



Essex County Council
Adult Social Care

Making the difference everyday

Inclusive Essex

**Reflections from a PSW & POT
on Leading Practice in ASC**

Dr Tanya Moore, PSW and Alex Laidler POT



First impressions

Alex on Tanya – charismatic, intimidating, energetic, high-profile academic/practitioner & author with high standards and a national profile. Exacerbated my imposter syndrome! Would I be her assistant/inferior sidekick? But...strong relationship with POT in prev. LA!

Tanya on Alex – knowledgeable, experienced, authority, very senior, well connected within Essex and knows how to get things done. Teeny, neat and perfectly formed. Will we get on? Will she be my friend?

Senior leaders – Were we hitting it off? Did we get along? Joint 1:1s with DASS and updates to senior leadership team to support.



Our love of stories / Practice Gems

Sept
23

“The change since you first visited is enormous, and life changing for both me and Sam. It’s wonderful that we now live in a clean and tidy, clutter free house. It may have been stressful but so, so worth it. You’ve worked wonders. Thank you....”



Right Person Right Task



Time to Reflect Relaunch



Working with Quality Assurance Team

- close work with and steer provide to QA service
- New practice audit tools now launched across all services
- Clear audit cycle being established. Audit picked up on need for MCA practice focus and this has resulted in series of MCA training and workshops being commissioned and planned. This includes on-line MCA workshops for managers co-led with PSW
- More work to do on tightening process/clarifying roles



Practice Model



Citizenship



Choice



Sustainability

All citizens in Essex should have choice and control over their own lives. We will support them to do this in a sustainable way.

With the right support, everyone can achieve some independence.

We want to support people to maximise their own potential for control over their lives

Senior practitioner's network

- Launch event will be Wed 15 November co-led by Tanya and Alex
- Aim of the day; to establish shared vision of practice in ASC and develop mission statement for the network.
- Plan is for annual in-person network and 8 on-line meetings per year (or to follow practice audit cycle)
- On-line meetings will include feedback from practice audit and consideration of how senior network will respond to practice issues raised



Launch of Senior Practitioner's Network

Nov
23



How can we make tech a core part of our practice model with all practitioners confident to use it?



Refresh practice policy, guidance and training / CPD to include care tech?



Encourage staff to visit people who have had new tech for a few months to experience the impact first hand?



Motivation by understanding and appreciating what the benefits are?



To develop confidence in it and feel safe using it in practice?



To address fears of fraud, data protection and online security?



More info and awareness of what is available to us and the benefits?



Talking about tech in SID, case discussions, and supervision?

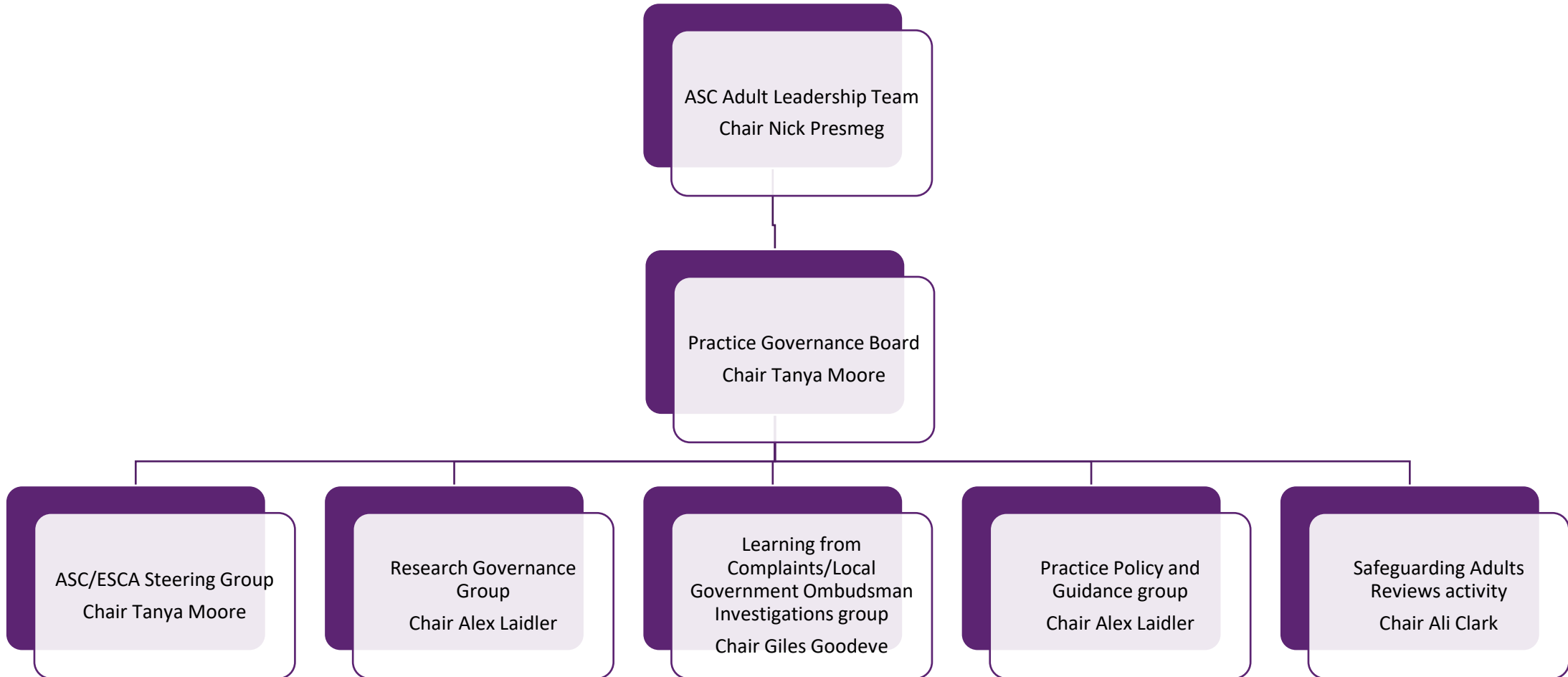
Work with Quality Assurance

Consistent message from practice audits is on need to:

- **offer carers assessments** (work underway on new carer's assessment recording form and practice guidance) and
- **incorporate culturally aware practice into assessments/MCA** (Senior Practitioner's network/ESCA/Practice Leads working on resources to support practice in this area)
- **demonstrate rationale for decision-making in MCA assessments** (essential MCA training now in place, Time to Reflect on CA last week and MCA with PSW workshops to launch in March).



Practice Governance Board



Time to Reflect

Feb
24

- Feb session on Mental Capacity Act, presented by practitioners attended by **268** practitioners
- As well as considering each of the principles of the MCA + cultural considerations in best interests decisions, this gave us the chance to raise the most common practice issues identified in practice audits eg practitioner making decisions where a Lasting Power of Attorney is in place

The screenshot displays a Microsoft Teams meeting window. The main area shows a presentation slide titled "Providing all of the information". The slide content includes:

- The code of practice says;**
 - ▶ 3.8 All practical and appropriate steps must be taken to help people to make a decision for themselves. Information must be tailored to an individual's needs and abilities. It must also be in the easiest and most appropriate form of communication for the person concerned.
- What we did**
 - ▶ We provided information both verbally but supported with pictures outlining the choices
 - ▶ We kept the information to necessary only to avoid distracting from what is being discussed
 - ▶ The information was given with a balanced approach, highlighting her decision and be able to compare the different options

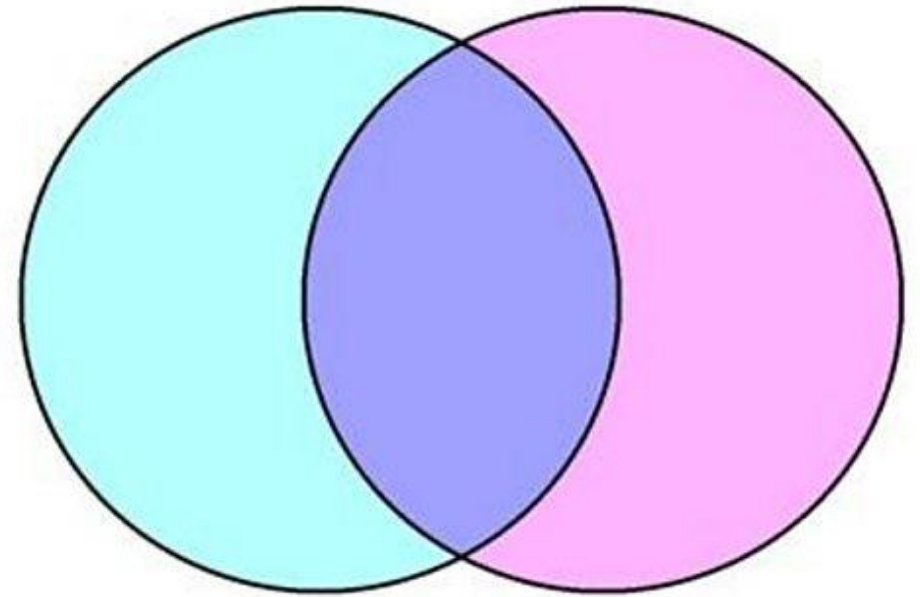
The slide is part of a presentation titled "presentation" dated 2024-02-13 13:07 UTC. The sidebar on the right lists participants: Tanya Moore - ASC - Princi..., Alex Laidler - HOC and Pri..., Emily Jones - Adult Social..., Katherine..., Fiona Carr..., Philip Holl..., Hope And..., Karolina K..., and Daniella M... The bottom of the screen shows a timeline with a duration of 43:04 / 4:00:00.

Finding the balance

Together/shared POT/PSW leading practice
Single – SW or OT specific focus, autonomous
Either/or – interchangeable “tag team”

Acknowledge real differences - scale, scope,
specialisms, duties.

Agreed on language, principles, priorities,
how resources are used.



LGA Employer Standards Action Plan

The Employer Standards Health Check helps us understand the experiences of social workers, occupational therapists, and non-registered social care professionals.

Based on our results from the 2023/24 survey we identified the following areas of improvement:

1. Creation of distinct OT governance group to report to Practice Governance Board
2. New dedicated OT role as part of ESCA to develop all aspects of CPD/preceptorship/apprenticeships
3. Further development of new practice model to highlight and emphasise professional practice for both OTs and SWs
4. Extension of Development Manager for Race post and focus on anti-racist practice
5. Continued development of Senior Practitioner's Network.

PSW/ Social Work Focus

PSW Practice Message

Lived lives involve risk.

A balanced approach to risk involves active consideration of *possible benefits* as well as *possible harms*.

It balances respect for need to make choices about how lives are lived, with a sensible approach to avoiding unnecessary harm.

Central to balanced consideration of risk is *understanding what matters to the person*, what's their general attitude to risk and what is it about taking this risk that's important to them?



Tanya Moore

July 2024



Essex County Council

Welcome event for Newly Qualified Social Workers

Introduction to Questers, ESCA and Practice in
Essex



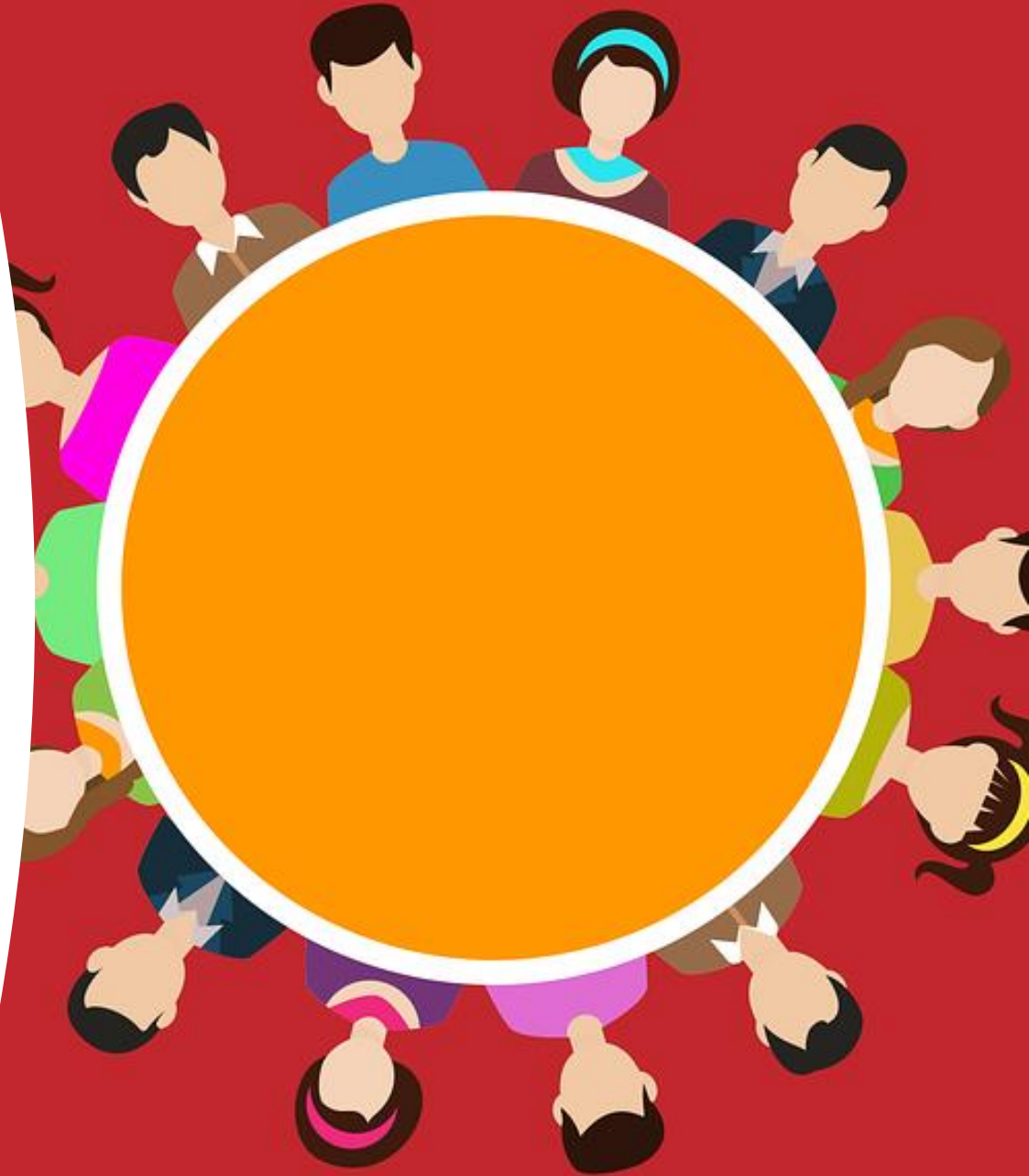


Team Visits

- Joining team meetings, reflective discussions, going out on visits with practitioners, meeting people who draw on services and visiting local service providers
- Conclusion?
- Our teams are FAB!
- Our team managers are AMAZING
- Our work is highly complex
- Our systems need to be simpler

Support for Colleagues

- Reflective Peer Supervision sessions for Directors and Service Managers now running
- MCA with the PSW workshops for team managers running from next month

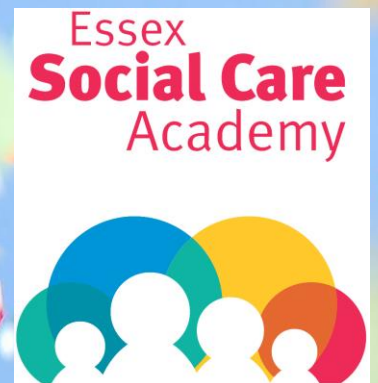


World Social Work Day 2025

Practice Informed Research

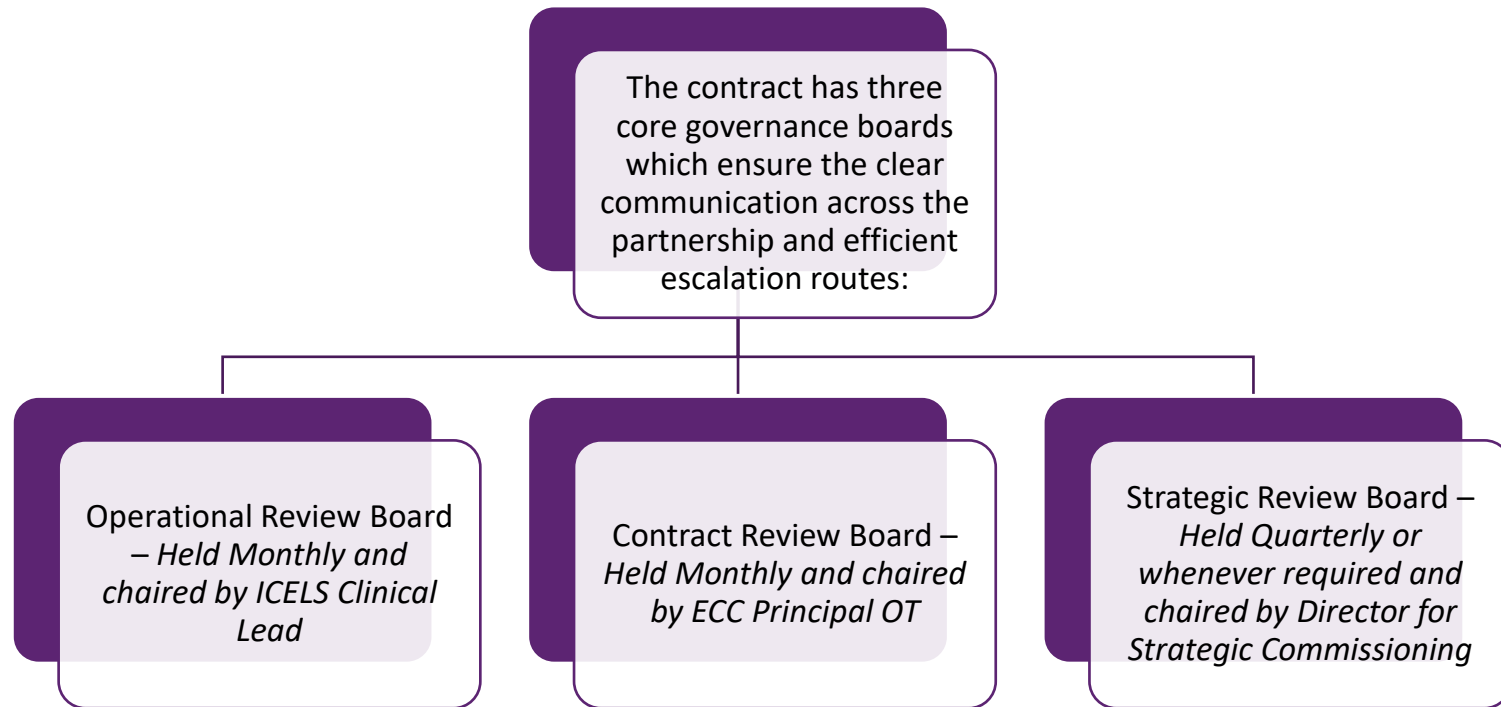
On Tuesday 18 March 2025 we would like to deliver a conference for the workforce

- Opportunity to celebrate social work practice and locate it as a research informed profession
- Face to face in Chelmsford but live streamed to the quadrants & staff WFH
- Linking practice to research but also to the main IFSW them when set
- An explicit anti-racist practice lens
- Opened by Cllr Spence and led jointly by ASC and C&F PSW's
- Shared sessions and also function specific content



POT/ Occupational Therapy Focus

ICELEs Governance Structure (S75 equipment)



Occupational Therapy

Feb 2024 update

- OT Audit Tool under development in QA team to reflect RCOT professional standards and Essex Lives practice model.
- Appointed to OT Development Lead Role for 12-month secondment to commence in April to work on practice education, apprenticeships, preceptorship.
- First 2 OT apprentices qualify and commence in ASC OT roles this Spring.
- Work progressing to ensure compliance with MHRA regulations on equipment safety by end March 2024.
- POT leading East of England regional social care workforce project funded by NHSE.





ECC Occupational Therapy Conference July 2024

80 therapists attended from ASC, C&F, ECL, Sports for Confidence, Medequip, Millbrook.

OT Conference Supports Pride and Identity



"Thought provoking discussions that *reinvigorate my practice passion* 😊"

"Inspiring, energising, informative, *excited for the future*, thank you!"

"*I felt valued and heard*, so often OTs are dwarfed by the SW aspects of social care".

"Positive day to initiate and (re) *invigorate ways to improve practice*"

"*Amazing to listen to the expert knowledge of OTs and be able to learn*"

"Fantastic day, *inspirational*. Current, not stale!"

"Wonderful day *celebrating OT*, all the work we are completing, all the new goals of practice, and developments"

"Great to get all OTs together, *fabulous new thinking*".



A maturing relationship

There are many factors that contribute to a satisfying marriage/relationship such as; Love, Commitment, Trust, Time, Attention, Good Communication including Listening , Partnership, Tolerance, Patience, Openness, Honesty, Respect, Sharing, Consideration, Generosity, Willingness/Ability to Compromise, Constructive management of Disagreements/Arguments, Willingness to see another's viewpoint, Ability and Willingness to Forgive/Apologise, Fun.

Time to reflect for Carers



Relationship based working

Trust

Honesty

Recognition

Mutual respect

Genuine connection

Empathy and emotion

Having each other's backs



Senior Practitioner's Network May 2024

Senior Pracs involved in

- recruitment videos, systemic practice workshop, design of supervision training, feedback on IT training, practice hub development, active membership on PGB and PGB sub-groups.





CQC Assurance Bitesize Webinar

ASC Practice Model

Tanya Moore

Principal Social Worker

Alex Laidler

Principal Occupational Therapist



The vision

Everyone in Essex should have choice and control over their own lives. We will support them to do this in a sustainable way.



Citizenship



Choice



Sustainability

With the right support, everyone can achieve some independence.

We want to support people to maximise their own potential for control over their lives

Practice Principles



Strengths-Based Practice

Strengths-based practice **highlights people's self-determination** and ability to cope.

We see strengths as a **relational coproduction**. The person tells their story, and the practitioner listens very carefully noticing the strengths and resiliencies and reflecting these back.

Strengths approach does not shy away from difficulty or need. Our understanding of strengths approach allows us to talk about needs. But people are not their disability, their illness or their difficulty. None of these elements of people's lives are defining characteristics.

We all have needs including the need to contribute. Strengths approach asks us to form **authentic relational connections** that allow the exploration of need, contribution and resilience.

We recognise every interaction is an intervention and remain curious, compassionate and connective.



1

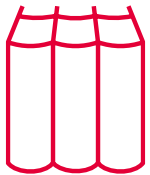
Strengths-based therapy is...



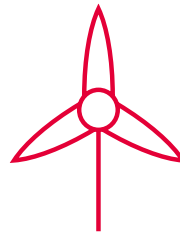
Focusing on occupations, interests, and activities the person loves, that light them up, and that matter. Avoiding deficits/ableist approach.



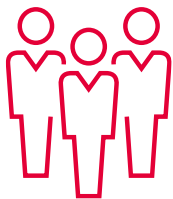
Adapting the environment and support to reflect differences, needs, and preferences to enable people to be the best version of themselves.



Learning from research and evidence but crucially, lived experience to challenge and overcome health inequalities.



Crafting therapy plans that reflect the person's chosen needs, goals, and aspirations, and plotting the steps to achieving them.



Informing people's self awareness of their function, differences, abilities, and potential.



Giving people the tools, strategies, techniques, equipment, adaptations and tech to overcome practical barriers to choice, control, and independence.

Practice Principles

Risk Positive

Risk is an important part of life. We all take necessary risks every day in order to live our lives.

We also take unnecessary risks; sometimes for good reasons but sometimes for reasons that others find hard to understand. But we all have the right to take personal risks for our own reasons (and we are often vindicated!).

We use the MCA to **protect people's right** to make their own decisions.

Where we are needed to help people consider their risks or to make best interests decisions, we take a balanced view, recognizing potential benefits and aiming wherever possible to support people to make their own decisions whilst mitigating any potential harm. And we are clear with the person about the process and reasoning behind any decisions that are made

Enabling risk, enabling choice (RCOT 2018)

Occupational therapists must embrace risk and enable choice. You are expected to put service users at the centre of your practice, working in partnership with them, being led by their needs, choices and aspirations (COT 2017, section 2.1). You have a continuing duty to respect and uphold their autonomy, encouraging and enabling choice and partnership working in the occupational therapy process (COT 2015, section 3.3).

In most circumstances, throughout your involvement with the service user, you are working with them towards their chosen aims and objectives. Those choices may be considered unwise, but must still be accepted as the individual's choice (see section 3.2).



Practice Principles



Safeguarding

Safeguarding is everyone's responsibility.

We all have a role to respond where we believe people may be at risk of

But our aim isn't to protect passive recipients of our services; it's to enable citizens to **make choices about how to keep themselves safe** in a sustainable way so they can continue to keep themselves safe.

Where we're needed to help citizens to make those decisions, we use the legislation to protect peoples' rights to exert choice and stay as much in control as is possible over what happens.

3

abuse or neglect.

A therapy view of safeguarding

Recognising poor/unsafe handling

Restraint/restrictions

Bruising, falls, injuries, pressure ulcers

Removal, mis-use, or damage to equipment

Avoiding the person being seen/assessed, especially physical observation.

Removal of possessions/loved items

Exclusion from preferred interests/ activities.

Punishment or consequences for 'behaviours' that arise from dysregulation.

Blaming/ anger about the person's differences/disability

Anxiety or distress during personal care eg washing, bathing, toileting, hoisting.

Control/restriction over access to food, drink, money, possessions.

Leaving in bed/putting to bed early for convenience.

Inadequate care or attention to wellbeing – eg drinks left out of reach, lack of good positioning and support during mealtimes.

Lack of support for repositioning or turning, sitting, standing.

Resentment about the burden of care, carers overwhelmed or indifferent.

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