

Right Skills, Right Practice

Transforming the Adult Social Care Workforce for the Personalisation of Care Services

**A pilot project delivering training to Personal
Assistants and Social Workers.**

***Person-centred support is not another thing
services have to do; it's what they must do.***

It's not another job - it's the job.

‘Person-centred Support: What service users
and practitioners say’. Joseph Rowntree
Foundation, M. Glynn et al. 2008

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1.0 Executive Summary

This document outlines the findings from a Skills for Care funded pilot project that aimed to address workforce development requirements for the transformation of adult social care in line with *Putting People First*.

City of Bristol College and the West of England Centre for Inclusive Living worked in partnership to redesign, trial and evaluate an existing training programme for Personal Assistants and Social Workers. Central to the pilot was involvement of Disabled people and learners; from training design and delivery through to evaluation.

The document provides advice on how learning style, design and delivery can be adapted to teach social care staff effectively to deliver person centred care and support.

Finally, the document provides learning providers with a series of recommendations, enabling them to develop the social care workforce so they can be ready for personalisation and involving people who use services.

2.0 Introduction

In December 2008 the City of Bristol College (CoBC) in collaboration with the West of England Centre for Inclusive Living (WECIL) submitted a bid in response to the Skills for Care invitation to tender for the design, trial and evaluation of training provision to support the social care workforce in responding to person-centred approaches and the personalisation agenda.

Following a successful bid, the collaborating organisations aimed to contribute to the realisation of the Joseph Rowntree Foundation statement on the cover of this report, and the vision expressed in *Putting People First: A shared vision and commitment to the transformation of adult social care* (2007) and the *Adult Social Care Workforce Strategy – Interim Statement* by developing and piloting innovative workforce development programmes for personal assistants (PAs) and social workers in partnership with disabled service users.

This report gives details of the pilot and its findings, and makes recommendations for the future development of the social care workforce.

The Context of Personalisation

The move to personalisation means thinking about public services and social care in an entirely different way - starting with the person rather than the service. This reversal will ultimately lead to change at every level throughout the local authority system to ensure that universal services such as healthcare, transport, housing and education are accessible to all. Personalisation means that people can be responsible for themselves and can make their own decisions about what they require, however, they may need access to information and support services to facilitate this change. Ultimately the personalisation agenda is about giving people much greater choice and control over their lives.

The implementation of this public policy provides particular challenges for social care. Its application to adult social care was announced in *Putting People First: A shared vision and commitment to the transformation of adult social care* (2007). The subsequent publications; *Transforming Social Care LAC* (DH. 2008) and *Adult Social Care Workforce Strategy - Interim Statement*, have revealed the nature of radical change required in the current and future social care workforce if the vision of adult social care is to be delivered.

2.2 Personal Budgets

Although just one way of approaching personalisation, much of the policy debate about personalising services centres around personal budgets. This

pilot project has therefore focused on working with Disabled people who receive direct payments.

It is well acknowledged that direct payments came about, and were championed by Disabled people. The Disabled people's movement and the social model of disability have been powerful driving forces. The popularity and success of direct payments, since the Community Care (Direct Payments) Act 1996, has stimulated much of the thinking around personal budgets. As of March 2007, fifty four thousand people used direct payments in England.

A Skills for Care commissioned study of direct payment employers and personal assistants, found that seventy nine per cent of direct payment users were very satisfied with the support they received from their directly employed PA, compared with twenty six per cent who had been very satisfied with services supplied directly by the local authority. Whilst the study clearly demonstrated that the direct payments system is working well for direct payment employers and PAs on an individual basis, the study also raised wider questions about the workforce, including issues around training:

The appropriateness and cost of training are an issue for direct payment employers, with only seven per cent of employers offering external training for PAs but a third of PAs wanting training and development for their role (Skills for Care, 2008).

The management and delivery of this Skills for Care funded project has been very much orientated towards delivering the assertion in *Putting People First* that the transformation of adult social care programme. It "seeks to be the first public service reform programme which is co-produced, co-developed, co-evaluated and recognises that real change will only be achieved through the participation of users and carers at every stage".

Research on co-production has shown that frontline workers should focus on people's abilities rather than seeing them as problems and should have the right skills to do this. Developing staff confidence in themselves and their ability to perform their jobs is very important for the success of the personalisation agenda.

Successful implementation is best summarised by the Social Care Institute for Excellence in *Personalisation: a rough guide* (2008):

Co-production should mean more power and resources being shared with people on the front line - service users, carers, and front line workers - so they are empowered to co-produce their own solutions to the difficulties they are best placed to know about.

It is this co-production that the pilot set out to achieve in the design, delivery and evaluation of the personalisation course and workshop delivered to PAs and social workers working with people in receipt of personal budgets.

2.3 Background to the collaborating organisations

2.3.1 City of Bristol College (CoBC)

Over the last ten years, CoBC has emerged as one of the region's leading education providers. Major expansion and management restructuring have created a further and higher education college that is at the forefront of its field. The college has over 30,000 students enrolled on courses, with six employer-focused faculties delivering education and training at all levels across fifteen subject sector areas.

An excellent Ofsted report ranked the college as the top-performing college in the West of England and uses the college's work with employers as an example of good practice. The college's position as one of the most successful colleges in the UK is further confirmed with awards and recognition, which include:

- Quality Improvement Agency Beacon status for excellence.
- Training Quality Standard status for meeting the needs of employers with specialist Part B in Care.
- Association of Colleges Beacon award for excellent use of learning resources.
- Named one of the top training providers in the UK by the Adult Learning Inspectorate.

The Care, Health and Education Faculty has been providing well established responsive high quality education and skills training at all levels, from entry level through to higher education provision, for a wide variety of social care employers and individuals for over twenty years. Access to social work programmes and a Foundation Degree in Health and Social Care validated by the University of the West of England are delivered. Work with health and social care employers includes:

- Tailor-made provision
- Customised courses
- National Vocational Qualifications (NVQs)
- Employer-led Foundation Degrees at HE level
- Courses and training to meet regulatory requirements
- Train to Gain funding.

The college has extensive experience and infrastructures to manage a variety of funded projects delivering successful outcomes to a high quality.

2.3.2 West of England Centre for Inclusive Living (WECIL)

WECIL is a respected and valued Centre for Inclusive Living within the Disabled people's movement in the UK. Since WECIL's formation in 1995, they have maintained a reputation for developing and delivering high quality services to large numbers of Disabled and older people each year. The organisation is user led since the majority of Trustees are Disabled people. In addition, a quarter of the workforce are Disabled people.

WECIL's objects are 'the relief of persons, principally within the West of England, who are disabled, by providing or encouraging the provision of services which facilitate independence in daily living activities, active participation in, and full inclusion in society.'

WECIL's sole reason for existence is the empowerment of Disabled people. All the services they deliver promote the right to independence and enable choice and control. In addition, most services also focus on alleviating financial deprivation. Current services include direct payments support and payroll, information and advice, advocacy, facilitation of a youth group for Disabled people and a Disablist incidents and crime education project.

WECIL also facilitates research relating to the needs of service users and pilots new services.

WECIL's customers are Disabled and older people, carers and relatives, professionals and the general public.

3.0 Methodology

The terms of the bid stipulated that training would be offered to thirty learners: Personal Assistants (PAs) of direct payment employers and Social Workers by May 2009.

It was central to the ethos of the pilot that the design, delivery and evaluation of the project be fully inclusive. Access needs were therefore fully costed into the bid to ensure that the needs of all Disabled people involved in the project could be met. It was recognised that by providing training to PAs of direct payment employers, it was highly possible that to release the PAs to attend the training programme, personal assistance cover would need to be provided for the direct payment recipient. For this reason a provision to provide PA cover to ensure staff were released to attend the programme was included in the costing. A fully accessible venue was chosen for all meetings and training delivery.

Two people were employed to work on the project, each on a part time basis. Employment responsibilities were split between the two organisations; a Project Coordinator was employed by CoBC and a Training Coordinator employed by WECIL. Senior staff from each organisation oversaw the project; the Chief Executive Officer of WECIL and the CoBC's Head of Faculty and Curriculum Manager. Regular meetings were held, some attended by the South West Regional Coordinator of Skills for Care.

3.1 Training Design

Two trainers who are Disabled people and direct payment recipients were sourced. The trainers and project coordinators reviewed existing training and considered how it could be adapted. The trainers put together a course outline entitled 'Right Skills, Right Practice' which was felt to be a relevant title that encapsulated the ethos of the project.

An important criterion of the bid was to involve employers and PAs in the project design, presentation and evaluation process. Direct payment recipients and their employees were invited to collaborate in the modification of existing training and to this end, a focus group was formed. The focus group were asked the following questions:

Personal Assistant Training

- Does the course content meet the needs of a personal assistant and their employer?
- Has anything been left out?
- Any other comments?

Social Worker Training

- What elements of this programme should be included in the one day workshop for Social Workers?
- Is there anything else not currently recorded that you think should be included in the one day workshop?
- Any other comments?

Focus group feedback was then incorporated into the training design by the trainers.

The PA training was aimed at PAs who wanted to develop their skills, confidence and knowledge to enable them to support and empower Disabled people (their employer) whilst enhancing their own development and career. The sessions focused on a person centred approach to assisting Disabled people and explored theory and practical issues that influenced this. Topics covered on the course included:

- Understanding the role of the Personal Assistant

- Empowerment
- Prejudice
- Disability Equality
- Values
- Language
- Confidentiality
- Legislation
- Boundaries and Expectations
- Coping with Emergency Situations

Refer to Appendix 1a) Personal Assistant Training Programme

The objectives of the Social Worker training were to explore the possible barriers to a person-centred approach and the practical solutions as to how to overcome the barriers.

Refer to Appendix 2a) Social Worker Training Programme

3.2 Training Delivery

The training was delivered by two trainers with great experience in the disability field, both already known to WECIL and CoBC. The trainers teaching ensured reflective practice and a full exploration of the issues were incorporated in the programme.

The PA training course was planned to be delivered over six half days to two groups of ten PAs who work for direct payment employers supported by WECIL.

The programme for social workers was designed as a one-day workshop delivered to one group of ten people.

3.2.1 Recruitment of Learners

Personal Assistant Training

PAs were recruited by contacting the three hundred adult direct payment recipients that WECIL supports in Bristol. A leaflet was also distributed by WECIL staff when they visited direct payment recipients.

Social Worker Training

Flyers for this course were produced and contact with local authority Training and Development Managers enabled them to be distributed.

3.3 Training Evaluation

A variety of methods of evaluation were used at different stages of the pilot in order to gain feedback about the impact of the two different training programmes. Impact for employers was gauged, as well as impact for learners.

The trainers evaluated the courses by completing an evaluation form at the end of each session. They also completed a questionnaire at the end of the courses and contributed to the final report.

Learners completed an evaluation form at the end of each session. Those attending the PA course also completed developmental records to enable reflection.

At the end of each PA training course the PA's employers were asked for their feedback in order to ascertain if the training had any effect on their lives.

The project coordinators had regular discussions with the learners and trainers which enabled them to gain informal feedback throughout the pilot.

Follow up conversations also occurred with key local authority staff.

4.0 Findings

CoBC and WECIL worked effectively together to deliver this pilot. There were several benefits of the collaboration which included all learners being enrolled with CoBC, which enabled them to use the college's facilities and resources. In addition, WECIL's involvement ensured that the needs of Disabled people were fully accounted for, from bidding stage, to delivery and evaluation. Also that the concept of 'nothing about us without us' was embedded in the project by involving all beneficiaries of the training throughout.____

Twelve PAs and eighteen social workers were recruited as learners, thus the target of thirty learners was achieved.

4.1 Training Design

Personal Assistant Training

The review of existing training found that the minimal training material that existed prior to this pilot was not relevant to the personalisation agenda. As a result, it was necessary to devise new training, rather than adapt existing material. This view was mirrored by the focus group.

Gaining input from the focus group of employers and PAs meant that all the potential beneficiaries of the PA training were able to contribute to its design. This was essential in ensuring that the training was relevant. When the focus group discussed the draft PA training programme the trainers had designed they recommended that:

- theory and practice were interwoven
- the course should start with understanding the role of the PA and should also cover boundaries and expectations of the PA and the employer as well as power and relationships.
- participants should have an opportunity to keep a learning log

As a result the programme was adapted (*refer to appendix 1a – Personal Assistants Training Programme*). The second PA training was later adapted slightly as the trainer felt it would be better to have the vulnerable adults session as the penultimate lesson so that any issues raised could be addressed the following week.

The experienced PAs in the focus group felt strongly that the training should include some element of practical training preferably including use of lifting equipment. This was not included as it did not meet the terms of the bid.

Social Worker Training

The focus group were reassured by the fact that social workers were included in the training.

Both the trainers and focus group agreed that in order for social workers to work in a way that reflects the personalisation agenda they need to understand the principles of Disability Equality and the values of choice, control, independence and inclusion for Disabled people. It was recognised that the bid allowed for a one-day workshop to look at the barriers and solutions to a person centred approach, based on the assumption that social workers would understand these principles.

4.2 Recruitment of Learners

Personal Assistants

Although over three hundred direct payment recipients were contacted in order to recruit learners for the PA training the response was minimal. A variety of reasons were identified:

- There is currently no register of PAs and so the recruitment process had to be via the direct payment recipients. This resulted in reliance on employers in identifying the need for training for their PAs. Findings

indicated that some employers assumed their experienced PAs did not require training.

- There is currently no training of this nature delivered in the area. Some direct payment recipients appeared wary of it, worrying that their employees would have more knowledge than them.
- The training focused on the underlying values and principles of person centred care and the personalisation agenda. It is quite possible that for a variety of reasons the employers who were contacted initially were not aware of the relevance of this.
- Although cover for PAs was budgeted for in the bid, some employers were unwilling to release their PAs as they were hesitant to use unfamiliar cover PAs for their support needs especially if this involved personal care.
- The timings of the session were suitable for some PAs to fit in around their work and personal life however, for other PAs the timing was not convenient.

Social Workers

Initially there appeared to be a barrier to recruitment of social workers because local authorities were concerned that they were offering similar training, which may have resulted in conflicting messages for their staff. Once course aims and objectives had been clarified with the local authority Training and Development Managers this barrier was overcome. Many social workers expressed interest but were unable to attend due to time commitments. Those who expressed an interest in attending indicated that they valued the training being offered independently from the local authority and felt it was very relevant to their role.

4.3 Training Delivery and Evaluation

Having Disabled people who were experienced trainers was crucial to ensure the training was delivered effectively and well received. It was important to have a trainer who is a Disabled person with a fully informed and personal understanding of the social model of disability.

The ability of the trainers to encourage discussion and to be flexible in delivery was crucial to the success of the training. Many of the learners were isolated or had little opportunity for reflection so being able to discuss issues rather than following a set agenda was important in their learning.

Using a variety of evaluation methods throughout the pilot ensured that substantial feedback was obtained.

Personal Assistant Training

Focus group feedback indicated that this training was long overdue. An employer summed this up by stating;

“Any training with the purpose of developing a PA’s skills and knowledge which enables them to support and empower disabled people is essential to enhancing the PA’s own development.”

The employers in the group indicated that they would also like to attend training.

Positive feedback from learners indicated that:

- There was a clear need for training of this nature
- They would recommend this course to other PAs
- The course was informative and challenging
- They had gained information they could not easily access elsewhere
- They would like more training
- They appreciated having support from their peers and would value a peer support group for PAs
- They would like to be informed about the results of this pilot

One student stated that it made him;

“...appreciate the job I’m doing even more”

Another student stated that:

“It was a useful way to reflect on your practice and challenge your preconceptions and discuss your opinions with others”

The trainers felt that the half day sessions had a detrimental effect on the learning which was supported by some student feedback. The short sessions meant that less was achieved as warm up time and breaks curtailed the group’s engagement time. It was therefore necessary for the trainers to continually review and adapt the course content to enable students to have valuable discussion time. For both courses it meant that topics were condensed.

Employer feedback has also been encouraging. In response to the question, ‘has the training made a difference to you?’ feedback reflected that:

- They felt more valued and understood

- The PAs had a greater understanding of how to support them
 - The PAs were more aware of their needs
- One employer stated that she had;

“...a better understanding of my PA and her role”

Social Worker Training

The training was delivered to eighteen social workers, all of whom stated they felt the aims and objectives of the session were met. Feedback indicated that social workers:

- Gained many new skills and a clearer understanding of the personalisation agenda
- Enjoyed contributing to discussions
- Found the interactive and open teaching style effective

One learner stated;

“I went away knowing a lot more than prior to the course”

The delivery to the social workers had to be adapted to ensure that everyone had the same level of understanding of the personalisation agenda, which resulted in less time being available to address the barriers to personalisation and how to overcome them. In addition, some social workers struggled to identify with the personalisation agenda as this is a new way of working for the local authority so the process and culture is not yet instilled.

Despite this the social workers did consider what might hinder a person centred way of working and discussed attitudes, environment and systems. The barriers identified related to barriers for the person in receipt of a personal budget as well as barriers for social care staff and included:

- Fear of change
- Limited self confidence
- Lack of information and advocacy
- Language barriers
- Lack of skills
- Shifting roles and changing responsibilities
- Managing expectations of carer’s family
- Society’s expectations and institutionalised attitudes
- Culture of dependency
- Professional values
- Delivery of service through multi-agency involvement
- IT systems

- Limited training
- Arranging and monitoring care packages
- Accessing and availability of appropriate resources

Social workers began to develop a checklist to overcome these barriers which included:

- Promotion of the person centred approach
- Training
- Culture and system change
- Information and advocacy
- Resources

It became apparent that more in-depth training is required and this was reflected in feedback from the learners which indicated the need for further training:

- About the personalisation agenda and personal budgets
- To explore practical solutions to overcome barriers to personalisation

All the learners felt that the training would be relevant for their managers, colleagues and fellow professionals.

There was concern about how knowledgeable service users and their carers are on the personalisation agenda and the need for social workers to promote this. This reflects the findings related to recruitment of PAs for the PA training.

Follow up discussion with local authorities has reinforced the positive feedback from the learners and identified opportunities for partnership working in relation to further development and delivery of the training delivered in this pilot.

5.0 Limitations of the Pilot Project

Limitations were minimal and relate to the timescale, as with many pilot projects the time period was short; six months from tender to completion stage in this case. More time would have allowed the first PA training course to be fully adapted according to feedback before delivering it again.

The fact that the project was a pilot meant that the number of learners was restricted; hence marketing of the course was limited only to adult direct payment recipients.

6.0 Recommendations

The recommendations from this Transforming the Adult Social Care Workforce for the Personalisation of Care Services pilot include how to create the culture for learning providers, enabling them to be ready for the personalisation agenda. The recommendations provide details of how programme design, learning style and delivery can be adapted to teach social care staff to deliver effective person centred care and support.

6.1 Programme Design

- *Disabled people and their organisations should be central to the design, delivery and evaluation of social care workforce training.*
The personalisation agenda should be the core of the curriculum. To ensure sustainability of the concept “nothing about us without us” all curriculum designs must be fully inclusive.
- *Tailor made training*
Consideration should be given to how the PA training course could be adapted to make it even more relevant to particular groups. For example, manual handling training would be useful for some PAs and PAs working for employers with particular impairment related needs may require specific training i.e. PAs for employers with learning difficulties.¹

6.2 Learning Styles

- *Focused led discussion*
To change culture and attitudes towards working practice the recommendation for optimising learning is to introduce focused led discussion. The trainer needs to have a flexible facilitative approach so that discussion themes can be adapted to meet the particular needs of the learners.
- *Reflective practice*
An important aspect of the learning journey is developed through reflective practice; therefore, the recommendation is that reflective journals are incorporated into every session.
- *Online resources*
Online information may aid the learning process for learners who cannot attend a full course as planned.

6.3 Delivery

¹ Note, WECIL conducted a research project called ‘Skills for Support’ during 2005-2007, which involved researchers with learning difficulties ascertaining the requirements of a PA supporting someone with learning difficulties.

- *PA Training available for all*
There is a clear message from all involved in this pilot that training for PAs is desperately needed, particularly if the goals of the personalisation agenda are to be reached. All PAs working for Disabled people should be able to access this PA Training.
- *The importance of training should be promoted to employers*
Local authorities and Disabled peoples organisations should work together to ensure that PA training is promoted to employers. Taster sessions may encourage the take up of training. A PA register would enable direct contact with PAs, rather than relying on the employer to inform the PA about training.
- *Independent training*
It is recommended that these training programmes for PAs and social workers are delivered by an independent provider, in conjunction with local authorities.
- *Collaborative training*
It is recommended that training is delivered in collaboration with educational establishments, PAs and Disabled people's organisations to ensure a high quality provision that is relevant and valid.

6.4 Further Developments

- *Current provision*
A mapping exercise should be undertaken in order to ascertain and analyse current training and support provision (local and South West region) for the personalisation workforce. It is essential that resources are not wasted through duplication. Linking training providers will also ensure best practice in training design and delivery is shared.
- *Funding*
Commitment to training the social care workforce requires a commitment to providing resources. It is also important that funders are aware of the costs of this type of training, and recognise that access costs must be covered. It is recommended that local authorities consider allocating social care reform grant funding to fund training.

Longer term, direct payment recipients should be allocated money in their direct payment or personal budget to pay for training. Skills for Care could link with local authorities to fund further training of this nature and to investigate other funding sources.

- *Qualification Credit Framework (QCF)*
To facilitate sustainability the programme should be structured in a module format so that it can be incorporated into a longer Train to Gain

funded qualification in the future and sit within the QCF. The objective is to create a programme which is delivered beyond the life of the pilot project to support PAs and social workers working with personal budget recipients in responding to the personalisation agenda.

- *Train the Trainer*

It is recommended that Train the Trainer courses are designed and available for Disabled people to ensure there is a supply of appropriate trainers available.

- *Employer training should be designed and delivered*

It is essential that Disabled people are informed about the personalisation agenda and their right to a person centred approach if they are to be empowered. It is recommended that training is offered to employers in addition to their PAs.

- *Peer support groups should be established for PAs*

The recommendation is that a peer support group is facilitated to provide networking opportunities for PAs who may feel isolated in their role.

7.0 Conclusion

If the goals of the personalisation agenda are to be achieved, the availability of a suitably skilled workforce for Disabled people to employ is essential. This pilot of training for PAs and social workers has therefore been both essential and timely.

The collaboration of a leading education provider and an experienced disability charity resulted in a wealth of expertise and knowledge in relation to education, disability and the personalisation agenda, and ultimately a successful pilot.

Gaps in training provision have been identified, not just in relation to PAs and social workers but also in relation to employers of PAs.

This pilot has demonstrated that delivering high quality, relevant training to the social care work force involves three essential ingredients; an education establishment, a Disabled people's organisation and Disabled people.

It has also demonstrated that collaborating with Disabled people and their employees in the design, delivery and evaluation of the training programmes ensured person centred approaches and the principles of personalisation were at the core of learning provision for the social care workforce.

It is essential that local authorities fund the development and delivery of the training delivered in this pilot as well as working with Disabled people and

their organisations to implement the recommendations in this report. This will ensure Disabled people are empowered to co-produce their own solution to the issue of raising the professional standards of the workforce, in response to the personalisation agenda.

7.1 Next steps

CoBC and WECIL will present the project and its findings at Skills for Care events in 2009 to support the dissemination of the pilot project recommendations for good practice. This report will also be distributed widely to interested parties within the health and social care sector.

Delivery of further training courses is currently being costed.

8.0 References

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9.0 Glossary

Direct Payment

Money that a council gives a Disabled person money so that they can pay for their own care and support rather than receiving services direct from their local council.

Direct Payment Recipient

A person who receives money from the council so that he or she can pay for their own care and support.

Disabled Peoples Movement

Organisations of Disabled people working together to combat discriminatory barriers and oppression experienced by Disabled people.

Disabled People's Organisation

An organisation of Disabled people that it is controlled by Disabled people.

Personalisation Agenda

A Government agenda to meet the shared ambition to put people first through a radical reform of public services so that people are able to live their own lives as they wish.

Personal Assistant

A person employed by a direct payment recipient.

Personal Budget

A term used to describe when someone who is eligible for adult social care services is told how much money is available for their support, and is given choice and control over how that money is spent, including cash payments as a direct payment if they wish.

Person Centred

This is a process of life planning for individuals, based around the principles of inclusion and the social model of disability.

Pilot

A process to test to see if and how something will work.

Social Model of Disability

Disability is the loss or limitation of opportunities to take part in the mainstream of the community on an equal level with others due to physical and social barriers.

User Led Organisation

A user-led organisation is one where the people the organisation represents, or provides a service to, have a majority on the management committee or board, and where there is clear accountability to members and/or service users.

10.0 Appendices

Appendix 1a) Personal Assistants Training Programme

Week 1 - Understanding the Role of the Personal Assistant (PA)

Enrolment and Getting to Know You

Overview of course and how we will work together

What the job means to you

- An exploration of why you took the job and your expectations

Investigation of typical job descriptions

- What are the key elements of the job?

The role of the PA and developing a checklist

Week 2 - The Empowerment Mode

Values and Attitudes

- How do we know what we know about Disabled people?

The Choices and Rights Agenda

- Where are Disabled people and where do they want to be?

Understanding Segregation, Integration and Inclusion

Disempowerment and Empowerment from a Personal and Disability perspective

Empowerment

- What does it look like and how to respond to disempowering situations

Week 3 - Problems and Solutions

What is The Problem?

- Prejudice, Discrimination, Oppression
- What prevents Disabled people having the same opportunities and choices as non-disabled people?

What is the Solution?

- The Equalities Agenda, the Social Model of Disability, The Law and Social Policy (Direct Payments, Personal Budgets etc)

Week 4 - Developing Good Communication Skills and Avoiding Complex Situations

Political Correctness or Equality?

- Language and its impact on Disabled people

Communication Skills Part 1

- What is communication?
- Why is it important?
- How do we communicate?

Communication Skills Part 2

- Using positive language

Conflict of Interest

- Disabled people and their relationships with partners, parents, children – where does the PA fit in?

Advocacy

Week 5 - Developing Good Communication Skills and Promoting Inclusion and Equality in Practice

Values and Beliefs

- Internal factors: PA values and beliefs and their effect on behaviour and practice
- Work situations: being involved in someone's home and life

Week 6 - Person Centred Practice, Choice and Control

Ensuring Disabled People Have Equality, Choices and Rights

- Valuing People
- Improving the life chances of Disabled people

The Legal Framework for Protecting Vulnerable Adults

- Information consent

- Conflict of interest
- Intimate support
- Relationships and sexuality

Person Centred Practice

- What is person-centred practice?
- Independence, choice, control and inclusion

Evaluation

Ongoing Personal Development

Appendix 2a) Social Worker Training Programme

Introductions to the course and each other

What is the personalisation agenda: its rationale and expected outcomes?

Barriers to the personalisation agenda

- Attitudes of professionals, Disabled people, families.
- Environmental
- Systems and Structures – work practices, power, control, status, resources

Feedback and summary

Developing a checklist for overcoming barriers.

Empowerment

- Personal experience of disempowerment and empowerment
- Case Study and discussion

The Assessment Process

- Some questions to “assess” what’s happening on the ground.

DVD Presentation of real stories

Developing a Checklist for overcoming Barriers and Promoting Good Practice

General discussion and verbal evaluation

Evaluation and Close

11.0 Contact Details

11.1 The West of England Centre for Inclusive Living (WECIL Ltd)

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