workers need for strengths-based practice, how to carry out assessments, and how managers can use a strengths-based approach with the social workers they supervise. A written transcript is also available.

**Table 2 Examples of ways our practitioners can work in a strength based way**

**Approach adults and their carers with empathy, compassion and creativity using strengths, assets, and relationships for positive change**

**Have high quality planning and decision-making skills**

**Use a systematic approach to work purposefully, openly, and compassionately with the whole family**

**Be professionally curious, hopeful, sensitive, and reflective as well as being tenacious**

**Have a good local knowledge of community assets and see the virtue in new technologies and new ways of working**

**Make good and emotionally intelligent use of supervision and support of peers**

**Use reflection, critical thinking to analyse, evaluate and integrate multiple sources of knowledge**

**Take appropriate responsibility for their conduct, practice, learning and development**

As well as our organisational values, social care practitioners have a specific set of values and ethical principles which we have a responsibility to uphold. Ethical awareness is fundamental to our professional practices and our values are based on equality, worth and the dignity of all people. We believe that social change is possible, and people have a right to be supported to achieve their maximum potential.

*"Social Care Practitioners can lay the claim to being the profession of hope – we should dispense hope in a way that a doctor might dispense medication". (Clark and Hoffler, 2014)*

### 3.3 What does this mean for supervisors and managers?

Supervisors and managers provide a key function in the organisational processes designed to support practice. These roles are integral in promoting and growing a learning organisation and culture.

For an organisation to adopt strength based practices, the following commitments are necessary:

- Managers at all levels need to work collaboratively to share responsibility for working with uncertainly and risk
- Managers at all levels need to model strength-based approach with the workforce and take care to use language which communicates this
- Supervision needs to be reflective, and relationship based
- A whole organisation practice framework needs to be developed which promotes strength based and relational practice

At a team level this includes:

- Strengths-based communication skills and language
- High quality strengths-based supervision
- Opportunities for reflective practice
- Knowledge of local resources (community and voluntary sector, other council departments and outside of 'services')
- Caseload management which allows time where it is most needed for relationship building
- Performance management and case supervision which supports innovation
- Forms and paperwork which capture a balanced picture of individuals and families

Supervisors and managers may want to look at the Community Care Inform resources on Supervision: building high quality relationships, Promoting critical reflection in supervision and Effective supervision to support.

## 4. Our practice approaches and resources

### 4.1 Motivational Interviewing (MI)

#### What is Motivational Interviewing?

Motivational Interviewing involves three primary communication styles – listening, following, and guiding. The intention of a MI conversation is to support people to create a supportive, non- judgemental, directive environment where one can be prompted to

explore their motivations, readiness, the cost, and rewards of change as well as resolving ambivalence (Miller and Rollnick, 2002).

You can find out more about what motivational interviewing is and the research base behind it, including improvised scenarios in the Community Care Inform podcast '[Learn on the go podcast: motivational interviewing]'.

### 4.1.1 When can Motivational Interviewing be used?

Motivational Interviewing can be used with the following situations.

- Drug and alcohol misuse
- Smoking
- Reducing risky behaviour/ self-neglect/ hoarding
- Managing diet, physical health, exercise
- Eating Disorders

Motivational Interviewing should not be used:

- If the individual is distressed
- If there is immediate danger or threat
- If the level of resistance increases
- If you have poor rapport with the individual

Your role as a practitioner is to assess the situation and ensure a motivational interviewing conversation is appropriate

Motivational Interviewing techniques can increase motivation to change, increase engagement with interventions or increase confidence to explore alternative options

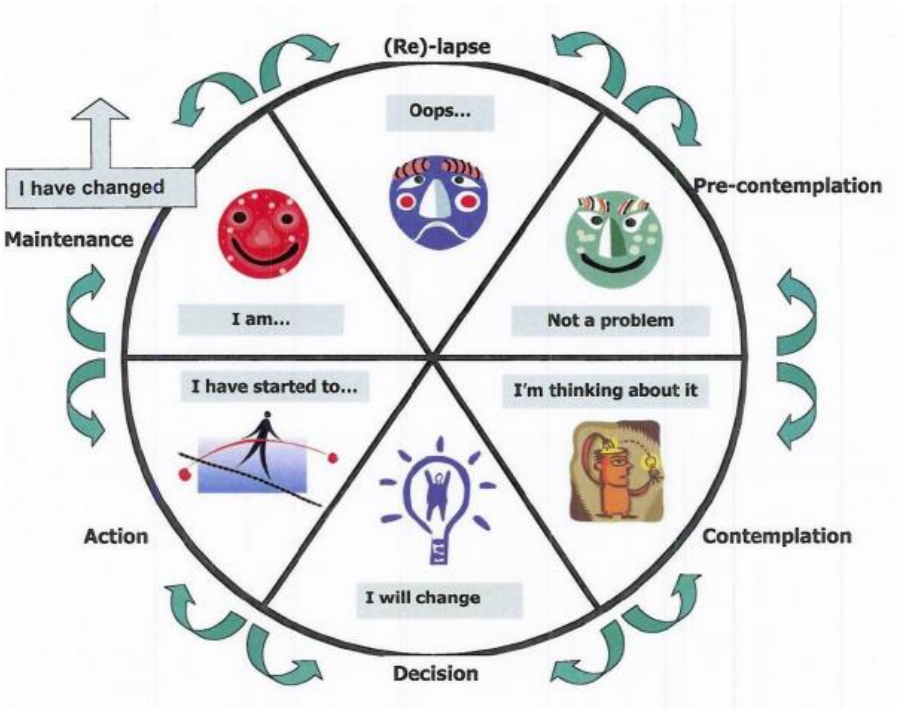
Motivational interviewing is a collaborative process where the practitioner is not seen as the "expert". Emphasis is placed on understanding how the client perceives and understands their situation.

### 4.1.2 The Motivational Cycle of Change

As strengths-based practitioners, it is important that we identify where the individual is in the cycle of change to understand which strategy should be used.

The diagram below represents the different stags which a person may pass through if they are engaged in a process of change.

- Ambivalence about change is normal
- Change is a process, not an event
- The change process is messy and nonlinear




- Pre- contemplation – limited/no awareness of a problem and sees no reason to change.
- Contemplation – There is some recognition of a problem. The person is pondering change but needs help to decide on an action.
- Decision – The person's mind has been made up to action. They may need assistance to choose between possibilities.
- Action – The person is embarking on change but may need help to get through the difficult phases of early progress.
- Maintenance – The individuals who have made a change and have achieved progress. However, the person may not yet be problem free and may need support to prevent a relapse.
- Relapse – This is not always a failure but can be a stage in the learning process. This stage could bring re-motivation or could take the person back to contemplation.

Always remember….

- Ambivalence about change is normal
- Change is a process, not an event
- The change process is usually messy and nonlinear
- Readiness levels can be influenced by the process between the client and the worker
- As a practitioner be in tune with readiness levels in your conversations

### 4.1.3 Useful strategies

The following Tables (3 and 4) highlight strategies which will either build on motivation and minimise resistance or inhibit and lead to resistance.

*"It seems clear now that increased resistance is associated with poor outcomes and that client resistance is something that therapists can increase or reduce by the way that they behave." Forrester, 2012*

**Table 3 Useful Strategies to build on motivation and to minimise resistance**

| Stage of Motivational Cycle | Pre-Contemplation | Contemplation | Decision | Action | Maintenance | Lapse/Relapse |
|---|---|---|---|---|---|---|
| Desired Outcome | Raise Doubt | Help to build recognition of the problem<br>Optimism for change | Action Plan | Increase repertoire of positive behaviours | Maintain changes<br>Relapse Prevention | Re-enter the cycle<br>Learn from experience |
| Most useful strategies at this stage | Build rapport<br><br>Active listening<br><br>Reflect discrepancies<br><br>Affirm any positive statements/behaviours | Explore ambivalence<br><br>Explore goals<br><br>What is the discrepancy between goals and behaviour?<br><br>Explore pros and cons of change<br><br>Explore pros and cons of staying the same<br><br>Encourage belief in capacity to change<br><br>Offer positive affirmation of strengths | Affirm progress so far<br><br>Listening<br><br>Explore the client's view about current strengths and challenges<br><br>Use problem solving steps<br><br>Listen for ambivalence and explore it | Pro social modelling<br><br>Offer active help<br><br>Identify support networks<br><br>Identify sources of risk - people/places, and make a plan<br><br>Elicit praise statements for progress so far | Ask for the client's opinion about when they need support<br><br>Rehearse strategies for asking for help, if needed<br><br>Remember that ambivalence may still be there at times<br><br>Help the client to build their own support networks<br><br>Elicit self praise statements<br><br>Reinforce progress towards long term goals | Don't lose heart - relapse and lapse are common parts of the change process<br><br>Help the client to re-enter the cycle<br><br>Elicit learning points<br><br>Listen<br><br>Remain optimistic<br><br>Help the client acknowledge any sense of failure or shame, and offer acceptance and encouragement |

**Table 4 Unhelpful Strategies which can inhibit motivation and lead to resistance**

| Stage of Motivational Cycle | Pre-Contemplation | Contemplation | Decision | Action | Maintenance | Lapse/Relapse |
|---|---|---|---|---|---|---|
| Desired Outcome | Raise Doubt | Help to build recognition of the problem<br>Optimism for change | Action Plan | Increase repertoire of positive behaviours | Maintain changes<br>Relapse Prevention | Re-enter the cycle<br>Learn from experience |
| Least useful strategies at this stage | Don't try to persuade people to change<br><br>Don't make judgemental statements about current behaviour<br><br>Don't use power/authority to insist upon change<br><br>Don't threaten negative consequences if there is no change | Don't give advice<br><br>Don't ignore the positives of the current situation<br><br>Don't try to solve problems<br><br>Avoid getting into an argument about what's best for the client<br><br>Don't assume that your goals are the same as theirs<br><br>Don't assume that they are no longer ambivalent because they say they have made a decision to change | Don't overwhelm the client with too many action points<br><br>Don't assume there is no longer any ambivalence<br><br>Don't provide solutions which you think are the best ones | Don't use listening skills when someone is asking for practical help<br><br>Don't assume that all problems are solved now<br><br>Don't ignore risk factors/ambivalence | Don't let go too early<br><br>Don't close the case just because there are some reasons to be optimistic<br><br>Don't forget to keep checking the relapse prevention plan | Don't blame yourself<br><br>Don't give up<br><br>Don't reject the client as "a hopeless case"<br><br>Try not to make blaming or shaming statements |

**For more information on the four tasks of motivational interviewing (engaging, focusing, evoking and planning) and traps to avoid when applying the approach in practice you can use the Community Care Inform guide to Motivational interviewing.**

### 4.1.4 The Spirit of Motivational Interviewing

- **Collaboration** – Be sure that change is being facilitated from the client's point of view
- **Evocation** – Not imparting wisdom, but striving to draw out solutions from the client
- **Autonomy** – Leave responsibility for change with the client
- **Rolling with Resistance** – Recognising that ambivalence and resistance are natural parts of the conversation and "change talks"

### 4.1.5 The Principles of Motivational Interviewing

- **Resist the righting reflex** - Most people enter the fields of health and social care because they want to help people. The righting reflex is a positive motivation that exists within the worker to try to help clients with their problems. However, if we are too quick to offer solutions, or give unsolicited advice, we might increase resistance and reduce the likelihood of change.

- **Understand your client's motivation** - We need to be curious about how the client perceives their situation, and to enable them to tell us more about what might motivate them towards change. We cannot assume that they share our views about the desirability of change.

- **Listen to your client** - We need to truly listen to our clients and create a safe environment for them to explore the challenges and conflicts which they are experiencing. We haven't truly listened unless we can describe their situation from their point of view (without necessarily agreeing with them!).

- **Empower your client** - All change is ultimately self - change, so we need to help our clients to identify their strengths and to actively engage in the change process, if they decide to.

### 4.1.6 The Skills of Motivational Interviewing

- **Open Ended Questions** – These are questions which require more than a "yes" or "no" answer. However, it is very easy to slip into closed questions without realising it. This can then unintentionally create a conversation that feels

like an investigation which can leave the client feeling very passive. Closed questions then create a risk where the client will feel the practitioner is the expert and will seek solutions from them.

- **Affirmations** – These should focus on the client and not the practitioner. Affirmations are statements of appreciation for the client and his/her strengths. The purpose is to anchor the client to their strengths and resources that they possess to address the problem behaviour. Affirmations nurture a strengths-based approach rather than a deficit-based approach.

- **Reflective Listening** – This skill helps to demonstrate empathy or to build a rapport and can build a momentum for change. The practitioner will reflect the message hidden beneath the context and "reflect" back what the client means. It is important to use neutral language and avoid the use of "I". See examples below;
    - **"**You are….."
    - "You believe….."
    - "So, you worry is that….."
    - "It sounds like….."

- **Summaries –** These emphasise a part of what has been said in order to sum up the major themes or to pick out what seems most important. Summaries help clients to organise and make sense of their experiences and thought processes. It also helps the client to clarify what has been said and also what has been heard. This also demonstrates to the client that you are hearing and listening.

**Table 5 Skills Exercise: Open Ended Questions - Give it a go**

**Reframe these closed questions to an open ended question**

1. Do you smoke?

……

2. Do you have any health conditions?

……

3. Have you got any mental health problems?

……

**Find the clients strengths and then form an affirmation**

Charlie, age 21, is a young man with a diagnosis of schizophrenia. He is appearing in Court for the third time in a year. He had been hanging out with a group of friends on a street corner, when he saw a stranger assault a homeless man. He jumped in to defend him, and there was a fight. The police arrested him for a public order offence.

Strengths:

……
……

Affirmation:

……
……

**Write down three reflections**

"I know I need to change some of the ways I behave, but if she would just stop drinking, the situation would stay a lot calmer"

**1**……

**2**……

**3**……

### 4.1.7 Recognising Change Talk

Change talk is any statement which indicates that the client is considering making a positive change. Change talk is an expression of ambivalence. It represents a statement about change whether this be positive or negative and is usually linked to something specific e.g., “my wife would love it if I quit smoking”.

Change talks could be indicated via a:

- Desire to change
- Ability to change
- Reason for change
- Need to change

**Change talk questions:**

- You’ve mentioned some of the reasons why you smoke, what are some of the reasons why it would be beneficial to stop smoking?
- What is the best thing about it? What is the worst thing about it?
- Imagine is two years from now and things had not changed. What’s the worst thing that could be happening?
- Imagine is one year from now, and things have changed. What’s the best thing that could be happening?
- So where does this leave you now?

**Solution Focused Questions:**

- If you woke up tomorrow and had achieved your goals, what would life look like?

**Where are you now questions?**

- On a scale of 1 – 10 where are you in achieving your goals, what step could we take to move you closer to ten”.

**The how do you get there question?**

- What would you see as the first small step towards that? How would you know you were making progress? What would it feel like?

- *How would you feel for the next 7 days you try and increase your fluid intake by one cup a day and we can talk about this next week to see how you got on?*
- *There is information on chair-based exercises which can improve your physical health if you would be interested?*
- *There's lots of services and support available now which can make stopping smoking as easy of possible, for example...*

**Remember that not all people will wish to set a goal or be ready to make a change. However, "planting the seed" is just as important and it is important the conversation is left open**

- *Well it's great that we had the conversation anyway... Maybe it's something we could pick up on another time.*
- *If you do want further information then your GP/ District Nurse/ Social Worker will be able to help.*

## 4.2 Complex Case and Risk Enablement Panels

### 4.2.1 Overview of the Panel Approach

Decision making in relation to risk is a difficult and complex process. There is no guarantee that even the clearest set of decision-making guidelines will yield simple solutions to complex problems. Even the most thoughtful and reasonable practitioners may disagree about the best course of action.

A framework for validating case management decisions is useful and helps to guide the practitioners' decisions; however, it does not guarantee clear-cut solutions or consensus. What it does is ensure though is systematic, thorough analysis and reflection, essential elements of competent practice.

Complex Case and Risk Enablement Panels are designed to support staff in developing care and support plans in cases where there is a significant or perceived substantial risk to the individual. The Panel will provide a clear process for discussion, and shared decision making to support both staff and individuals in considering potential consequences of any decisions. The Panel may provide advice and recommendations, but ultimate decision-making responsibility will continue to rest with the practitioner and their manager.

The Panel will form part of Coventry City Council's Risk Assessment process and is not to be viewed as an alternative to, for example, formal supervision or safeguarding processes. Furthermore, a Legal Planning Meeting process is in place to provide legal oversight of cases to give consideration as to whether court proceedings are an appropriate course of action.

Panel Guidance: https://intranet.coventry.gov.uk/downloads/file/501/complex-case-and-risk-enablement-panel
and referral form: https://intranet.coventry.gov.uk/downloads/file/491/complex-case-and-risk-enablement-panel-referral-form

Scenarios where Panels have been used;

- An autistic person, with a mild learning disability and drug induced psychosis, homeless with concerns relating to engagement, mental health and multidisciplinary input.
- A person with MS exhibiting inappropriate behaviours to care professionals with a risk of breakdown in care and support arrangements.
- A person experiencing issues associated with self-neglect and hoarding.
- A person with a number of physical health conditions including alcohol dependency who can be aggressive towards care providers and was declining care and support.

A referral to the Complex Case and Risk Enablement Panel can be made by any member of staff, by completing the Referral Form and sending via email to SafeguardingAdultsTeam@coventry.gov.uk. Please use 'Complex Case and Risk Enablement Panel' in the subject line.

### 4.3 Family Group Conferencing (FGC)

#### 4.3.1 Overview of FGCs

Family Group Conferencing is an empowering practice framework which embeds the principles of the Children Act 2004, Making Safeguarding Personal, Mental Capacity Act 2005 and Care Act 2014. FGCs are meetings of the extended family network and friends, together with those working professionally and directly with the family. They are essentially decision-making meetings. When used for adults, they empower and support the person to make decisions about their future and help them to develop a plan that addresses their concerns and focusses on their desire for change. It is their meeting, and they decide who should be invited, and when and where the meeting will take place.

The FGC meeting is comprised of three parts or stages;

- Information sharing – about the concern, clarification given
- Private family time – develops self-reliance, problem solving skills, encourages negotiation and co-operation
- Agreeing the plan – 'Family Action Plan' agreed and supported as necessary

FCGs can;

- be effective in making inclusive asset/strengths-based plans with adults with care and support needs
- enable adults to stay within their family network as an alternative to long term care
- impact wider social work practice by embedding an asset/strengths-based model and engaging with family and wider support networks

- give adults and family members more choice and control
- work in a wide variety of circumstances, e.g. safeguarding, reviews, transitions, children/adults with disabilities, planning with people in early stages of dementia

Coventry City Council Adult Services, in support of developing FGC approaches are currently piloting cases with the support of Coventry City Council Children's Services Family Group Conferencing Service.

You can learn as a group about what a family group conference is and how it can be used in adult safeguarding through Community Care Inform's 'Learn as a group: video on how family group conferences can safeguard adults' this is designed to be used in teams to support peer reflection and for individual learning you can also use the written guide 'Family group conferences for adults'

Examples of how FGCs can be used can be seen in Table 6.

**Table 6 Examples of FGCs**

**Name of adult: E**

**Reason for referral:** Change in circumstances for E and a need for individuals including E, family members and professionals to come together to create a plan for immediate and distant future. Family also required an 'in case of emergency' plan and contingency plan if they were unable to provide support.

**What worked well:** All those involved were able to share their thoughts, wishes and feelings. E was fully involved in the whole process and inputted into all plans. All were able to agree to the plans.

**Outcome:** Clear plans were made that enabled E to feel reassured about their future. E and family members felt they were able to ask questions, some which were difficult to talk about. They felt this was a safe environment to be able to have and open discussion to ensure everything was covered within the plan.

**Name of adult: F**

**Reason for referral:** Ongoing issues with F and service provider. Before referral to FGC Practitioner took place, placement had given notice for F to move out. FGC was requested to look at working with F and family around future plans and living arrangements.

**What worked well:** F was able to have a clear plan of action for herself and family. This enabled her to know step by step all on one document, what she needed to do but also what others would be doing to support her.

**Outcome:** Clear plan created by F with the support of her family. This meant she relied less on her Social Worker and didn't feel as though people weren't supporting her. Her plan also enabled F to be able to feel in control of what she could do for herself.

### 4.4 Making Safeguarding Personal (MSP)

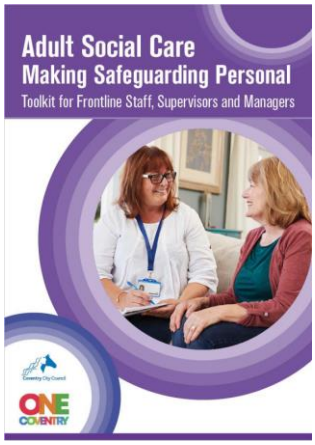
#### 4.4.1 Overview of MSP

Making Safeguarding Personal sits firmly within the Department of Health's Care and Support Statutory Guidance, as revised in 2017 that supports implementation of the Care Act (2014). It means safeguarding adults:

- is person-led
- is outcome-focused
- engages the person and enhances involvement, choice and control
- improves quality of life, wellbeing and safety

Making Safeguarding Personal must not simply be seen in the context of a formal safeguarding enquiry but also in the whole spectrum of activity.

Coventry City Council have developed a toolkit for frontline Staff, supervisors and managers to support the different stages of the safeguarding process, includes all the tools and explanations of how to use them: Adult Social Care - Making Safeguarding Personal - Toolkit for Frontline Staff, Supervisors and Managers


Coventry City Council Adult Services has also produced practice guidance in support of our safeguarding adults practice. This guidance is to support all staff across adult social care in Coventry whose role it is, to respond to safeguarding adults' concerns and undertake safeguarding enquiries - Safeguarding Adults Practice Guidance – Intranet

For further information please contact: Belinda.Kirk@coventry.gov.uk

## 5. Supporting and Embedding Strengths Based Practice

## 5.1 Effective supervision and support

### 5.1.1 Critically reflective supervision

A range of different types of supervision exist: management, clinical and professional. Professional supervision involves reflective supervision and good reflective supervision facilitates safe practice with adults and their carers.

Reflective supervision is above all a learning process in which the supervisor engages with the supervisee to:

- Explore a supervisee's practice and factors influencing their practice responses (including emotions, assumptions, power relations and the wider social context)
- Develop a shared understanding of the knowledge base informing their analysis and the limitations of their thinking,
- Use this understanding to inform next steps.

Reflective supervision is key in promoting analysis and critical thinking. Working with adults and their carers involves dealing with complexity and uncertainty. Whilst this means professionals often cannot know the best course of action to take, they need to be able to make well-reasoned judgements about complex situations and understand the far-reaching implications of decisions for the person. This involves analysing the sometimes limited, disparate or misleading information available and being prepared to revise judgements in the face of new information. Without analysis and critical thinking, practitioners are essentially gathering information rather than forming professional judgements.

The government has issued new standards for social work practice supervisors in adults' services designed to increase the emphasis on critical reflection in supervision and provide clearer career progression for adults' practitioners: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/762818/Post-qualifying_standards_for_social_work_supervisors.pdf

**Table 7 Post Qualifying Standards for Social Work Practice Supervisors**

| **Who?** |
| --- |
| The Post Qualifying Standards highlight that Practice Supervisors can play a key role in promoting and embedding a critically reflective culture within the workplace. |
| **Why?** |
| Practice Supervisors should support with the implementation of measures to assure ongoing quality of practice. This includes the promotion of critical analysis and high quality defensible decision making. |

**What?**

Coventry City Council Adults' Social Care sees regular and effective supervision as one of the key ways to support staff and provide good quality services to the people we work with.

The aim of this document is to support practice supervisors to use various supervision models to strike a balance between a managerial, task focused approach and a reflective, professional and enabling approach. One where a culture of challenge and

**How?**

Practice Supervisors can play a key role in the development of supervisory approaches.

**When?**

Social Workers and Social Care Practitioners should have the opportunity to reflect on work, what happened, what knowledge, skills and values have been applied along with how the practitioner has felt and how the service user may be feeling.

Practice Supervisors should “probe” social workers to evaluate recent learning and development activities and consider how this is being transferred into practice and Continuing Professional Development.

Practice Supervisors have a unique opportunity to promote strengths based working through reflections and ensure that individuals, families and communities continue to be at the heart of care and support.

The post-qualifying standards establish eight key areas of focus for supervisors to help them deliver high-quality supervision, support and practice development for adult social workers. The eight standards include 40 statements setting expectations of practice supervisors in areas including demonstrating and modelling social work values, knowledge of legal frameworks, fostering strengths-based approaches, understanding of power dynamics and capacity to influence their organisations to promote a healthy practice environment.

You can find tools to support your supervision and management skills in the Community Care Inform ‘Management knowledge and practice hub’

### 5.1.2 Models to support reflective supervision

A range of models can be identified that support reflective supervision. A few of these are outlined in the next few pages.

**Tool 1 Morrison’s (2005) application of the Kolb learning cycle**

There are a range of models of reflection but Kolb’s Cycle of Reflective Practice, an extension of Schön’s (1983) work, is perhaps the most widely used basis for models

in social work. The cycle (which was published in 1984) demonstrates how experience is transformed into learning via four stages: focus on event recall, reflection on the information, analysis and planning for action. A core strength of Kolb's cycle is that it brings cognitive (thinking) and affective (feeling) aspects of experience to bear on recalling information, understanding experience and planning for action.

Morrison's (2005) application of the Kolb learning cycle to promoting critical reflection and learning from experience forms the bedrock of the concept of reflective supervision most widely used in social work settings. Morrison articulated how, by using focused and open-ended questions (see Kolb Cycle and Example Topics diagrams below) to draw practitioners through the learning cycle, supervisors can interrupt the inclination to jump straight into solutions and actions without reflection or analysis.

**The practice cycle and supervision cycle based on the Kolb cycle**


Examples of topics a practitioner or supervisor might explore with the supervisee in order to encourage critical reflection include:

| Experience | Reflection |
|---|---|
| Awaken awareness<br>Recollect and describe the event<br>Provide the context<br>Tell the story<br>Clarify the issue for supervision<br>Identify the goal of supervision | Feelings<br>Beliefs<br>Behaviours<br>Intuition<br>Values<br>Identify patterns of behavior, transference, links to the past, resistance |
| **Analysis** | **Plan and act** |
| Theory<br>Professional practice standards and values<br>Policy and protocol<br>Practice wisdom<br>Relationship dynamics<br>Roles and authority<br>Wider organisational, social and political context | What has been learned by reflecting<br>How practice might change<br>Flexibility and limitations of plan<br>Strategies for implementation<br>Contingency plan<br>Skill or resource requirements<br>Follow up and recording<br>Review the plan<br>Evaluate whether the issue has been addressed<br>Review the session |

### Tools which support analysis and critical thinking in supervision

Work with adult and their carers involves dealing with complexity and uncertainty. Whilst this means professionals often cannot know the best course of action to take, they need to be able to make well-reasoned judgements about complex situations. This involves analysing the sometimes limited, disparate or misleading information available and being prepared to revise judgements in the face of new information. Without analysis and critical thinking, practitioners are essentially gathering information rather than forming professional judgements.

A range of tools are available to support analysis and critical thinking in supervision:

The Community Care Inform '[Promoting critical reflection in supervision]' guide can support you to develop these skills in your supervisees.

## 5.2 Peer Group Supervision

### 5.2.1 Overview of Peer Group Supervision

Group supervision can be supervisor or peer-led. Make-up of the group depends on the goals of supervision, but it can be used with a team (including very effectively with multiagency teams) or a group of peers. It can be used to complement one-to-one supervision or on its own. It is important to recognise that individual and group supervision are complementary practices; one should not take place at the expense of the other and should be seen as part of a 'supervisory package'.

Peer group supervision is seen as a vital component to organisational wellbeing. Social Workers are enabled to recognise the skills and experience of their colleagues, power imbalances are reduced which facilitate more open discussions and promote workforce wellbeing. Peer group supervision supports the Knowledge and Skills Statement (KSS) and Professional Capabilities Framework (PCF) principles to build a culture of challenge, debate, learning, development and professional leadership.

There are three main components to peer group supervision (Megel, 2011);

- Regularity and attendance – Peer group supervision should be long enough to ensure everyone has a chance to participate. A facilitator should be appointed by the group and then rotated. Peer group supervision should be prioritised where possible.
- Structure – Peer group supervision's needs to be structured to ensure conversations remain focused and productive and do not descend into gossip. To develop professional leadership and learning, a framework prior to the supervision should be established by the "facilitator". A reflective case discussion tool will ensure this (see models below).
- Safe and supportive environment – To commence the peer group supervisions – everyone should contribute to group commitments such as respectfulness and consideration. This will be led by the supervisor during the introductory session. It is important those who attend feel safe to share feelings and experiences otherwise the peer supervision would not be effective.

### 5.2.2 Ways to use Peer Group Supervision

Peer Group supervision can be used for case discussion and planning or exploring team dynamics or a theme. In a Peer Group Supervision professional will meet regularly to discuss an issue or topic pertinent to the group. This could include:

- Difficult case scenarios
- Professional challenges and positive relationships
- Ethical dilemmas or situations
- New ways of working, interventions or solutions
- Research, evidence and best practice

Suggested approach to introducing peer supervision:

- Supervisors will facilitate the first “introductory” peer session and then step back.
- Supervisors explain the nature of peer group supervisions, expectations and structure. In agreement with all, a rota to facilitate the peer group supervisions in future is agreed alongside time and place. The first session also discusses and agrees on “group commitments”.
- Supervisor writes up the ‘peer group agreement’ and circulates to all. This peer supervision is then scheduled into people’s calendars on a fortnightly basis. It is the responsibility of the supervisee’s to ensure this remains a priority with oversight from practice supervisor.
- Whoever is facilitating future peer group supervision will be responsible for bringing a reflective or learning piece of work. Work colleague’s will become “critical friends” and support with reflective questioning (for example using reflective tools).
- The facilitator will then feedback the outcomes and productivity of the peer group supervision to the supervisor. Brief notes should be taken from the supervision and made available to all who attended.

## 5.3 Practice Quality Assurance Frameworks

### 5.3.1 Overview of the Framework

The purpose of this framework is to articulate our Adult Services Practice Quality Assurance Framework and its components.

Quality assurance is an integral part of everyday practice. A strong quality assurance framework ensures we are measuring and evaluating our practice and promoting an organisational culture is committed to learning, continual development and improvement.

The framework has specific audit components in two key areas, those to be owned and delivered by practitioners and their line managers and those that are delivered at an organisational level.

The framework itself can be found on our Policies, guidance, and procedures SharePoint pages: https://intranet.coventry.gov.uk/downloads/file/570/as-practice-quality-assurance-framework

The elements relating to practitioner and their first line managers are:

- Staff Supervision audit
- Practice standards audit
- Practice observation

The elements to be led at an organisational level are:

- National Professional standards audit
- Caseload and workload audit
- Annual Health Check process
- Thematic practice reviews

Adult Social Care Organisational Health Check – Coventry City Council

### 5.3.2 Self-authorisation (closing assessments) process

All staff are responsible for ensuring they uphold high quality practice standards and that this is reflected in the quality of their record keeping and outcomes for adults and their carers, monitor their effectiveness and are responsible for embedding a culture of learning and continuous improvement. An Adult Services Practice Quality Assurance Framework has been implemented to support this, with a focus on quality assessment methods at practitioner and organisational levels.

A self-authorisation (closing assessments) process has been introduced to enable Social Workers to self-authorise, signing off their own documentation and close records without being required to seek managerial approval. The Health and Care Professionals Council (HCPC) Standards of Proficiency for Social Workers (Jan 2017) clearly outlines that Social Workers must be able to practise as autonomous professionals, exercising their own professional judgement. This involves making informed decisions and ensuring the standard of their own work. This process is complimentary and aligned to our Quality Assurance frameworks: https://intranet.coventry.gov.uk/downloads/file/495/closing-assessments-guidance

## 5.4 Learning and knowledge resources

Coventry City Council Adult Services provides access to learning and knowledge resources such as Community Care Inform, Care Knowledge and Social Work Connect having funded subscriptions and licenses to these practice resources. We have also developed several resources including an Adult Services Learning Hub and Padlet, an aid to support supervision / peer group supervision of individual further learning.

### 5.4.1 Adult Services Learning Hub

*Internal Staff Access here* - Adult Services Learning Hub - Home (sharepoint.com)

The intention of the Adult Services Learning Hub is to ensure that all resources are in one centralised place, in the hope they will aid practice, learning and development in areas such as strength-based practice and research / evidence informed practice.


### 5.4.2 Community Care Inform

All staff at Coventry City Council have access to Community Care Inform which is an online library of practice guidance, research and learning tools such as podcasts, webinars and videos all designed to be used quickly and easily to support your practice.

To access your Community Care Inform account simply:

- Click on the following link to access Community Inform Adults: https://adults.ccinform.co.uk/
- Click on the green 'Log in' button (at the top right)
- Click on the 'Forgot your password?'
- Type in your username which is your work email address
- An email will then be sent to you which will contain a link for you to click on and create a password for you to access Community Care Inform

If you encounter any issues with getting into your account, please be in contact with ccinformhelpdesk@markallengroup.com for assistance

You can find a broad range of resources on **Community Care Inform** including:

Strengths-based questions: quick guide

A strengths-based approach to difficult conversations: quick guide

Learn on the go podcast: strengths-based practice in action

Strengths-based practice and the Care Act 2014

Care Act knowledge and practice hub

Family group conferences for adults

Learn as a group: video on how family group conferences can safeguard adults

Motivational interviewing

Learn on the go: strengths-based practice – podcast

Learn on the go podcast: motivational interviewing

For the full hub of resources around Strengths-based practice visit:

Strengths-based practice knowledge and practice hub

For further information please contact our Link Officer:
Ayesha.Rahaman@coventry.gov.uk

### 5.4.3 British Journal of Social Work

The British Journal of SOCIAL WORK

OpenAthens

West Midlands ADASS (Association of Directors of Adult Social Services) has funded a subscription to access the British Journal of SW. A new Open Athens organisation 'West Midlands Social Care' is now live, and this will be the way you can access the journal.

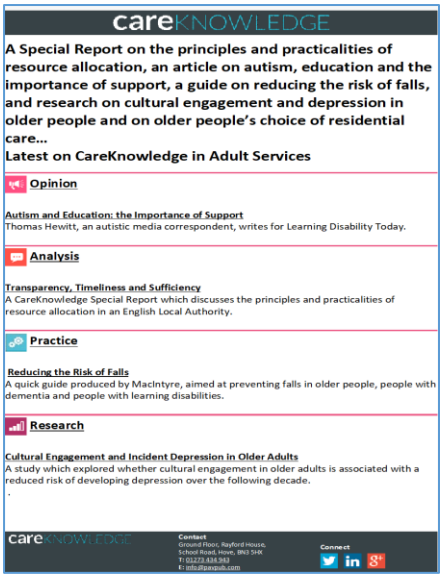
You will need to register. To do this go to openathens.nice.org.uk and search for 'West Midlands Social Care' under the organisation. You will need to apply to register with your local authority email address. When registration granted the Journal, itself can be found in My Resources – search in 'Oxford Academic'

### 5.4.4 Care Knowledge

careKNOWLEDGE
The CPD-certified information service for social workers, academics and care practitioners
careKNOWLEDGE MyCPD

Care Knowledge is an information and professional development web-service supporting senior managers, social workers, academics, students and the social care sector. The website has built in-functionality which enables our members to easily navigate the complex world of research, policy & practice that they deal with on a daily basis. All of the information is readily accessible & allows members to easily track and record their CPD learning.

You can look forward to weekly new and recently published information straight to your inbox, highlighting important reading, including case law information with a strong emphasis on analysis and option.


careKNOWLEDGE

**A Special Report on the principles and practicalities of resource allocation, an article on autism, education and the importance of support, a guide on reducing the risk of falls, and research on cultural engagement and depression in older people and on older people's choice of residential care...**

**Latest on CareKnowledge in Adult Services**

**Opinion**

Autism and Education: the Importance of Support
Thomas Hewitt, an autistic media correspondent, writes for Learning Disability Today.

**Analysis**

Transparency, Timeliness and Sufficiency
A CareKnowledge Special Report which discusses the principles and practicalities of resource allocation in an English Local Authority.

**Practice**

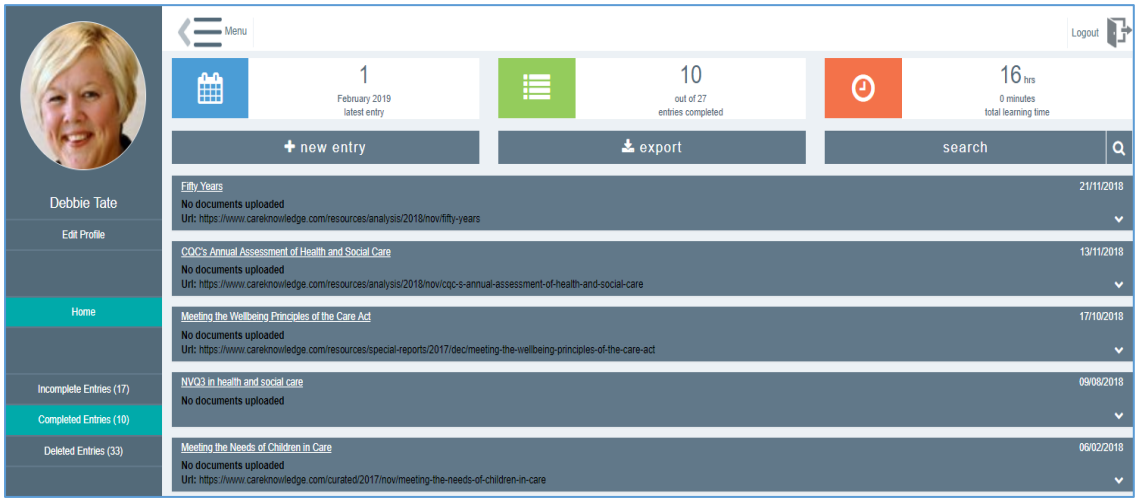
Reducing the Risk of Falls
A quick guide produced by MacIntyre, aimed at preventing falls in older people, people with dementia and people with learning disabilities.

**Research**

Cultural Engagement and Incident Depression in Older Adults
A study which explored whether cultural engagement in older adults is associated with a reduced risk of developing depression over the following decade.

careKNOWLEDGE Contact Connect

MyCPD enables social care professionals and their managers to record, track and monitor learning & development more effectively. It is simple to use and automatically logs articles read on CareKnowledge. Users can record all learning activities e.g. Conferences and CPD learning logs can be easily exported and shared at supervision/management meetings.




CareKnowledge acknowledges that social care teams no longer just focus on one area; and the move to a joined-up, integrated care and support service.
The web site is colourful, fun and best of all, easy to navigate with a simple search function.

CareKnowledge have various briefing notes in regard to strength based practice and approaches;

- Asset-Based Commissioning and Strengths-Based Approaches CareKnowledge Briefing 11th April 2019

https://www.careknowledge.com/resources/analysis/2019/apr/asset-based-commissioning-and-strengths-based-approaches

- Don't Start What You Cannot Finish – Thoughts and Tips on the Reality of Implementing Strengths Based Principles and Practice CareKnowledge Special Report by Jon Skone 10th April 2018

https://www.careknowledge.com/resources/special-reports/2018/apr/don-t-start-what-you-cannot-finish-thoughts-and-tips-on-the-reality-of-implementing-strengths-based-principles-and-practice

- Strengths-based Approaches to Working With Adults: Ensuring a Person-centred and Outcomes-focused Approach CareKnowledge Special Report by Jon Skone 18th July 2017

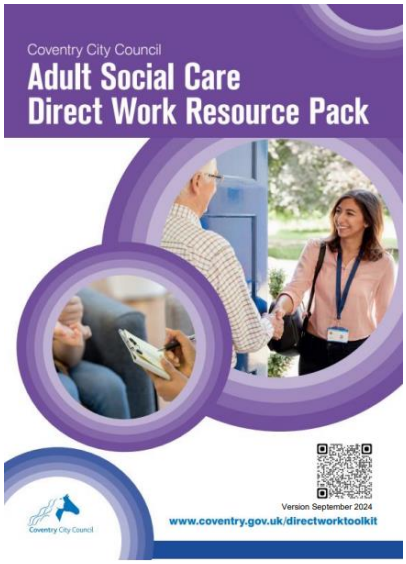
https://www.careknowledge.com/resources/special-reports/2017/jul/strengths-based-approaches-to-working-with-adults-ensuring-a-person-centred-and-outcomes-focused-approach

For further information and support contact: Ayesha.Rahaman@coventry.gov.uk

### 5.4.5 Direct Work Toolkit

These resources for download have been developed to aim to give practitioners the tools to communicate, engage and support improved participation with those people we support in our direct work. It is hoped better communication leads to better relationships and a better understanding of what is important to the individual and /or carer.

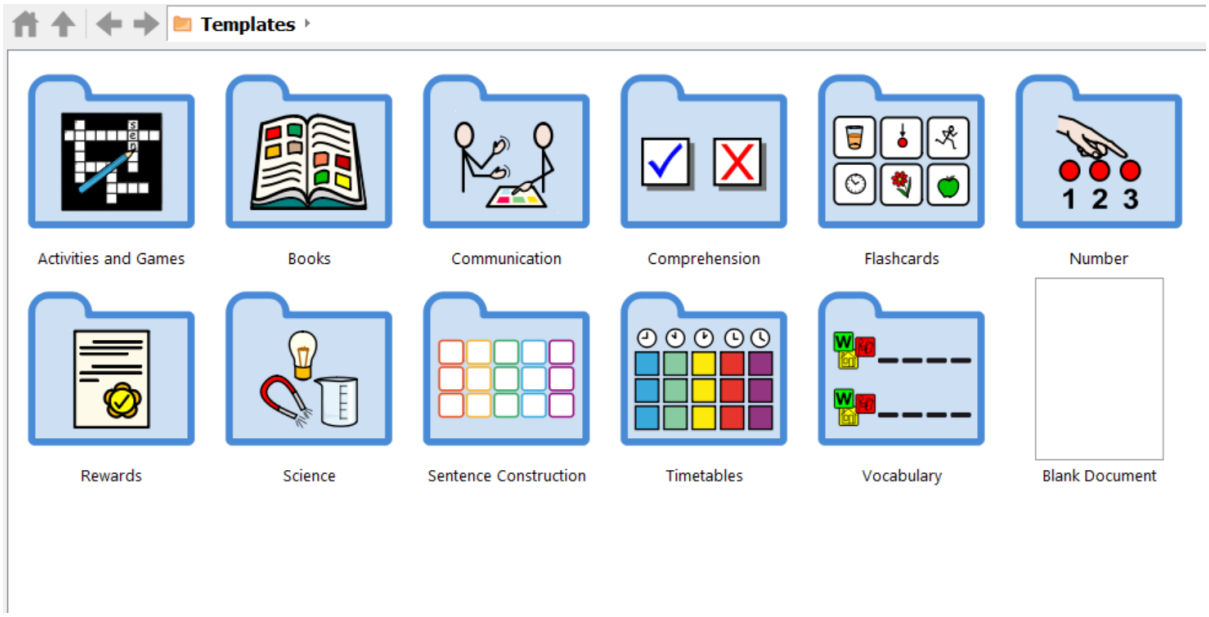
Access the toolkit here:
https://www.coventry.gov.uk/directworktoolkit




### 5.4.8 Widgit Software

The council have licenses for Widgit computer software.

This enables practitioners to develop easy-read information and symbolised material to make communication more accessible. For more information about Widgit, please contact Ayesha.rahaman@coventry.gov.uk



# 6. Supportive organisational approaches

## 6.1 Client and carer documentation

Our internal client and carer forms and their design is important to ensure that they support strength bases approaches, are easily to understand from the perspective of the person and their carer and furthermore, reduce time spent in administrative tasks and increasing time available for face-to-face practice.

The suite of strengths-based forms has been written in a way that is understandable and accessible for the person who may be reading them. The forms have been designed to promote professional analysis and judgement.

The forms are:

- Contact Assessment
- Strengths and Wellbeing Assessment
- Carer's Wellbeing Assessment
- Support Plan
- Review

Each form has guidance notes to support use, identifying what may need to be considered in each relevant section.

## 6.2 Promoting independence and technology enabled care

Technology Enabled Care is fast becoming the accepted description for a range of health and care technologies such as Telecare, Telehealth, Environmental Controls and Telemedicine. The reason for developing a generic term for these technologies is to ensure that the person can benefit from the correct technology which they require at a particular time and not be restricted by services or funding streams which are not person centric or do not meet the individual's needs.

Telecare may be able to help people if they are:

- Worried about falling
- Recently discharged from hospital and requiring additional support and assistance at home
- Living alone
- Caring for someone that needs extra help
- Living with disabilities
- Living with a long-term health condition, for example dementia

Telecare can detect events such as:

- Serious falls
- Leaving the house and not returning
- Fire and smoke
- Flood
- Carbon Monoxide leaks

The following are some best practice examples from Coventry Assistive Technology Project Group.

**Example 1 - Medication Dispenser**

Older man Mr A living alone & having a home care package of 4 visits a day to administer medication. Mr A was independent with all personal care tasks and had support from his family with cleaning & shopping. Mr A was able to get himself drinks and light meals and he received meals on wheels. Telecare medication dispenser was provided with a spare medication tray. The pharmacy agreed to fill the dispenser each week and set the timer with the times agreed by Mr A.

The pharmacy delivers the filled spare tray at the same time each week, so Mr A doesn't miss any of his medication and place it in the medication dispenser and take the empty one away to be filled for the following week.

The provision of telecare in this case removed the need for a home care package and was less restrictive for Mr A who was no longer sitting at home waiting for carers to arrive. He now has more freedom as he is now able to go out, taking his dispenser with him.

**Example 2 – Risk of falls**

Mrs P is an older woman with diagnosis of dementia. She has no family or friends and lives at home on her own. She was in receipt of a home care package of 3 visits a day but after several falls, she was admitted to hospital. There were substantial concerns about Mrs P returning home due to the risk of falls, her not remembering to use walking aids, stair lift etc. and not remembering to wait for carers to arrive to ensure she walks and transfers safely. On discharge from hospital a decision was made in Mrs P's best interests that she should move into residential care. After 12months in residential care, concerns grew regarding her emotional wellbeing as she very much wished to return home and she had started to become withdrawn.

After 12months in residential care Mrs P's mobility had improved, she had become stronger, able to walk longer distances, had had no falls and had got the habit of using the walking frame. A best interest decision was made to support Mrs P to return home. As well as a home care package to support Mrs P, a telecare was also provided with a response alarm and bed sensor to help manage the risk of falls. As Mrs P has no family or friends to be responders the responder service was provided. Mrs P was a lot happier at home and the transfer from residential care back to her own home was successful.

**Example 3 – Carers Support**

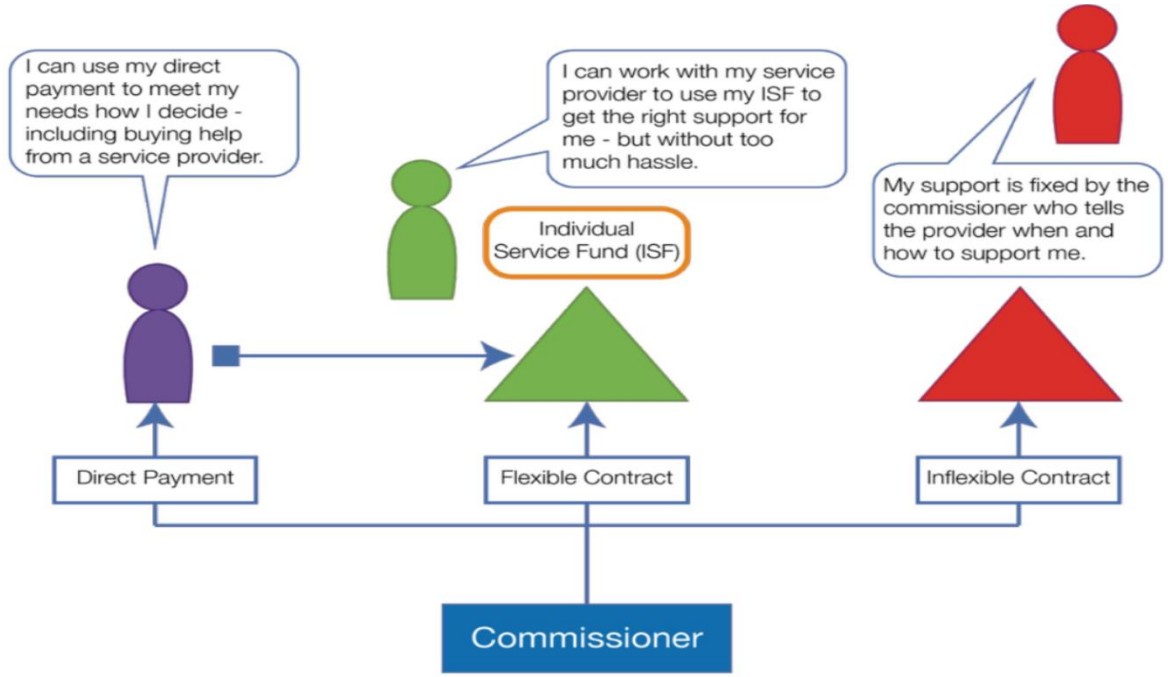
Mrs D has dementia and lives at home with her husband who is her main carer. Mrs D receives a home care package. She becomes very disorientated and often doesn't recognise her house as her home. Frequently neighbours would find her walking around outside in a confused state. Although Mr D would be at home, he was not always aware that she had left the house as he might be in a different room. Telecare was provided with door exit sensors linked to a carer's pager which alerted Mr D when his wife left the house & he would then be able to respond.

### 6.3 Individual Service Funds (ISFs)

For some people, arranging their own care and support services and managing the money to do so is a perfect solution. This can give people a huge amount of choice and control over how their needs are met and who is going to help them to do this. For these people, a Direct Payment is the natural choice.

For people who want a direct payment they could have help to manage including family, friends, or the local direct payment support service. In the past these people who did not wish to have a direct payment had to rely on the Council to manage their services for them, which meant they didn't have much choice over who was supporting them and what would be done to meet their needs.

For these people an Individual Service Fund is a good option because they can have more choice over who supports them, and they will work with an organisation to jointly produce the plan of how to use their personal budget. These people will also have more flexibility and will be able to bank or save up some of their personal budget. The provider will hold the personal budget for the person and will take on the financial responsibility for managing this on their behalf. They will be able to tell the person exactly how much money is in their budget each month, how it has been spent, and how much is left.




In summary:

- Providers manage person's personal budget account on their behalf
- Providers develop person centred plans with the person taken into account their needs, strengths, assets and wishes
- A person and/or their representative have choice, control and flexibility over their support
- Providers must be creative and consider what is available in the person's networks and wider community to support them
- Providers should be able to buy in other support using the person's budget in line with their person-centred plan

- Providers are accountable for how they spend a personal budget and make this transparent to the individual, or family and the Council

### 6.4 Direct Payments (DPs)

A Direct Payment is a monetary payment given to an individual or their representative to be spent on the care and support needs outlined in their agreed Support Plan. This enables people to choose how and when they receive services instead of the Council arranging services on their behalf.

The individual or their representative can arrange the support they need directly with an agency or a Personal Assistant, and the contract /working agreement is between the individual and the agency and or the PA, rather than between the Council and the agency or the Personal Assistant. The monetary payment is managed by the individual, or their representative and the agency invoice them directly, or they arrange to pay the PA directly for the support provided. (If required Penderel Trust can manage the direct payment on a person's behalf)

Direct Payments are the government's preferred mechanism for personalised care and support as they promote independence, choice, and control over how needs are met.

We have produced a Direct Payment Strategy to ensure we continue to develop our Direct Payment offer https://www.coventry.gov.uk/health-social-care/adult-social-care-direct-payments-strategy-2024-29


For more information contact the Independent Living Team on 024 7527 0960 or email independentliving@coventry.gov.uk

### 6.5 Communicator Guide Service

A Communicator Guide service is now available to support deafblind or dual sensory impaired individuals of all ages within the city. This service will enable Deafblind people to have a fully qualified Communicator Guide who can provide effective communication, safe guiding, and essential support to allow deafblind people to actively take part in everyday activities, such as accessing information, going shopping, attending social/educational activities in the community with control and choice.

The service will be provided by Deafblind Enablement (DBE) who already have a great presence in the city, having worked in the area for the past 5 years and have positive relationships with Sensory Specialists, Social Care professionals and other organisations supporting Deafblind people.

**Who can access the service?**

Any individual with a dual sensory impairment / deafblind assessed as requiring this service. Service is accessed via an ISF (Individual Service Fund) and the provider will work with the person to determine how to use their hours flexibly to suit their needs.

For more information and referral enquiries, email brokerage@coventry.gov.uk

### 6.6 Adult Social Care and Communities Directory

Connecting people to their communities and developing social networks are integral to strength-based practice. The Adult Social Care and Communities Directory has all the information and advice you need in one central place, so you can find the information you need easily to signpost people to information about groups / activities in the local community and further resources. The directory can be accessed here: https://cid.coventry.gov.uk/kb5/coventry/directory/adult.page?adultchannel=0


### 6.7 Customer Experience surveying

A key element of Quality Assurance is seeking feedback from our customers, clients and carers alike. In Adult Services this traditionally takes the form of two national postal surveys commissioned by the Department of Health and Social Care and Care Quality Commission;

- The annual Adult Social Care Survey
- The biennial Carers Survey

Results from the Adult Social Care survey are used to calculate 7 out of 28 Adult Social Care Outcomes Framework (ASCOF) indicators. For example (3A) 'Overall satisfaction of people who use service with their care and support'.

The Adult Social Care Outcomes Framework (ASCOF) enables the local authority to see how they are performing in implementing local changes required as a result of the Care Act 2014. This includes supporting people to maintain their independence and their connections to the community, and ensuring they have control over the care they receive.

The Adult Social Care Outcomes Framework (ASCOF) is used both locally and nationally to set priorities for care and support and provides comparable information on the outcomes and experiences of people who use adult social care, and carers.

Our Adult Services vision is that 'adults and carers are at the heart of everything we do' so we wanted to develop more 'real time' approaches to understanding the experience of those who access our support and to encourage more people to 'get involved' and help us improve our adult social care support. We see this a being a key part of strength-based approaches to adult social care.

An online survey has been developed consisting of a series of questions completed from either the perspective of the client or carer. These are intentionally high level and are intended to elicit general responses regarding people's experience rather specific types of service. They are however aligned to the questions within the ASCOF so we can compare with annual and biennial survey responses.


https://myaccount.coventry.gov.uk/en/service/aSC___Adult_Social_Care_experience_survey

The client-based questions are;

- I am treated with kindness, dignity and respect
- I am happy with the support I receive
- I have enough choice and/or control over the support I receive
- I am supported to live as independently as possible
- Information about my support is easily available to me and those who need it
- I have as much contact with people as I would like
- The support I receive helps me feel safe

The carer centred questions are;

- I am treated with kindness, dignity and respect
- I am happy with the support I receive
- I have been involved and listened to in the planning for the person I care for
- Information I have needed to support me in my caring role has been easily available
- I am able to manage my social life alongside my caring role

In 2024 we also introduced 2 new experience surveys;

- A Safeguarding Experience Survey, capturing people's experience of Section 42 safeguarding enquiries
- A Direct Payments Experience Survey, seeking to find out more about what it's like receiving a Direct Payment in Coventry, what's working well. things people may like to see changed and to get involved in a peer group

### 6.8 Storyboards

Taking the time to capture evidence on how we are achieving positive outcomes for service users and carers is important. This can include examples of good practice, innovative working practice, improvements to services, user involvement in developments or decision making, and users' views about services.

A 'storyboard' has been developed to allow anyone to submit online an example of best practice and grow our 'evidence bank'. Capturing what we do and what we have learnt is also important for our Continuing Professional Development.
https://myaccount.coventry.gov.uk/en/service/storyboard

## 7. References and Supporting Documents

**Care Knowledge**

- Asset-Based Commissioning and Strengths-Based Approaches Care Knowledge Briefing 11th April 2019 - https://www.careknowledge.com/resources/analysis/2019/apr/asset-based-commissioning-and-strengths-based-approaches

**Community Care**

- Podcast discussion - What skills do social workers need for strengths-based practice? https://www.communitycare.co.uk/2019/05/24/171282/

**Coventry Adults Social Care Policies, guidance and procedures**
Adult Social Care policies, guidance and procedures – Intranet

**Department of Health and Social Care**

- Strengths based social work practice with adults – roundtable report https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/652773/Strengths-based_social_work_practice_with_adults.pdf

- Strength-based approach: Practice Framework and Practice Handbook https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/778134/stengths-based-approach-practice-framework-and-handbook.pdf

- Proportional assessment approaches: a guide from Chief SW for Adults and Principal Social Workers https://www.gov.uk/government/publications/proportional-assessment-approaches-a-guide-from-the-chief-social-worker-and-principal-social-

workers/proportional-assessment-approaches-a-guide-from-the-chief-social-worker-and-principal-social-workers

**National Institute for Health and Care Excellence (NICE)**

- NICE guideline [NG44] Published date: March 2016 This guideline clarifies how to develop partnerships and develop local approaches https://www.nice.org.uk/guidance/ng44
- Quality standard [QS148] Published date: March 2017 https://www.nice.org.uk/guidance/qs148
- Evidence for strength and asset based outcomes – a quick guide for social workers https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/evidence-for-strengths-and-asset-based-outcomes

**Social Care Institute for Excellence (SCIE)**

- Care Act guidance on Strengths-based approaches https://www.scie.org.uk/strengths-based-approaches/guidance

**Community Care Inform**

Strengths-based practice knowledge and practice hub

Strengths-based questions: quick guide

A strengths-based approach to difficult conversations: quick guide

Learn on the go podcast: strengths-based practice in action

Strengths-based practice and the Care Act 2014

Care Act knowledge and practice hub

Family group conferences for adults

Learn as a group: video on how family group conferences can safeguard adults

Motivational interviewing

Learn on the go: strengths-based practice – podcast

Learn on the go podcast: motivational interviewing

## 8. Handbook and Toolkit Review

This handbook and toolkit will be reviewed two years following ratification or sooner if the necessity arises.

**Appendix**

# Strengths Based Practice

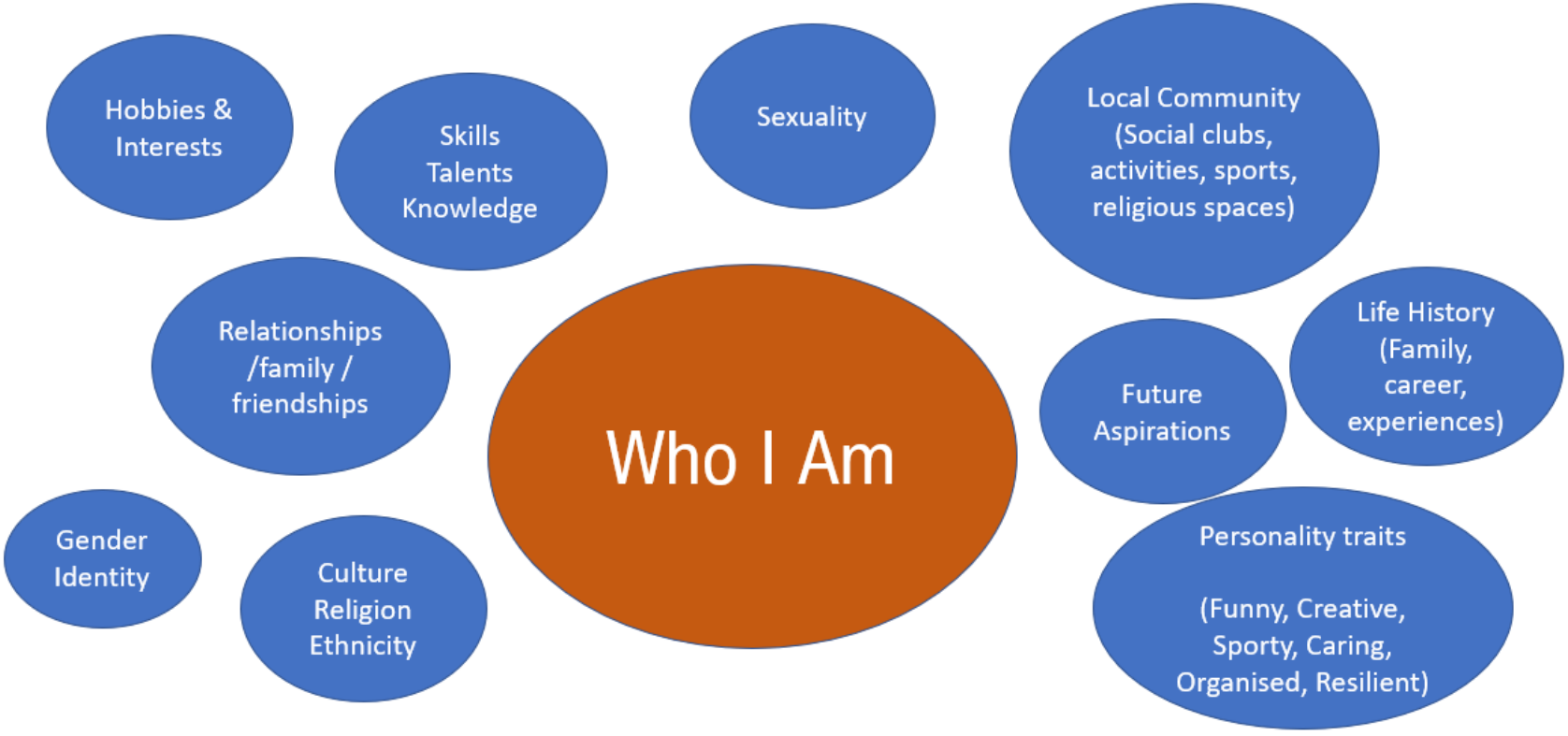
## Tools for practitioners and supervisors

*Additional resources, tools and reflective models*

*In this section of the toolkit, you will find a selection of tools and reflective models to further support strength-based practice.*

**Appendix 1 - Tool 1: Who I Am**

A visual guide to help practitioners to think about different aspects of a person's identity and life experiences to capture a real sense of the person, rather than just their diagnosis or needs.



**Appendix 2 - Tool 2: Mclean, Finch & Tedam's (2018) SHARED Reflective Model**

Social care practitioners should be given opportunity to reflect on a piece of work, discuss what happened, what knowledge, skills and values have been applied, along with identifying feelings. Practice Supervisors should "probe" social care practitioners to evaluate recent learning and development activities and how this is being transferred into practice and Continuing Professional Development. The SHARED Model of reflection (Mclean, Finch & Tedam 2018) facilitates this type of reflection.

| | | |
|---|---|---|
| S  | What have you seen?<br>What haven't you seen?<br>What might you have lost sight of?<br>What would a good outcome look like? | |
| H  | What/Who have you heard?<br>What haven't you heard?<br>Whose voice is the most influential? Is there someone you need to hear? | |
| A  | What have you done?<br>What approach did you take i.e. strengths based?<br>What impact has it had?<br>What hasn't been done? | |
| R  | What have you read?<br>Previous case notes?<br>Research/Theory.<br>Legislation. | |
| E  | How are you evaluating all of this?<br>What is important? What isn't?<br>How do you feel? What impact does that have?<br>What's worked well? What hasn't?<br>What are the facts? How do you know? | |
| D  | What decision have you reached?<br>How do you need to take that forward? | |

*"The SHARED model see's reflection as a dynamic process and recognises that what people see, hear, do and read will impact on their reflection, conclusions and how they evaluate the evidence." (Mclean, Finch & Tedam 2018: p258)*

The SHARED model can be used to reflect in, on and for practice which in turn supports reflection in practice to be a circularity process rather than a process to be worked through. (Mclean, Finch & Tedam 201

**Appendix 3 - Tool 3: Head, Heart & Hands (Cameron, 2005)**

Curiosity and reflection in practice does not just allow practitioners to consider various hypothesis but should also enable practitioners to identity emotional or personal barriers within practice. Emotional resilience is closely related to emotional intelligence. Cameron's (2005) model enables practitioners to separate the various emotions, thoughts and behaviours in an uncomplicated pattern which enables practitioners to safely express their emotions, feelings, and behaviours.

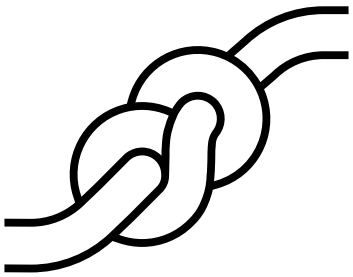
| **Head**<br>(What knowledge did you use? How did this develop your understanding and analysis? | **Heart**<br>(How did you feel? How did the service user feel?) |
|---|---|

| **Hands**<br>(What did you do? What skills did you use?) |
|---|

**Appendix 4 - Tool 4: ROPES Model (Graybeal, 2001)**

This is a strengths-based model that aims to encourage practitioners to move away from focusing on a diagnosis or problem, to working with the person to find a solution, by focusing on their strengths and resources, both within themselves and within their relationships and wider community.

The acronym **ROPES** can be used as follows:-



**R – Resources**

Relationships: family, friends, neighbours, professionals

Environmental: community spaces, religious groups etc

What can the person access in the here and now?

**O – Options**

Focus on choice.

What is available to the person that hasn't yet been tried?

**P – Possibilities**

A focus on the future, a vision of the future, (when an issue has been resolved, what might that look like?), is there something the person has thought about trying that hasn't been tried yet? Use of creativity.

**E – Exceptions**

When is the problem not occurring?

A glance at the past - How has the person overcome adversities before? What has helped their resilience before?

**S – Solutions**

What is working now? How is it working? How has the person overcome past challenges? How could they again? What are their successes? What are they proud of? What are they doing that they would like to continue?

*Example based on Graybeal, C. (2001). Strengths-based Social Work Assessment: Transforming the Dominant Paradigm. *Families in Society*, *82*(3), 233-242.

**Appendix 5 - Tool 5: Reflective Self-Questions for Practitioners**

This tool can be used as a self-reflection for practice, to consider how inclusive, and holistic direct practice and recording has been.

- ✓ **Has this piece of work been accessible for the person and their needs?**
- ✓ **Have I included family / friends / advocacy?**
- ✓ **Have I maximised the person's communication and participation?**
- ✓ **Have I considered the person's life history, not just the present?**
- ✓ **Have I considered the person's personal attributes, talents, skills, hobbies, and interests?**
- ✓ **Have I captured their sense of identity, including ethnicity, culture, religion, spirituality, gender identity, sexuality?**
- ✓ **Do I know who their support networks are including family and friendships? Are there people who may have passed away, that are still significant to them?**
- ✓ **Have I had open and honest discussions about risk?**

**<u>Recording in a strength based way</u>**

- ✓ **Have I referred to the person by their preferred name?**
- ✓ **Have I used their name in their assessment?**
- ✓ **Have I captured the person's voice and viewpoint?**
- ✓ **If I have communicated with them in other ways (pictures, visual aids) have I recorded their communication needs?**
- ✓ **Have I considered the language and words that I use and the impact of these? For example, avoiding using words such as "struggles".**
- ✓ **Have I avoided using jargon and when I have used abbreviations, have I explained them?** *(What do ADLs or POC really mean to the person?)*

## Appendix 6 - Tool 6: McClure's (2002) Reflective Questions

Practice supervisors can influence a culture of critical thinking which explores and considers a wide range of contexts, including individual, carer and professional stories, critical events, social and economic circumstances and own practice experiences.

McClure's (2002) reflective questions will enable supervisors to have confidence in supporting practitioners to reflect on various interpretations or perspectives in reaching their professional judgements.

- What exactly did you do?
- Why did you choose that particular action?
- What was you aiming for when you did that?
- What theories and models informed your practice? Was it helpful? How?
- What research informed your practice? Was it helpful? How?
- What did you hope to achieve?
- What did you do next?
- What were your reasons for doing that?
- How successful was it?
- What alternative steps were there?
- Do you feel you could have dealt with the situation better?
- How would you do it differently next time?
- How do you feel about the whole experience?
- What knowledge and skills did you demonstrate? Was it helpful? How?
- How does this impact or support your values?
- How did the service user feel about the actions took? How did you know?
- How are past experiences influencing your current practice?
- How has this changed or support the way you will do things in future?

## Appendix 7 - Tool 7: 50 strengths-based questions will help you develop your own style and technique

1. What is working well?
2. Can you think of things you have done to help things going well?
3. What have you tried? And what has been helpful?
4. Tell me about what other people are contributing to things going well for you?
5. What could be going better?
6. What stops things working better for you?
7. What would be happening if things were working better for you?
8. What small thing could you do that would make a difference?
9. Tell me about what a good day looks like for you? What makes it a good day?
10. On a scale of 1 to 10, how would you say X is? What might make that score a little better?
11. What are you most proud of in your life?
12. What achievements have you have made? How did you make them happen?
13. What inspires you?
14. What do you like doing? What makes this enjoyable?
15. What do you find comes easily to you?
16. What do you find you learn most easily?
17. What do you want to achieve in your life?
18. When things are going well in your life – tell me what is happening?
19. What are the things in your life that help you keep strong?
20. What do you value about yourself?
21. What would other people who know you say you were good at doing?
22. What would your family and friends say you were good at?
23. You are resilient, what do you think helps you bounce back?
24. What is one thing you could do to have better health, and feeling of wellbeing?
25. How have you faced / overcome the challenges you have had?
26. How have people around you helped you overcome challenges?

27. What are three things that have helped you overcome obstacles?

28. If you had the opportunity, what would you like to teach others?

29. Without being modest, what do you value about yourself, what are your greatest strengths?

30. How could/do your strengths help you to be a part of your community?

31. Who is in your life?

32. Who is important in your life?

33. How would you describe the strengths, skills, and resources you have in your life?

34. What could you ask others to do? Would that help you create a better picture?

35. What are the positive factors in your life at present?

36. What are three (or five or ten) things that are going well in your life right now?

37. What gives you energy?

38. What is the most rewarding part of your life?

39. When now, or in the past, have you felt like you are making a difference, making a contribution? How did you make this happen?

40. What would make you feel you are making a contribution?

41. Tell me one, (or five or ten or more) things that you can do?

42. What makes you feel excited OR useful OR satisfied? Tell me about a time when you felt these feelings?

43. Tell me about a time when you responded to a challenge in a way that made you feel really on top of things?

44. How have you been able to develop your skills?

45. How have you been able to meet your needs?

46. What kind of support have you used that has been helpful to you? How did the support improve things for you?

47. Tell me about any creative, different solutions you have tried. How did this work out?

48. When you think about X (whatever it is that is stopping things going well) is there anything you can think of that could help in any way?

49. Can you think of one small manageable step that would improve X for you?

50. What resources such as community, people, aid, and equipment do you have now? Do you know of other resources that might be helpful for you?

## Appendix 8 - Peer Group Supervision Agreement

Peer group supervision provides a safe and supportive space for reflection.

The following ‘agreements’ are to be discussed with the group of peers identified to attend and facilitate on going peer supervisions. The ‘arrangements’ should be agreed upon as a collective.

**This agreement is between:**

| | |
|---|---|
| **Name of Supervisee’s:** | |
| **Name of Supervisor:** | |

**What are our supervision arrangements?**

| | |
|---|---|
| **Type of Supervision** | Peer Group Supervision. |
| **Frequency** | How regularly will the peer group supervision take place? |
| **Duration** | What time should be set aside to allow the peer group supervision to take place? |
| **Location and Environment** | Where will the peer group supervision take place? Who will arrange room bookings? Does this need to remain at one or multiple locations? |
| **Preparation** | Will there be an agenda? Who will be responsible for setting the agenda? (Consider a rota between the peers to take on the responsibility). How does the group learn most effectively? What are the group expectations? |
| **Recording** | Will the peer group supervision have a minute taker? Who will take notes and share amongst the group? Will any actions be recorded on Care Director? Does this need to be shared with the practice supervisor? |
| **Confidentiality** | The content of supervision will remain private, and access will be given only to those with authority to request it.<br><br>What “house rules” should be agreed? I.e. respectfulness/ empathy/ consideration. Is there any discussions which we should be mindful off? |
| **Changes to supervision arrangements** | Peer group supervision will continue to take place even if there are numerous apologies. Peer group supervision can take place as a 1:1 or as a collective and it should be made clear to the group that the peer group supervision will not be rearranged unless this is the only option possible. |

| | |
|---|---|
| **Attendees:** | |
| **Date of agreement:** | |

**Example of Anonymised Notes from a Peer Group Supervision**

Strengths**:** The person has capacity and will inform us of their concerns. Person would like to be as independent as possible.

Current Situation: Person is living in a residential home but would like to move into the community with her daughter. The care home manager is concerned is that daughter is an alcoholic. Another daughter is concerned that her sister will not be able to cope with caring role. A positive risk assessment visit was commenced on Friday to share concerns with family. Transition period is a concern.

**Shared Model**

**What have you seen?**
I have seen interaction between person and her daughter.

I have seen Mum and daughter get on well.

I have seen Care Home Manager, saying to person, you are not going to cope.

Daughter visits x3/4 times a week.

**What haven't you seen?**
I haven't seen interaction between Mum and daughter who lives out of city.

**What have you heard?**
I have heard person speaking highly of both daughters.

Person is aware that one daughter is not very happy Mum is choosing to live with other daughter.

I have heard care home manager say person has re-gained independence.

I have heard person declined to live with other daughter.

I have heard daughter has a diagnosis of bi-polar and therefore has periods of time when she is less able to help mum.

I have heard grandson lives at flat?

**What haven't you heard?**
I haven't heard daughter acknowledge bi polar diagnosis.

I haven't heard person has a diagnosis of dementia, although discussed as reason she moved to the home.

**What actions have you taken?**
Financial assessment.

Occupational Therapy assessment for flat in community completed.

Positive Risk Assessment commenced.

**What actions haven't you taken?**
Promoting Independence package - initially visits x4 a day. This will monitor situation.

We haven't given notice to the home.

We haven't completed telecare assessment.

We haven't heard from daughter how her health could impact on Mum.

**What have you read?**
I read previous review, same conversation expressed about person leaving care home.

I have read information at the residential home.

I have read alcohol will impact on mental health.

**How are you evaluating the information?**
We discussed what is the motivation of the home manager? A view was expressed person is an "easy" person to care for.

Care home manager expressing concerns about access to finances. No evidence of misuse.

Ask – What are the plans if daughter becomes ill? Is there a back- up plan for Mum and herself? Has the daughter discussed with her own support worker? Does the daughter have a mental health support worker?

Alcohol? How does this impact on depression?

I will ask where grandson is living.

If daughter wasn't involved, are there other options?

Why does person need to stay in residential care? If person can complete tasks independently?

Does the daughter realise what is involved? Has she considered how caring role may impact on daughter's health?

The person has been raised over a period of several months that she wishes to leave the home, so they have been thinking of this option for months.

What is going to happen if daughter becomes unwell? Are you able to recognise if your daughter is unwell?

I am wondering if Mum wants to help her daughter by living with her.

**What decisions have you reached?**

- Honest conversation with Mum and daughter about speculation around her health, potential impact on person and daughter in her caring role.
- Add this information to the positive risk assessment.
- Feedback required from positive risk assessment.
- I am awaiting installation of equipment. When I have a date for installation, give notice to the home.
- Ensure Promoting Independence package in place.
- Person to spend some time at the flat prior to moving date.

**Following task note the person's Care Director Record:**

- I am going to have an open conversation with daughter about her potential health concerns and how this may impact on her caring role? This will be part of the positive risk assessment/contingency plan.
- I am going to talk to the OT's to find out the date equipment in flat will be installed to enable notice to be given at the residential home.
- Person to be offered further home visits. Purpose to see how they feel when they spend more time in the flat.
- Promoting independence package to be in place x4 visits a day.
- Telecare referral to be completed - pendant alarm.
- CRESS service to be in place.
- Review to be completed after four/five weeks, alongside OT.

**Next Session Date:**

**Person bringing case to discuss:**

**Note Taker:**

**Peers to support?**

**Appendix 9 - Jargon Busting**

https://thinklocalactpersonal.org.uk/jargon-buster/

Adult Social Care Jargon Busting (23-0088-HG).pdf

# Jargon Busting

## using words with care

### Language is an incredibly powerful communication tool.

**We use it to communicate our ideas and thoughts, and to question the world around us. Therefore, it is so important that the language used with people with care and support needs and their carers is clear and supportive.**

**Coventry City Council Adult Social Care wants all people to feel heard and empowered with their voice.**

Think Local Act Personal's (TLAP) Care and Support Jargon Buster is a directory of Plain English definitions of commonly used words and phrased in Health and Social Care and has been added to our webpages. **www.coventry.gov.uk/careandsupportjargonbuster**

This guide can support staff to work with people by helping to break down language barriers.

Please remember the TLAP guide is not an exhaustive list of all language and words used. Do not be afraid to ask people about the language they would prefer.

One of the standards in our Recording Policy is that 'records should be easy for people to access and understand'. The Policy comes with an 'at a glance guide' **https://coventrycc.sharepoint.com/Shared%20Documents/Record%20with%20care.pdf**

Adult Social Care create and share assessments and plans with people, carers and others and they can also request to see the other information the Council holds.

**Staff need to record with this in mind and ensure that information is communicated in a way that everyone can understand;**

- Use plain and simple english
- Avoid using jargon or abbreviations
- If a technical or medical term is needed, make sure that it is followed by an explanation the person will understand

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*'Think about the words you use and the meaning behind them. We all think and understand differently, what means something to you and the words you use can hurt or insult people'*

*'Think of people while you use words or write them. You can help have a positive impact from what you say'*

*'Words can influence us, inspire us or just as easily bring us to tears. Words change our relationships, our demeanour, our entire system of beliefs, and even our futures'*

**Appendix 10 – Cultural Competence**

Adult Social Care Inclusion and Cultural Competence leaflet (24-0199-CB).pdf

# Inclusion and Cultural Competence in Practice

**Coventry as a city is known for its richness in its diversity and culture and was awarded the prestigious award of City of Culture in 2021. Besides the diversity of cultures amongst the residence of Coventry, this richness has been enhanced by two local and well-known Universities, Coventry, and Warwick University, that attract a huge influx of students, both locally and from across the globe.**

Coventry City Council

Coventry City Council, one of the largest employers in the city, has over years made a huge effort on focusing on Equality, Diversity, and Inclusion producing a Workforce Equality, Diversity & Inclusion Strategy, policy statements and for the first time employed a Workforce Diversity and Inclusion Lead. The Council has produced a range of useful resources to support including an Inclusion Guide and an annual Diversity and Inclusion calendar.

**https://intranet.coventry.gov.uk/downloads/file/166/workforce-diversity-and-inclusion-calendar-2024**

Over the years our practice addressed these areas under the framework of 'anti-oppressive practice'. More recently we see the use of diversity, inclusion, and cultural competence.

## How culturally competent and inclusive is your social care practice?

**Top Tips for developing culturally competent practice.**

- Spend some time getting to know the person, do not rush meetings and interventions
- Be continually aware of the values you have as a professional
- Be self-aware – remember your personal cultural values and beliefs
- Remember the person is the expert of their experience, adopt a position of 'not knowing' and be ready to learn
- Reflect on the power of language. Language empowers and can also leave a person wounded
- Do not make assumptions about the person because you perceive that they come from a similar background to another service user or someone you know
- Resist tokenism or simple 'box ticking' as a means of evidencing your cultural competence
- Be flexible, not rigid, particularly when using existing frameworks and tools

## Useful links and resources

Diversity and Inclusion Learning and Development Hub
**https://intranet.coventry.gov.uk/diversity-inclusion/learning-diversity-inclusion**

Workforce Diversity and Inclusion Strategy
**https://intranet.coventry.gov.uk/downloads/file/168/workforce-diversity-and-inclusion-strategy**

Skills for Care - Equality, diversity and inclusivity
**https://www.skillsforcare.org.uk/Developing-your-workforce/Care-topics/Equality-diversity-and-inclusivity/Equality-diversity-and-inclusivity.aspx**

24-0199-CB March 2024