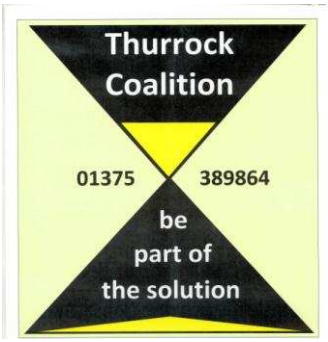

Workforce Strategy Exercise

Workforce planning is the systematic identification and analysis of what an organisation is going to need in terms of the size, type, and **quality** of workforce to achieve its objectives. It determines what mix of **experience, knowledge, and skills** is required and sequences steps to get the right number of **right people** in the right place at the right time

Introduction

The current contract between Thurrock Coalition and Thurrock Council Thurrock Coalition provides for engaging, processing and analysing the views of ordinary residents of Thurrock:

> *Thurrock Coalition has a key role in ensuring that people who use services and carers in Thurrock have an active voice.*

Thurrock Council therefore asked Thurrock Coalition to participate in an exercise to engage Thurrock residents with the ultimate aim of informing, shaping and influencing the development of the Adult Social Care workforce strategy.

The process

There were a series of 4 focus groups that took place throughout September 2011 and concluded with a consolidation and summary event in early October 2011.

The four Focus Groups of 2 hours in duration were held at The Beehive Community Resource Centre, West Street, Grays, Essex, RM17 6XP. Each group consisted of up to10 qualifying people (with protected characteristics) per group sourced from across the

Thurrock Coalition networks. The groups were mixed and included people with sensory loss, learning differences, carers, people with mental health issues, those with physical impairment and older people – any of whom may currently be in receipt of direct payments and/or services or have had previous experience of or may require future assessment for the same. Thurrock Coalition made a special effort to include people from minority ethnic groups and those who have been traditionally hard to reach.

The key characteristics of participants were obtained using our standard equal opportunities monitoring forms a summary of which is attached to this report

The final consolidation event was a larger meeting attended by all of the members of the focus groups at which the results of the exercises to date were presented and groups were supported to come up with standards to which residents of Thurrock would wish their adult social care workforce to work.

The dates were as follows:

Event Type	Date	Time	Venue	Number of attendees
Focus Group	6th September	11am -1pm	The Beehive Community Resource Centre	10 invited 9 attended
Focus Group	15th September	11am - 1pm	The Beehive Community Resource Centre	10 invited 6 attended
Focus Group	20th September	11am - 1pm	The Beehive Community Resource Centre	10 invited 9 attended
Focus Group	27th September	11am - 1pm	The Beehive Community Resource Centre	10 invited 8 attended
Consolidation Event	13th October	10am - 1pm	The Beehive Community Resource	30 invited 22

			Centre	attended (plus Council Officers)

The intended outcomes were as follows:

We appreciate that the social care workforce is broad and wide-ranging and we will explain exactly of what it comprises to each focus group. *Residents will have a better understanding of what the Council does and does not provide in Adult Social Care..*

Residents will have expressed and elaborated upon the skills, qualities, competences and qualifications they feel the workforce should have and what would make a "good social care worker." *Their views will be analysed and collated to inform the Council's workforce strategy.*

We have used the document entitled: *"Capable, Confident, Skilled – A workforce development strategy"* to inform our thinking. The reality of the lived experiences of residents of Thurrock differs somewhat and it is the impact and affect of these actual experiences that we have captured across the focus groups.

The Focus Groups

Each group began with the facilitators stating the overall object of the exercise, its scope and the time allotted to it. A process was then followed that would ensure that attendees views were fully captured.

Each member of the group was then asked to identify their particular perspective in terms of experience and contact with members of the Workforce of Thurrock Borough Council Adult Social Care – without offering any opinion or having any debate at all.

Each group established the range of all of the issues that they collectively believed it necessary to address. The issues were then clustered into common areas/themes using continuous input from the attendees to ensure effective person- centred participation throughout.

The groups were then asked to agree an overall outcome from the clusters and to consider how they would like the outcome to be achieved and how might it be measured.

The views, experiences, issues and identified outcomes from all 4 Focus Groups were analysed for commonality from which the following were extrapolated:

Agreed outcome – A I feel I have choice and am in control of the services I receive and they meet my needs

Agreed outcome – B I feel I have been listened to and understood and am in control of the assessment process

Agreed outcome – C I feel confident that social care staff know what they are doing Social care policies are clear and understood by everyone.

Agreed outcome – D I feel all relevant information about me is shared appropriately and with my knowledge.

Agreed Outcome – E I understand what is available to me both in my community and from health and social care.

Agreed outcome – F I feel recognised as an individual, able to make decisions for myself and my own contribution to society.

Conclusions and suggestions for training

From this exercise, it appears that the public are not impacted on by, or interested in, what training or support officers of the Council have or indeed how many there are of them. Rather they form views about the competence of individuals, the Council in general and Adult Social Care in particular, based on their personal experience of the ways social care staff members behave towards them when they ask for advice and assistance. In the same way that we all expect trades people to carry out the jobs they have been asked to do effectively and efficiently, people trust that local authority employees know what they are about and have the personal and professional skills to deliver an acceptable level of service.

When asked directly about what makes a good social care worker, however, the vast majority of people only gave examples of poor practice and behaviours that were not acceptable to them. It seems such encounters leave the strongest impressions. In an effort to reverse these generalised negative opinions of social care staff, we engaged people in a process of solution focused standard setting specifically devised to empower them to say what they expected from social care staff so as to bring about changes for the better in staff attitudes in the future and improve the experience of Adult Social Care for all. As quality of the workforce makes the biggest impact this is what we asked the public to try to change for the better by setting clear standards based on outcomes they agreed they wanted to see. This happens to be in line with other recent approaches (see references).

In seeking to help residents set standards of acceptable behaviour and thus improve their confidence in the social care workforce, we attempted both to enable them to see that they had a right to expect better treatment and also a responsibility to help reverse the poor experiences they reported. People were fearful of how the Council would react if they told the truth about their feelings. We devised a methodology that encouraged honest and constructive feedback upon which the Council could act. Recognising that the workforce plan needs a strategic training plan to mould the ‘right people’ the Coalition expects that the Council will be able to include effective interventions to achieve the outcomes proposed by residents of Thurrock. People wanted staff to demonstrate good practice through their experience, knowledge and skills. To assist in translating this into a plan to enhance those qualities, we are happy to provide a summary of the areas for concern and improvement that were identified in the process.

Preferred outcome –

I feel I have choice and am in control of the services I receive and they meet my needs

“All conversations should be courteous”

“I must be treated with dignity every time I am in contact with the Council”

All of the comments made by the residents of Thurrock are totally compatible with those found in other studies in England of what people think a good social care experience should be like. This would indicate that there is a societal expectation of certain aspects of behaviour from social care staff. It appears to be when some workers fail to meet these expectations that tensions ensue.
Clear learning aims follow on from clear standards and social care standards take account of the views of people who use services and their carers. What we have learned from our own residents and the wider literature that bears out their views is illustrated below.

Clear and courteous communication at all times is of the essence.

In the SCIE Guide 5 ‘Teaching and learning communication skills in social work education’ by Marie Diggins, published in June 2004 it is stated that service users and carers want social workers who are “good at communication:

• are courteous
• turn up on time
• speak directly to service users, not carers or personal assistants
• don’t use jargon
• ‘open their ears’ and ‘think before they talk’
• listen and ‘really hear’ and accept what carers are saying
• explain what is happening and why
• do what they say they are going to do and don’t over-promise
• say honestly when they can’t help
• are patient and make enough time to communicate with disabled service users
• recognise the loss of dignity people experience when approaching social services for the first time – the ‘cost’ in this – and respond sensitively
• don’t assume anything about a user’s abilities simply because of a disability
• understand the importance of privacy, peace and quiet and users’ and carers’
choice of meeting place
• know that closed questions can be easier for service users with communication
difficulties to answer
• check out that they’ve been understood
• find a mode of communication that works
• build trust, empathy and warmth”

All of these comments were made in more or less the same language by residents of Thurrock. It is up to Thurrock Council to provide social care staff

with the backing of an understanding organisation that helps them do these things and avoid contrary behaviours.

Currently some people are not experiencing their contact with social care staff as positive. The reason for this can be as simple as staff not observing the basic social niceties from the initial greeting onwards which immediately influences their view of the relationship in some way. Checking out how to address someone, and ensuring they know exactly who you are and what you do before launching into a conversation would seem to be a simple courtesy.

"Be greeted by my title and surname… be called by my first name *when I have given permission"*

"Professionals will call people Mr. and Mrs. until the person gives them permission to use their first name"

All social care workers, and especially those who offer personal care to individuals, are inevitably in a position of power which they should not abuse by assuming a familiarity with individuals which they may not possess. People find it difficult to say that they are uncomfortable with the use of their first names and when people do so without asking this does not afford them the dignity they deserve. A small point but one which is being overlooked.

Clarity of communication is also a concern. One of the more recent issues that has developed in Thurrock, as elsewhere in the country, is that social care staff members who have strong accents, maybe regionally or culturally derived, are difficult to understand. In particular, residents who are under personal pressure, themselves, have communication difficulties or learning difference cannot easily comprehend what is being said to them and may respond to what they think they heard, or just agree to save face and get on with the process. It is evident from our investigation that residents of Thurrock recognise how powerful social care staff can be and are concerned that they will not receive the services they need if they question staff in any way.

It is hard for people who are seeking help and may well lack confidence to ask a social care worker to slow down or repeat what they said, especially if such a request may be seen as challenging by the worker. It is therefore up to the worker to continuously check out that they have been properly understood and to say things again, more slowly and in a different way if necessary. They must also be sure to confirm that they have correctly understood the individual. Sometimes there is an advantage in being able to take non-verbal cues into account and thus face to face conversations are often more telling than those held over the telephone. This checking out requires a level of understanding, knowledge and confidence in the worker themselves which needs to be developed through practice and training and in supervision.

Preferred outcome –

I feel I have been listened to and understood and am in control of the assessment process

"During the assessment process the opportunity to comment/feedback at each stage should be given so that issues can be addressed before moving on to the next stage to ensure the correct outcome"

"In every assessment I want to have what I have said said back to me so I know I have been understood"

Social care staff members work with people of all ages who are in some way socially excluded, vulnerable or undergoing a level of crisis which necessitates having some assistance. They need to understand how emotive such situations are and how difficult it is for people to express themselves clearly when they feel they need to ask for help or, more potentially humiliating, have to respond to enquiries because someone else sees they need help and refers them for it. The idea that people can always articulate exactly how they feel and specify what they need at such a time in order that they be asked to assess their situation for themselves seems to be a distorted take on the concept of centering on the person.

If in addition the individual does not fully understand the role of the worker and the worker cannot explain it clearly or even be properly understood then this will add to the barriers. Again basic courtesies like leaving a card with details of the staff member's full name, job role, and contact number seem to be welcome. Other details, such as who else can deal with a follow up call, can be helpful too. For example, it is evident from some of the comments that there remains confusion between health and social care staff, and between administrative and social work staff that such information may begin to address. Residents see everyone offering them care services in their own home as 'someone from the Council' and/or someone with more power than they have to ensure their needs are met. This can lead to confusion and disappointment if the staff member does not have that power or authority. ***Role definition is important and clarity of the particular powers that staff have essential to avoid misunderstandings.***

Being certain of their role and of the legislation and local protocols under which they operate, and being able to explain them clearly is something that has to be not only taught but also reinforced from time to time so that false assumptions are not made on either side.

"The social worker must always leave evidence of the visit i.e. name, position, date, reason for visit, to aid service user (e.g. log book held at users premises) and an alternate contact and details"

“The community nurse must offer a more personal service i.e. investigate other health problems that are not being dealt with and set wheels in motion”

Preferred outcome –

I feel I have choice and am in control of the services I receive and that they meet my needs

***Interviewing skills and an understanding of barriers to communication and a willingness to explore more meaningful alternatives will greatly improve the experience of residents and staff alike*.**

The variation in experience with different staff members is evident from the comments of those who have encountered them. People want to be able to change workers when in fact it is up to workers to behave appropriately and professionally towards them at all times. There needs to be a greater consistency in approach, better supervision to avoid or ameliorate poor practice and more willingness to admit lack of knowledge, change behaviours and learn among staff members. Honesty on both sides may then be encouraged. At present residents seem wary of individual workers acting unprofessionally and this again apparently colours their views of if not the whole workforce certainly parts of it.

"I want to be able to request a different social worker if I choose, and for that to be permitted and in action within 21 working days *with no repercussions"*

"Every time someone from Adult Social Care visits my house they must always ensure my basic needs are met and an effective method of communication used from the very first contact with me and a record of such communication be kept every time"

"Staff should be fully trained to understand needs at all times when on the telephone and write down exactly what you say without giving their interpretation"

Learning to trust is a two way process. As Trotter (1999:1) comments

"As practitioners we still have more to learn about how to work with people in ways that are clear: ways that shine a torch on what is happening and why, that illuminate possible ways to move things forward and provide evidence of effectiveness or otherwise. This learning is an ongoing process and never complete. Indeed, one way to view every interaction is as a learning experience for both parties. As practitioners we may be learning how to pose questions in ways that offer the greatest chance of being given open and honest responses. Or we may be learning to listen creatively to what is being said, or not said.

At the same time, through the process of actually putting words to thoughts, feelings and experiences, service users may be ordering events and emotions, and learning more about their strengths and limitations, and their capacity to cope, or not, when faced with too much strain. They may be using this opportunity to come to terms with experiences that have been unbearable up to that point and, in this difficult process, may be learning how to trust again."

While this comment is specifically about social workers, the principles can surely apply to all Council employees working with vulnerable adults. Residents are in any case unable to tell the difference between those who are registered with the GSCC and those who are not, or understand the significance of registration. This again is an area of concern. Any competent person may be employed by a local authority to assess individual need but there is no requirement to prove their competence in the same way that a social worker has to prove their eligibility to register with the GSCC before calling themselves by that title. The quality of staff may therefore may variable.

Before considering what further training may be required it is important to look at the characteristics of any good social care worker. In our work we mainly had to deduce what residents thought might be good from what they said and experienced as not good.

Social care staff roles and duties vary, but generally they include the ***provision of information, guidance and support, with a focus on enabling the service user to eventually support themselves as much as possible.*** Some offer practical and personal assistance with the same aim. However, everything anyone from the Council says or does to a resident contributes to the way in which that individual perceives social care staff as a whole. So those workers who gossip, complain, do not keep confidences, bully, deliberately misinterpret requests, assume, seem rushed or disinterested are seen to be as typical as those who behave more professionally – and are, as our study shows, remembered more clearly. People have a concept of what is professional behaviour and what is not and expect social care staff to have one to.

"All staff must behave professionally at all times"

Any good social care worker needs to be:

- Interested in people
- Confident in speaking to new people face to face and creating rapport
- An excellent communicator with active listening skills
- Intelligent and responsive
- A positive – or at least a realistic - person
- Able to problem solve at all levels
- Committed to helping people help themselves
- Socially competent in a range of demanding situations

- In possession of organisational and time-management skills
- Able to negotiate
- An advocate for individuals and communities
- Able to create and maintain professional helping relationships.
- Able to improve people's coping and development capacities
- Able to engage and communicate with diverse people, families and groups
- Have a knowledge and understanding of human relationships

Some of these skills (such as psychology) can and should be taught, others must be inherent in their personalities; and the organisation needs to be able to manage the differences. Hearing what clients, service users and carers say about how they experience workers' practice must not only inform the organisation's actions but be seen to do so.

"I always need to be given information, choice and explanation to make decisions affecting about everything that might affect me, including the complaints procedure"

People need to be able to complain about what they see as unprofessional behaviour at all levels without feeling that they themselves will be sanctioned for so doing. They could also be encouraged to comment on what works for them so that the organisation may in turn enable workers to do more of that.

Preferred outcome –

I feel confident that social care staff know what they are doing

Social care policies are clear and understood by everyone

"**All protocols must be explained in plain language"**

"All staff must check that processes are understood"

Social work requires a lot of organisation and a significant level of administrative work. This is because a social worker is expected to ***assess, review and maintain records of specific cases, all within certain timeframes whilst achieving set standards of care, and providing service users and their families with relevant legal and procedural information.*** There is a basic requirement to understand the legislation they are employed to implement and the specific ways in which the law is interpreted locally.

Residents of Thurrock are very aware that Council staff members follow procedures but neither they, nor it appears some staff, understand precisely the detail of the procedures or of the associated protocols. Workforce training has to include a specific effort to clarify and amend procedures where necessary to be understandable by all, where possible involving service users and carers.
Flow charts which explain legal and local processes need to be developed and made public. As the power of social care workers derives from the law so it should be clear where that power begins and ends and what the individual's rights to challenge are. Some of the poor experiences of service users are apparently because of systemic faults rather than social care workers' failings and these need to be pro-actively addressed.

"All staff must explain processes in plain language"

"All social care policies need to be in plain English, accessible…in a variety of formats but must be available in written form … in the person's own language"

"All policies should have an action plan that describes how they are used in practice"

"All procedures should be reviewed and approved by a recognised and relevant user group"

Working together on a mutual understanding of the need for policies and procedures in a co-productive fashion may significantly assist progress towards a better workforce and improved relationships between it and the public whom it exists to serve.

Preferred outcome –

I feel all relevant information about me is shared appropriately and with my knowledge

Social workers often work in a team with many other professionals, such as those in healthcare, and need to be team players, liaising with a number of different agencies which requires a patience and multi-tasking ability not always evident. People with whom we spoke were particularly concerned about the way in which information was shared and how accurate that information was. There was also a great deal of concern about staff not knowing their history and /or making assumptions about their abilities based on generalities not actuality. No staff should make assumptions about how a person's condition affects them nor fail to record that a person's ability to carry out tasks may vary from day to day.

In order to be sure that information about them is accurate, many residents asked that they be shown their records and have the opportunity to comment upon them. This requires a level of ***ability to write accurate and clear reportsin plain English*** that every social care worker should demonstrate. High levels of literacy and good use/understanding of English are important for any social care worker to ensure that misunderstandings are not inadvertently perpetrated. This also goes back to active listening in the first place and subsequently checking conclusions out with individuals.

"All staff must adhere to what the service user had said or explain clearly why they have not"

"I will have access on request to the information being shared about me"

"I need to see everything written about me and to sign it off"

Again this skill comes with practice and a willingness to accept correction both from the individual and from supervisory staff. Much of the concern expressed by residents was centred on the fact that they did not know what was being written. They often did not see reports in a timely manner if at all and when they did see them found inaccuracies that workers seemed reluctant to amend or apologise for. Sharing or even recording inaccurate information may have a long term affect on how a given individual is perceived. One of the reasons people wanted their history to be shared was to ensure professionals understood what they had gone through, however if that history were to be inaccurate at any point they recognised this might label them inappropriately and impact on their needs assessment and hence their future service. It is the worker's responsibility to make sure everything they record is the truth and what is opinion, deduction or analysis is made clear. The arts of reflection and

indeed insight are perhaps other skills that need to be revised in social care staff training.

Preferred Outcome –

I understand what is available to me both in my community and from health and social care

The importance of ***accurate and timely information about all sources of assistance*** was also emphasised. People want to maximise their quality of life and take control of decisions that affect them.

As 'Capable, Confident and Skilled' (May 2011) states

"Supporting people to have autonomy and make informed choices requires the workforce to have skills to enable easy access to information—advocacy, brokerage, advice and guidance. Practice has to be informed by an understanding that the focus must be on the outcomes of greater choice, control and independence, and better quality of life. The use of outcomes-based tools, alongside the development of outcomes-based assessment and review processes will support a better understanding of whether people's expected outcomes are being met."

Sadly at present in Thurrock there does not seem to be much confidence that staff do have the knowledge and skill that is required in this area. The idea that social work staff would serve as brokers by connecting individuals with resources is in development but is not as yet consistent. Social care workers need to be more involved within communities and so provide services to not only support change in the individual but also in their environment to ensure that demand on statutory services is reduced and community resources better used. ***An interest in information gathering and promotion of the use of ordinary resources needs to be encouraged in all staff.***

"The Council and especially social care department needs to have a more complete and accessible data base of information (with regard to other organisations, charities, forums, social groups and government departments)available to all service users"

"I always need to be given information, choice and explanation to make informed decisions about everything that might affect me"

Preferred outcome –

I feel recognised as an individual, able to make decisions for myself and my own contribution to society

"Staff will listen and respond to my requests"

"Every social worker should take the time to understand each individual and their needs"

"All staff should encourage me to make my own choices and decisions"

"All staff encourage me to get out and take part in ordinary society so that I may make my contribution"

It was evident from our conversations with residents that in the main they would prefer to be independent of state help. But this ambition was not made easy for them by the attitudes of social care staff and the fact that it is easier to comply with the system than to try to assert oneself when one is already vulnerable in some way. We have no doubt that there is more dissatisfaction with social care staff and their practices in Thurrock than was reported by the few people we involved in this exercise for that very reason. Progress with self assessment and self help will only take place when social care staff at all levels understand that people need support and encouragement to become independent from people who believe that it is the way forward. For example, the legal duty on assessors to offer direct payments as part of the personalisation process is not well understood by frontline staff and not pushed by budget holders yet it is crucial to the process of promoting or regaining independence. Safeguarding concerns mean that people who are willing and able to take informed risks are not enabled to do so.

It appears that most people prefer to live autonomous lives. They recognise there are times when they need help and some will always need more help than others but the control of that help and the choice about how they use it should always remain with the individual. It is up to people who make a profession from helping to ensure that they do not knowingly or inadvertently encourage dependence rather than independence. A good member of the social care workforce will always strive to allow the individual to make their own contribution to life in the way that they themselves choose. This requires confidence, knowledge and experience but most of all an understanding of basic human needs and some humility.

It is hoped that the above suggestions for areas of development in local social care workforce training based on what residents have said about their experiences will assist the much wider workforce planning agenda.

References

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APPENDICES

Workforce Planning – Resident's Focus Group A - 6th September 2011

After each group member identified their particular perspective in terms of experience, the following issues were noted.

1. Paperwork not returned
2. Social Worker not contactable
3. Finance agreed but paperwork not passed on, therefore bank overdrawn
4. Attitudes/Manners of social workers poor
5. No copy of assessment
6. Not accurate assessment
7. Clarify things with me
8. Social Worker not sure of information in department
9. Direct Payment returns post form not personal – templates vague
10. Lack of time
11. Stopping payments when goes to panel.
12. O.T. Waiting list too long.
13. Assessment on telephone – not listened too – only give 5.5 hours
14. Husband as carer ignored
15. 3 months to see a social worker (qualified)
16. Need to see someone in my own environment (finance people always visit)
17. No annual reviews for Provider Services
18. No package when first went home.
19. Residents don't understand the journey from discharge onwards
20. From receiving the CVI to seeing a social worker is too long (when people are most vulnerable).
21. Gave (DP) money too soon before needed
22. Social Worker not understanding me
23. Community Solutions Team:

- Taking people at face value
- No experience
- Don't dig deeper

Areas identified to include/consider as vital to achieving the desired outcome (grouped into clusters/themes)

- Communication.
- Access to information.
- Listening/ Looking,
- Understanding
- Compassion
- Process
- Staff levels.

Overall Outcome from the Clusters

An overall outcome from the clusters was then produced to take into account all of the identified issues and clusters:

> To feel that I have been listened to and understood and that the Social Worker empathises with my situation. To have been seen in my environment and my family carer has been listened to aswel.
>
> To have a copy of the assessment and it to be personalised to me and to have time to clarify it. [The assessment] to have been explained to me with time limits and details of the process I am going through. To not tell us about your lack of funding or work pressure and to be on time. To understand exactly what outcome the hour of support is supposed to provide. I know how to appeal if I disagree with the assessment. That I have decent support to understand how/ what to use my direct payment for.

Workforce Planning Resident's Focus Group B

Thursday 14th September 2011

After each group member identified their particular perspective in terms of experience, the following issues were noted.

1. Transition from school to adult – (21 year old son missed).
2. Council/Social Workers don't follow social model of disability.
3. Don't keep in touch.
4. Reactive not proactive – who screams loudest gets.
5. Criteria and goals and numbers not based on individuals.
6. Too much box ticking.
7. Continuity for who you see – who you talk to.
8. Want them to know me.
9. No main point of contact.
10. Needs to be like a G.P. – knows my history.
11. Information is not accessible – phone is a waste of time need face to face contact.
12. Social workers running late – timekeeping.
13. Process if not clear – Review – go away – big gap – hear nothing.
14. Report goes to panel before we see it.
15. Presentation of report – 48 spellings – wrong name – 110 years old.
16. No one formally told us we had got what we wanted.
17. Body language.
18. Social worker – language is not simple and make people understand.
19. Time it takes to get through the process.

The issues were then clustered under specific headings and an outcome collectively agreed by the group under each heading:

Clustered Heading	Outcome
PEOPLE	• To have understood everything you have said and have to been listened to and understood. • To be confident in the social worker and know that they are

	sincere. • That is has to be the same person through the whole process. • They know my history and see me as an individual. • I have been understood and agreed all they have written about me as an individual. • They agree timescales and stick to them.
PROCESS	• There is a clear process that they and we understand. • Timescales are written and agreed. • I am informed what is happening at all times.
POLICY	• Policy allows for the individual to hold the Council to account. • Policy is clear and understandable by everyone. • Policy has been co-produced. Information is available, current and clear.
PRACTICE	• All workers are trained to an agreed standard and are professional. Service user is kept informed throughout.

	• Person is at the centre of the practice.

Workforce Planning Resident's Focus Group C

Tuesday 20th September 2011

After each group member identified their particular perspective in terms of experience, the following issues were noted.

1. Lack of communication from hospital to home
2. No discharge plan
3. Too many assumptions
4. Lack of information/signpost
5. Forms are worded to baffle you – wade through masses
6. Out of date information
7. Not listening to us as experts
8. Assessments on the phone don't work
9. Need to see peoples eyes
10. Need direct contact – some families cannot read
11. Social workers start the conversation with "we have no money"
12. Assumption about people because they look normal
13. Need to see people more than once
14. Understanding the impact of impairment
15. Promise to return call – nothing for 3 weeks
16. Family carer should be seen as expert and care partner
17. Children and adult transmission still scary
18. Talking between OT and physio – CCT and CTT don't communicate
19. There is no map showing the route – who pays for what
20 Who pays for housing adaptations
21 Health & Social Care do not communicate

The issues were then clustered under specific headings and an outcome was collectively agreed by the group under each heading:

Clustered Heading	Outcome
PEOPLE	• To have knowledge, experience, people skills and unconditional

	positive regard • To have time for me and understand when I call them • To know me as a person and not just a client – to call and ask if I am ok • To treat me as an individual
PROCESS	• To have understood each stage of the process, and have it explained to me • To have been involved in what I want, not what out there • To have changed the process and flexibility in my outcomes • To have a clear map
POLICY	• To have easy read, quick and efficient policies that we understand • To show where I am on the map • For policy to be up to date and transparent/clear • All staff understand what the policy and process is
PRACTICE	• To apply policy and practice fairly • To have good communication between difference agencies – Health and Social Care

	• To have everything in easy read and translated for me

Workforce Planning Resident's Focus Group D
Tuesday 27 September 2011

After each group member identified their particular perspective in terms of experience, the following issues were noted.

1. Lack of communication
2. Lack of information/signpost
3. Forms are worded to baffle you – wade through masses very tiring
4. Out of date information and don't have knowledge of local services
5. Assessments on the phone don't work
6. Need to see peoples eyes
7. Social workers start the conversation with about having no money and cuts
8. Need to see same people more than once
9. Understanding the impact of impairment
10. Promise to return call – and do actually call back
11. There is no map showing the route – who pays for what and whereabouts you are on that map.

The issues were then clustered numerically under specific headings and an outcome collectively agreed by the group under each heading:

Clustered Heading	Outcome
PEOPLE	• To give me enough time and have knowledge. • To have been communicated with clearly. • To have the executive power to make decisions. • To have seen me in my own home and

	listened to me and asked me appropriate questions. • To be honest and tell me “I don’t know” but get back to me. • To have creative ideas to “fix” my problems. • To understand as an expert by experience.
PROCESS	• To understand/have a copy of the flow chart to show me where I am. • To manage my expectations. • To be given the “in the meantime” option. • To have one named contact once in the system. • To understand who the independent quality checker is.
PRACTICE	• To have knowledge of local services. • To not talk to call centre staff and my story to be told once. • For only qualified OT’s to have assessed me. • To have ‘apprentices’ working alongside social worker. • To not be told that I am ‘banked’. • To have an independent ‘name checker’ on the Panel.
POLICY	• To have clarity on timescales e.g. 28

days rule.

- To always return telephone calls.
- To understand the team has specialist knowledge.

Workforce Planning Exercise – Collated Equal Opportunities Data

Gender		**Age**		**Do you live in Thurrock ?**		**Do you see yourself as disabled ?**		**Are you a carer?**		**Do you have a physical or sensory impairment ?**		**Do you have a learning difference ?**		**Do you have a Mental health issue?**		**Ethnicity**	
Male	Female	18-25		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	White British	24
14	14	26-35	3	29		18	10	8	21	17	12	4	25	4	19	Irish	
		36-45	7													White/Other	2
		46-55	6													Black/British	1
		56-64	4													Black/Other	
		65+	7													Caribbean	
																African	
																Asian	
																Indian	1
																Pakistani	
																Bangladeshi	
																Other Asian	
																Punjab	
																Chinese	
																Other ethnic group	

Thurrock Coalition Workforce Planning
Final Consolidation Event Collated Feedback 13th October 2011

Did the event meet its objectives?	Agree	Neither agree or disagree	Disagree	Not Applicable
Provided a forum for discussion of the standards residents expect from social services workers	18	0	0	0
Provided a forum for discussion of different perspectives and experiences of residents	18	0	0	0
Provided a forum for discussion of issues that the group identified	17	1	0	0
Concluded with clear standards for Council staff in Social Care	12	6	0	0

Q. What went well for you during the event? What should we keep doing next time?

- Good interaction, clear instruction from trainers.
- Very interesting and felt we could bring about real changes in the community
- Well explained, clearly and understandably and treated each persons questions / concerns with respect
- Well prepared event, well facilitated
- Clear, precise, observations and questions, well run
- Discussions about things, asking people their views, keeping it real
- Discussion sessions
- Chance to listen to views of others
- Facilitation
- Informal and easy to understand, not to long
- Don't know
- The opportunity to give my opinion and suggestions
- Things now seem a little clearer now
- Presentation easy read
- Everyone given a say, clear objectives, interesting to see other peoples ideas / opinions, an excellent meeting and most appreciated, I really felt our concerns had been added
- I though there was good ideas that needed to be implemented. Voice today

Q. What didn't go so well for you? What would you like to see done differently next time?

- Nothing.
- Nothing
- A bit ambitious for the amount of work to get through. Difficult to know exactly what standards will result from this
- Possibly longer for a very big programme
- More food
- Sandwiches
- Not so long
- More time in small groups needed, to discuss points
- There was not enough time to deal with so much
- Free lunch provided
- Not knowing quite what was going to happen before event or room where meeting was taking place
- More time to deliberate

Q. What else would you like to tell us?

- Look forward to seeing positive outcomes from the process.
- Keep going

- To have some lunch
- I don’t see social services as the enemy. Just think things need tweaking a bit.
- A current structure chart of social services would be useful, (to supplement the excellent directory). (I get confused about all the different aspects of social care!)
- Would like a similar process for NHS concerns, but this probably not appropriate to Beehive services?
- Please implement either the ideas of adaptation or the ideas of the majority. The group was a good honest and upfront education of how the adult social care does not work at present and how it seriously needs to improve. Implement basics as standard!