



Issue 31 – October 2016

## Our strengths-based approach

As you will have noticed this autumn, PPaC2 has focused on applying a [strengths-based approach](#) and having different conversations. The aim is to refocus what we are already doing, but also give us support as practitioners when we have these conversations.

### Points to Remember: Having a different type of conversation...

~ A personal budget to meet a person's eligible care and support needs should **not** be our *default* position.

~ We *always* consider and explore the person's support network, environment, benefits, SCR/Enabling and use of equipment *first*. What can we tap into, to best support this person's needs?

~ If we do provide a personal budget the default will be to provide it on a short term/temporary support basis because..... "Your needs will change and hopefully they will reduce, and you may not need this service, at this level. We will work with you to adjust the care, to meet your needs at the right level".



Much of this thinking has come out of the culture of the Care Act 2014 and follows on from the work we all did last year on Preventing/Reducing/ Delaying.

What we have seen from the PPaC sessions is that there is some fantastic practice in our teams; Staff are working hard to do what they can to apply a strengths based approach and reduce care where it is no longer needed.

To support this work there are project teams out there in the community working with providers to improve services we can refer to. We have developed with staff, tools such as [PinPoint](#) to help us track and find out what is out there for the people we work with.

### We have listened to you

- We understand that we need to develop information to support this way of working with the public, and this is being developed at the moment.
- Work is also ongoing with our partner agencies about the expectations of our services and what we do, and how we work.

New [staff guidance](#) supporting us with a strengths based approach has been developed and written by practitioners. Many of these ideas have already been shown in PPaC, and we will continue to explore them in this newsletter over the next few months.

We will also provide great examples of practice; where what we do makes a difference: demonstrating the excellent work that happens every day in Devon.

If you have any of those examples (they will be anonymised) please send them into us via the Adults Way We Work Group - Mailbox [adultswayweworkgroup-mailbox@devon.gov.uk](mailto:adultswayweworkgroup-mailbox@devon.gov.uk)

## October's case example

### Case example: Stepping down care for increasing independence (a progression approach)



Simon is a 27 year old male with a moderate learning disability and autistic traits, with often complex behaviours.

He attended residential college for three years, and then returned to live with his family for a short period.

Despite using high levels of respite and accessing additional support via a direct payment, this unfortunately broke down and led to a period in hospital.

Simon then moved into a new service in June 2015, where he lives in a large house, with nine others; he has his own front door, but there is also care provided on site. This was at an initial weekly cost of £2,048.

The Social Worker met with Simon periodically, and had good regular feedback from the people who were offering direct support. Through applying a [strengths-focused, progression approach](#), as **Simon now completes more of his own tasks, it led to a step down of the direct support hours he needed over the next year.**

This did take time, although progress was slow at first.

Through the Social Worker working with the staff and Simon; looking at the focused outcomes that he wanted to achieve (i.e. his goals: choosing what to wear, getting dressed on his own, not getting angry at the TV/ applying his calming techniques), his independence has improved significantly. **Simon's care reduced** to £1,995, then £1,860. Recently it has reduced to £1,750. Simon thinks that he "doing good", and wants to "go further".

**Source:** Adult Commissioning and Health - Transformation Team