
WHAT MATTERS BRIEFING

FREQUENTLY ASKED QUESTIONS

3 Conversations Framework

What is the rationale for choosing the 3 Conversations model? How is 'sticking to someone like glue' strengths-based?

In 2017 Camden ASC commissioned Partners4Change who are working with local authorities and the NHS to replace the traditional 'assessment for services' culture with The Three Conversations® – a strength based approach that focuses on what really matters to people, in their families and their communities. The approach strongly advocates that to be most effective, people need to have the same worker who builds up a relationship and rapport and 'sticks' with them and their carer/family consistently until they have a much improved and stable situation.

How much will 3c impact the current Mosaic forms?

The current Mosaic forms are being re-designed to ensure that the processes guide and enhance The Three Conversations® best practice and also reduce unnecessary duplication and bureaucracy.

How does 3 Conversations enable us to comply with our legal and statutory obligations?

The 3 Conversations is a strength based practice approach. The Care Act 2014 puts strengths-based practice at the centre of care and support planning, highlighting 'What is strong' rather than simply 'What is wrong'. This means that strengths and talents are identified so that things that are important to people are taken into account. This will help to promote individual wellbeing. This film looks at strengths-based interventions, which are holistic, person-centred and outcomes-focused in order to improve people's lives.

<https://www.scie.org.uk/strengths-based-approaches/videos/what-is-sba>

The main aim of the Care Act 2014 is to promote people's wellbeing and independence. Through a strengths-based approach to the assessment process, people can be supported to understand their needs, realise what they can do, and how to best use their skills and networks, to achieve their outcomes.

How will 3 Conversations be applied in the Hospitals and to the current Occupational Therapy workflows?

All ASC practitioners will follow the 3 Conversations practice approach. We recognise that in acute hospitals the work can be fast paced. This does not mean however that people should be on a 'conveyor belt' of service arrangements. Instead we want to ensure that we have conversations with people and their families to discuss what matters to them and how we can ensure their wishes are heard and acted upon. The forthcoming Coaching Conversations training will look

specifically at how social care and health practitioners can work in a strength based way often in short periods of time.

How will 3 Conversations be applied to the current Occupational Therapy workflows?

**All ASC practitioners will follow the 3 Conversations practice approach
Practitioners will be able to refer to occupational therapy through a workflow process to acquire this specialist support.**

Is there a timeframe for conversation 2? Reablement traditionally is up to 6 weeks and we have a cut-off point.

Conversation 2 is supporting people to regain stability in a crisis situation, promote wellbeing and prevent escalation to a longer term support plan. Sometimes reablement is needed to help the person regain independence and this is meant to be intensive usually over 1-2 weeks though can vary depending on individual circumstances.

If there's no RAS, how will we calculate the costs of care?

Practitioners will receive information on care costs e.g. agency domiciliary care rates and will estimate how much the support plan is likely to cost whether it be commissioned or ideally given as a direct payment to promote choice and control.

Mosaic Workflows

It doesn't really work having to record in both case notes and 3c documents. It means duplication and stuff can get lost

The new workflows are designed to replace 'case notes' with an 'updates' step so that the information flow is more intuitive and much easier to see. Wherever possible we will ensure that previous information automatically pulls through and we have made every effort to eliminate duplication with recording.

Will there be more specific guidelines on formats of 3 Conversations?

Yes. We have produced a practice guidance document specifically to guide people on how to use the 3 Conversations framework. This can be found on the ASC practice guide. There will also be mosaic technical guidance.

Can a social worker support Barnaby as a helpful messenger?

The new Mosaic templates have been co-designed with practitioners from different teams across ASC. This is to ensure that the final templates are easy to use, are proportionate and are legally compliant. Following launch there will be drop in 'practice surgeries' for staff who have any queries.

How will the new paperwork fit into the new structure?

Our core business role and function remains the same, regardless of what our structure looks like. The Mosaic templates will underpin and guide practice, align to

the 3 conversations framework and enable practitioners to take a proportionate approach to assessment, regardless of where they are located.

Case Management

How do we make sure that people are receiving support following our intervention in conversation 1?

The new Mosaic conversation 1 workflow includes a ‘follow up’ step in line with recommended good practice to ensure expected outcomes are achieved. We want to make sure that we make contact with people to check that things are working for them. If not we will continue to support.

How will case management be affected by the new system?

The practice approach requires rapid follow up with the person who has requested support. This will mean that teams will meet together often to decide who is best suited to meet and continue to support someone consistently as a key worker until the situation is more stable. Although there may be more initial demand, it is likely that with early intervention to the longer term support will reduce. A move to neighbourhood working will also ensure that health and social care teams will work together and reduce duplication.

When will the purchase cards be rolled out?

Every practitioner in an innovation team has a purchase card to spend small amounts of money to stabilise situations. However, the cards have been rarely used and we think this is because the administrative process is too onerous. Therefore we are currently undertaking a review to make the process simpler and easier to use.

Staff Support

We need consistency from Managers in their expectations about the level of required detail, particularly for conversation 3.

The What Matters practice guidance document provides a clear framework for taking a proportionate approach to recording. The prompts embedded in the Mosaic forms are designed to achieve the right balance between taking a strengths-based approach and ensuring we meet our legal and statutory duties.

Is the coaching programme for all staff – social workers, OTs, Access & Support Officers, Outreach Workers and Placement Officers?

Yes. It will be mandatory for all ASC practitioners at all levels to attend the Coaching programme. Some places will also be offered to health partners who work within integrated teams e.g. Camden Learning Disability Service & Mental Health.

Sometimes it's difficult to coach people when they are at a particular low.

During the Coaching programme staff will be given a range of strategies. They will also receive a handbook which contains useful information and can be used as a resource. The training will also be used for sharing practice and real life case

studies will be used in exercises to help staff relate what's being learnt to their day to day practice.

What are the proposals for development of non-practitioners? Will they get the same level of access to skills training and career development?

Everyone's contribution to What Matters is really important. We want to ensure all practitioners are aware of available resources and have the appropriate training and tools to help them carry out their role. A wide ranging What matters learning and development programme will be available to access on the learning hub.

System Infrastructure and Resources

What work is being done to embed strengths-based practice with health colleagues? We still receive a lot of referrals framed in very traditional perspective e.g. "put care in".

The ASC Coaching programme aligns very closely with the Coaching for Health programme. We hope in time that all health and social care staff, including GPs, community health and hospital staff will access this training which will embed shared values and principles and a person centred way of working.

A small working group will soon be visiting a hospital social work team in South Tyneside which is using the 3 conversations approach with great success. We want to continually learn from others to develop better ways of working, building positive relationships and collaboration.

Are there plans to hire additional staff in Direct Payments team and Careline services to support the expected rise in demand for these services as a result of 3c?

Yes for Careline. The team and the management are being expanded due to changes. Anyone who finds the waiting times unacceptable should bring examples to the attention of Amanda Jackson or julie.Kasztanowski@camden.gov.uk for them to review. Overall waiting times are largely meeting the performance targets set.

Yes for Direct Payments. Yes, adverts will go out in the next couple of weeks to recruit a DP officer and assistant. This is to fill a vacancy and add one extra officer role, giving the team additional capacity.

Camden Care choices isn't very useable at the moment. The information in the house section is incorrect. It immediately takes you to 'purchase' something instead of any information about the assessment procedure, OT etc. or eligibility for adaptations etc.

CCC is continually being redeveloped and improved and the 'equipment house' has already been identified as a need for improvement. It will be updated to provide more accurate information including the described as well as assistive technology options. Any suggestions please email fung-ye.lee@camden.gov.uk

What support will there be to ensure that providers feel part of the process?

What Matters includes a Partnerships work-stream, which is designed to ensure that providers are included in the process. In anticipation of the Council's move to a strengths-based approach, some tender specifications and commissioned provider contracts already include the need to work in a strengths-based way and this will

continue as and when contracts come up for renewal or retendering. Following the completion of the ASC train the trainer coaching programme, we will be able to use our trained coaches to also work with provider services to embed a shared practice approach.

We need to think about the equipment we're buying with purchase cards. If we are providing it are we responsible if it goes wrong?

In these circumstances normal consumer protections apply. Under the Consumer Rights Act 2015, traders are legally responsible to sell goods which are:

- **'As described', meaning the actual product must match any description(s) given to the customer before purchase by which the goods are identified.**
- **'Of satisfactory quality', that is they are of a standard that would reasonably be expected taking into consideration the price paid and description. In appropriate circumstances the quality of the goods will include freedom from minor defects, durability, safety, and appearance and finish.**
- **'Fit for all purposes' made known to the seller at the time of purchase.**

The act states that if goods turn out to not fulfil any of these criteria, you have the right to demand a refund provided you reject the item within 30 days. Beyond this deadline you no longer have the right to a refund, but you are still entitled to get the item repaired or replaced for free instead.

What Matters Programme

Please explain the difference between '3 Conversations', 'strengths-based practice' and 'What Matters'?

What Matters is a plan to strengthen and embed strengths-based practice across Camden's adult social care service. A key element of this plan is to use the 3 Conversations framework The Three Conversations® to help us build strong relationships with people, support them to identify their strengths and opportunities and to help them to build the life they want.

Are Housing going to work in this way? At the moment there are long delays waiting for adaptations and it can be hard to move things forward.

Yes. Through its Supporting People, Connecting Communities plan, the Council is committed to taking a 'whole system' approach to building a strengths-based culture - "We plan to embed a 'strengths-based' model, so that we help people build on their strengths and focus on the things that work to overcome the barriers preventing them reaching their potential. We will take a whole-life approach - consistent with the Council's Resilient Families work – to make sure this approach supports early planning for adulthood. To be successful we need to achieve systemic change with support from the Council as a whole and our partners."

This is all very social work focussed. What about OTs, ASOs, Outreach workers?

We want to ensure that we have every practitioner working in a strengths-based way. The training toolkit is open to all ASC workers and if you think any additional role-specific training is necessary which is not in the toolkit, please notify your line manager.

What was the learning from the past 18 months of innovation work? What did we do well? How was it evaluated?

Evaluations of the innovation sites took place at regular intervals and the overview report was sent to ASC teams. We want to ensure going forwards that we clearly measure citizen and practitioner wellbeing and satisfaction with What Matters practice and also we want to know that we are promoting and making best use of all available community resources.

Why does the council commission so many outside providers e.g. OSCA, P4C instead of using strengths and involvement of own staff? Waste of money?

The Council makes commissioning decisions on an individual case by case basis. Regarding the 3c project, senior managers took the view that fixed-term additional resources from outside providers were necessary because the technical expertise was not available in-house. A wide range of ASC staff from all levels have been consulted and are actively involved in supporting the project work-streams.

OSCA also teach the Coaching for Health programme which closely aligns with the ASC What Matters Coaching programme. This will have the benefit of embedding a shared health and social care approach. Also OSCA will be training 6 practitioners as trained coaches (application process to be soon advertised) to ensure we have an ongoing ASC resource to champion and embed learning and deliver coaching and related practice sessions. This will keep What Matters practice alive and dynamic

