Torbay NHS
Care Trust

[redacted]

Partners in Care

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Excellence in Care Policies and Procedures as they are developed and published			
The model should also be read with Statement of Social Work Roles and Tasks – SCIE 2007.			
Torbay Care Trust Risk Management Policies			
Torbay Care Trust Safeguarding Adults Policies and Procedures			
Torbay Care Trust 'Measure Up' – Carers Strategy			

Amendment History

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Contents

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1 Introduction

1.1 We are currently facing some very exciting challenges to the way that we deliver Social Work within the TCT. Nationally the introduction of Individual Budgets, Direct Payments and in Control; under the Putting People First and the Personalisation agenda, invite a new relationship with our service users and carers. Social Work is a crucial partner within the integrated trust and we believe that it is important that there is clarity about its approach, function, methods and values for Social Workers and the wider Trust community. The most comprehensive way of achieving this is through an explicit model of Social Work, this;

- is a clear approach that both **informs** and guides good practice for Social Workers and social care staff
- is an explicit social model and approach that will **influence** health and social care work through out the Trust.
- **improves** the overall quality of care delivered to Mrs. Smith by promoting **real choice** and ensuring that she is **driving all decisions** about her support and care.

1.2 "People value a social work approach based on challenging the broader barriers they face. They place a particular value on social work's social approach, the social work relationship, and the positive personal qualities they associate with social workers. These include warmth, respect, being non-judgemental, listening, treating people with equality, being trustworthy, open, honest and reliable, and communicating well. People value the support that social workers offer as well as their ability to help them access and deal with other services and agencies." (1)

2 Statement/Objective

2.1 It is obviously important that any model that we adopt is consistent with the profession's explicit function and purpose and the values that underpin its' practice. The British Association of Social Work (BASW) definition of Social Work states;

2.2 "The social work profession promotes **social change**, **problem solving** in human relationships and the **empowerment and liberation** of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of **human rights and social justice** are fundamental to social work" (2). (BASW 2001), [my emphasis]

2.3 The values expressed by BASW are also at the heart of the model;

"Every human being has intrinsic value. All persons have a right to well-being, to self-fulfilment and to as much control over their own lives as is consistent with the rights of others". (3)

2.4 2007 saw the publication of the Statement of Social Work Roles and Tasks (4) a document that attempts to define Social Work and its task. The Excellence Model reflects both BASW's more general definition and values as well as the 'Statement' but places these within the context of the changes in practice that will need to flow from the 'Personalisation agenda' ('in Control' and Self-Directed Support). The model also draws upon the Social Model of Disability as a way of understanding the relationship between; individuals, the difficulties that they face and the social factors that exclude

and disempower. Of equal concerned is the individual's right to live safely, free from abuse or harassment. Social Workers have an important role within the Safeguarding Adults process, where our skills, training and experience all come into play in assessing and managing complex cases.

3 Roles & Responsibilities

3.1 In Control, Personalised Budgets and Direct Payments under the banner of 'Personalisation' will completely transform the face of social care. This will change the balance of power between the worker and people who use our services, by providing them with the tools, information and funds to truly **take control**. This is significant for all those who use or provide social and health care. Social Work's training, values and skills are all completely in harmony with the aspirations of the Personalisation agenda the profession is therefore perfectly placed to be a significant part of its development and success.

3.2 **Supporting Unpaid Carers** The role of unpaid family carers is recognised by legislation and good practice in Social Work as a central part of 'care in the community'. Carers are crucial partners in delivering excellent social care. Carers need respect for their role and knowledge and to be valued by agencies and society in general for the contribution they make to enabling vulnerable people to live independently and with dignity.

3.3 Supporting carers is a priority for national government and local development. In recognition of this Torbay has had an interagency carers strategy 'Measure Up' since 2000. Addressing the needs of carers is a cross agency responsibility, but social work plays a lead role in coordinating this joint agency approach.

3.4 We are also keen to reflect the Statement of Social Work Roles and Tasks (SCIE 2007). Which we believe is a timely addition to the debate and one of the best recent attempts to understand, define and represent the profession.

3.5 All TCT employed Social Workers will be qualified and registered by the General Social Care Council. Practice will be evidenced through portfolios, record of training and reflective practice. In order to support this, Social Workers will be entitled to a half day per month for reflection, research and professional development. Further development of the model will be facilitated by the Professional Leadership group and by the quarterly Social Work Forums.

3.6 An important part of the Social Work role is to work within a legislative framework. It is important that we have an understanding of the law, individual's rights and their entitlement in order to support them in redressing the inequalities they are faced with. This may include; the Mental Capacity Act 2006, Disability legislation, the Mental Health Act 1983 (and its replacement), legislation around Social Welfare and Benefits and the National Assistance Act to name but a few from a very long list.

3.7 Social Workers are central to the **Safeguarding Adults** process. A unique set of skills including mean that Social Workers have a great deal to contribute to the process from the investigation of alleged abuse, to management of the complex issues around ensuring the safety and well being of the most vulnerable in our community;

- assessment,
- managing complex cases,
- working with people whose behaviour can be challenging
- risk assessment and management.
- experience in preparing and presenting reports and social histories
- chairing and contributing to case conferences
- experience of working with courts

- working under a variety of legislation

> This does not imply that other professions are not responsible for the welfare and safeguarding of our service users, they clearly are. However, where there is a degree of complexity, risk assessment and management or forensic work then it would be more appropriate for a Social Worker to be involved.

3.8 All staff regardless of professional background have a responsibility to ensure the welfare and protection of children. It is essential that the premise **'the welfare of the child is paramount'** (as outlined in the Children Act 1989) is upheld at all times, nothing within this document or model should be seen to contradict this.

3.9 For Social Worker's within the TCT the model is an explicit focus on Social Work - direct work in partnership with service users using a range of evidence based approaches that enable, safeguard, empower and promote self help and independence. This would support the integration agenda by building a strong values based social care profession to complement other models of care within the trust.

3.10 Our objective is therefore to build on current best practice and promote a culture of excellence by developing a shared approach and a model that informs the practice of Social Work across the trust.

3.11 The Torbay Care Trust Excellence Model of Social Work has been drawn from the Social Model of Disability and the Personalisation Agenda. It has been developed by the Social Work Leads with the Head of Social Work, further input has been provided by key people within the TCT. As an element of social care governance there is clearly a responsibility on senior managers Leaders, and practitioners to provide a clear framework that promotes a positive culture and the highest possible quality service.

4 Excellence in Care

4.1 The Excellence Model of Social Work sits within the Torbay Care Trust's Excellence in Care and shares its guiding principles;

- We should not intervene unless really necessary
- People probably know best what they need
- People are not defined by their difficulties
- People have a right to live without fear or harm

5 The Social Model of Disability

5.1 The Social Model of Disability asserts that disability is not the logical consequence of an individual's biology but rather it arises from social, environmental or attitudinal barriers that prevent access and inclusion. Equality is therefore possible and can be achieved through removing barriers to social inclusion. The position of disabled people in society is therefore a human and civil rights issue. Put very simply the role of Social Work is to support people in removing the barriers that impede their inclusion in society.

5.2 The model's starting point is the individual not their diagnosis, symptoms or label. The focus of work is on the barriers that inhibit inclusion and thus we promote independence and self-determination. This does not of course mean that we ignore evidence based approaches to specific issues but rather places these within a framework agreed and developed with the service user and directed at a specific goal or goals, identified by them.

5.3 We need to anticipate the changes to our practice that will result from local and national developments and grasp the opportunities that these afford us. Improvements in Customer Care and Self Management will inevitable change referral patterns. We enthusiastically support the development of the Single Point of Access and Customer Service Centre which have reduced the amount of inappropriate referrals received by teams by offering appropriate advice and sign posting. This reflects the first principle outlined above - **we should not intervene unless really necessary**. Further developments are still needed in this area.

5.4 With the development of Direct Payments and in Control our relationship with our service users will change as many will be commissioning the services they need directly, thus completely bypassing the outmoded Care Management system. This approach is in line with the government's direction of travel (5)&(6) and reflects the second principle - **People probably know best what they need**. We can therefore anticipate a reduction in care management and the paternalistic bureaucracy that accompanies this. The Trust's commitment to review business procedures (Organisational Development) and IT and the development of the Excellence in Care project will also result in a more rationalised process.

5.5 At the same time we can anticipate an increase in Safeguarding Adult referrals as training increases awareness with in Torbay. We need to ensure that developments in customer service and self directed support enable Social Worker's to be freed up to deal more effectively with the more complex cases requiring higher levels of contact and specialist skills. It is vitally important that we grasp this opportunity. Reflective practice needs to be a natural and regular part of our work, endorsed and supported through the management structure.

5.6 The needs of Carers should be part of a social inclusion agenda in the sense that their caring role often leads to significant exclusion from participation in wider society to the detriment of the individual and the community.

5.7 The Carers (Equal Opportunities) Act 2004 marked:
" a major cultural shift in the way carers are viewed; a shift in seeing carers not so much as unpaid providers of care services…., but as people in their own right: people with the right to work, like everyone else: people who too often have been socially excluded and .. often denied the life chances that are available to other people" (7)

6 Excellence Model of Social Work: Themes

6.1 The Excellence Model is based on four basic Social Work themes;

- People's life chances are influenced by their social circumstances
- Social Work is about empowerment and change. People can take control of their situation and through this transcend the difficulties that they face.
- The most important Social Work tool is the relationship that we develop with the people we work with.
- Social Workers work with legislation to empower and protect people who are vulnerable

6.2 **People's life chances are influenced by their social circumstances**
It is clear that social factors have a powerful influence on all aspects of an individual's health. Numerous studies and research over the years have demonstrated that poverty and poor housing impact on our life chances, lead to increased levels of poor health and a lower life expectancy. Add disability to this and individuals find themselves seriously disadvantaged. Any Social Work model would therefore need to understand the relationship between health, disability and social forces.

"More than any other welfare state profession, social work seeks to understand the links between 'public issues' and 'private troubles' and seeks to address both.". (8)

Other professions will take such issues into consideration however social history and an understanding of people within their context is an essential part of social Work practice

6.3 "Some communities experience long-standing multiple deprivation and disadvantage, and suffer from stigma and social exclusion. Social work at its best can help communities build on their strengths, develop their own solutions and create networks of support for their members". (9) Roles and Tasks doc.

6.4 **Social history:** We are all experts in the experience of living our lives, Social Work practice starts from this premise and is informed by people's life stories. This is a significant part of the assessment process as it places the individual within the context of their life and their own perception of it. Personalisation demands that we go far beyond simply summarising; difficulties, disadvantage or disability. We need to share an understanding of the individual within the context of their life, family, experiences, hopes and aspirations.

6.5 **Social Work is about empowerment and change.**

6.6 "Social work is also essentially a human rather than technological service. It isn't linked with high technology, complex equipment and 'scientific discovery'."(10) Roles and Tasks doc

6.7 Good Social Work practice is about supporting people to find their own solutions to their difficulties and therefore having ownership of their own achievement and success.

6.8 Social Workers describe this process as 'empowerment'. This is a widely used and misinterpreted concept often becoming a catchall for 'client centred work' or virtually any work undertaken. For the purposes of this document we define it as;

The process that supports an individual or group in identifying and realising their aspirations and does so in a way that ensures their role as the architects of their own future.

6.9 Empowerment as an important Social Work objective places the profession at the very centre of the innovations that will flow from the 'Personalisation Agenda'.

6.10 **The relationships as a Social Work tool**
The relationship developed with the people who use our services is an important part of the overall work undertaken.

6.11 For Social Work the relationship is not a means to an end or developing a rapport, it an essential part of our theory, training and practice. Without this achieving the necessary trust and alliance many of the other tasks will be less meaningful.

All professions need to develop a relationship with the individual using their service; however for Social Work the "therapeutic relationship" is an essential tool in supporting people in transforming their lives.

The essential elements of a good working relationship

- It appropriately places **control** within the hands of the service user.
- Provides the **information** and tools to **enable** rather than 'doing to' or 'doing for'
- There is a **transparency** of process, people understand what is happening, who is doing or providing what and when and how.
- **Positive and affirming** – Often the people that we work with have had experiences that have lead to very low self esteem. Sometimes their first experience of being valued is the relationship developed with their Social Worker.
- **Non judgmental** – it is important that our service users do not feel judged. This is not about accepting any and everything; it is about making a clear distinction between the individual worthy of respect and to be valued and their behaviour. At this point the relationship can challenge and will need to confront issues like learned helplessness.
- **Able to contain difficulties**, complexities and the ambivalence often experience by people in real difficulty. It is really important that we offer our service users the safety of a relationship that understands the chaos that they experience and demonstrates that it is okay to be faced with conflicting feelings, even when they appear to be overwhelming.
- Demonstrates and **promotes appropriate boundaries**, to a large extent relationships are a process of boundaries that are constantly negotiated and re negotiated, in many cases people will have experienced a lifetime of inappropriate boundaries in their closest relationships. A really good Social Work relationship will explicitly model appropriate ways to interact and relate.
- Demonstrates and encourages **trust**, this is probably the most important single element, and should result from all the above. This is achieved through consistency, honesty and transparency.
- Sees **risk** as a part of the process to be assessed, negotiated and managed explicitly and honestly. Balancing the rights, aspirations and the inherent risks involved in supporting people to take control.

6.12 **"**Service users highlight the relationship with the social worker as key to the positives they associate with social work practice. It is this (ongoing) relationship which is the starting point for building trust and supporting people's self-empowerment. Service users refer to the strengths of the informality, flexibility and warmth of this relationship". (11)

6.13 Personalisation demands a high level of skill in working in collaboration with people, a good relationship is essential to this process, and will facilitate assessments that truly reflect the individual's experiences and highlight their aspirations. It will also ensure that we support decisions made by our service users enabling them to shape and commission their own services.

6.14 **Social Workers work with legislation to empower and protect people who are vulnerable**

6.15 Social Workers work with in a legislative framework. The best Social Work uses legislation to the benefit of those who use our services. Examples might include anything from ensuring that people have the appropriate benefits to maximise their income, ensuring that patients property is protected when they are admitted to hospital (the National Assistance Act 1948), rights to free after care (the Mental Health Act 1983), use of the Mental Capacity Act to ensure that people are meaningfully engaged in decisions about their future. For Social Workers the law is a tool, used both to empower and protect.

6.16 "Social work takes place within a framework of law and regulation. Wherever possible, social workers aim to work in partnership with the people they are helping, encouraging them to keep control of their lives, express their views and take part in decisions that affect them. Sometimes they have to balance their personal involvement in people's lives with the ability to stand back, make judgements and reach hard decisions in order to protect vulnerable people or to exercise control".(12) Roles and Tasks doc.

6.17 **Social Work and Complexity**

6.18 Social Workers are usually involved where cases are complex, requiring the assessment and management of risk, co-ordination of multiple services or agencies and at the point where legislation intersects with people's lives.

6.19 "Social work as a profession plays a key role in mediating between the individual and the state, and determining when it is necessary for the state to intervene in the lives of individuals and families".(13) Roles and Tasks doc

6.20 Within the Safeguarding Adults arena Social Workers play a key role and work with cases where there is considerable ambiguity about the situation and people involved. Assessing and managing risk where the situation does not lend itself to an easy or obvious resolution. 'Holding' or 'containing' and assessing and managing risk are therefore an essential part of the role.

6.21 At an operational level Social Workers use a great deal of skill in assessing and coordinating support and care ensuring that the individual in receipt of services is fully involved and that carers are involved in assessment and offered the opportunity to have an assessment of their own needs, which may in some cases conflict with the cared for person. The role requires a great deal of clarity about the very specific

purpose of services and interventions, it requires skills in; negotiation, communication, liaison and the monitoring of outcomes and all this in a way that promotes independence and control.

7 Risk Management

7.1 Risk Management has always been a key element of the Social Work role, the following should be read in conjunction with the Torbay Care Trust's existing Risk policies. The Excellence Model of Social Work has been developed to support people to have choice and control over their lives. However, making such choices can also involve a degree of risk taking; we therefore need to ensure that people understand *their* responsibilities and the implications of the choices that they make, including the potential risks. This is very much in keeping with '**Independence, choice and risk**'(14) published by the DoH.

7.2 The assessment and management of risk is therefore seen as a part of a process that seeks to negotiate between the individual's choice and their safety. Ultimately the 'safest option' may not necessarily be the option that allow for the greatest degree of independence or fulfilment. This model therefore acknowledges

"…that there will always be some risk, and that trying to remove it altogether can outweigh the quality of life benefits for the person" (15).

7.3 This is a difficult area and it is therefore vitally important that there are procedures to support risk assessment and the decisions that flow from it. This must include processes to ensure;

- "…no one person, including the service user or their carer [or the Social Worker], is managing the risks alone
- complex decisions are supported by senior staff" (16)

7.4 The model therefore acknowledges that there is a degree of complexity and that there can be no hard and fast rules that will produce a risk free situation. There are negotiations, techniques, relationships and responsibilities on all sides. It is therefore very important that we acknowledge the risk and that risks and their management are clearly recorded.

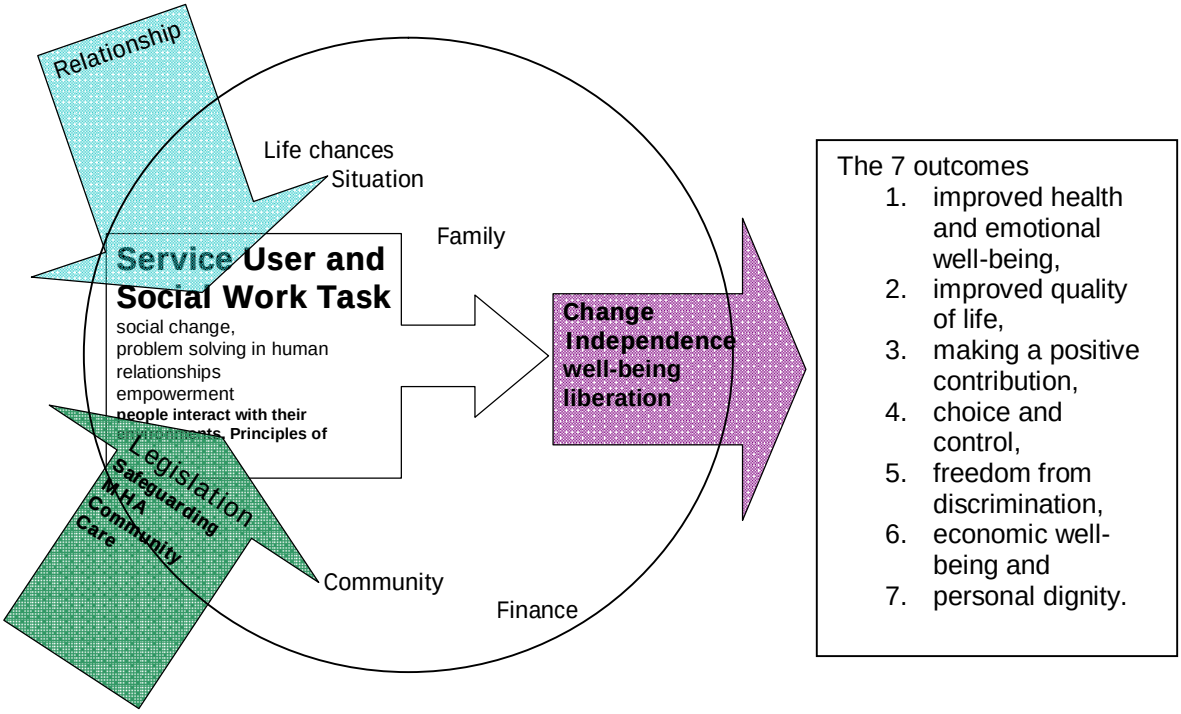
7.5 The Social Worker's role is to develop a plan that is explicit about risks and that understands and communicates the complexity and conflicting demands.

8 Summery

8.1 In summary, the principles underlying the Excellence Model are;

- People's life chances are influenced by their social circumstances
- Social Work is about empowerment and change. People can take control of their situation and through this transcend the difficulties that they face.
- The most important Social Work tool is the relationship that we develop with the people we work with.
- Social Workers work with legislation to empower and protect people who are vulnerable
- We should not intervene unless really necessary
- People probably know best what they need
- People are not defined by their difficulties
- The service user and carer are central to all our work; *they* are experts through their experience.

- We will work to promote safety and intervene to ensure that people are not exploited or abused
- Our approach will promote the service user's right to self- determination
- We will promote Independent Living and avoid if at all possible institutional resolutions.
- Our role will be to enable service users to take control of their own support through Individual Budget and flexible funding
- Appropriate decisions about risk management and positive risk taking will be supported.
- Our approach will be anti-oppressive and will respect difference
- Our work will be informed by Reflective Practice
- We have a responsibility to continuous professional development and the use of research and evidence based practice



9 Implementation

"Between the wish and the thing, the world lies waiting"
Cormack McCarthy from All the Pretty Horses '92 (17)

9.1 It is important that this process is not simply a 'paperwork exercise' and that the model is owned both at a senior level and by front line Social Work staff. It should inform practice and indeed becomes a part of our culture. We must therefore ensure that the model is presented to all staff and stakeholders and that there is a meaningful opportunity for open discussion.

9.2 The Social Work Leadership group will take responsibility for the implementation of the Model, this will be underpinned by the quarterly Social Work Forums which will provide an opportunity for all Social Workers within the TCT to focus on specific aspects and issues using the model to inform our understanding, decision making and to direct our action. Once established the model will form part of the Trust's 'benchmark' for good practice and will therefore be a natural part of the roles and responsibilities' of all qualified Social Workers.

10 Outcomes, Monitoring, & Evaluation

10.1 Outcomes for Social Workers

- SW moral increases
- Confidence in Professional assessment and judgement increases
- Paperwork is focussed on what is necessary
- Awareness of the Social Work role increases across all professions within the bay
- Social Workers have more time to dedicate to more complex work and therefore their skills are used more appropriately
- Risk assessment is more focussed on responsibility and balance

10.2 Table of Outcomes and measures

Principle	Outcome	Measure
We should not intervene unless really necessary	▪ Shorter interventions	➢ From our IT system and Case load management
	▪ Information provided means that a number of service users are able to sort their own difficulties	➢ Audit of Customer Care Centre activity.
	▪ A well managed and robust method of screening allows people to receive information to resolve their difficulty where appropriate without allocating them.	➢ From audit and caseload management
	▪ Quality	➢ Service user audit
People probably know best what they need:	▪ Service user and carer involvement and control increases. Increase in Direct Payments and in Control	➢ Audit information; systems, FAB team and Direct Payments

	packages ▪ S Users are encouraged to think of their own solutions ▪ A wider range of non-standard providers or services are used directed by and accountable to the service user. ▪ Use of in House and Standard Providers reduces. ▪ Quality ▪ Carers are enabled to address their own needs.	➢ As above ➢ As above ➢ As above ➢ Service user audit ➢ Number of carers receiving needs assessments and a specific carers service (this is a new National Indicator)
People are not defined by their difficulties	▪ Social Workers gain confidence in social model of disability and its approach influences practice. ▪ There is a reduction in the use of res care -individual packages replace these. ▪ We no longer look at 'off the shelf' solutions.	➢ Many measures will be as for **8.3.** Also – training reflects the model and all SWs have undertaken this. ➢ From IT System ➢ From IT System
People have a right to live without fear or Harm	▪ All SWs have undertaken advanced Safeguarding adult training and demonstrate skills re: Safeguarding adults. ▪ Social Workers demonstrate excellent skills and knowledge ▪ Increase in the knowledge and skills in Mental Capacity ▪ Increase in the knowledge and skills in Safeguarding Adults ▪ Quality	➢ Percentage of direct Safeguarding Adults work increases on SW caseloads. ➢ Audit of SGA cases. ➢ Service user audit

11 References

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12 Distribution

Chief Executive and Chair
All Social Work Leads
All Social Workers
All Community Care Workers
Snr Management – Operations and Commissioning
All Professional Leads
Head of Governance and Quality
Commissioners

13 Appendices

Appendix 1

The table below reflects how some of the main functions of Social Work would be affected by the Model of Excellence;

Referral	The model will affect the information that we provide and the ways in which it is given and what questions are asked in the initial stages (eg. "how do *you* think that we can help you?"), it is also important that, at this initial stage people are given the right information and where possible issues are resolved without the necessity of a referral into the service.
Assessment	More emphasis on Self Assessment whenever possible. The individual's aspirations and what barriers there might be to these. Whilst 'need' will always be a vital component we should also be considering the individual's rights to access and inclusion. Information about Need is probably gained fairly effectively by Self Assessment as with the Resource Allocation System from in Control, this quickly arrives at an assessment and budget based on need. Importance of Carers, both as a part of the assessment and in their own right. We need to ensure that they are not left to provide care inappropriately and that they are therefore supported and valued. Another crucial element is the importance of looking at everyday solutions rather than 'services' to meet need. An analysis of the individual in relation to their network and community. The question is less about "what are your problems?" to "how do you want to live your life? And what stops you from doing it?"
Planning	• This is done in collaboration with the service user; they are included in a way that explicitly gives them control and ownership of the process and the paperwork. Use of Wellness Recovery Action Plans (or similar) becomes commonplace. • The main focus of the plan is practical measures that eliminate the barriers that prevent the individual achieving the life that they aspire to. • There is also a shift in emphasis away from 'risk' and 'need' towards 'rights'. Positive risk taking is facilitated. • Less emphasis on what services are available and more on

	networks and on community resources and how these can be accessed. • Carers are fully involved in this process and are supported appropriately. • Service users will be more involved in developing local services. • Carers are seen as a part of the individual's network of support. • Self Care will inform approaches to support, this will include providing information, the right support at the right times and making links with specific service user self help/support groups
Review	These will be focused on outcomes. Again this is a meaningful rather than a bureaucratic process which allows the service user to take responsibility for their support plan, to analyse the progress and the remaining barriers and be accountable for their personal budget.
The focus of work	• All service users are treated with respect. There is an acknowledgement that language is vital in building a culture that values and sees the individual not their disability, diagnosis or label this is acknowledged by all services at all levels of involvement • All work undertaken by Social Workers is evidence based • Developing *external* partnerships and alliances with key partners/organisations • Developing *internal* partnerships: business support and systems are designed to support the Social Work task - face to face work is prioritised. • There is an emphasis on joint work and collaboration across professional divides. • Recording: service user/patient held records are commonplace. • All staff can access social care interventions and services through the care management process without the need for the duplication of assessment.
Service Provision	Service Providers will be challenged and will need to; • Demonstrate a commitment to enablement rather than 'care' or 'support' • Be More flexible • Work in partnership to enable service users to design services that will more specifically meet their needs as a part their network of care. • Enable service users to have direct access; to start and stop services as they require • Links with the "New Types of Worker, New Types of Working Skills For Care" programme. (11 above)
Continuous Professional Development	On going professional development reflects the model: evidence based practice and a culture of research and reflection underpinned by the Post Qualification process for all registered Social Workers. There is a supervisory framework for unqualified social care staff, this includes supervision, a career and training pathway and quality assurance.
Recruitment/work force	Review of roles and functions to ensure that these are compatible with our aim Workforce: The model influences the recruitment, selection and Induction process, ensuring that new staff are not only aware but also experience the model's values and principals from the moment they apply.

Training	• Staff are aware of the legal framework that exists to empower our service users, and therefore can act as advocates • Involving service users and carers in the planning and delivery of training • Linking all training and PQ with the model so that there is an integrated approach • There is a commitment from staff that they will feed back to the service through; team meetings, seminars, learning sets, a specialist role etc • Training meets requirements of GCSW registration.
Communication with staff Service users Our community	Development of a TCT Excellence in Social Work User Group Information sharing – leaflets, website etc.
Information from our service users	Service users need to be involved in all aspects of review, audit and quality assurance.
Monitoring standards, maintaining and improving quality	It will be very important to identify measurable standards This must go far beyond simple data recording and must say something about the service user's experience and achievements/progress/positive changes. These also need to meet the requirements of our performance indicators