Over A Brew

Feedback from sessions September 2023 to February 2024
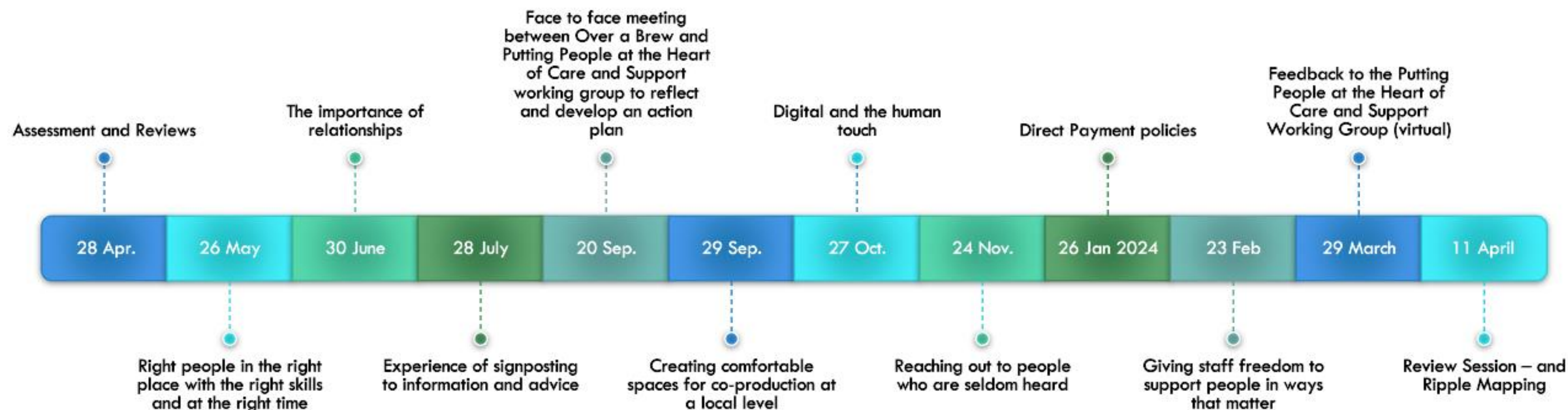
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directors of **adass**
adult social services
eastern region
connecting innovating improving

OVER A BREW

Over A Brew Season 2 – April 23 – March 24

NB – the last 2 sessions are happening 12th March in Cambridge

Over A Brew Session

29 September 2023
Creating Spaces for Coproduction

Practical Factors - to create the best conditions for co-production space

Communicate the why, clearly & in different ways
- People need to know why they have been invited
- Provide people with agenda and information early (if they are useful)

Who to involve
- *'Slice of the system'* - all levels, all roles
- People from diverse communities with lived experiences

Venue / location
- Make sure the location and venue are accessible (give info transport, parking and good directions)
- Create the right atmosphere and layout (seating, lighting, decor) - (fairy lights and sofa picture - not rows)
- Ensure space for wheelchairs and equipment
- Wall space for visual communications

Give clarity, reduce uncertainty where possible
- Clear statement of confidentiality
- Use plain language and avoid jargon and inaccessible wording

Respect people's human needs
- Serve good coffee and fresh food (Accommodating all dietary needs)
- Provide breaks
- Provide quiet and prayer spaces
- Provide decent close by washrooms
- 'Think about things as if you are organising a party'

Practical Factors - to create the best conditions for co-production space

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Consider time and timings
- Give people as much notice as possible (with adequate reminders)
- Consider the impact of major holidays and festivals (including non-Christian)
- Sensitively consider how long people can concentrate for together - start times / finishing times that respect travel, family and accessibility '*Don't start at 9am*'
- Create the right amount of time for people to be able to express themselves

Welcome people well
- Meet and greet / ask people if they need anything
- Find out upfront if there are access needs

Consider communication, learning styles and neurodiversity
- Include creative activities
- Use tactile tools such as lego/fidget toys

Value people's time and contributions
- Promptly cover people's expenses
- Pay for contributions, ensuring people have
- access to the right financial advice and support
- Make claim processes easy

Online considerations
Although this did not come up during the session it would be remiss of us not to include a note. This blog from UCL has lots of helpful information.

https://blogs.ucl.ac.uk/public-engagement/2020/05/06/carry-on-co-producing-part2/

FINAL REFLECTIONS

Coproduction is much more of a journey than a destination.

It will help us reach wonderful places but they may not be the places we expected to arrive at when we started our planning. It is almost impossible to carry out 'the perfect coproduction' approach as we are human and misunderstandings and bias can happen.

When we start from the best intentions, with curious, open (not blank) minds, we are already on the right path. Asking questions to understand more, starting equal relationships early with people and keeping doors open are the fundamental blocks.

We have to be honest with ourselves and look at what 'system'barriers and assumptions our organisations and cultures have built that disconnect us from what is needed. Resources may always be an issue , but this should not impact on our mindsets, tone, communication and intentions.

1

Don't Digital by Default

Some people have an active preference for a digital offer - BUT

- A range of assessment approaches should be offered. Self assessment and digital should not be the only option, nor should it be hard to find the 'human' approach.

- Online assessments can be good as a complementary process but they can't replace face-to-face human assessments.

- Online assessments need to be more strength based, using open questions, for example *What a persons best life could look like ?*

From an accessibility point of view: not very engaging, lack of coproducing, not personalised, lack of engagement with people. Not very neurodiverse, Very authoritarian

It does need to be changed in the language and how this comes across and speaking as autistic person it is a terrible process.

EDI issues and maybe have different versions for e.g. young people, older people - so people can identify more with the process

People are individuals-one size doesn't fit all. Digital is complimentary not instead of human interaction

If you're in crisis you won't be able to consume or process this

What about people with complex needs, so this means EDS Autism and Complex PTSD

Needs very careful engagement, design and testing.)

Tough if it doesn't work for people with complex needs. We don't fit in boxes.

It feels that Autistic people are not involved in the whole future of self assessment

Feels like information overload

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2
Start from the audience's point of view

Recognise the assessment itself is often a source of stress

Coproduce the approach with diverse groups of people to support better ways to meet the needs of a wide range of audiences.

Including :
- People in the midst of a crisis (online is not appropriate here)
- People with different disabilities including those who are neurodiverse
- People who are from diverse backgrounds and heritage
- Carers
- People who have negative experiences of 'authoritarian' approaches
- People with complex needs , ptsd, trauma responses
- People of different ages , genders and sexuality

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I think we need to think about the audiences and how we make things accessible for them

Never on my watch would I have people in crisis having to self assess - we need a whole range of responses of which self assessment may be one

Thinking about accessibility in self-assessments e.g. for autistic people - 'typical' conversations may not work and digital might be better. It's an opportunity.

It's been a great reminder to not assume anything when working with our residents to 'co-produce' our online forms

Carers assessments - we need to explore this too

Need to start again - work with people who draw on services to make it more positive. Need to co-produce it.

3

Use co-production methods to consider CONTROL, FOCUS and TONE

It is crucial that:

- The person feels they are in the driving seat, they have **control.**
- **Focus is on enhancing a person's life and opportunities** - not getting a set of services
- **Tone** does not feel judgmental, exclusionary or authoritarian.
- Online and media has a high risk of feeling patronising to some.
- Online and media may be enhanced by real life stories and talking heads rather than 'characters, avatars , cartoons'

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Don't need to teach people e.g. if you don't drink water you'll be dehydrated.

The tone was a bit authoritarian

Focused on "getting a service not a life"

Lack of cultural competency

It is very patronising and insulting

Could there be real talking heads or some sort of lived experience of social care to explain the sort of things the assessment is looking for.

Well intended but comes across as patronizing

Lacks personalisation

People aren't told they can take more control over their assessments. I don't let the social workers in my house - we meet in coffee shops. It means they have to take us as we are, no value judgements.

4

Use co-production methods to TEST, REVIEW and IMPROVE approaches

- Use learning from tests and naturally occurring incidents like Covid to continuously improve.

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Move away from identifying someone as a medical condition and towards a human with passion, skills and gifts

It is more about the human interaction – rather than a mechanistic process!

During covid it was a disaster

We'll work very closely with our involved public to carefully design and test our self assessment (in the same way we have with other online forms)

If it's not co-produced it's not going to be good!
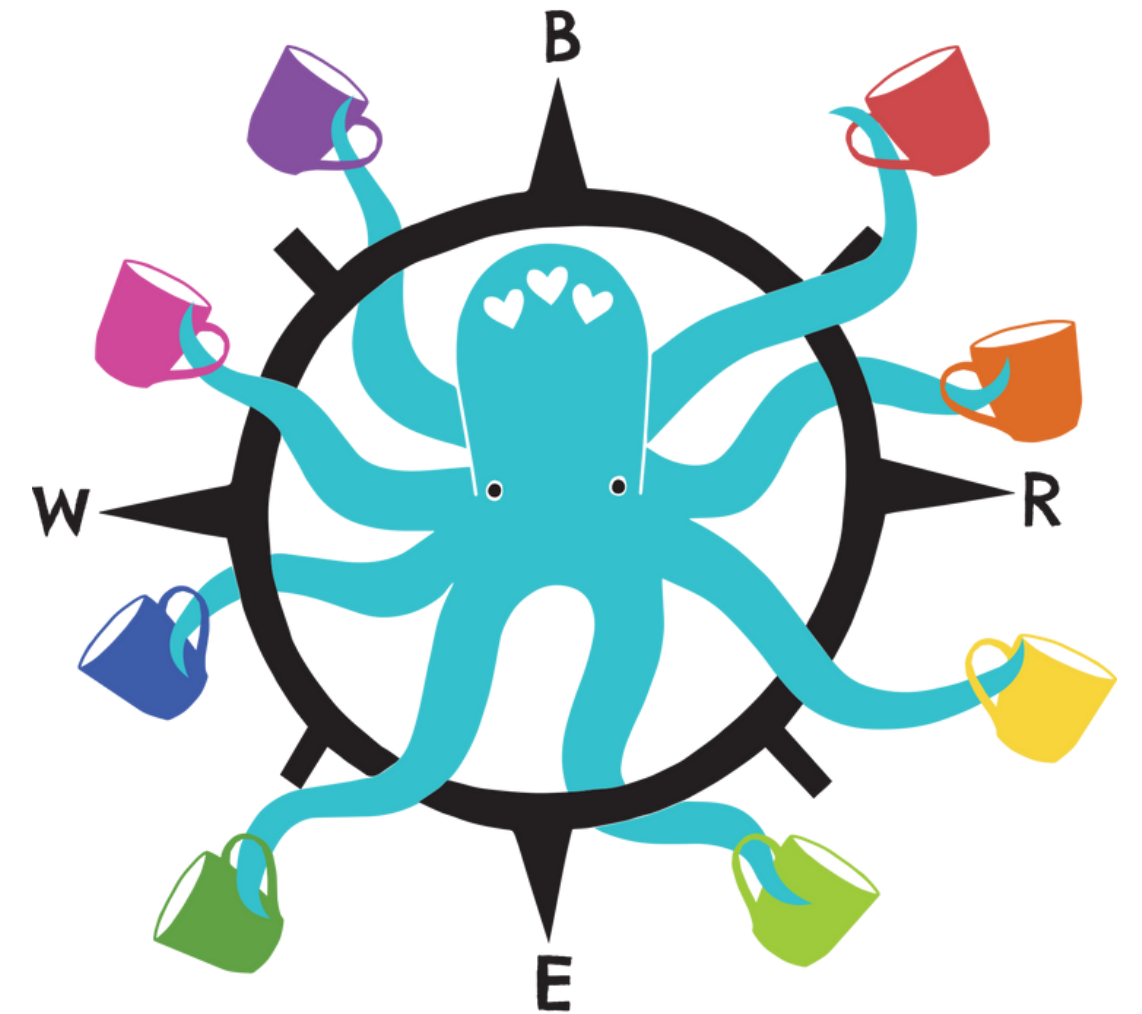
FINAL REFLECTIONS

Services need to ask themselves:

- How can self assessments and digital solutions be more human and accessible?
- How can assessment approaches be co-produced from the point of view of the diverse people who need them?

We know that effective co-production can ensure:

- A decent level of control for the person assessed
- Focus stays on the person 'living a good life' rather than 'receiving a package of services'
- The right tone is used

Assessment processes should be subject to continuous improvement through methods that include co-production

THE EXPERIENCES SHARED IN THE DISCUSSION FOCUSED ON:

29 people attended the session to share ideas, insights and views... Over a Brew

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1 Who we speak to in the NHS and in what circumstances

2 Empathy and care can be understimated

3 The need for advocacy, knowledge and information

4 Relationships and networks are crucial

5 Staff training can make all the difference

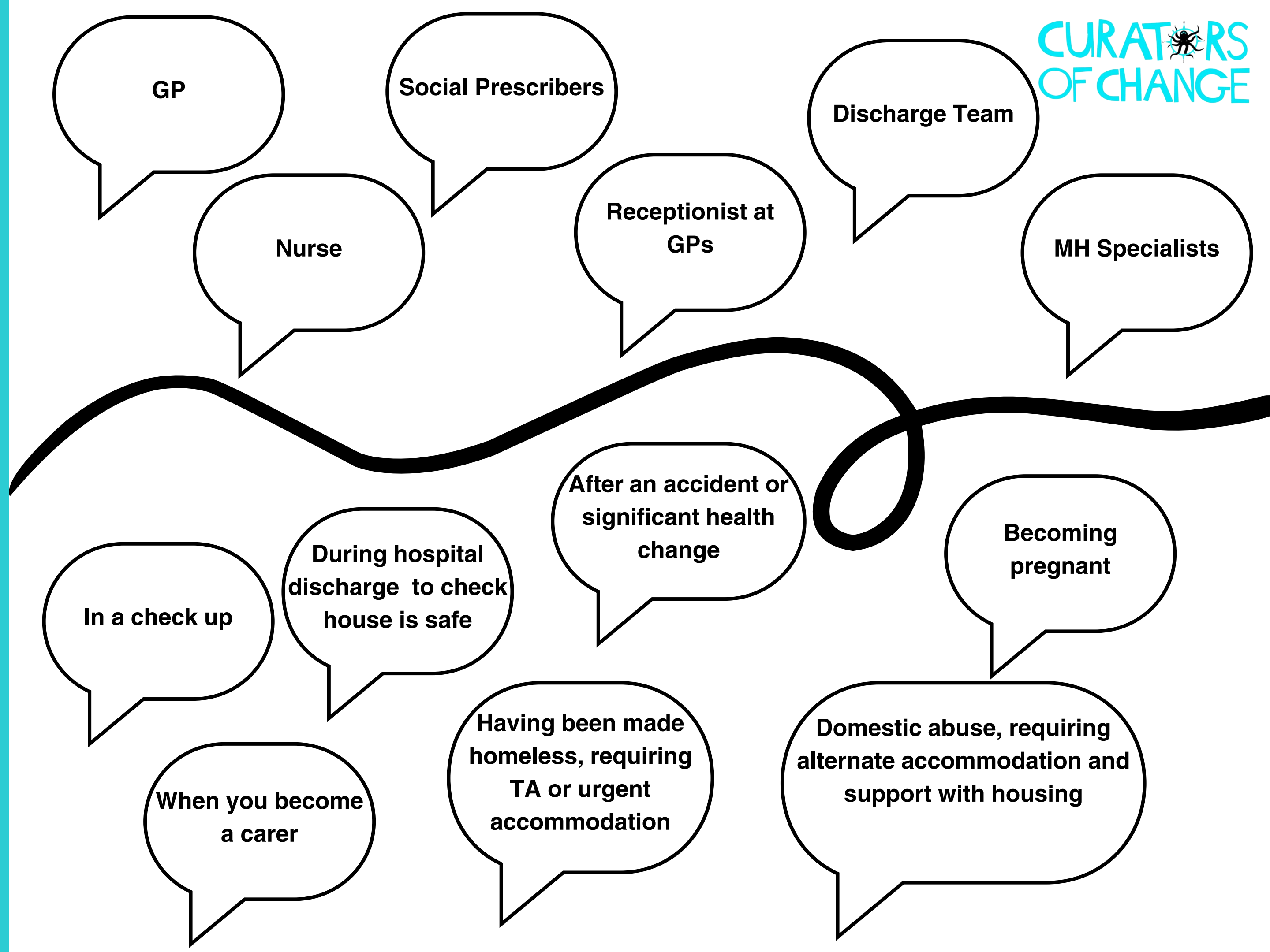6 Staff and people can face a sense of overwhelm

1

Who we speak to...

- Appears to be a vastly diverse group & it might not be so obvious who is working for 'NHS'

And why...

- There are very different scenarios, but are usually opportunistic (during an appointment for something else) and connected to a significant life change or arrival at a crossroads.

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GP

Social Prescribers

Discharge Team

Nurse

Receptionist at GPs

MH Specialists

In a check up

During hospital discharge to check house is safe

After an accident or significant health change

Becoming pregnant

When you become a carer

Having been made homeless, requiring TA or urgent accommodation

Domestic abuse, requiring alternate accommodation and support with housing

2
Empathy and care can be underestimated

- Sometimes people received an empathic response from 'health' and felt understood.
- Sometimes people felt staff had no interest, time or skills to listen.

People in the NHS (and even in Housing and Social Care) don't always know what accommodation is available (especially specialists.)
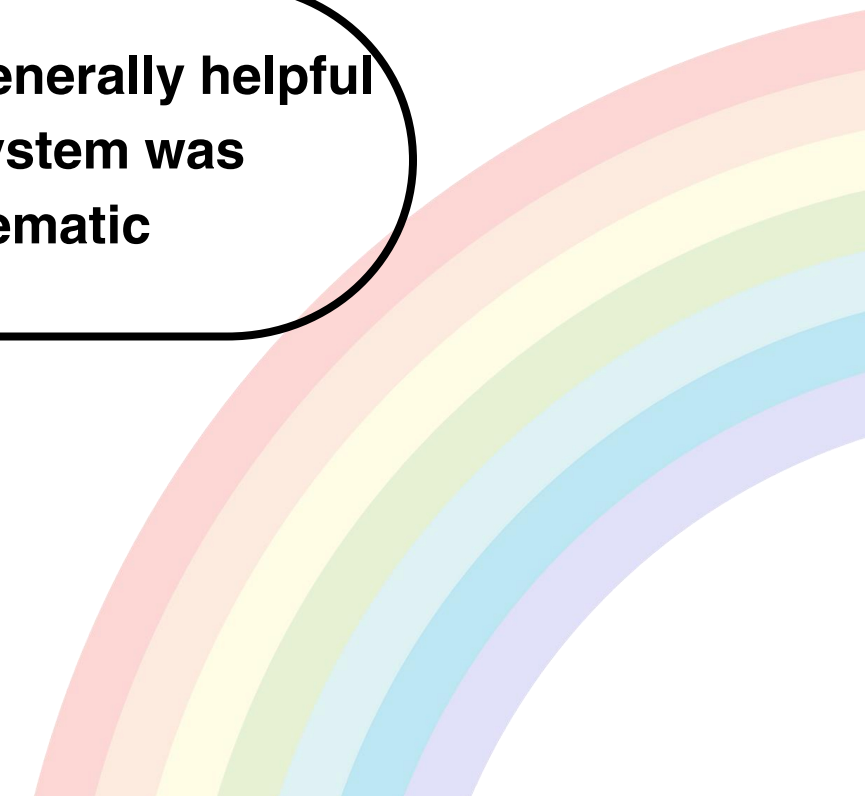
Generally good - the situation was very difficult and I felt understood

GP sympathetic but felt at a loss, was not their priority

We have a specific Social Worker/AMHP who has excellent relationships with local MH Services to support local residents with housing

I have spoken to my GP and they have not been able to support me to move house or improve my situation

People were generally helpful but the system was problematic

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3
Advocacy, knowledge and information

- People suggested dedicated, consistent advocacy inside health (around housing needs) would be helpful.
- Suggestion that the discharge teams and Occupational Therapists are often best placed to be in a housing connector role. There seems to be a lack of information or knowledge about how to help & where to go next by health staff.
- It is crucial to have more multi-disciplinary teams working (with person involved) to share information and explore options.

Reablement officers do a lot but you can't accept the ward staff to carry all the info

Discharge team should have the best info on housing options - esp OT good link

People who can advocate and link are so useful but can be patchy and exist through luck not design

Specific staff/advocacy seems to be a theme...

If there are specific staff with helpful and enough information in teams such as OTs or discharge that would be a good step.

There isn't much in terms of housing advocacy in the NHS - that would be something that was really helpful!

Imagine if this was someone who was homeless or dealing with complex disabilities etc that would have an impact on their physical or mental health... Housing advocacy would help.

Not sure we're asking health staff to give advice, just to know the right housing specialist to approach to give the right advice.

When I was looking for housing for my son, the Community Team were happy for their OT to look at the suitability of properties for my son's needs

Multi-Disciplinary approach would help

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4
Relationships and Networks

- Specific roles work well when there are established positive relationships between health & housing (eg., in a mental health setting)
- Networks of support are varied but helping people find routes through is useful (more than signposting).
- Peer support from people who have already been through the obstacle course can provide much needed support and advice.

Talked about getting on the priority list for housing - and having to talk to GPs - it's the personal relationships and advocacy that makes the difference - it takes time

I got lots of valuable advice from other families who had been through similar experiences, otherwise I wouldn't have known about who to ask for what!

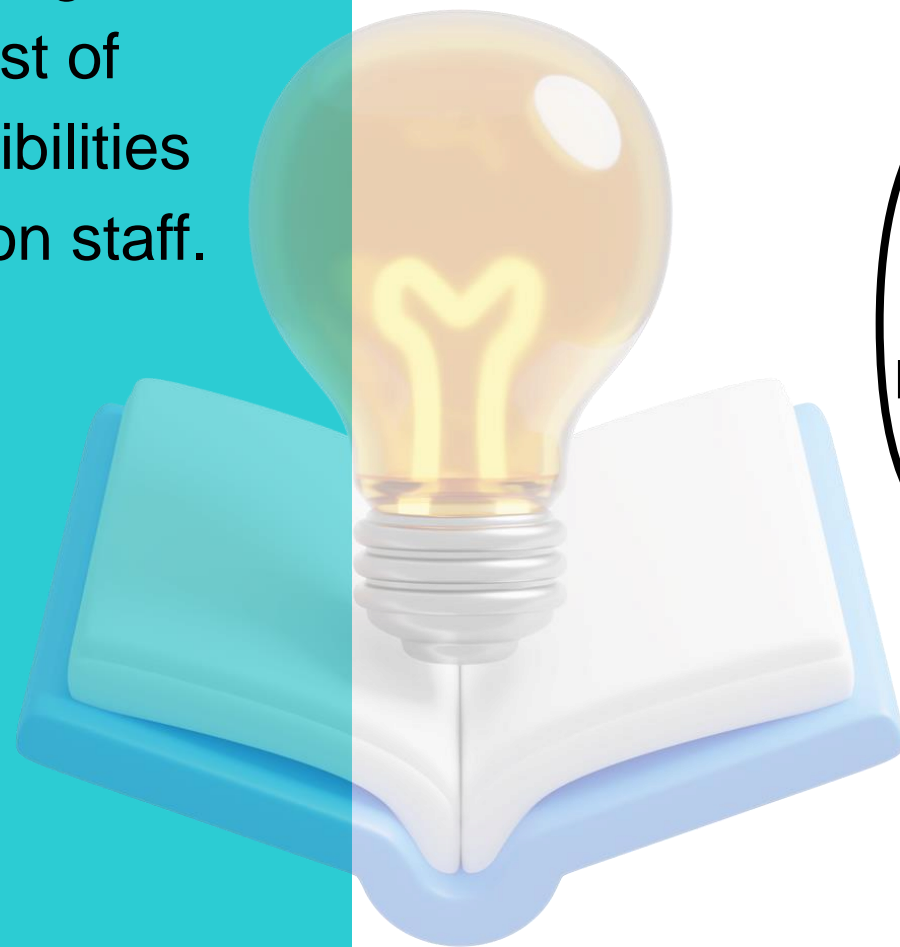Knowing the right people to ask/talk to is helpful!

Hand holding - someone alongside is what is needed by many people... Holding hand is helpful - as it is guiding people through!

Listening to lived experience was interesting - and lots of learning from people's poorer experiences. Issues around moving from one to another - when I relocated the original local authority stopped payments - which they shouldn't have done! Made moving home stressful.

5
Staff Training

- Staff need to have balanced training, resources and relationships that enable them to support people around housing needs.
- Training and resources should avoid creating more complexity or a host of additional responsibilities and expectations on staff.

Would we expect housing staff to know all about health ?

We need to think about the ask on staff especially as this is changing all the time

Training of staff is becoming so complex - but should have NHS staff to have specialist housing officers attached?

How to unpick how practical this idea is in relation to the NHS - how it relates to property waiting lists and training of staff and the fear of circular signposting that can happen.

Having a designated person(s) in a hospital who understands all the local authorities' differences is likely to be more helpful. Having a housing professional(s) attend a hospital to provide an advice workshop say once or twice a week could be beneficial...

Could NHS staff have a single point of contact for housing?

6

A Sense of Overwhelm

- Information sharing, GP registration, different rules in different areas and demand versus supply are examples of system-level issues that can lead to a sense of helplessness and/or hopelessness.

Lots of touch points for people dealing with staff in the NHS - individuals often helpful but the system gets in the way! Specific shared posts - ie social worker to work with landlords.

Often signposting is just a circular corridor of despair

Hospitals serve multiple districts with so many different rules that makes this feel like a completely impossible task

NHS staff will write letters of support but system issue as nothing changes (feedback loop isn't there)

In ASC when working alongside Housing Related Support services - people find it difficult when they have to have the conversations more than once about their housing. The systems are not joined up - we need to come out of our silos!

If the problem is lack of accommodation - what is the point of getting the NHS to understand the housing issues better?

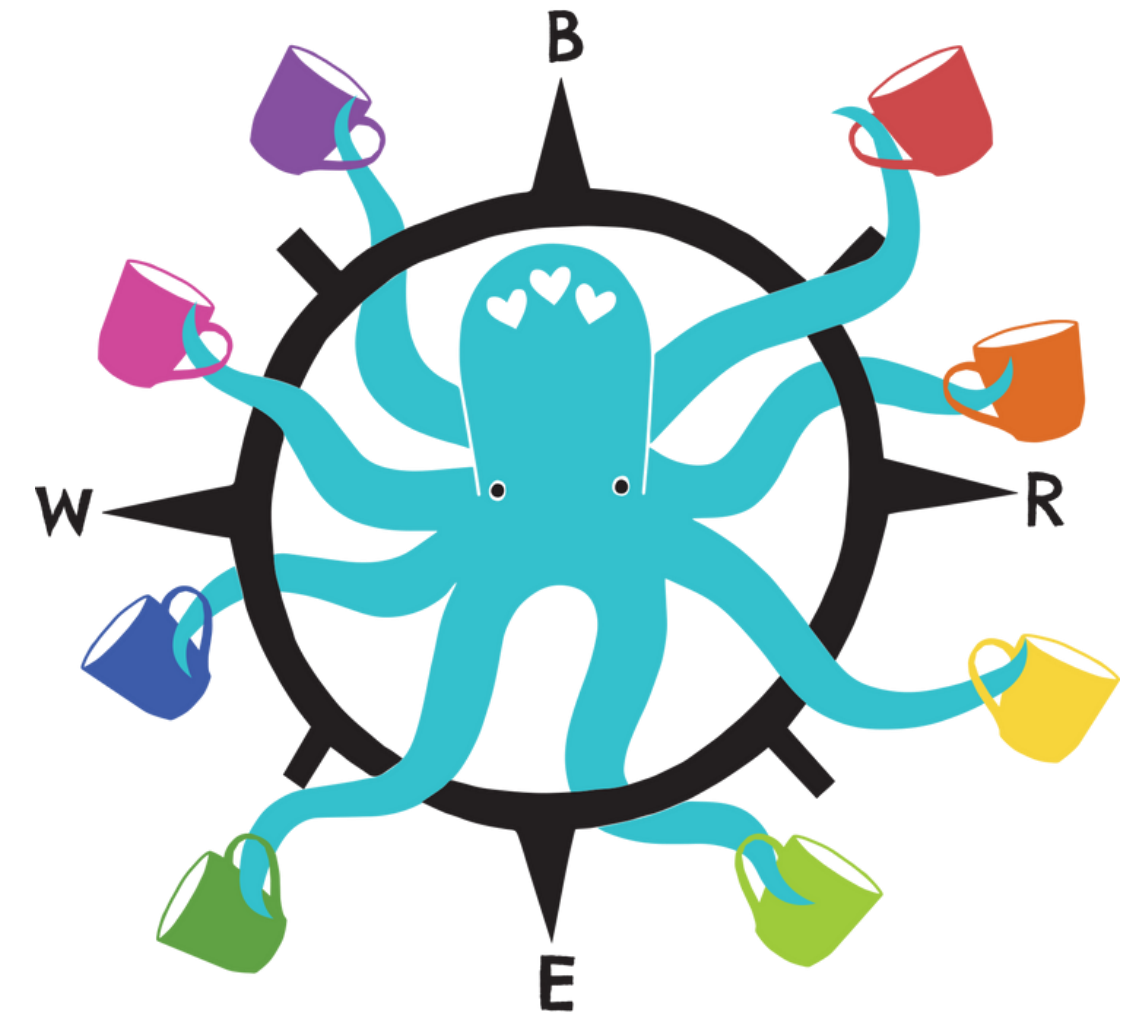There is the barrier of cost through GP having to pay for letters etc.

The feelings and panic that people have when things are uncertain - around things like housing etc... Some basic stuff we can go to that is our foundation is so helpful!

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FINAL REFLECTIONS

Zero ground breaking new truths discovered !

This session revealed a sense of pragmatism; people are realistic about the current situaton for staff and housing supply.

Positively, people could still describe things that will help, even in the face of obvious challenges.
There is space to make things better and pitfalls (like yet more circular signposting or overloading staff) that can be avoided if the way forward is coproduced with sensitivity and care.

5 Opportunities for improvements

- LAs should encourage micro. provider approaches
- Language can be of a punishing nature rather than providing choice, control and flexibility
- DPs often have rules and stipulations whereas they should give hope, opportunities, connection, purpose and meaning in a person's life
- LAs spend time monitoring for fraud but the actual fraudulent activity is minimal
- Processes need to be clear on both ends for the person with lived experience and for social care staff
- Review out of date policy - create organic ,flexible policy
- DP allows for Choice and control over how needs are met but also there are usually big savings to be made.
- Develop Commissioning networks to use coproduction to design self directed support offers
- Ensure a National approach to get rid of local differences in offer and standards
- Coproduction can absolutely provide access to 'what good looks like ' for different people

Too much difference across Local Authorities - national level approach would help

Education for practitioners and not letting old tales stick in practitioners minds.

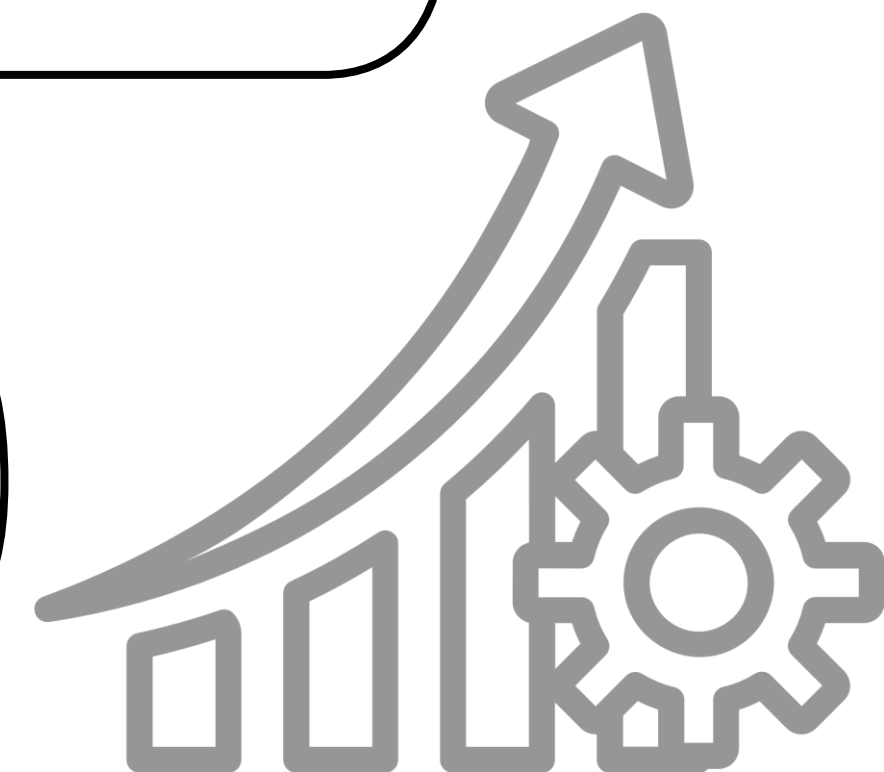**People should be able to have a choice of care**

Savings that can be made - it is in everyone's interests that people know about DP's - but the priority should be choice and control and people being able to make decisions about their own lives.

Also talked about micro-providers this hasn't been encouraged either...

One person can't decide what good looks like - needs coproduction

Example from Peterborough - gave a lot of chance to have perspectives that didn't have - taking time out. Noticed a policy that hadn't been changed in 4-5 yrs - they should be organic - not fixed?

Too much time on fraud - uncovering not much - is that a good use of time...

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SUMMARY OF THE POLICY COMPARISON ACTIVITY

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Two diiferent DP policies were shown to the group, which had very different approaches. One policy appeared to be less formal, but neither ticked all the best practice boxes.

From our conversations people would prefer policies that are co-produced, to incorporate flexibility and avoid being overly prescriptive . Coproduction allows for testing of impact on those who have to use the policies.

Some of the specific ideas mentioned include the following :
- **A focus on Intention** - what is the intended outcome of this set of rules ?
- **Consideration of assumptions** - be clear but start from a position of trust , not expecting people to try to act fraudulently
- **Empathic approach** - formal documents are often off putting and provoke anxiety.
- **Use of plain language** that is non threatening or punitive
- A **positive, friendly** and **collegiate** tone

POLICY

Were either of them co-produced?

Neither are easy read

Policy A was overbearing, threatening and demotivating

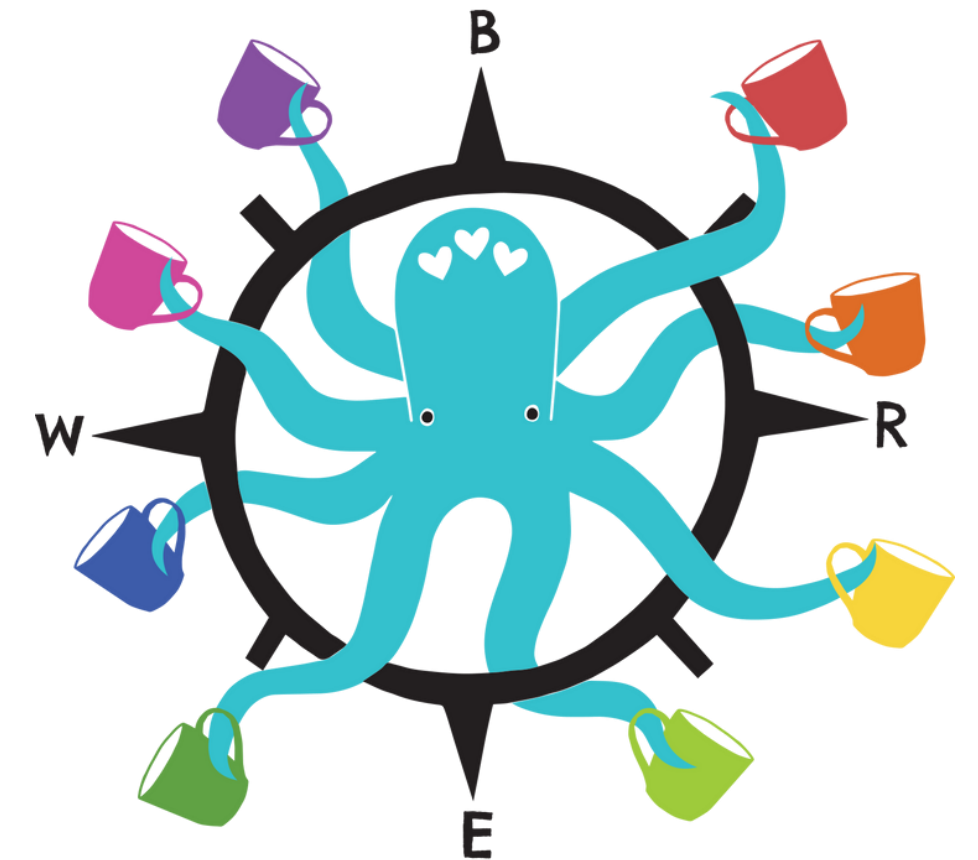**Policy B was more accessible in understanding and less intimidating that A**

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Although this conversation was grounded in Direct Payment Policy – it naturally sparked a wide ranging conversation.

In relation to the policy side of things, even good policy on direct payments feels controlling, and not a very positive thing. There is some work to do on coproducing policies with people, and the feeling was this isn't currently happening. There was recognition that both policies we reviewed were focussed on what mattered to 'the system' rather than the people. A sense of gate-keeping.

Communication about DPs – if people don't know about them, they wont think about them. Offer them to people or ask their social worker for them. The potential to support people to live the lives they want to, in places called home is there if we can let go of the power. This feels brave for many, but there are many examples of when it has led to lives better lived, and financial savings!

Direct Payments are not for everybody, we need to be offering micro providers and Individual Service Funds to people, or finding other ways of people being able to 'commission' their own care and support. Again it doesn't feel like the work on commission and coproduction is being driven by what matters to people. It still focuses on what the system needs.

WHAT CAN WE CHANGE?

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Practical System Issues that need tacking

'*Capturing invisible issues in quality monitoring processes.*'

More Brave Spaces

'*Co-production is a healing process*'

Attitudes, mindsets, behaviours

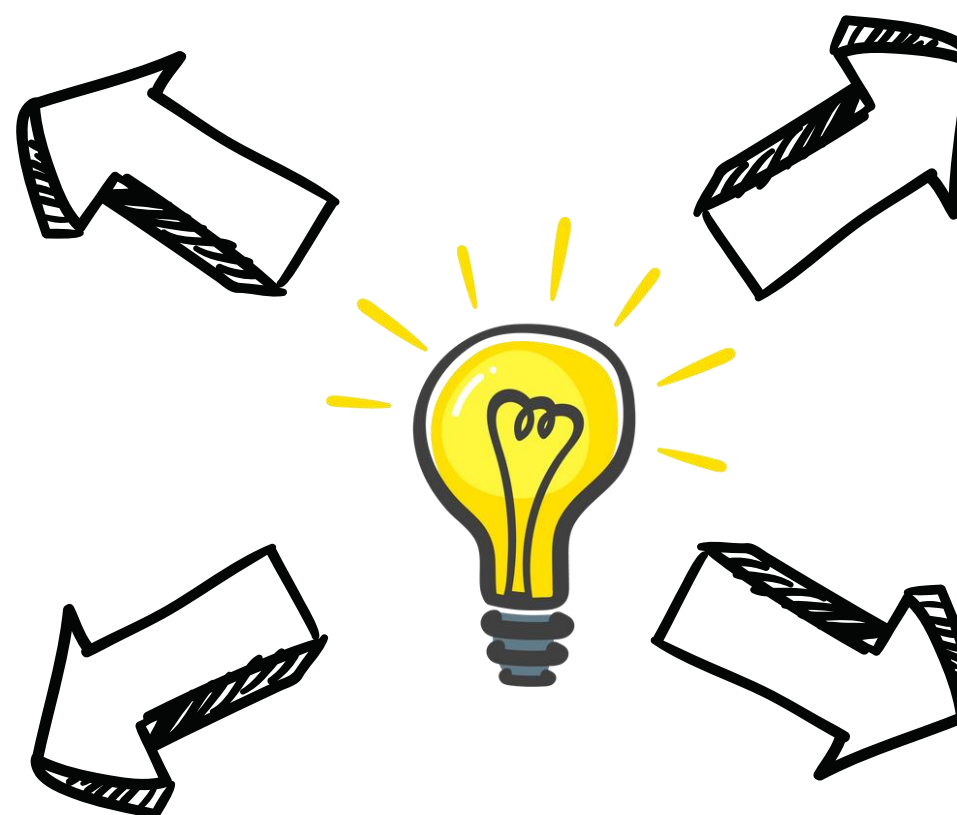'Social care is a public sector service - based around humans, by humans, for humans - yet the understanding within and outside of what this is seems lost.'

Make use of examples of 'good stuff'

'Sensory services are much better at providing paperwork and support plans in more accessible ways for people.'
'There is lots of good practice advice for organisations on valuing your staff from all sorts of sectors, I think some of the issue is the low pay and low status of support staff.'

FINAL REFLECTIONS

This session and previous OAB's purposefully focus on **hearing about feelings** as well as reflections and ideas. Sadly we rarely hear positive feelings aroused by the work of the 'social care system'. We do hear about individuals and specific services that help create a sense of hope and care through behaviours that demonstrate empathy and kindness.

Could we reimagine a world where a social care system woven into communities aimed to make more people feel differently… 'Cared for' 'hopeful' 'curious' 'excited' 'a sense of adventure' 'trusted' 'understood' 'heard' 'valued'.

This could start by investing less work/time in quantifying and costing up 'needs' and noticing how witty, wise, kind, fun, sarcastic, informed, relaxing, and interesting people are. Bringing more attention to the things people offer, starts a journey of developing trust and relationship in a much more human way.

Next time you meet someone new - why not try this lovely little conversation starter …
Hi my name's (add your name here) - nice to meet you - tell me how often do you need to go to the toilet?*

(Please don't try this at home, it is *satire!)