



# Introduction to What Matters:

A Guide to Accompany Mosaic Training

April 2025

# About this guide ...

## Who is the guide for:

This guide is intended for anyone who uses and / or inputs onto the What Matters workflow on Mosaic *and* who has not yet completed the mandatory What Matters inductions.

All New Starters who do direct work with people *must* complete the following mandatory What Matters induction sessions and training:

1. **\*What Matters Induction Part 1** – An introduction to What Matters: Our approach to supporting people
2. **What Matters Induction Part 2** – Putting What Matters into practice
3. **\*3 Conversations** – What is this approach really about?

All three sessions *must* be completed within the first two months of starting in Adult Social Care (ASC). You can sign up to these sessions via our Learning & Development Hub. Sessions take place regularly and dates are scheduled for the entire year.

## When should this guide be used:

As of January 2025, New Starters are unable to access their Mosaic training without completing the What Matters inductions and training as highlighted by \* above and in the first instance. This is to ensure that they can maximise the use of their Mosaic training whilst consolidating their understanding of our What Matters approach.

This guide should be used to prevent any delays in New Starters receiving their Mosaic training once they start. New Starters can familiarise themselves with the contents of this guide prior to going on their Mosaic training.

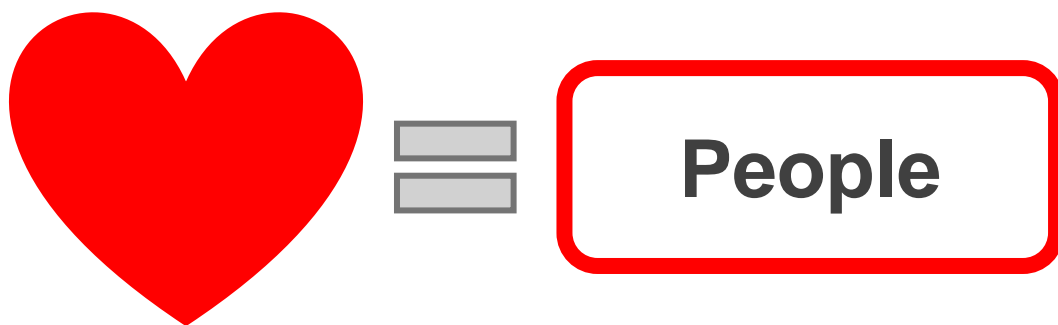
However, this does *not* negate the need to attend the mandatory What Matters induction sessions and training. All New Starters must still complete these sessions regardless of whether they use this guide to access their Mosaic training or not.



# About What Matters ...

## What is our What Matters approach:

What Matters is Camden Adult Social Care's (ASC) approach to supporting people. It is our attempt at putting people at the heart of what we do.



Our What Matters approach was coproduced with the people of Camden and has been our way of working since 2019. It is the golden thread that runs through everything that we do in ASC.

It is strength - based and relational at its core and considers the impact that trauma might have on the people we work with.

It is not just something that we write on paper or how we speak in meetings, but rather a mindset that underpins everything that we do in ASC.

## How is the delivery of our statutory duties linked to our What Matters approach:

We can trace the inception of our What Matters approach back to as early as to the implementation of the Care Act 2014.

The well - being concept was introduced and placed strength - based principles at the centre of how we work with and support people.

We set out with the assumption that the *person* is an expert in their own lives and that *they* are best placed to judge and determine what a good life looks like for them.

This signalled a shift in our way of thinking by highlighting *what is strong* rather than focusing on *what is wrong*.

Strength - based practice principles are in stark contrast to the care management approach dominating Local Authority interventions prior to the introduction of the Care Act 2014.

We have come a long way in moving on from taking a *one size fits all approach* to well - being.

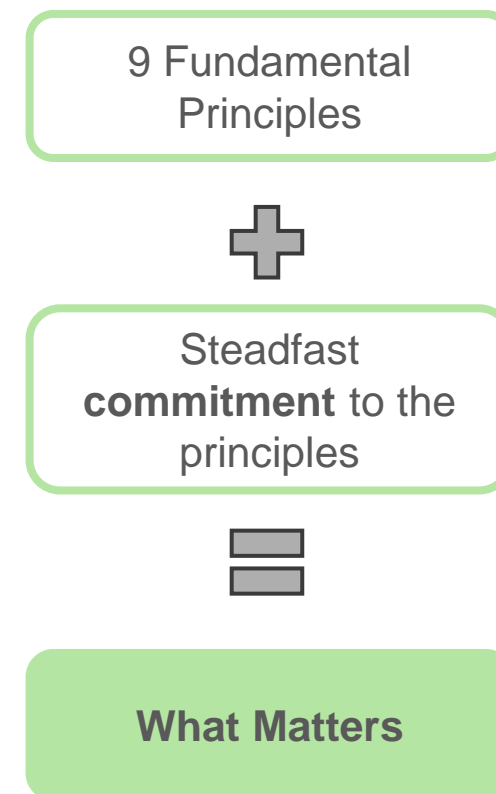


# About What Matters ...

## The 9 fundamental principles that underpin What Matters:

1. We assume everyone has strengths, potential and something positive to contribute.
2. We recognise that strong relationships are central to people's wellbeing.
3. We work alongside people to give them choice and control over their support and to develop their skills and capabilities.
4. We help people to maintain hope so they can see possibilities.
5. We stay curious because we recognise that everyone has a unique story to tell.
6. We acknowledge that positive risk taking is an essential part of independent living.
7. We build resilience so that people feel equipped to deal with challenges they face now and in the future.
8. We use plain, non-judgemental language in a way that shows respect to people.
9. We are committed to getting to know our community and developing the links and opportunities within it.

## Principles alone don't make a difference:



# About 3 Conversations ...

## What is 3 Conversations:

It was one of the first strength - based approaches introduced to Local Authorities following the change of social care legislation brought on by the implementation of the Care Act 2014.

The approach was developed by a company called Partners4Change.

At the time, it was seen as a radical approach to enable Local Authorities to work completely differently.

Over time, more strength - based approaches were developed – *Asset Based Community Development, Local Area Coordination, etc.*

More than 25 Local Authorities have adopted the 3 Conversations way of working.

It is the most researched strength - based approach which gives us great insight into it. Have a look at ... Community of Practice: Using a theory of change to monitor and evaluate The Three Conversations and other strengths-based approaches in ASC – *Dr Madeleine Stevens London School of Economic and Political Science.*

## What is the connection between 3 Conversations and What Matters:

3 Conversations forms a fundamental part of the What Matters approach. It is one of many methodologies, approaches, tools, etc. that makes What Matters unique to Camden.

New Starters will see evidence of the 3 Conversations approach in the way that operational teams practice and most notably, in our What Matters workflow on Mosaic.

Our What Matters workflow on Mosaic follows these basic steps:

- **Initial Contact (IC)** - The IC is not technically a part of the 3 Conversations methodology, but we use it to log referrals received for new people or those who are known but not receiving support from ASC.
- **Conversation 1** - Is our initial conversation and opportunity to get to know the person and to connect them to others.
- **Conversation 2** - Supporting someone intensively when they are in crisis or to prevent crisis from taking place.
- **Conversation 3** - Supporting someone to build a good life.
- **Support Plan Review** - Statutory review
- **Placement Review** - Statutory review



# About Conversation 1 ...

## What is the Conversation 1 about:

**Get to know the person and those who support them through conversation. Listen and connect.**

### A Conversation 1 is:

- The first opportunity to have a conversation with the person or those supporting them.
- It is aimed at making connections and building relationships with people.
- It involves *listening hard* to the person to understand what is important to them.
- It requires practitioners to take the time to understand what is important to carers and how best to support them in their roles.
- Connecting people to their communities with the view of building a network around the person and those supporting them.
- Focusses on the prevent, reduce and delay requirements under the Care Act.
- We usually complete Conversation 1's for new people who have never been in contact with ASC or people who are known to us but who are not in receipt of any services.

## Things that the Conversation 1 is not about:

### A Conversation 1 is *not*:

- An opportunity to gatekeep by screening people for Care Act eligibility. Practitioners must under no circumstances apply the eligibility criteria at this stage. Here in Camden, we strongly oppose this practice. Instead, we invite the person or those supporting them to have a conversation with us about what is going on for them.
- An opportunity to place more responsibility on carers. In situations where there are unpaid carers, we use this opportunity to see how we can support carers in their role.
- A form filling exercise. It is our first contact with the person or those that support them. We want it to be a meaningful conversation.

A Conversation 1 can include interventions such as referrals to Voluntary Sector organisations, referral to Welfare Rights and support with benefits, Family Group Conferences (FGC), befriending, OT input, etc.





# About Conversation 2 ...

## What is the Conversation 2 about:

Supporting someone in crisis to regain stability and control over their life. It also includes any attempts to prevent crisis from taking place.

### A Conversation 2 is:

- Our attempt to support the person and / or their network to prevent crisis from taking place as well as a mechanism for allowing us to support a person when they are already in crisis.
- An understanding that crisis will look different for different people.
- Working with the person and their network to put together a prevention plan or crisis plan.
- Sticking with the person to ensure changes are implemented and that the plan works for them.
- Focussed on managing risks positively and involving the person and their network in the conversation about risk and how to manage it.
- Focussed on what support carers might need.
- Having small amounts of money easily available to deal with crisis.
- The support provided during a Conversation 2 is almost always interims or temporary in nature.

## Things that the Conversation 2 is not about:

### A Conversation 2 is *not*:

- The time to think about a person's long term support needs. We take an approach which is mindful of trauma when supporting people in crisis by allowing them to focus on the things that they can do to move from crisis to a more stable state of being. It tries not to overwhelm the person with having to think about the future but rather about the here and now.
- An opportunity to determine Care Act eligibility. We should not apply eligibility when someone is in crisis or to prevent crisis. We should support them without prejudice and provide the level of support that they need on an interim basis.
- An opportunity to place more responsibility on carers. In situations where there are unpaid carers, we take their support needs into consideration along with the input that they provide to the person.

A Conversation 2 can include interventions such as reablement support, temporary placement, short breaks, referral to Welfare Rights and support with benefits, Family Group Conferences (FGC), OT input, etc.



# About Conversation 3 ...

## What is the Conversation 3 about:

**Supporting someone to think about what a good life looks like to them and helping them build the sort of life that matters to them.**

### A Conversation 3 is:

- About working alongside people and those that support them to build meaningful lives.
- Requires a shift to longer term thinking and supporting the person to live the sort of life that matters to them.
- Being curious as to what the person's dreams and aspirations are alongside looking at how to support their needs.
- This is our first opportunity to consider and determine Care Act eligibility.
- Often referred to as the Care Act assessment.
- Considers all support provided to the person to live a good life including informal support.
- An opportunity to consider the carers' needs and how to support them.
- Checking in to see if the person continues to live a good life (statutory annual review)





# Language Matters ...

Here in Camden, we understand that the words that we use are powerful and that language matters. Integral to our What Matters approach is the consideration of language. We bring this understanding to life and into our practice by:

In Adult Social Care, **we refer to people as *people or residents***. We avoid using terms such as clients, service users, citizens or customers. We unintentionally dehumanise people when we refer to them in this way.

**We refer to people by their preferred names and pronouns.** Don't hesitate to ask people what they prefer to be called and record this information on Mosaic to let others know too. We actively encourage practitioners to be curious and to ask people about their preferred pronouns.

We are **mindful of the labels that we assign to people** and how these labels could impact them. Words like challenging, complex and at risk could have unintended yet negative consequences for people.

We **avoid using jargon and overly bureaucratic language** which people don't understand. Keep it simple and straight forward.

always repeat themselves  
bed maintained  
assessment  
complex needs  
challenging  
difficult  
client  
service user  
vulnerable  
still driving  
aggressive  
non compliant  
adls  
customer  
toileting  
complex  
toileted  
bed blocker  
pathway  
continence  
lady  
gentleman  
activity of daily living  
difficult to engage  
misuse  
hard to reach  
case  
splitting  
double handed care  
services user  
respite  
ao2  
patient  
optimised  
bed blocker

